

MARYLAND DRUG SCAN: Statewide Trends in Drug Use
Fall 1998

**Brook Wraight, Erin Artigiani, Alicia Herman, Leah Schwartzmann, Heather L.
Pfeifer, and Eric D. Wish**

February 1999

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Kathleen Kennedy Townsend, Chair, and the Governor's Office of Crime Control &
Prevention

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INTRODUCTION

General Project Description

The Maryland Drug Scan is a statewide, county-level drug use monitoring project based on the qualitative principles of ethnographic research. The Drug Scan is one component of the Drug Early Warning System (DEWS), an initiative of the Cabinet Council on Criminal and Juvenile Justice in collaboration with the Center for Substance Abuse Research. The goal of the Drug Scan is to gather current information on substance use in Maryland's local communities and to provide that information in a timely manner to policymakers, researchers, program administrators, and community activists across the state.

The Drug Scan is not intended to be a rigorous quantitative research project. Rather, it is designed to supplement the quantitative information gathered by national and state surveys and administrative data collection systems, such as the indicators maintained by DEWS. The Drug Scan model provides a format for collecting information with which to understand better the dynamics of drug use in Maryland's local communities. By interviewing a variety of individuals who are on the front lines of the drug problem, we hope to get at more than just prevalence issues: We hope to learn from those various perspectives about drug use patterns and the underlying reasons for those patterns. In addition, the creation of direct and ongoing linkages with individuals from a variety of backgrounds will enable CESAR to serve as an early detection system by interviewing those best able to detect emerging drug use patterns within their local community.

Description of DEWS

In addition to the Drug Scan, the Drug Early Warning System (DEWS) consists of five other components designed to detect and define current substance use trends in Maryland: the Offender Population Urine Screening (OPUS) project, the Drug and Alcohol Referral and Assessment (DARA) Survey, a set of statistical substance abuse indicators, a Rapid Response Field Unit, and an Internet site. Brief descriptions of the five other DEWS components follow:

- *OPUS:* Drug abuse information is collected from juvenile offenders through intake interviews, urine samples, and follow-up interviews conducted at local DJJ intake centers and at the state's five juvenile detention centers.
- *Indicators:* A diverse set of substance abuse indicators is collected in five areas--law enforcement, education, corrections, public health, and households--to develop a historical context for Maryland's drug use trends.
- *Rapid Response Field Unit:* This research unit visits sites to investigate potential drug outbreaks.
- *Internet Site and Toll Free Hotline:* An email address and telephone hotline offer project participants and others the opportunity to contact CESAR anonymously and provide current information or submit questions. DEWS can be contacted through a toll free number, 1-877-234-DEWS, or via e-mail, dews@cesar.umd.edu.

- *DARA Survey:* A web site collects information about drug use by students at the University of Maryland and others through an on-line survey. Visitors to the site will also be able to access referral and assessment resources and report on local drug use trends.

All of the information collected through DEWS will contribute to a timely understanding of substance abuse problems in Maryland. An essential part of the system is ensuring that the information collected gets promptly distributed to people working at state, county, and community levels. Dissemination of findings will be accomplished through the DEWS Fax; special reports prepared for the Cabinet Council on Criminal and Juvenile Justice, public health professionals, law enforcement professionals, county administrators, educators, and community leaders; and an annual meeting of DEWS participants.

Selection of Drug Scan Participants

Participant selection took place during the months of July and August 1998. In general, the participant sample for each county was composed of individuals working in the areas of treatment, education, prevention, criminal justice, and emergency medicine. CESAR recruited contacts for the Drug Scan using the following criteria as guidelines for candidate selection:

- Candidate has regular, direct contact with users.
- Candidate possesses in-depth knowledge of drug issues.
- Candidate has been exposed to drug-related problems for more than one year.
- Candidate is a highly credible source of information.

The Interview Process

One hundred and thirty individuals from around the state were interviewed over the telephone during September and October 1998. The average number of contacts per county was five, with some variance depending on the demographics of the county. Prior to the telephone interview, a consent form and in-depth information regarding the project were sent to the interviewees. When requested, a copy of the interview was also sent ahead of time (see Appendix A). The interviews ranged in length from 20 to 120 minutes. For some respondents, the interview instrument served as a road map to guide, but not limit, the exchange of information. For others, responses were centered on a specific drug or a specific area of knowledge, and hence, the interview was much narrower in scope. Interviewees were asked to choose the substances they felt were either emerging or primary drugs of abuse within their county. They were then asked to answer questions about those substances and to structure their responses around the following topics:

- current drug use patterns within the community and whether such patterns have changed over the past six months;

- demographics of the typical user for each substance; whether any changes in the user population have emerged within the past six months;
- demographics of the selling population for each substance; whether any changes in the selling population have emerged within the past six months;
- route of administration for each substance; whether new routes have emerged for any of the drugs over the past six months;
- current price and purity level for each substance; whether there have been marked changes in price, purity, or packaging patterns within the past six months; and
- social or economic factors within the community that may have affected drug use patterns in the past six months.

The interview instrument was designed as a guide for the interviews. Interviewees were not expected to answer all the questions. Given our interest in a wide range of drugs and a wide body of knowledge, interviewees were encouraged to address only those topics with which they were familiar.

Organization of Results

Once all of the interviews were completed, CESAR staff then synthesized and compiled the findings for the 23 counties and Baltimore City. The county summaries, entitled Trends in Drug Use by County, were organized into four sections: County Highlights; Demographics; Heroin Use Today; and Local Drug Scene. The County Highlights sections consist of bulleted information also found within the body of the report. The Demographics sections outline population characteristics, labor force information, and average household size. The Heroin Use Today sections focus specifically on heroin use trends within the counties. The focus on heroin is in response to the drug's emerging popularity within the state and the desire of the Lt. Governor's Office to investigate this alarming trend. The Local Drug Scene sections outline each county's primary and emerging drugs of abuse. These sections include information on illicit drug use only. Future reports will also include information on alcohol and other legal drugs.

Lessons Learned from the First Maryland Drug Scan

The Drug Scan proved to be an invaluable tool in examining Maryland's current drug use trends and for exploring those behaviors that are not readily discerned from existing quantitative data. As noted, the Drug Scan is designed to supplement the quantitative information available from national and state surveys and administrative data collection systems. The qualitative information collected through the Drug Scan may also lead researchers and practitioners to investigate interesting phenomena of which they were not aware. Because quantitative data are often presented in aggregated form, researchers and practitioners might not detect trends that are emerging in small subpopulations.

The Drug Scan also fostered the creation of a multidisciplinary network of sources who can provide pertinent information on substance abuse within their respective communities. This network constitutes a unique forum in which to draw upon people's experiential knowledge to help explain the emergence of particular trends or substances of abuse. By having immediate access to such persons on a continuing basis, researchers can efficiently gather and disseminate information to a broad audience.

The greatest limitation in implementing the Maryland Drug Scan was the substantial amount of time it took to lay the necessary groundwork: compiling lists of potential recruits, screening those recruits to determine whether they were the most appropriate source for a given population, and setting up and conducting the interviews. It took a great deal of time to conduct the initial round of interviews.

In the course of the Drug Scan, we found that some of the candidates identified in the initial round of participant recruitment were not the most appropriate persons to be interviewed for the project. Other candidates were no longer working at the agency or organization when we called to set up an interview. In some cases, we were referred to other individuals who would be able to assist us; we then had to go through the recruitment process with those new referrals. Subsequent rounds of interviews should involve less work in establishing contact rosters, but employee turnover is inevitable, so each round of interviews will have to include time for recruiting new participants.

CESAR interviewers were selected for the project because of their knowledge of substance abuse issues. Nevertheless, in subsequent rounds of interviews, interviewers will have acquired a deeper knowledge base for the specific area under study and will be able to probe interviewees more effectively for information. They will also be able to cross-check information obtained in previous interviews. In short, future Drug Scans will be even richer in detail as the experience of the interviewers increases.

TRENDS IN DRUG USE BY COUNTY

ALLEGANY COUNTY

County Highlights:

- Heroin use has increased slightly.
- The primary drug of abuse is marijuana.
- Interviewees expressed concern over increases in inhalant use among preadolescents and a lack of addiction services for this age group.

Demographics

The population of Allegany County decreased from approximately 84,000 in 1970 to approximately 74,000 in 1995. The gender balance of the county is fairly equal; as of 1995 females represented 52% of the population. Forty-six percent of females and 61% of males are currently in the workforce. Between 1970 and 1995, Allegany County consistently had a small nonwhite population consisting of no more than 3% of the population. The retail and services trade industries are the county's major employers. The average household size is 2.39 persons (1995).

Heroin Use Today

Interviewees reported seeing a slight increase in heroin use among those in their teens to early 20s and those being admitted to substance abuse treatment centers. Follow-up interviews will help determine the direction and magnitude of this trend.

Local Drug Scene

A source working with high-risk youths reported that the age of users is getting younger. In addition, youths who use substances are shifting from a predominately male group who use alcohol to a polydrug-using group of females and males. Marijuana was reported by contacts to be increasing among preadolescents, adolescents, and the college community. Inhalant use among preadolescents was reported to have become more prevalent in the county.

Marijuana – The age of marijuana users has decreased, according to interviews regarding adolescents and preadolescents. Currently, marijuana use among youths cuts across economic status and race. However, more males use marijuana than females. At times, marijuana may be laced with other substances, often unknown to the user. An interview regarding college students identified an increase in marijuana use among this age group as well. This increase has also been documented in a survey of college students conducted by CESAR in 1994 and again in 1997.¹

¹ UMCP Student Drug Survey, Years 1994 and 1997. Center for Substance Abuse Research.

Inhalants - An interviewee reported an increase in inhalant use over the past three years. Those identified as inhalant users are generally boys aged 8 to 10 years. Inhalants cited include gas, metallic paint, and other paints. However, use is largely dependent on what is readily available. The substance may be placed in a bag and inhaled. Commonly, children gather in the woods to use inhalants. Less commonly, children will spray inhalants on clothing items, thus enabling them to get high during school undetected. Interviewees also expressed concern over the lack of treatment services for this age group.

ANNE ARUNDEL COUNTY

County Highlights:

- Heroin use has increased significantly, especially among young, white, suburban residents.
- In addition to heroin, emerging drugs of abuse include hallucinogens, ketamine, ecstasy, and inhalants.
- Primary drugs of abuse are marijuana, cocaine, and crack cocaine.
- Methamphetamine and red rock opium have recently appeared in the local drug market.

Demographics

The population of Anne Arundel County has increased by about 55% since 1970, to 460,480. Whites have always been in the majority; however, the disparity between whites and nonwhites decreased slightly between 1970 and 1995. The gender balance of the county has shifted dramatically during this period. In 1970, the county was 52% male and 48% female. By 1995, the county had become 44% male and 56% female. There are still more men in the workforce than women, but the percentage of women in the workforce has increased from 42% (1970) to 66% (1995). The government and the services industry have been the main employers in the county since 1980. The average household size is 2.39 persons (1995).

Heroin Use Today

The summer of 1998 saw a large increase in the number of heroin users admitted to treatment according to one treatment provider. The sharpest increase in heroin use was observed among the residents of suburban areas. Heroin use is still observed in urban areas of the northern part of the county, such as Dundalk, but it is now showing up in other areas as well. Younger users in Pasadena, who have historically used alcohol and marijuana, are now trying heroin. One treatment provider commented that she can no longer tell the primary substance of abuse by the user's zip code as she could in the past.

Older users still inject heroin, but younger, newer users inhale it because they think needles are dangerous. More middle-class, white females are starting to snort heroin. Adolescents generally purchase and use heroin with their friends. There is not as much polydrug use as previously observed, but some heroin users also use other narcotics.

The primary sources for heroin are Baltimore City and Washington, D.C. Open dealing is observed in the poorest neighborhoods in the county. Heroin is sold in capsule form and is packaged in different types of colored baggies depending on quantity. The interdiction unit at Baltimore-Washington International Airport has observed creative packaging, such as coating the drugs with mustard, which is rumored to make it harder for dogs to smell the drugs, or packing them with drier sheets, mothballs, ammonia-soaked paper towels, or raw fish. Heroin has also been found stuffed inside children's swimmees.

Local Drug Scene

Marijuana, cocaine, and crack have been identified as the primary substances of abuse. Hallucinogens (LSD and PCP), ketamine, ecstasy, and inhalants were named as emerging drugs, in addition to heroin. Methamphetamine, or meth, is now starting to appear in Anne Arundel County. Several interviewees mentioned that they had heard about meth becoming available, but the treatment providers have not seen any evidence of this yet. The other new drug mentioned was red rock opium.

Marijuana - Marijuana use has spread to all subpopulations. Urban dwellers smoke it in blunts. Suburban users smoke it in joints. Marijuana laced with other drugs is called KW, or Killer Weed. The make-up of killer weed varies depending on location. It can be a combination of marijuana and PCP or marijuana soaked in formaldehyde. Some Killer Weed is not marijuana at all, but a mixture of parsley and PCP. Marijuana has become more pure. Analysis of local marijuana shows that THC levels have risen during the 90s to three or four times that of historic averages. The users are mostly young, male, polydrug abusers, but the number of female users is increasing. Dealers often bring in their supply through parcel services.

Cocaine and Crack - Crack smoking is widespread and increasing. Users are getting younger and more suburban. More women are starting to use crack, but the general profile is still a male in his mid-30s to early 40s. Crack is still sold mostly in known crack houses in lower income urban areas. Some Annapolis suppliers are starting to move outside the city limits to keep their dealing more covert. Most local dealers sell crack exclusively; however, some sell crack and heroin or crack and marijuana. Use of cocaine powder transcends racial and economic boundaries. The cheapest and most frequently used source of cocaine powder is New York City. New York dealers send it down on the train, and local dealers hire cab drivers to go to the train station in Landover and pick up the packages.

LSD & PCP - The use of PCP is decreasing. It is frequently smoked in combination with marijuana or parsley as Killer Weed or Boat. The use of LSD may be increasing among juveniles. A law enforcement contact reported that LSD had been seized at a local school during the summer of 1998.

Ketamine & Ecstasy – Increasingly, younger residents of Anne Arundel County are beginning to use ketamine and ecstasy. Ketamine is frequently used in addition to marijuana. In the summer of 1998, juveniles looking for ketamine committed a rash of veterinary hospital burglaries. Both drugs are often sold and used at raves.

Inhalants - Abusers of inhalants often begin using at very young ages because substances like paint, solvent, and gasoline are legal and easily obtained. Huffing is “strictly a kid thing,” according to one treatment provider, because “no self-respecting addict would do inhalants.” Inhalant use is most prevalent near the railroad tracks in Dundalk.

BALTIMORE CITY

County Highlights:

- Heroin is a primary drug of abuse, and is considered to be one of the city's largest health problems. There are an estimated 45,000 heroin addicts within the city, and an estimated 33% of the city's injection drug users are HIV positive.
- While injection use is still the most popular route of administration, there has been a marked increase in the number of people snorting and smoking heroin.
- Other primary drugs of abuse within the city are marijuana and crack cocaine.
- Since the early 1980s, the price of cocaine and heroin has dropped dramatically. Caps and vials that once sold for \$30 to \$50 are now being sold for \$2 to \$5.
- Due to the flooded drug market, dealers have developed complex marketing schemes to entice new buyers. Free product samples or "testers" and coupons are a few examples of savvy street marketing.
- A variety of prescription drugs are available in the illicit drug marketplace, including numerous pain medications, Ritalin®, and Viagra®.

Demographics

The population of Baltimore City declined by 6% between 1990 and 1995 to 692,830. Slightly more than half of the population is female. The percentage of females in the workforce has increased by 9% since 1980 (from 48% to 57%), while the percentage of males in the workforce remained relatively stable (67%). The population is predominantly nonwhite (64%). Services remain the major employer throughout the city, followed by government. Manufacturing, once a major source of employment in the city, has decreased considerably. The average household size is 2.51 persons (1995).

Heroin Use Today

Heroin is considered a primary drug of abuse within Baltimore City. As one contact noted, "Heroin is a big problem in this city, and it has been for many years." There are an estimated 45,000 heroin addicts within Baltimore City, and an estimated 33% of the city's injection drug users are HIV positive. Though the using population has remained fairly consistent (middle-aged, African-Americans who have been using for 10+ years), some contacts report an increase in use among young people. There has also been an increase in emergency room admissions of those smoking and snorting heroin, whereas in the past admissions were almost exclusively for injection users.

Heroin is sold throughout the city, but is found in highest concentrations across certain areas of East and West Baltimore. It is often sold by names taken from popular culture, such as Mike Tyson, Tiger Woods, Homicide, and High Society. Since the early 1980s, the price of heroin and cocaine has dropped dramatically. Capsules and vials that once sold for \$30 to \$50 are now being sold for as little as \$2 to \$5. The average price for a capsule of heroin is \$10, but price is also dependent upon whether the capsule is low quality ("scramble") or high quality ("raw").

Domestically, most of the city's heroin comes from either New York City or Florida. However, the origin of the heroin supply has changed over the past few years. This traditionally Asian-dominated market has become saturated with South American heroin. Purity levels are reported to be higher than in previous years, with street buys yielding purity levels of up to 96%. Another dramatic change in the marketplace is the number of white, out-of-city users who come into Baltimore City to purchase the drug.

Local Drug Scene

Besides heroin, the city's primary drugs of abuse are marijuana and crack. A variety of prescription drugs are also available in the illicit drug marketplace, including numerous pain medications, Ritalin®, and Viagra®. Methamphetamine and red rock opium were mentioned as being available in small amounts.

Marijuana - Marijuana is readily available within the city. A number of contacts mentioned a perceived decrease in the age of new users; some are as young as 11 and 12 years old. Marijuana users have a choice of a variety of different strains and potencies. Marijuana is sold in open-air markets and also, more informally, at the homes of dealers. In open-air environments, sellers sometimes roll up one pant leg to indicate that they sell marijuana; likewise, buyers may roll up one pant leg to indicate their interest in purchasing the substance. Most of the marijuana in Baltimore City comes from New York City. However, local, hydroponically grown marijuana, which contains higher THC concentrations, is also available.

Crack - A number of contacts felt that the crack epidemic, which began over ten years ago, is responsible for much of the city's violence and open-air drug markets. Today, the crack marketplace is so flooded that dealers must develop complex marketing schemes to entice new buyers. Free product samples or "testers" and coupons are a few examples of the dealers' savvy street marketing. Crack is sold throughout the city, but is found in highest concentrations across certain areas of East and West Baltimore. It is sold for as low as \$3. More popular, however, are the "nickel bags" (\$5 amount), which gets the user one or two hits and "dime bags" (\$10 amount), which average from two to four hits. The most common sales unit is a \$20 amount, often called a "twenty piece." Crack goes by the names "rock" and "ready." Most contacts felt that crack was more popular among those aged 25 years and older. Those selling crack, however, were said to be as young as 13 years.

Baltimore's crack (and heroin) market is well organized. There are structure and titles, and the hierarchy includes everything from "lieutenant" to "look-out." Most individuals involved do not use the drugs they sell, with the exception of the "runner." The runner is the person who delivers the drugs, and who often works to feed his/her own habit. On average, a drug ring includes about eight people, some from Baltimore and others from the drug's originating location. A stash house, where the money and drugs are kept, is also an important part of the operation.

Prescription Drugs – A variety of prescription drugs are available in Baltimore's illicit drug market. Dealers often sell pills that mimic the effects of other drugs. For example, prescription drugs such as Percocet®, Demerol®, and methadone are often sold to heroin users who are looking for a cheaper high that may ward off withdrawal. Ritalin® is also available and used for

its stimulant properties; it is commonly purchased for injection use. Even the anti-impotency drug Viagra® can be found on the street; it sells for \$5 a pill and is marketed as an aphrodisiac.

Methamphetamine and Red Rock Opium – Both methamphetamine and red rock opium were mentioned as being available in Baltimore City. However, specific information about the price and availability of these drugs was not known. This information will be pursued further and be covered in a future Drug Scan report.

BALTIMORE COUNTY

County Highlights:

- Heroin use has increased significantly. However, because no open-air heroin markets currently exist, it is considered an emerging drug of abuse, not a primary one.
- Speedballing (heroin and cocaine combined) is popular among injection heroin users. The practice is often referred to as “a coke and a dope.”
- Primary drugs of abuse are marijuana and crack cocaine.
- Red rock opium use is on the increase, especially among adolescents. Many marijuana users try the substance because it looks similar to hashish and is smokable.
- Among adolescents, marijuana is rarely smoked in joints, but instead in either bong, bowls (small pipes), or blunts. For this reason, users often call marijuana use “having a B.” Hollowed-out cigarettes are also sometimes used.

Demographics

The population of Baltimore County grew by 3% between 1990 and 1995 to 713,600. Slightly more than half of the population is female. The percentage of females in the workforce has increased by 7% since 1980 (from 54% to 61%), while the percentage of males in the workforce has decreased by 4% (from 80% to 76%). The population is predominantly white (81%). While manufacturing was the major employer in the 1970s and 1980s, the services industry is the major employer in the 1990s. The average household size is 2.46 persons (1995).

Heroin Use Today

According to contacts, heroin use has increased significantly, especially among white, suburban youth. Because no open-air heroin markets currently exist within the county, it is considered an emerging drug of abuse not a primary one. However, sources did indicate that Baltimore City dealers often travel into the county to deliver heroin to buyers purchasing large quantities.

Heroin usually comes in capsule form--called a cap or a pill--and sells from \$6 to \$10. A new user may be able to get high two to three times on one capsule, while a regular user may go through one to three capsules in a day. Heroin is also available in tiny stamp-sized plastic bags--called a bump--for \$12 to \$15. Snorting heroin is popular, especially among new, young users. “Raw,” or high-purity heroin, is generally used for snorting only and “scramble,” or low-purity heroin, is used for injection. Most beginners start with scramble. Speedballing (heroin and cocaine combined) is popular among injection heroin users. The practice is often referred to as “a coke and a dope.”

Local Drug Scene

The city’s primary drugs of abuse are marijuana and crack. Red rock opium was also mentioned as being available in small amounts.

Marijuana - Marijuana is available throughout the county and its price seems to be decreasing. Contacts report that there is a large amount of hydroponically grown marijuana available, which may account for the price drop. A few years ago, 1/4 ounce of marijuana sold for \$40; however, now it sells for as little as \$25. Current prices range from \$55 to \$75 for an ounce to \$15 for 1/8 ounce. Many contacts were particularly disturbed by adolescents' attitudes toward marijuana. One adolescent treatment counselor stated that she hadn't met a kid who hadn't smoked marijuana. Very few adolescents were reported to be smoking joints; instead they smoke from bongs, bowls (small pipes) or blunts. This practice is often called "having a B." Hollowed-out cigarettes are also used. Some users reportedly dip marijuana in embalming fluid, thinking that it will add to the high.

Crack - Crack is considered a primary drug of abuse for Baltimore County. It is sold in open-air markets throughout the county; however, Essex and Dundalk, in particular, were said to have high-traffic drug areas. Crack users range in both sex and ethnicity and are typically in their late 20s or older. A number of contacts felt that crack was unpopular with those 25 and under. The dealing population, however, was reported to be young, often adolescent aged. Crack is most commonly sold in \$20 rocks and is sometimes adulterated with yeast in order to create a larger product. Crack goes by the names "rock," "ready," "butter," and "butter love."

Red Rock Opium – Red rock opium is available within the county and is thought to be most popular with adolescent marijuana smokers. One contact believed that most adolescents don't realize that opium is in the same family as heroin. Further, because the drug resembles hash in appearance, they think that it is "no big deal." Red rock opium is powdery and resembles reddish-brown rocks. It is usually smoked by itself in a pipe, where it melts and vaporizes similar to crack. Red rock opium is also called "red stuff" and "red-rum."

CALVERT COUNTY

County Highlights:

- Heroin use has become more visible and is considered an emerging drug of abuse.
- Methamphetamine use among teenagers and young adults has increased slightly.
- An increase in prescription drug use was identified among preadolescents. Antidepressants, Ritalin®, and dexedrine are illegally obtained from other adolescents or parents who were prescribed the medications.
- Illegal use of the prescription pain medication Percocet® is on the rise.
- Marijuana is the county's primary drug of abuse. Crack cocaine is also problematic.

Demographics

Calvert County's population has grown steadily, from 21,000 in 1970 to 64,000 in 1995. The percentage of those aged 16 and older in the work force also increased, from 58% in 1970 to 74% in 1995. From 1980 to 1990, the percentage of nonwhite residents jumped from 2% to 17%. The percentage of females in the workforce rose from 50% in 1980 to 66% in 1995, and the percentage of males in the workforce rose from 78% in 1980 to 81% in 1995. The main employer is the retail trade industry. The average household size is 2.95 persons (1995).

Heroin Use Today

Heroin use has become more visible in Calvert County. An emergency room worker reported seeing a few heroin cases in the past month; they were the first cases of heroin use she had seen in over five years. An Alcoholics Anonymous (AA) member noted an increase in heroin use among members, and an outpatient treatment provider noticed a slight increase in use among treatment admissions. Further, a residential treatment provider noted that currently close to 25% of clients have an opiate addiction; a year ago, as much as 3% was considered unusual.

Heroin users in outpatient and residential treatment were characterized as ranging in age from 20 to 40. However, no specific characteristics regarding ethnicity, education, or career choice were identified in connection with heroin use. While many users initially snorted heroin, most in residential treatment ended up injecting the drug. Speedballing was also reported among both groups. Commonly, a \$10 bag of heroin is reported as a sale unit. Addiction to methadone and pain medication was reported to be closely linked to heroin addiction.

Local Drug Scene

Recently, a large number of relatively young individuals, with greater economic resources, higher education, and drug addiction (with or without alcoholism) have started to attend AA meetings. There is also a noted increase in attendees mandated by the criminal justice system or treatment centers. A Calvert County AA member did not know of any Narcotics Anonymous meetings held within the area. A treatment provider for emotionally disturbed youths reported that the age at which drug use begins has decreased. Approximately three years ago, abusers

were beginning to use at age 14. Currently, there are reports of youths starting at 11 and 12 years of age.

Marijuana - Marijuana was repeatedly cited as one of the primary drugs of abuse for Calvert County. Interviewees from the criminal justice system reported marijuana use among high school students of all races. Representatives of the criminal justice system, treatment facilities, and emergency rooms also reported marijuana use among older individuals. At times, marijuana may be laced with PCP or cocaine. Various sources attributed marijuana use to the lack of activities for persons under the age of 21. A criminal justice system worker expressed concern over marijuana being a gateway drug. Another criminal justice system representative reported that marijuana is grown by Calvert County residents. However, high-potency marijuana is also purchased from Washington, D.C., Baltimore City, or at concerts. Marijuana is reportedly sold in \$5, \$10, and \$20 bags, and is sometimes cut with oregano. A treatment provider reported that marijuana is most often bought by teenagers in 1/4 ounce amounts, and by adults in 1/2 ounce or 1 ounce amounts. Marijuana is commonly referred to as “joints,” “reefer,” “dope,” and “grass.” When laced with PCP, it may be referred to as “green beans.”

Cocaine and Crack - Crack use was reported in Calvert County. A criminal justice representative identified users as being predominantly welfare recipients, who often sell crack to support their habit. Crack use was also reported among women seeking family planning services at the health department. Among women, cocaine powder is snorted and/or crack is smoked. Crack is often used at private homes or in a crack house. Crack is most often obtained from Washington, D.C. and Forestville, Md., and sold in \$20, \$40 and \$50 “rocks,” or as “8-balls,” which are 1/8 of an ounce. It is packaged in plastic bags, cellophane, napkins, and paper.

Methamphetamine - A criminal justice system representative noted a slight increase in methamphetamine use. Users were identified as males and females, aged 16 to 21. Methamphetamine is thought to be brought from Baltimore City and used in party or rave environments. A health department representative reported that methamphetamine has become more popular among teenagers and that 15% of the teens she works with smoke or snort methamphetamine.

Methadone - A treatment provider reported that addiction to methadone is closely linked to heroin addiction and addiction to pain medication. Methadone is taken in pill or liquid form and is acquired by prescription or on the street. It may be referred to as “meth” and there are reports of individuals overdosing.

Pain Medications - A residential treatment provider has noticed increases in addiction to pain medication such as Percocet®. Those using Percocet® often begin taking it for pain management and then later become addicted. Percocet® users are characterized as Caucasians, in their mid-20s to 40s, with at least a high school education. Percocet® is taken in pill form. It is acquired by either legitimate or forged prescriptions. At times, an individual may go “doctor shopping,” seeing different doctors at the same time and obtaining multiple prescriptions. Those addicted to pain medication often do not view their drug use as problematic because Percocet® is not a “street drug.”

LSD - A criminal justice system worker reported LSD use among white, male and female, high school students. LSD is typically used in small groups. It is usually packaged in tinfoil and more recently it has been secured in gel tabs. LSD is referred to as “tabs,” “hits,” “gel tabs,” and “squares.”

Other Prescription Medications - Prescription drug use was identified among preadolescents. Antidepressants, Ritalin®, and dexedrine are being used illegally by obtaining them from other youths or parents who were prescribed these medications.

CAROLINE COUNTY

County Highlights:

- Heroin is used by a minute percentage of the county's population and is not considered to be an emerging drug of abuse.
- Primary drugs of abuse are marijuana and crack cocaine.
- Marijuana is sometimes combined with cocaine and called "greens."

Demographics

From 1970 to 1995 Caroline County's population grew approximately 46%, to 28,900. The distribution by gender was almost even in 1995. This has not changed significantly since 1970. The majority of Caroline County residents are white; the percentage of non-white residents dropped from 20.4% in 1970 to 16.8% in 1995. The number of jobs in the county has increased and the main employment sources are manufacturing, construction, retail trade and government. The average household size is 2.62 persons (1995).

Heroin Use Today

None of the contacts for Caroline County reported an increase in heroin use. Heroin was reported to be used in small amounts, but is not considered a primary or emerging drug for the county.

Local Drug Scene

Contacts in Caroline County saw no new emerging drugs over the past six months. They did, however, note marijuana and crack cocaine as being primary drugs of abuse. An increase in drug use among the general population was identified, especially among young people. One treatment counselor has also seen an increase in female users in the past six months. Another contact has seen dealers as young as 6 years old.

Marijuana - Sources report that the majority of marijuana users tend to be in their mid-to-late 20s, though a younger population of users also exists. One source reported that "kids" (younger dealers) sell both marijuana and crack, and sometimes cocaine and heroin. Sources report that marijuana is often grown among corn plants in the region. There were also reports of crossbreeding marijuana plants to try to obtain a better product. A small bag of marijuana costs approximately \$20 to \$25, and is commonly called "reefer" or "weed." An officer stated that youths do not know what the term "pot" means anymore. Philly blunts are commonly smoked. Combined use of drugs, such as marijuana sprinkled with cocaine (called "greens"), has also been observed.

Cocaine and Crack - Crack is mainly seen among users over 21 years of age. However, treatment counselors mentioned a surge of younger users. Cocaine is most frequently smoked in the form of crack. According to sources, there is very little injection use. Dealers are noted to

be relatively young, and the age of dealers seems to be decreasing. Crack users often congregate in such places as houses and on street corners, or even cemeteries. A source stated that a rock of crack can be bought for \$10 to \$20. The crack is reportedly sold in small plastic bags, and is usually cut with baking soda and ammonia. Various treatment counselors mentioned several slang terms for cocaine and crack. These terms include cane cola, nose candy, greens, and eye openers (a small hit, just enough to “open the eyes”).

CARROLL COUNTY

County Highlights:

- Heroin use has increased steadily since 1993, and is considered a primary drug of abuse.
- Other primary drugs of abuse are marijuana, cocaine, and crack cocaine.
- Baltimore City is considered the primary source for heroin and cocaine.
- County contacts believe that both heroin and marijuana have increased in purity.

Demographics

The population of Carroll County increased by 19% between 1990 and 1997 to 139,310. Slightly more than half of the population is female. The percentage of females in the workforce increased by 11%, from 53% in 1980 to 64% in 1995, while the percentage of males in the workforce increased by 2%, from 79% to 81%. The population is nearly all white (97%) and has become more white-collar and middle-class during the 1990s. Manufacturers were the major employers in the 1970s and 1980s. The services industry is the major employer in the 1990s. The average household size is 2.83 persons (1995).

Heroin Use Today

Carroll County has seen a steady increase since 1993 in the number of people seeking treatment for heroin addiction. Today, people interviewed in the law enforcement and treatment fields view heroin as one of the primary substances of abuse. Heroin use tends to be heavier in urban areas, such as Westminster, Manchester, and Hampstead. Users in Westminster have begun to switch from injection use to inhaling, while users in Manchester and Hampstead still primarily inject. The people interviewed also report that heroin has increased in purity. A police source indicated that a recent bust in Carroll County netted heroin that was 32% pure. In the past, heroin averaged in purity from 2% to 10%. (Heroin in Baltimore City can be as pure as 96%.) A local heroin distributor has not yet been identified, although more passive, lower-level Baltimore City dealers have been known to establish themselves in open-air markets at Westminster apartment complexes. Police sources indicate that these dealers can establish a higher level of respect in Westminster than in Baltimore because, “it’s easy to be the bad-ass and intimidate locals.” Most buyers still go to neighborhoods in Northwest Baltimore, such as Park Heights, to buy heroin. Heroin is often identified by the name of the neighborhood in which it is purchased, rather than by any particular street name. Baltimore heroin is easily recognizable because it is packaged in red or green baggies. Baltimore is the primary supplier, but some users make their purchases in Frederick County or Washington, D.C.

Over the past five years, the age of users has decreased. County treatment programs have seen a 250% increase in the number of users aged 18 to 21 coming in with heroin addictions. Teens are introduced to heroin by their friends and can easily make connections and set up deals in school or make a quick (45 minutes round trip) drive to Baltimore to get what they want. The teens learn where to go by word of mouth and tend to purchase small nickel (\$5) or dime (\$10) bags

for personal use. Some of the older users purchase it in quantities of one gram to break down and sell locally. For example, a major buyer busted by the county police spun records at raves, where he sold drugs to area teens. Hardly any deals actually go down in school buildings due to the high level of enforcement activities.

Local Drug Scene

Marijuana, cocaine, and crack have also been identified as primary substances of abuse. LSD use by adolescents increased several years ago, but has since decreased and is not a major concern at this time. Methamphetamine was also mentioned as a possible emerging drug, but those interviewed for this project have detected no current use.

Marijuana - Marijuana use has been gradually increasing since 1993 and is now the leading drug problem in Carroll County. According to the people interviewed, people of all ages and types use marijuana. Some people go to Baltimore to purchase it, but it is also grown within the county. A recent crackdown on outdoor farms has led to a rise in indoor growth. The quality of the crop is more easily controlled indoors and can increase the THC concentration within the marijuana. The price has gone up to match the increase in quality. Marijuana is most often smoked in Philly blunts.

Cocaine and Crack - Local dealers of powder cocaine and crack tend to be known to the police. Cocaine is second to marijuana in terms of arrests, according to one law enforcement contact. Crack use is an urban phenomenon and found mostly in Westminster. Like heroin, crack tends to be sold at open-air markets in apartment complexes by Baltimore City dealers. The users tend to be blue-collar workers in their early 20s. A police source indicated that some users meet their dealers at local bars after their shifts. There are still pockets of cocaine powder use, but such use has not been encountered as often in recent months. This may be due to a shift in focus by law enforcement to heroin and crack. Some teens get involved with cocaine. However, most frequently powder users are somewhat older and white, with a middle-to-upper socioeconomic background. They usually purchase cocaine powder from people they know within their community.

CECIL COUNTY

County Highlights:

- Heroin use is on the rise; it is readily available and fairly cheap.
- Primary drugs of abuse, in order of severity, are marijuana, crack cocaine, and powder cocaine.
- While street-corner markets exist for crack cocaine, most heroin users travel to Philadelphia and Delaware to buy the drug.
- Combined usage of heroin and cocaine is on the rise.
- Gaps in treatment services are a serious problem: Cecil County has no detoxification programs, and there are limited residential treatment options.

Demographics

The population of Cecil County increased 9% between 1990 and 1995 to 78,010, the largest gain in recent years. Domestic migration played a key role in that increase. Slightly more than half of the population is male. The percentage of females in the workforce has increased 15% since 1980 (from 47% to 62% in 1995), while the percentage of males remained relatively stable (75%). The population is predominantly white (95%). Government was the major employer in the 1970s and 1980s. The services industry is the major employer in the 1990s, followed by the retail trade industry. The average household size is 2.75 persons (1995).

Heroin Use Today

Heroin use is on the rise; it is readily available and fairly cheap. Although most contacts were cautious about labeling the heroin situation an epidemic, all agreed that heroin was an emerging drug of abuse. Many felt that the problem snuck up on the county's citizens because it is not a "rowdy" drug. Unlike alcohol, heroin does not promote obvious, wild parties and so its use may have gone unnoticed for a long time. The heroin-using population ranges from 18 to 45 years. Younger users tend to snort the drug. Because there is a certain shame associated with injecting, a common attitude is "if I don't inject, then I'm not an addict." Unfortunately, many of those who start out snorting move on to injecting. One contact commented that many young females are getting introduced to heroin through a boyfriend or older friend.

There is no large drug market in Cecil County, so people generally go to Philadelphia or Delaware to purchase heroin. Some heroin users go to pick up the drug and inject it on the side of the road before driving home. Most users bring back small amounts for personal use and a little extra stash to support their habit by selling to friends. A common sales unit is \$10 capsules, which is enough to get a new user high three times. Brand loyalty is often established, and heroin sold by the names Quiet Storm and Tommy was said to be popular.

Local Drug Scene

Primary drugs of abuse, in order of severity, are marijuana, crack cocaine, and powder cocaine. A number of contacts noted the lack of available treatment services: Cecil County has no detoxification programs, and there are limited residential treatment options.

Marijuana – Marijuana is the most commonly used illicit drug in Cecil County. Users vary dramatically in age, ethnicity, sex, and socioeconomic status. Sellers of marijuana are equally varied. Much of the marijuana available in the county is believed to come from areas along the Eastern Shore. Price tends to vary depending on the quality of the marijuana. Often hydroponically grown marijuana has higher THC levels than marijuana grown under natural conditions, and it therefore sells at an inflated price. The average price for naturally grown marijuana is approximately \$80 for an ounce. Marijuana goes by the names “weed” and “pot.”

Cocaine and Crack – Crack has been a problem for many years within Cecil County and is considered a more serious concern than powder cocaine. Crack is available throughout the county’s open-air, or street-corner, markets, and is typically sold for \$20. While most dealers sell crack only, some sell marijuana and a variety of prescription pills as well. Users are typically in their late 20s. Contacts believe that the popularity of powder cocaine may have been affected by the resurgence in heroin use. Combined usage of heroin and cocaine is on the rise among injection drug users.

CHARLES COUNTY

County Highlights:

- Heroin is considered an emerging drug of abuse. However, contacts believe that heroin use is less pronounced in the county than in some surrounding areas.
- Methamphetamine, LSD, and inhalants are reported to be on the increase among teenagers.
- Crack is considered the primary drug of abuse for the county.

Demographics

From 1990 to 1995, Charles County's population increased approximately 10% to 111,050. In 1995, the population was predominately white (79%). The percentage of females in the workforce has increased 15% since 1980 (from 55% to 70% in 1995), while the percentage of males remained relatively stable (81%). The job market is dominated by the services industry and the retail trade industry. The average household size is 2.93 persons (1995).

Heroin Use Today

An adolescent treatment provider reported slight increases in heroin use among treatment admissions. Heroin users were characterized as white males and females, aged 15 to 18 years, and from distressed, dysfunctional families. Economic status was not an indicator of heroin use. Those using heroin exhibited HIV-related risk behaviors, such as having indiscriminate sex, having sex with heavy drug users, not using protection during sex, and trading sex for drugs or money. Heroin is typically used at raves or at home, alone or with friends. It is either snorted or injected.

An adult treatment provider reported an increase in heroin use among clients as well. She characterized heroin users as white men, aged 25 to 30 years, who inject the drug. Despite reported increases, one source reported little heroin use in Charles County and was surprised by the minor amount of use observed in the county compared to the surrounding areas.

Local Drug Scene

A criminal justice system worker reported high school students as having well-developed networks for getting drugs and alcohol. An order is placed early in the week and a pick up is made at easily accessed, predetermined, pick-up points on the weekend, such as state parks and shopping malls.

Crack - Crack is one of the primary drugs of abuse in the county. Use was identified among those aged 18 to 30 years and equally represented across genders and ethnic groups. Crack is sold by local residents, as well as nonresidents from Prince George's County and Washington, D.C. A sale unit of crack, referred to as "rock," is typically a \$10 or \$20 amount, packaged in a small plastic bag. Dealers of crack may also sell marijuana.

Marijuana - An adolescent treatment provider reported that most clients use marijuana. A criminal justice system representative reported that county residents, including older teenagers often grow marijuana. In the colder months, when less marijuana is available, the cost increases and usage goes down.

Inhalants - A criminal justice system worker reported increasing inhalant use over the past five years. Inhalant users were identified as 13 to 17 years old, males and females, and from different economic classes and cultural groups. Teenagers inhale vaporous substances from a direct-line source such as a hose or from a container such as a bag or a box. Inhalants are sometimes used at parties, but more often they are used by a group at someone's residence. Nitrous oxide, glue, propane, and anything with an aerosol spray may be used; however, use largely depends on availability. Using inhalants may be referred to as "huffing," "puff," or "huff."

Methamphetamine - An adolescent treatment provider reported occasionally hearing reports of methamphetamine use, which may be increasing. Users were characterized as middle-class, Caucasian teenagers who attend raves. Methamphetamine is smoked and is desired for its ability to keep users awake. A local seller of methamphetamine acquired it from Philadelphia. A representative of emergency room psychiatric services reported methamphetamine use among young individuals. A criminal justice system representative reported an increase in methamphetamine use in southern Maryland. While he was unaware of seizures or related arrests, he had heard from informants that the drug is out on the street. It has also been reported that individuals aged 25 to 35 years are using. Slang names for methamphetamine include "crystal meth," "ice," and "speed."

LSD - There has been an increase in police reports of teenagers using LSD. LSD users come from different ethnic groups. It is typically licked off small squares of cardboard and generally used in a person's home. It is often referred to as "blotter acid" or just "acid."

PCP - A treatment provider reported an increase in PCP use. Those identified as PCP users were generally white men, aged 20 to 25 years. PCP is generally smoked, sometimes with marijuana. It is used in social environments and may be referred to as "love boat" or "boat."

DORCHESTER COUNTY

County Highlights:

- While there are some indications that heroin is present in the county, it is not currently considered an emerging drug problem.
- Primary drugs of abuse within the county are marijuana and crack.
- Sources report that “blunts” or “Philly blunts” often contain cocaine.

Demographics

Dorchester’s population has increased approximately 2% since 1970, but it has been decreasing since 1980. The county’s population as of 1995 was 30,000. The majority of the residents are white; nonwhite populations have decreased from 31% in 1970 to 29% in 1990. Gender ratios have not shifted significantly since 1970. In 1995, the county was 53% male and 47% female. There are still more men in the workforce than women, but the percentage of women in the workforce has increased from 50% in 1970 to 60% in 1995. The percentage of men in the workforce has decreased slightly, from 73% in 1970 to 70% in 1995. Manufacturing, retail trade, and the services industry have been the main employers in the county since 1980. The average household size is 2.4 persons (1995).

Heroin Use Today

One source from Dorchester County reported a slight increase in heroin use; however, all other county contacts reported very little or no heroin use. Considering these contacts, heroin does not seem to be on the rise in Dorchester County. The small amount of heroin use that was mentioned was among young people.

Local Drug Scene

Marijuana and crack were mentioned as primary drugs of abuse. Smoking blunts was mentioned as an emerging drug trend. One treatment provider noted that he worked with users as young as 9 years old. A treatment counselor noted that there appears to be less LSD use in the area. Levels of drug use are similar among all ethnic groups.

Blunts - In Dorchester County, blunts are hollowed-out cigars filled with marijuana and cocaine. A treatment worker noted that the main users of blunts are male dealers between the ages of 19 and 30 years. Blunts, also referred to as “Philly blunts,” are usually smoked in groups, and sometimes in crack houses. The people reported to be selling blunts are young, African-American and Caucasian males.

Marijuana - Marijuana, also referred to as “weed” or “chronic,” is smoked either alone or in social settings with peers. A treatment provider noted that dealers often use and sell, and that the dealers are typically older youths, aged 18 to 21 years. It was also mentioned that there are very

few female dealers. Sources noted that some dealers sell only marijuana, while others also sell other substances, such as crack. The average price for 1/4 of an ounce of marijuana is \$65.

Cocaine and Crack – A police officer in Dorchester reported limited powder cocaine use. Cocaine is most often smoked in the form of crack. As with other drugs in Dorchester, there seems to be little difference across ethnicities. The average age of users ranges between 20 and 40 years; however, a local treatment counselor reported an age range of 18 to 60 years. Sources state that most drug use occurs in homes. Many of the dealers are small-time dealers and/or users. Some cocaine dealers also sell marijuana. The price of crack is believed to be \$20 a piece (approximately 1/10 of a gram). A police officer stated that crack is being sold loosely by dealers (i.e., unpackaged). It is also sold in “slices” weighing 1/10 of a gram. The officer estimated the purity of the crack to be “pretty high.” Crack was reported to be known as “rock,” “cook up,” “hard white,” and “20 piece.”

FREDERICK COUNTY

County Highlights:

- Heroin use is on the rise in Frederick County. New users either snort or smoke the substance, while older users primarily inject it.
- There are no known heroin markets within the county. Most users travel to Baltimore City or Washington, D.C. to get their supply, and they may sell small amounts to local friends and acquaintances.
- Marijuana and crack cocaine are considered the county's primary drugs of abuse.
- Many out-of-town dealers travel to Frederick County to sell drugs.
- There have been slight increases in the use of methamphetamine and dextromethorphan (DXM) among adolescents.
- Burglaries have occurred at a number of local veterinarian offices, in which the dissociative anesthetic ketamine was stolen.

Demographics

The population of Frederick County increased by 22% between 1990 and 1995 to 175,350, making it the third fastest growing county in the state. It is one of nine counties that grew more than 13% during the 1990s. Slightly more than half of the population is female. The percentage of females in the workforce has increased by 12% since 1980 (from 54% to 66% in 1995), while the percentage of males in the workforce remained relatively stable (82%). The population is predominantly white (93%). The services industry remains the major employer throughout the county, followed by the retail trade. The average household size is 2.74 persons (1995).

Heroin Use Today

Heroin is emerging as a drug of abuse within the county. Increases have been reported among both adolescents and adults. One source noted that some female adolescents are exchanging sex for heroin. An area hospital's crisis unit reported a marked increase in the number of heroin addicts being admitted for detoxification and suicidal ideation. New users and adolescent users tend to smoke and snort heroin, while long-time users primarily inject the drug.

The heroin market in Frederick is extremely limited. Most users travel to Baltimore City or Washington, D.C. to get their supply, and they may sell small amounts to local friends and acquaintances. A "bump," which is an amount of heroin that fills the tip of a pointed pen cap, is typically purchased for \$5 to \$10, depending on purity. "Caps," or capsules, sell for \$25 to \$30.

Local Drug Scene

Crack - Crack, also called "rock," is believed to be a primary substance of abuse within Frederick County. The using population is wide ranging across gender and ethnic boundaries. Most users tend to be in their late 20s to 30s and come from lower-middle to lower socioeconomic backgrounds. There are two distinct street-level markets in Frederick: one run by

out-of-town dealers from Baltimore City, who sell their drugs and then return home, and another that is controlled by local dealers. Dealing patterns have changed due to an increase in enforcement efforts. The more experienced dealers now limit the amount of money and drugs they carry by stashing larger quantities elsewhere. Crack sells for \$20 a rock (equal to about .13 gram), and a minority of dealers sell marijuana as well. It is believed that some users smoke a combination of marijuana and crack in “blunt” form.

Marijuana - Marijuana use is pervasive throughout the county, but there are differences within the using population. For instance, younger users are more likely to smoke blunts, while older users tend to smoke joints. Younger users are also more likely to adulterate their marijuana with other substances, such as cocaine, methamphetamine, and PCP (called “sherm”). Drug Scan sources mentioned that the age of first-time marijuana use seems to be declining, and that marijuana is often combined with alcohol. Many young marijuana users are dealing as well, both for profit and as a means to gain status. At the street level, most of the marijuana is supplied by out-of-county residents from Washington, D.C. and New York City. Marijuana goes by names such as “weed” and “bud,” and typically sells in nickel (\$5) and dime (\$10) bags. The average price for an ounce of marijuana is \$150.

“Club Drugs” and Methamphetamine - A wide variety of substances are being used by a relatively small proportion of county residents. Drugs mentioned by Drug Scan sources include MDMA (ecstasy), ketamine (Special K), Rohypnol® (roofies), GHB, and DXM. DXM is an active ingredient in many over-the-counter cough suppressants, and when taken in large quantities produces intense hallucinations. DXM may also go by the name DMX. Users of these substances are primarily young, white, and from middle-to-upper socioeconomic backgrounds. Juvenile drug treatment counselors also report a slight increase in methamphetamine use among this same subpopulation. Police sources believe that young users often search the Internet and retrieve information on how to make and take different substances. Frequently, these drugs are used in social situations such as parties, clubs, and raves.

GARRETT COUNTY

County Highlights:

- Heroin is considered an emerging drug of abuse.
- Marijuana is considered to be the primary drug of abuse.
- LSD is reported to be making a “comeback” in the county.

Demographics

Garret County is a small county, with a population of approximately 29,000 in 1995. The population is 99% white. The percentage of females in the workforce increased from 39% in 1980 to 49% in 1995, while the percentage of males in the workforce remained relatively stable (70%). The main employer is the services industry. The average household size is 2.67 persons (1995).

Heroin Use Today

A treatment provider has noticed an increase in reports of heroin use, heroin users admitted to treatment, and persons asking for referrals for family members who use heroin. High school students who use heroin commonly snort it in groups after school. The recent reports of heroin, which started in 1998, were surprising due to the paucity of heroin reports in the past 20 years. An individual from the Board of Education reported heroin use in the “lake area,” an area largely frequented by tourists. It is believed that persons from Washington, D.C. and Pittsburgh are bringing drugs into this area.

Local Drug Scene

Marijuana - Marijuana was noted to be a primary drug of abuse in the county by individuals from the criminal justice system, Board of Education, and treatment services. Marijuana users were identified as typically being 15 to 25 years of age. However, marijuana use has been reported among middle school students as well. It is used socially, often in groups. An eighth of an ounce may be sold for \$35 to \$40, while a quarter ounce, or bag, sells for \$50. It is packaged in clear plastic sandwich bags or cellophane. Marijuana is referred to as “pot,” “reefer,” “weed,” “mary jane,” and “cannabis.”

LSD - LSD use has increased in Garrett County. LSD users are characterized as Caucasian males and females, aged 15 to 20 years. A typical sale unit is one “hit” or “tab.” It is used in social settings such as parties. LSD dealers are reported to be aged 15 to 20 years, and may also sell marijuana. LSD is also referred to as “acid.”

HARFORD COUNTY

County Highlights:

- Heroin is considered a primary drug of abuse; large increases in use have occurred among high school students.
- Other primary drugs of abuse within the county are marijuana, powder cocaine, and crack.
- Emerging drugs of abuse include PCP, LSD, and designer drugs. However, designer drugs are beginning to be replaced by heroin.
- A new fad among adolescents is called the “clam bake” wherein a number of people pile into a car, roll up the windows, turn on the heat, and smoke marijuana.
- Baltimore City, Philadelphia, York County (Pennsylvania), and New York City are the main sources for heroin and crack.

Demographics

The population of Harford County increased by 15% between 1990 and 1995 to 209,100. The ratio of males to females is fairly even. Harford has always been predominantly white, but the disparity between whites and nonwhites has been decreasing since 1970. The county was 91% white in 1970, and 89% white in 1995. The percentage of females in the workforce increased from 52% in 1980 to 64% in 1995, while the percentage of males in the workforce remained relatively stable (83%). Throughout the 1970s and 1980s, the government was the main employer. In the 1990s, more people began working in the services and retail trade industries. The average household size is 2.79 persons (1995).

Heroin Use Today

Interviewees indicate that heroin use is increasing among high school students and that the age of initiation is decreasing. The education contact reported students mentioning for the first time (in the Spring 1998 prevention programs) that heroin was easily available. Adolescents make verbal contact and arrange deals during school and then meet at a designated house after school to make the buy. Certain houses become known as good sources, and lines form there during the afternoon (3:00 - 6:00 p.m.). Snorting heroin is rapidly replacing the use of designer drugs according to the treatment providers. Younger users snort heroin with their friends and may sell small amounts of heroin or marijuana to each other.

Heroin is used more often in middle class or affluent white neighborhoods. It is not typically seen in the lower economic areas. Users still go to Baltimore City, Philadelphia, or York County, Pennsylvania, to purchase their drugs. Law enforcement contacts have not identified any major local dealers, but users can easily place an order with someone locally and arrange deals. Heroin is generally sold in capsule form in small amounts (1/8 to 1/4 of a gram). Dealers often refer to heroin as “Dance with the Devil” or “Red Devil.”

Local Drug Scene

In addition to heroin, marijuana, powder cocaine, and crack have been identified as primary substances of abuse. Emerging drugs include PCP, LSD, and designer drugs. An education contact also mentioned an increase in the use of a natural performance enhancer called creatine. High school students were purchasing it from health food stores in large quantities over the summer.

Marijuana - Marijuana is used by people of all ages and backgrounds. Often, adolescents will begin using cocaine by lacing their blunts. Marijuana tends to be smoked in groups. A new fad, called the clam bake, occurs when a large number of youths pile into a car, roll up the windows, turn on the heat, and smoke marijuana. Most sources believe that marijuana is getting more potent. It goes by a variety of names including “weed,” “blunt,” “reefer,” “KB” (kind bud), and “KGB” (kind good bud).

Cocaine and Crack - Crack is used more widely than powder cocaine, but one of the law enforcement contacts indicated that he thought powder was making a comeback. Two local dealing organizations were recently busted that catered to buyers on public assistance and sold in public housing complexes. Most of the crack comes from New York City or Philadelphia, but some Baltimore City dealers have moved in as well. These dealers use local people to sell on the street. They are willing to use anyone to sell; they often establish a headquarters in the apartment of a woman on Section 8 housing assistance by offering to support her habit in exchange for a place to stay. The crack is sold in \$20 to \$40 rocks. Baltimore dealers use color-coded baggies and vials, but the locals will use whatever is available or nothing at all. Crack is called “Shirley” or “the pipe.” Two crack rings have been broken up over the past year. One operated in a close-knit community in the northern part of the county that had not previously been associated with drug activity.

PCP, LSD, and Designer Drugs - These drugs are used predominantly by adolescents at raves, field parties, and co-ed sleepovers. However, cheap and potent heroin powder is steadily replacing these drugs.

HOWARD COUNTY

County Highlights:

- Primary drugs of abuse in Howard County are marijuana, cocaine (powder and crack), and heroin.
- Baltimore City and Washington, D.C. are the primary sources for heroin and cocaine.
- Within the county, established open-air crack and marijuana markets exist. Heroin is also beginning to emerge in the open-air markets.
- Recently, undercover agents have been approached for ketamine.

Demographics

The population of Howard County increased by 22% between 1990 and 1995 to 218,030, making it the second fastest growing county in the state. It is one of nine counties that grew more than 13% during the 1990s. Slightly more than half of the population is female. The population is predominantly white (81%). Since 1980, the percentage of females in the workforce increased 12% to 73%, while the percentage of males in the workforce remained stable (85%). The services industry remains the major employer throughout the county, followed by the retail trade. The average household size is 2.71 persons (1995).

Heroin Use Today

Heroin is considered a primary drug of abuse in Howard County. Drug Scan contacts reported seeing what they consider an epidemic about 18 months ago, and a particularly rapid spread over the past 6 months. The local emergency rooms report treating a higher number of heroin overdoses, and there have been a number of highly publicized heroin incidents throughout the county. Police sources also reported a noticeable increase in distribution, particularly in Columbia.

Heroin users fall into two distinct groups: snorters and injectors. Snorters, who make up a large proportion of the heroin-using population, tend to range in age from late teens to mid-twenties. Injectors are, for the most part, older users. Treatment counselors report a marked increase in the number of adolescents using heroin within their population. Experimenters and new users usually buy heroin within Howard County at a party or other informal arrangement. Heavier users generally travel out of the county to buy larger quantities.

Heroin has begun to emerge in open-air markets and is sometimes sold in conjunction with crack cocaine. The majority of heroin deals, however, are made privately among people who are familiar with each other. Frequently, users will buy large quantities of the substance to use and sell. Most of the heroin in Howard County comes from Baltimore City, specifically West Baltimore. A smaller proportion comes in from the Washington, D.C. area. Heroin, which is sold in \$10 gel caps or small ziplock bags, goes by various names such as “boy,” “dope,” “pure,” or “raw” (for high-level purity), and “shake” or “scramble” (for low-level purity). While purity tests are not conducted within the county’s police department, police contacts believe purity

levels are higher. They base their assumption on what street contacts report and on the increase in new users who are snorting the substance.

Local Drug Scene

Marijuana and both powder and crack cocaine have also been identified as primary substances of abuse. There are also small subpopulations of inhalant and designer drug users. Undercover agents were recently approached for ketamine, but that market is small and relatively stable.

Marijuana - Marijuana is used throughout the county by people of all ages and backgrounds. Much of it is being sold by “upper-middle-class hippies” who cultivate and sell it at wholesale levels (quantities greater than one pound). In the black communities, the larger quantities tend to come from Prince George’s County or Washington, D.C. and are broken down and sold in smaller units (1/2 and 1/4 ounce). Some dealers sell crack along with pot, but typically these are sold separately. Frequently, marijuana users will buy an extra amount from their suppliers and sell the remainder to their acquaintances and friends in order to support their own habit. Marijuana is referred to as “weed” and “herb.”

Cocaine and Crack - Powder cocaine is being used primarily by middle-class males in their thirties, while crack is used primarily by those from lower socioeconomic backgrounds. Treatment professionals have, however, seen a handful of upper-class crack addicts. Powder cocaine is snorted and crack is smoked. Crack users often use alcohol and marijuana as well. Dealers tend to be young and ethnically diverse. The crack cocaine market is well established in the county, particularly in Columbia’s public housing and down on Whiskey Bottom and Savage roads by Route 1 in Laurel. Many users, however, still report going to West Baltimore due to accessibility and better, more consistent quality. Crack is often referred to as “girl” (powder cocaine also goes by this name), “rock,” and “ready rock.” Users often ask for a particular plastic vial cap color (e.g., red or black) that has gained a good reputation.

Inhalants and “Club Drugs” – A small subpopulation uses a variety of substances such as methamphetamine, LSD, MDMA, and ketamine. This group tends to be in their late teens and early twenties. Often, these substances are used in social situations such as parties and raves. There is also a very small subpopulation that experiments with inhalants. This group tends to be in their early teens.

KENT COUNTY

County Highlights:

- Heroin use is not considered to be a problem at this time. There are small amounts of the drug available, but its use is limited to a small group of long-time users.
- Primary drugs of abuse are marijuana and crack cocaine.
- Most of the marijuana in the county is grown locally, often in cornfields.
- Areas of heavy drug use/sales include Kennedyville, Rock Hall, and Chestertown.

Demographics

The population of Kent County increased by 5% between 1990 and 1995 to 18,770. Slightly more than half of the population is female. Since 1980, the percentage of females in the workforce increased 9% to 57%, while the percentage of males in the workforce remained relatively stable (70%). The population is predominantly white (80%). The services industry remains the major employer in Kent County, followed by the retail trade. The average household size is 2.45 persons (1995).

Heroin Use Today

Heroin use is not considered to be a problem at this time. Contacts reported that small amounts of the drug are available, but they believed its use is limited to a small group of long-time users. No heroin markets are known to exist within the county, and users interested in buying the drug reportedly drive to Philadelphia to pick it up.

Local Drug Scene

Marijuana - Marijuana is considered a primary drug of abuse within the county. It is primarily grown in local rural areas, and is widely available for sale in Kennedyville, Rock Hall, and Chestertown. Area police are involved in heavy enforcement of the eradication of plants, but the drug's popularity continues to remain high. Marijuana dealers often cultivate their own product; they are predominantly white and sell the drug out of their homes to individuals known to them. Most marijuana purchasers are adolescent to college-aged youths.

Crack - Crack is also considered a primary drug of abuse in Kent County. Crack dealers are predominantly African-American males. While Kent County has very few "crack houses," it does have open-air drug markets. Crack users are equally represented across ethnicity and gender and tend to be in their late teens to mid-thirties. They typically buy the drug and either smoke it on the street or take it home to smoke. Hard-core users make multiple purchases during the day. The most common sales unit for crack is \$20 rocks, which weigh out to .1 to .2 grams. Crack comes wrapped in cellophane, sandwich bags, or is sold without any wrapping at all; it goes by the names "rock" and "twenty."

MONTGOMERY COUNTY

County Highlights:

- Heroin use is increasing slightly, particularly among those aged 15 to 25 years.
- Primary drugs of abuse are marijuana, powder cocaine and crack.
- PCP and LSD use are on the decline.
- Methamphetamine use and ketamine use have emerged in small amounts.
- In Gaithersburg, some gangs make new members inject heroin as a condition of membership and involvement in gang activities.

Demographics

The population of Montgomery County increased by 9% between 1990 and 1995 to 805,930, which was the largest absolute increase in the state. Slightly more than half of the population is female. The population is predominantly white (75%). Since 1980, the percentage of females in the workforce increased 9% to 68%, while the percentage of males in the workforce remained relatively stable (82%). Services remain the major employer throughout the county, followed by government. The average household size is 2.66 persons (1995).

Heroin Use Today

Heroin use is increasing slightly, particularly among those aged 15 to 25 years. These young users typically snort the substance; very little injection use has been reported. There have been a few reports of the drug being smoked; however, it is unclear whether the substance was heroin or opium. In Gaithersburg, it was reported that some gangs force new members to inject heroin as a condition of membership and involvement in gang activities.

Local Drug Scene

Montgomery County's primary drugs of abuse are marijuana, powder cocaine, and crack. PCP and LSD use is on the decline. The use of methamphetamine and ketamine was noted in the Damascus area.

Marijuana - Marijuana is used by a wide variety of individuals within the county. One contact noted that a number of adolescents who smoke the substance also sell it. Marijuana typically goes by the names "weed," "bud," and "shit," and marijuana laced with PCP is called "sherman." There are three basic "grades" of marijuana available. The low level is called "schwag" or "dirt weed"; the mid level is called "commercial"; and the high level is called "kind bud" or "KB." Price is dependent upon purity, so an ounce of marijuana costs anywhere from \$75 to \$600. Most of the marijuana in the area is either grown hydroponically (locally) or brought from California via New York.

Powder Cocaine and Crack - Powder cocaine is most popular among those from middle to upper socioeconomic backgrounds. The small percentage of adolescents who use cocaine primarily

use powder cocaine due to the stigma of crack use. Across the general population, however, crack cocaine use predominates. Crack is typically purchased in either Columbia or Baltimore City. Many users prefer Baltimore because the drug is cheaper and the “marketplace” is open until around 2 a.m.

PRINCE GEORGE'S COUNTY

County Highlights:

- Heroin use is holding steady. However, interviewees are worried that the county may experience the increase that other counties have seen.
 - PCP and inhalants were identified as emerging drugs in addition to heroin.
 - The primary drugs of abuse are cocaine and marijuana, which are purchased locally or in Washington, D.C.
 - It is believed that adolescents use marijuana as often as they use alcohol and tobacco.
 - While crack users outnumber powder cocaine users, the disparity is decreasing.
- Overall, the use of all forms of cocaine is decreasing slightly.

Demographics

Prince George's County has seen a population increase of approximately 16% since 1970, to 765,260. It experienced the second largest absolute increase (47,260) during the 1990s. Between 1970 and 1995, the percentage of women in the population was slightly over 50%. The racial make-up of the county has shifted dramatically. In 1970, the county was 85% white and 15% nonwhite. By 1995, the county had become 42% white and 58% nonwhite. The number of women in the workforce has increased from 50% in 1970 to 74% in 1995, while the number of men in the workforce decreased from 85% to 81%. The main employer is the services industry. The average household size is 2.71 persons (1995).

Heroin Use Today

The people interviewed in Prince George's County had very little to say about heroin use. Treatment providers said that heroin use was low and holding steady, although they are worried that they may see the increase in use that other counties have experienced. The education contact said that she has not encountered heroin use by students at all. She also mentioned that students have said heroin is available.

The users of heroin are predominantly black males in their early thirties from urban areas within the beltway surrounding Washington, D.C. Users have historically injected the drug, but are beginning to switch to snorting. This shift may be due to an increase in the quality of the heroin. Most users make their purchases in their own neighborhoods or in Washington, D.C. They stay close to home and buy from known dealers, as well as their friends.

Local Drug Scene

Marijuana, cocaine, and crack have been identified as primary substances of abuse. PCP, inhalants, and heroin were identified as emerging drugs.

Marijuana - Adolescents use marijuana as often as they use alcohol and tobacco, according to one education contact. One of the treatment contacts stated that the use of marijuana is rising, but marijuana use by adolescents in school is dropping after a big surge about two years ago. Marijuana is mostly smoked in blunts, which are sometimes laced with other drugs. Marijuana is thought to be more potent than in the past. The adolescents tend to buy it from friends off-campus, at bus stops, and at other locations due to increased enforcement in school areas. If caught, they are sent to a special education program on their first offense and are expelled for the second.

Cocaine and Crack - According to a treatment provider, the use of cocaine and crack is decreasing. The users are still mostly male (70%), according to a treatment provider, but the number of young females smoking crack is increasing. Crack users have typically outnumbered the users of other forms of cocaine, but the disparity is decreasing. Most new users favor snorting cocaine powder. While crack is found mostly in urban areas within the beltway, cocaine powder is spread out into areas beyond the beltway.

PCP - PCP use was very high 10 years ago. Since that time, usage has increased and decreased at various times. PCP use is currently considered to be slightly increasing. Users were reported in both suburban and urban locations.

Inhalants - Several contacts mentioned inhalants as an emerging drug among children and adolescents. It is difficult to track the youths' use of inhalants, because they use a wide variety of easily obtained legal substances, such as model glue, magic markers, Redit-Whip, and White-out. Inhalant use is found most often among middle school students.

QUEEN ANNE'S COUNTY

County Highlights:

- Heroin is not considered a problem within the county at this time.
- Primary drugs of abuse are marijuana and crack.
- Marijuana is predominantly smoked in blunts, which are sometimes flavored with honey or chocolate.
- Raves are no longer highly publicized. Organizers now stay mobile and make the events hard to find.

Demographics

The population of Queen Anne's County increased by 9% between 1990 and 1995 to 37,450. Slightly more than half of the population is female. Since 1980, the percentage of females in the workforce increased by 14% to 62%, while the percentage of males in the workforce has remained relatively stable (76%). The population is predominantly white (89%). Farming was the major employer in the 1970s and 1980s. Retail trade is the major employer in the 1990s, followed by services. The average household size is 2.64 persons (1995).

Heroin Use Today

Heroin is not considered a problem within the county at this time. The using population is small and the numbers are remaining fairly steady.

Local Drug Scene

Marijuana – Marijuana is considered to be the county's most popular illicit drug of abuse. One treatment counselor stated that most of the adolescents coming into treatment were using marijuana before alcohol. Blunts are the preferred method of smoking marijuana among adolescents, who will sometimes flavor the cigar paper with honey or chocolate. Marijuana is rarely laced with other substances, but occasionally users will mix it with cocaine powder. The price of marijuana in the area fluctuates, depending on availability and method of cultivation. Hydroponically grown marijuana is more expensive, and may cost up to \$350 per ounce. Users often travel to Philadelphia or Baltimore City to buy marijuana. Dealers from New York City also deliver it to established contacts within the county.

Crack – Crack is considered a primary drug of abuse within the county. However, the using population was reported to be stable with no marked increases in use over the past six months. Crack users tend to buy and use the drug in crack houses or other known drug areas; some users take it home to smoke. The typical sales unit of crack is \$20 for a .2 gram rock.

"Club" Drugs - While drugs such as GHB, ketamine, and ecstasy are present in the county, their use has decreased over the past six months. A dealer from Florida brought 5,000 tablets of Rohypnol® into the area a year ago, but that drug has all but disappeared in recent time. One

contact felt that the shift in use may be contributed to the rave scene's waning popularity. Rave organizers have retreated and made the events more underground. No longer are raves highly publicized. Organizers now stay mobile and make the events hard to find.

ST. MARY'S COUNTY

County Highlights:

- Heroin is not believed to be an emerging drug problem in the county.
- LSD use is believed to be on the increase among college students.
- Crack and marijuana are reported to be the county's primary drug problems.

Demographics

The population of St. Mary's county has risen steadily from approximately 47,000 in 1970 to 81,000 in 1995. The county's population is 84% white and 16% nonwhite. Since 1980, the percentage of females in the workforce increased by 14% to 63%, while the percentage of males in the workforce has remained relatively stable (80%). The main employers were the government and the services industry. The average household size is 2.81 persons (1995).

Heroin Use Today

Heroin is not believed to be an emerging drug problem in the county. There have been no recent heroin seizures, no needles found, nor any reports of heroin use from police informants.

Local Drug Scene

Marijuana - Those using marijuana were identified as males and females, 18 to 35 years of age. Adults who sell marijuana typically sell it to persons of lower economic status. Juveniles who sell marijuana typically sell it to persons of higher economic status.

Crack - Crack was reported as one of the primary drug problems in the county. Those who use crack are from middle- and lower-socioeconomic backgrounds, and range in age from 16 to 60 years. Those who sell crack were identified as African-American males. Crack is usually transported by car or boat from Washington, D.C. or New York City. A common sale unit is \$20 a rock (one gram). When new dealers entered the St. Mary's drug market, the price went down to as low as \$10 a gram. Crack is packaged in plastic sandwich bags and purity varies with the sale location. Crack sold in the south end is considered poorer quality than the crack obtained in other areas of Saint Mary's County. There is a huge profit margin in the crack market. An "8 ball" of powder cocaine can be purchased for \$150, cut, and resold as crack for \$900. While some dealers may also sell marijuana, cocaine is usually considered a one-product market.

LSD - Criminal justice system sources report LSD use among college students, although there have not been any recent seizures of LSD. Those identified as using LSD are white, upper middle-class, and from 18 to 21 years of age. LSD is being used in bars and parties in the woods. LSD is sold on squares of paper for an average of \$5 a hit. A regular sheet of paper may have 100 hits on it. Pictures, such as the "bad boy" image or a red unicorn, are often drawn on the paper. Marijuana and LSD are commonly sold by the same dealer. LSD is referred to as

“blotter,” “red unicorn,” or by other names that relate to the image that may appear on the LSD paper.

Jimson Seeds - There were reports that male high school students are experimenting with jimson seeds, a hallucinogenic weed that grows in tomato fields and orchards. It can be ground into powder and made into a tea or smoked. It is generally used after school hours in social settings.

SOMERSET COUNTY

County Highlights:

- One contact who works with much of the Eastern Shore cites Somerset County as having crack and heroin in “bigger waves” than other counties on the shore.
- Heroin is considered an emerging drug of abuse.
- While the majority of users snort heroin, there has been an increase in injection use.
- The county’s primary drug of abuse is crack.

Demographics

Somerset County’s population has increased by approximately 28% since 1970, to 24,280. Whites have always been in the majority; however, the nonwhite population has increased from approximately 38% in 1970 to approximately 41% in 1995. The gender make-up of the county has shifted considerably. In 1970, the county was 48% male and 52% female. By 1995, the county had become 55% male and 45% female. The percentage of men in the workforce has decreased dramatically, however, from 69% in 1970 to 47% in 1995. The percentage of women in the workforce has increased from 41% in 1970 to 52% in 1995. The government, retail trade, and services industry are the main employers in the county. The average household size is 2.42 persons (1995).

Heroin Use Today

Somerset County was noted by one contact as having crack and heroin in “bigger waves than other counties on the shore”; the lower economic situation was cited as one of the main factors. Heroin was cited as an emerging drug of abuse, but is considered a primary concern within the county. The majority of users still snort; however, during the second half of 1998 there was an increase in injection use. A treatment provider reported most users to be approximately 17 to 23 years of age. Dealers as young as 14 to 18 years of age have been seen by one contact. Heroin use by more affluent people has been observed recently. Heroin was said to be the “in thing” with younger users while older individuals use crack. A decrease in heroin use among women was reported. Heroin dealers usually sell in relatively small amounts, and do not usually sell other drugs. Heroin is sold in tiny plastic bags, according to one source. A treatment provider noted that the heroin is usually pre-cut. Heroin is also known as “dope.”

Local Drug Scene

Crack - Crack is being used more by older individuals. It is mainly seen being used on the street or in crack houses. While older people are using crack, it was noted that older people seem to be selling it as well. The dealers typically do not sell any other drugs. A treatment provider mentioned that crack is normally sold loosely (not in any packaging or containers) in small

amounts. According to one treatment counselor, crack can be purchased in Baltimore City or Philadelphia for \$5 to \$10 dollars and resold in Somerset County for \$15 to \$20.

TALBOT COUNTY

County Highlights:

- Heroin use has increased, and heroin is believed to be an emerging drug of abuse.
- Percocet® and other prescription medications are also believed to be emerging drugs of abuse within the county.
- Novelty drugs, such as crack with food coloring in it, were mentioned by one source in Talbot County.
- Primary drugs of abuse for Talbot County are marijuana and crack..

Demographics

Talbot County's population has increased approximately 36% since 1970, to 32,330. Whites have always been in the majority, but the white population has increased considerably, from 74% in 1970 to 82% in 1995. The gender make-up of the county has not shifted since 1970. There are still more men in the workforce than women (73%), but the percentage of women in the workforce has increased from 46% in 1970 to 59% in 1995. The retail trade, manufacturing, and services industries are the main employers in the county. The average household size is 2.35 persons (1995).

Heroin Use Today

Some contacts in Talbot County have noticed an increase in heroin use. Heroin was believed to be an emerging drug; however, contacts believed that the overall using population was relatively small. Heroin was mentioned as being obtained from outside the Eastern Shore, for example, Philadelphia, Baltimore City, and New York City. One contact has seen an increase in white females 19 to 25 years of age using heroin. Relatively young dealers and youths being hired from New York to run the drugs were also reported. Injection use is cited as the primary route of administration of heroin. Some of the information collected regarding heroin was uncertain because of recent changes in use and the small amounts noticed by contacts.

Local Drug Scene

The primary drugs mentioned are marijuana and crack. Emerging drugs mentioned for Talbot County include methamphetamine and prescription drugs, such as Percocet® and Valium®. LSD use has decreased. A juvenile justice worker reported that the number of younger drug users is increasing. An officer stated that drugs are often brought in from Philadelphia, Pa., or New York City, sometimes via Newark, Nj., or Delaware. Often, dealers arrive in town in limousines and attempt to meet a local girl to get a foothold in the scene. Drug runners are often hired from New York City and average 16 to 19 years of age. The same source reports that in Easton there have been several cases of rich women supporting drug dealers.

Marijuana - According to one officer, marijuana is grown among local corn crops. Source information indicates that marijuana prices range from \$10 to \$20 a bag or \$60 for 1/4 of an

ounce and \$185 per ounce. Some of the dealers are professionals and deal both crack and marijuana. According to source information, the dealers who sell both marijuana and cocaine are African-American and mainly deal on the street. There are also more underground dealers, who are typically middle-class Caucasian youths who mainly sell to peers. According to one contact, marijuana is sometimes brought into Talbot County on seaplanes. The marijuana was noted by one officer to be of “good quality.” Blunts are commonly used, and are sometimes adulterated with crack cocaine. A juvenile justice worker noted that some marijuana users are testing positive for cocaine as well, leading the source to wonder if some of the marijuana is being laced without user knowledge. Marijuana is often used in groups or at parties, and is commonly known as “weed,” “reefer,” and “blunt.” A contact who works with juveniles noted that the word “pot” is outdated as a slang term for marijuana.

Cocaine and Crack - Crack is generally being used by those aged 18 to 25 years. According to one treatment provider, 70% of users smoke cocaine in crack form and the remaining 30% snort it in powder form. Sources noted very little injection use. One source working with juveniles has noticed an increase in crack use among middle-class youths. According to one officer, crack is sold in specific areas of town, and is typically packaged in vials and film canisters. Local dealers do not usually weigh out the amounts exactly. According to one officer, there is “white man’s crack” and “black man’s crack,” that is, a Caucasian user can buy a rock for \$50 and an African-American user can buy a similar-sized rock for \$20. Crack is usually sold in \$20, \$40 and \$50 amounts. An “8 ball” of cocaine will typically sell for \$130 to \$200. One source has seen a decrease in the amount of powder cocaine being used by “elite young Caucasian users.” A treatment provider noted that people dealing, but historically not using, cocaine were testing positive for the drug and were apparently absorbing the drug through their skin. An officer in Talbot County had recently seen crack with food coloring in it and had also heard of “chocolate crack” but had not seen any.

Methamphetamine - An officer has noticed an increase in methamphetamine use in Talbot County. The users seen by this contact were primarily African-American males aged 19 to 25 years. It is thought that the dealers are selling only one drug because it is a new market, but the source was not positive. Little information was available due to the recent emergence of this drug in the county.

Prescription Medications - Prescription medication abuse is seen among middle-class users, according to one source. Percocet® use is of particular concern. Demerol® and Valium® are also being used recreationally.

WASHINGTON COUNTY

County Highlights:

- Heroin is considered an emerging drug of abuse. A heroin market has appeared in Hagerstown within the past year, but it is fairly small.
- Marijuana, powder cocaine and crack are considered the county's primary drugs of abuse.
- Marijuana use, while already widespread, is believed to be on the rise.
- An estimated 70% to 80% of the county's open-air drug markets are run by "out-of-towners" from New York and Florida.

Demographics

The population of Washington County increased by 4% between 1990 and 1995 to 126,950. Slightly more than half of the population is male, and the racial composition is predominantly white (92%). Since 1980, the percentage of females in the workforce increased 8% to 56%, while the percentage of males in the workforce decreased 8% to 65%. Throughout the 1970s and 1980s, manufacturing was the main employer. In the 1990s, more people began working in services and retail trade. The average household size is 2.49 persons (1995).

Heroin Use Today

Drug Scan sources indicate that heroin is an emerging drug of abuse in Washington County. In particular, sources note that the younger population (18 to 22 years of age) seems to be most affected. Sources report that the using population is primarily white males from varying socioeconomic backgrounds. Snorting and injecting are reported to be equally popular ways of administering heroin. Older users often inject both heroin and cocaine (known as speedballing).

A heroin market appeared in Hagerstown within the past year, but it is fairly small. Sources report that most of the supply is brought into Washington County from Baltimore City. The bulk of the addicted population, however, still travels to Baltimore City, Frederick, or Carroll County to buy their supply. Some users reportedly sell powder and crack cocaine to support their heroin habit. Heroin is also known as "dope" and "smack" in Washington County, and is typically sold in \$10 quantities.

Local Drug Scene

Marijuana and both powder and crack cocaine have been identified as primary drugs of abuse.

Marijuana - Marijuana use, while already widespread, is believed to be on the rise. A treatment source noted that the level of marijuana use in the county is now equal to that for crack. An increase in marijuana dependence, rather than recreational use, was also reported. Persons who use and/or sell marijuana are of all ages and backgrounds. Frequently, users sell the substance to

friends and acquaintances to maintain their own habit. Typically, marijuana is sold in \$10 and \$20 bags, with quantity dependent upon quality.

Cocaine and Crack - Crack is considered to be a larger problem than powder cocaine, but both are considered primary drugs of abuse within the county. Crack users are primarily unemployed, from lower socioeconomic backgrounds, and between the ages of 25 and 40 years. The majority of crack dealing takes place in Hagerstown, often by individuals from out of town. One police source commented that 70% to 80% of the open-air markets were run by “out-of-towners” from New York and Florida. These dealers often recruit adolescents and females from their hometown to take or “mule” the drug to Hagerstown, typically by bus. Crack is sold in “rock” form for \$5 to \$50, and is usually packaged in small plastic wraps and baggies. Powder cocaine sellers and users are primarily white males, from middle-class socioeconomic backgrounds, and are in their mid-20s to early 30s. Powder cocaine is sold for \$100 per gram, and is usually packaged in either plastic bags or pharmacy folds.

WICOMICO COUNTY

County Highlights:

- Heroin use is on the increase, especially among younger users. Most users begin by snorting and then move to injection use.
- Crack, powder cocaine, and marijuana are the primary drugs of abuse within the county.

Demographics

As of 1995, Wicomico County's population was approximately 78,950. Whites have always been in the majority, but the nonwhite population has increased from 21% in 1970 to 25% in 1995. The gender make-up of the county has not shifted since 1970: 52% female and 48% male. There are still more men in the workforce than women (75%), but the percentage of women in the workforce has increased from 47% in 1970 to 61% in 1995. The manufacturing, retail trade and services industries are the main employers in the county. The average household size is 2.52 persons (1995).

Heroin Use Today

Heroin use was noted by several contacts to be increasing in Wicomico County. Heroin is most popular with younger users, especially those in their late teens to mid-twenties. Some groups were described as being at higher risk, including women and local college students. Heroin users typically start by snorting, then move on to injection use.

Generally, heroin dealers are young (25 years of age and under) and are often African- American males. One officer stated that there are two types of dealers: the more prominent dealers who are not using and the "small-time" dealers, who sell approximately 10 to 15 packets at a time to support their own habit. Heroin dealers often also sell crack or powder cocaine. A recent bust in Wicomico County yielded 64 packets of heroin, according to one officer. Most of the county's heroin is believed to come from Philadelphia and Baltimore City. Some of the heroin seen is stamped with identifying letters such as "OD" or "WT." Heroin is commonly referred to as "dope," "horse," "smack," "white stuff," and "brown stuff." Although there are no definite analyses of the purity of the heroin, it is reported to be high. A treatment provider stated that clients reported heroin to be significantly higher in purity than it was two to three years ago. Heroin is sold in bags or thin wax paper for \$10 to \$20 a bag.

Local Drug Scene

Primary drugs mentioned were powder cocaine, crack, and marijuana. Prescription opiates were also noted as emerging drugs of abuse. One treatment provider noted a decrease in popularity of

hallucinogens within the adolescent population. Another contact mentioned that Salisbury and Princess Anne were pockets that were at higher risk than other places for drug use.

Opiates – Opiate use is on the rise. One treatment counselor noted that when the supply of nonprescription opiates available on the street decreases, people start going into treatment. The increase in opiate use has specifically affected younger, middle-class, Caucasian groups. One contact named Demerol® and Percocet® as some of the prescription opiates being abused. Opiates are sold privately by peers, not on the street, according to one treatment provider. The source further stated that the pills can be obtained by “doctor shopping” and other types of prescription fraud.

Cocaine and Crack - Recently, an 11-year-old youth was arrested for dealing cocaine. In addition, there was a recent arrest for armed robbery with cocaine possession. One officer in the county noted that the average age of users and dealers is decreasing. The officer mentioned one case in which an older brother had his younger brother sell for him. The majority of cocaine is smoked in the form of crack, according to contact information. A treatment provider noted crack users to be in their late 20s and early 30s, and noticed that powder cocaine “seems to be popular again.” The source further stated that powder cocaine is often bought privately from peers, but the crack form is sold on the street. Powder cocaine is sold in \$10 to \$15 amounts, while crack is sold in \$10 to \$20 pieces.

One source reported the prices of crack to be \$5 for “crumbs” (small broken pieces), \$20 per rock, and \$100 for an “8-ball.” Cocaine and crack were seen being sold in little bags and in glass vials. Several contacts noted that dealers were most often young African-American males. Dealers may be selling heroin, powder cocaine, or marijuana. An officer stated that sometimes cocaine is sprinkled on the marijuana without informing the user to help create an addiction. One officer noted a case of cocaine being cut with rat poison. A treatment provider also mentioned seeing cases of speedballing. Sources mentioned that crack is often used in crack houses, on the streets, in crack alleys, and in small groups or alone. Cocaine is often called “bump,” “coke,” and “white stuff.” Crack is often called “rock,” and “20.”

Marijuana - Many of the sources who identified marijuana as a primary drug say more men than women are using. Marijuana is usually smoked with others in groups or social settings. An officer in Wicomico County estimated the price of marijuana to be \$50 for 1/4 of an ounce. According to source information, many of the dealers are younger African-American males, as with cocaine. Some peer selling occurs as well, according to one treatment provider. “Weed,” “pot,” and “reefer” were mentioned as slang terms for marijuana.

WORCESTER COUNTY

County Highlights:

- Heroin was noted to be used in small amounts, and is considered an emerging drug.
- Other emerging drugs are steroids and ketamine.
- Primary drugs of abuse are marijuana, powder cocaine, and crack.

Demographics

As of 1995, Worcester County had a population of 39,380. Whites have always been in the majority, but the white population has increased significantly, from 67% in 1970 to 79% in 1995. The gender make-up of the county has not shifted since 1970: 52% female and 48% male. There are still more men in the workforce than women (71%), but the percentage of women in the workforce has increased from 52% in 1980 to 59% in 1995. The retail trade and services industries are the main employers in the county. The average household size is 2.42 persons (1995).

Heroin Use Today

Reports about the severity of heroin use are varied. In general, however, contacts believe that heroin is an emerging drug of abuse within the county. Heroin was linked to Caucasian users in their mid-20s to 30s. Heroin is mainly injected. Both Caucasian males and African-American males were identified as selling heroin. Dealers are typically in their late 20s to 30s, and usually sell only heroin. It was noted that the price for heroin often ranges from \$10 to \$20 for a small baggie, and that cocaine and heroin are now similar in price, whereas heroin used to be more expensive. One source reported that a gram of heroin was equal to four dimes (\$10 bags). Heroin is reportedly referred to as “dope.” It was noted that one store employee on Ocean City’s boardwalk was robbed when she fell asleep while under the influence of heroin.

Local Drug Scene

A variety of emerging drugs were mentioned, including “Special K” (ketamine), heroin, and steroids. Most contacts cited crack and marijuana as the primary drugs of abuse.

Crack - Crack is reportedly being used by individuals of various ages and ethnic backgrounds. One source reports that crack is most often used by those in their 20s and 30s. Crack is most often smoked. It is reportedly used in a variety of places including bars, drug houses, private social settings, and in open-air drug markets. Contacts identified dealers as ranging in age from teenagers to those in their 60s. One contact reported that crack dealers are most frequently African-American males. Many of the crack dealers sell other drugs as well, including marijuana, powder cocaine, and heroin. Sources reported that crack prices can range from \$10 to \$20 for a “hit,” and from \$20 to \$50 for various-sized pieces of crack. Crack is commonly referred to as “rock” or “piece.”

Marijuana - The majority of those using marijuana were described as Caucasians in their 30s. Marijuana is usually smoked and used in both private and social settings. Often, sales are made at private homes. Marijuana is sold by dealers, as well as peers, and one contact described approximately 85% to 90% of marijuana dealers as Caucasian males aged 25 to 30 years. Contacts noted that most marijuana dealers sell marijuana only. Prices can range depending on the quality of the marijuana. One quarter of an ounce can be bought for approximately \$40 to \$50. One source noted that “rag weed” sells for approximately \$30 (for 1/4 of an ounce) and \$80 (for an ounce), and that “skunk” or “sense” sells for approximately \$40 to \$60 (for 1/4 of an ounce) and \$130 to \$150 (for an ounce). Marijuana comes in from Baltimore City and

Delaware. A recent bust netted 12 vials of hash oil that were smuggled into the U.S. from Canada. Hash oil is mainly smoked, according to contact information.

Ketamine - Although one source said the popularity of ketamine has decreased during the past year, most others consider it an emerging drug. Users are mainly males and females of all ethnic backgrounds and under 21 years of age. It is taken orally and often mixed in food or drinks. Ketamine is used commonly at rave-type parties and at coffee houses. Based on contact information, dealers seem to be under 21 and usually sell marijuana, LSD, and ecstasy, as well. The price of Ketamine is approximately \$25 for 1/2 a gram. Ketamine is also referred to as "Special K" or "K."

Steroids - Steroids were also mentioned as an emerging drug in Worcester County. Steroids are mainly being used by Caucasian, male bodybuilders, and are sold within the weight-lifting community. Many of the dealers sell to support their own habit. Steroids are sold in vials and the price can vary depending on the particular type of steroid. One batch of 12 vials was reportedly sold for approximately \$300. Based on contact information, steroids are being imported from Russia and England and being brought in through waterways to Baltimore Harbor. Many of the confiscated vials were said to be marked with Russian writing. The steroids can be taken orally or injected.

STATEWIDE SUBSTANCE ABUSE ISSUES AND CONCERNS

At the end of each interview, we asked our contacts whether they felt there were any social, economic, or political factors that affected drug use patterns. The responses were often fast and intense. Some respondents reflected a sense of disgust at the current state of affairs, while others offered insights into the changes that have occurred in the public perception of substance abuse or specific county characteristics that are risk factors.

Many of the people interviewed thought that it is harder than in the past to identify specific social or economic risk factors for drug abuse. The availability of potent heroin has changed the face of drug use. Snorting does not seem like a big deal, and many people feel that if they're not using needles, they're not an addict. The young age of new users is worrisome because these individuals lack maturity and are less likely to realize that they have a problem. The symptoms of drug abuse are often very similar to the symptoms of "normal" adolescent turmoil.

Key state initiatives such as Break the Cycle and the Maryland HotSpot Communities Initiative were mentioned by contacts in several counties as successful methods for responding to substance abuse related crime and treatment concerns. Below are some of the responses to the questions we asked about drug related issues.

Why do people use drugs?

- Decrease in the perceived risk of drug abuse
- Greater acceptance of so-called gateway drugs, such as alcohol and marijuana
- Substance use seen as a rite of passage
- Desire to "live on the edge"
- Increase in interstate traffic
- Physical or emotional abuse
- Lack of parental involvement
- Peer pressure and a desire to "fit in"
- Lack of social activities and role models

Many respondents indicated that it has become more difficult to identify specific risk factors for substance abuse. Drug use is so widespread now that the traditional risk factors approach may no longer be appropriate. The causes identified by the professionals we interviewed focused on general personality traits and community norms.

Why do people deal drugs?

- Economic downturn
- Unemployment
- Easy money
- For respect

Contacts in several counties mentioned economics as a key reason for drug dealing. Unemployment caused by economic downturn creates a desire for fast money and respect. Dealers can buy an ounce of heroin or cocaine for \$1,200 from a supplier, then cut it and sell it

on the street for \$2,800 and make a profit of \$1,600 in one day. Such opportunities can be difficult to ignore in areas of extreme poverty and despair.

What type of treatment best meets the needs of substance abusers?

- Harm reduction
- Women and adolescents need greater access to treatment
- Adolescents need to be referred to treatment before they get in trouble

An outpatient treatment provider reported that judges are often reluctant to mandate women to treatment. As a result, a minority (15%) of clients in the facility are female. The lack of childcare within treatment facilities was also cited as a reason why fewer women enter treatment.

One treatment provider thought that abstinence as a criterion for admission prevents those without the skills to stop using, those most in need, from receiving treatment. Further, she stated that immediate abstinence is not always appropriate, especially for those self-medicating due to psychological trauma or mental illness. There is increasing interest in the harm reduction model when considering these issues.

What other health concerns are involved in substance abuse?

- HIV
- Hepatitis

A significant problem is the high incidence of HIV infection among injection drug users: 33% of injection drug users within Baltimore City are HIV positive. Baltimore City contacts believe that an even larger percentage of users have hepatitis.

Changes in the health care system were cited as a serious area of concern in Montgomery and other counties. The switch to managed care systems has made access to treatment services increasingly difficult. Treatment aftercare is no longer available and many individuals are now released back into the same drug-infested environment they came from without a support system.

What are some county-specific substance abuse related issues?

Baltimore City - The primary concern mentioned by Baltimore City contacts is the negative health effects related to substance abuse, such as HIV, hepatitis, and other STDs.

Cecil - According to one contact, the rural nature of this county leads many people to have a false sense of security. They believe their county cannot have a drug problem. The reality is that surrounding urban areas do exert a strong influence on substance use in nonurban counties.

Dorchester - One contact described the county as economically depressed. This has resulted in a lack of employment opportunities for skilled labor. A new Hyatt hotel is being built to counter this downturn, and it is believed that gambling may be allowed in the hotel. This concerns many

who believe the increase in transients and the length of time they stay in the county could also increase the opportunities for drug dealing and substance abuse.

Harford and Frederick - Contacts in Harford and Frederick counties mentioned the rapid economic growth in their counties as a potential problem. The influx in population prompted by the economic surge has created an environment in which adolescents living in larger, newer, more transient communities are often left on their own while their parents work. The lack of community stability has caused a decline in the sense of community disapproval. Several people interviewed commented that drug use is more out in the open than it was in the past, and that juveniles are trying drugs at a younger age.

Talbot - One of this county's contacts thought that the Talbot County Airport could be a problem since individuals are able to take off and land at this airport during the night without authorization. This could potentially enable drug dealers to have an easy and efficient method of bringing drugs into the county.

Washington - The geography of Washington County puts its urban center in close proximity to three states. Hagerstown is less than 30 miles from Pennsylvania, Virginia, and West Virginia, and drug trends in the city are often influenced by what is available and popular in those areas. Franklin County, Pennsylvania, is especially well known as a source for drugs by local users.

Worcester - This county is a resort area. Since the vast number of people are visiting areas like Ocean City, the population fluctuates greatly. The tourist population brings new drugs into the community, and also provides a market for local dealers.

APPENDIXES

APPENDIX A

MARYLAND DRUG SCAN INTERVIEW

ID#:

Interview Date:

Interview Time:

Interviewer:

Initial Contact Date:

Initial Contact Person:

Consent Form Rec'd:

1. POPULATION SERVED: What population do you predominantly work with?

2. GENERAL: Paint a general picture of drug use in the populations you serve in your community. Have there been any changes in prevalence or patterns of use over the past 6 months?

3. EMERGING DRUGS: Are there any emerging drugs or new patterns of use?

IF YES, ASK THE FOLLOWING QUESTIONS FOR EACH EMERGING DRUG:

Who's using (age, ethnicity, sex, etc.)?

What are the prevailing routes of administration?

What is the typical environment?

Who's selling?

Do they sell other drugs as well?

If so, which other drugs?

What is a typical purchase/sale unit?

Is there anything unique about the packaging?

What is the purity (at various levels of distribution)?

How is it cut (e.g., different units for different routes of administration)?

What names does it commonly go by?

Where does your knowledge of this substance come from?

4. PRIMARY DRUG(S): What do you feel is the major drug problem in your county?

ASK THE FOLLOWING QUESTIONS FOR PRIMARY DRUG(S):

Who's using (age, ethnicity, sex, etc.)?

Have there been any changes in the user profile in past 6 months?

What are the prevailing routes of administration?

Have these changed over the past 6 months?

What is the typical environment?

Who's selling?

Has this group changed over the past 6 months?

Do they sell other drugs as well?

If so, which other drugs?

What is a typical purchase/sale unit?

Is there anything unique about the packaging?

What is the purity (at various levels of distribution)?

How is it cut? (e.g., different units for different routes of administration)

What names does it commonly go by?

Where does your knowledge of this substance come from?

5. SOCIAL/ECONOMIC FACTORS: Are there any social, economic, or political factors that you think have affected drug use patterns in the past 6 months?

6. FUTURE AREAS OF CONCERN: Are there any social, economic, or political factors that you feel may effect future drug use patterns?

7. ADDITIONAL CONTACTS: Is there anyone else we should call to get more information?

COMMENTS:

APPENDIX B

DRUG GLOSSARY*

ANABOLIC STEROIDS – Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Potential adverse effects include aggression, depression, heart attack, stroke, and sterility. Steroids come in tablet and liquid forms, and are taken orally or injected into muscle.

BLUNT – A blunt, sometimes referred to as a Philly blunt, is a hollowed-out cigar that has been filled with marijuana. Adulterants such as cocaine, crack, and PCP are sometimes added to the blunt. Honey and chocolate are sometimes added to flavor the blunt.

COCAINE – Cocaine is a central nervous system stimulant that is extracted from the leaves of the coca plant. It can produce a surge in energy, feelings of intense pleasure, and increased confidence. Heavy use may produce hallucinations, paranoia, aggression, insomnia, and depression. Cocaine's effects are short lived (approximately 20 minutes), and once the drug leaves the brain the user often experiences a "coke crash," the effects of which include depression, irritability, and fatigue. The drug resembles a white crystalline powder and is most often snorted or injected.

CRACK – Crack is cocaine powder that has been processed with ammonia or baking soda and water into a freebase cocaine. The high of crack is similar to that of powder cocaine; however, because crack is smoked (most often in a small glass pipe) it reaches the brain quicker and brings a more intense and immediate high than powder cocaine. Crack resembles crystalline rocks that look like soap and it varies in color from white to tan.

DEMEROL® – Demerol is a narcotic analgesic prescribed for the relief of moderate to severe pain. Similar in effect to other opiates, it is sometimes abused by individuals seeking an opiate high or staving off withdrawal from heroin.

DEXEDRINE – Dexedrine is a central nervous system stimulant and part of the amphetamine family. Effects include increased alertness and energy, and feelings of well being, power, and superiority. Chronic users may develop malnutrition or amphetamine psychosis. Dexedrine comes in capsule and tablet form and is taken orally.

DXM (dextromethorphan) – DXM is an active ingredient in many over-the-counter cough syrups. When taken in large quantities the drug produces dissociation and intense hallucinations. DXM may be found in syrup, powder, or pill form. It is most commonly taken orally, but may also be snorted or injected.

ECSTASY or MDMA (methylenedioxymethamphetamine) – MDMA is a synthetic drug that acts simultaneously as a stimulant and a hallucinogen. The effects of MDMA include euphoria, sensory distortions, and increased energy and empathy for others. MDMA has been shown to cause brain damage in animals. It is believed to temporarily deplete the brain's serotonin levels, which may result in depression. MDMA is sold in tablet and pill form; it is most often taken orally, but may also be snorted.

GHB (gamma hydroxybutyric acid) – GHB is a compound that initially was used by body builders to stimulate muscle growth. Users report that GHB induces a state of relaxation that lasts one to three hours. GHB is odorless and nearly tasteless and comes in both liquid and powder form; it is most often drunk or snorted.

* The glossary is limited to those substances mentioned within the body of the report.

HEROIN – Heroin is a highly addictive drug derived from the opium poppy. It is an opiate that affects the brain's pleasure systems and interferes with the brain's ability to perceive pain. Heroin ranges in appearance from white powder to a dark brown tar-like substance. It can be used in a variety of ways-- injection, snorting, or smoking--depending on user preference and drug purity.

INHALANTS – Inhalants are ordinary household products which are inhaled or sniffed, typically by children, in order to get high. The user may feel stimulated, disoriented, out-of-control, giddy, and light-headed. Inhalant abuse can cause severe damage to the brain and nervous system. Hundreds of household products can be misused as inhalants. These products are generally sniffed, snorted, and huffed to achieve a high.

JIMSON SEEDS (*Datura stramonium*) – Jimson seeds come from the *Datura* plant, a large annual herb that grows long, funnel-shaped, white and violet flowers. The three main toxic agents produced by the plant are atropine, scopolamine, and hyoscyamine. The effects of Jimson Seeds include flushing, restlessness, hallucinations, ataxia, and psychological disturbances.

KETAMINE – Ketamine is a dissociative anaesthetic often used as an animal tranquilizer by veterinarians in pet surgery. Users report that ketamine produces profound hallucinations that include visual distortions and a lost awareness of time and identity. The high lasts anywhere from a half hour to two hours. Ketamine is typically dried from a liquid to a white powder form and then either snorted or smoked.

LSD – LSD is the most common hallucinogen. It is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. The effects from LSD can last from 3 to 12 hours and may include a sense of well-being and visual and auditory hallucinations. Potential adverse effects include panic, confusion, suspicion, and loss of control. LSD is most commonly sold on paper. It is odorless and colorless, with a slightly bitter taste, and is usually taken by mouth.

MARIJUANA – Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant (*Cannabis*). The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). The effects of marijuana include euphoria, giddiness, distorted sense of time, impairments of attention and memory, and impairments of complex visual and motor skills. Marijuana is usually smoked, but some users mix it into foods or brew it with tea.

METHADONE – Methadone is a petroleum-based synthetic analgesic that mimics the effects of morphine. Clinical programs often treat recovering opiate abusers with daily doses of methadone; the treatment is often long-term or indefinite.

METHAMPHETAMINE – Methamphetamine is similar in structure to amphetamine and is a central nervous system stimulant. Users report increased energy and motivation, often coupled with a sense of invincibility. Methamphetamine is a crystal-like powdered substance that sometimes comes in large rock-like chunks and varies in color from white to yellow. Methamphetamine can be snorted, swallowed, injected, or smoked.

(RED ROCK) OPIUM – Opium is derived from the dried juice of the immature seed pods of the opium poppy. Opium produces euphoria in the user and may be used as a painkiller. Locally seen red rock opium resembles crystalline rocks and is said to be reddish brown in color. It is most often smoked, but may also be taken orally.

PERCOCET® – Percocet is the brand name for the drug dihydrohydroxycodone. Percocet is an opioid analgesic. It is used therapeutically as a pain reliever.

PCP (phencyclidine) – PCP is a white crystalline powder with a distinctive bitter chemical taste. It was developed as an intravenous anesthetic and was later used in veterinary medicine. A PCP high generally lasts two to four hours, within which time the user may hallucinate, become agitated, delusional, and

irrational. PCP is sold in a variety of tablets, capsules, and powders. It is normally snorted, smoked, or taken orally.

RAVE – A rave is an all-night dance party often held in marginal locations like warehouses and unused tenements or schools. Electronic music is played and a variety of drugs are usually available. Popular “rave drugs” are ecstasy (MDMA), ketamine, GHB, and LSD.

RITALIN® – Ritalin is the brand name for the drug methylphenidate. It is a mild central nervous system stimulant that is often used to treat children with Attention Deficit Disorder. Ritalin comes in pill form and may be taken orally, or when crushed, may be snorted or injected.

ROHYPNOL® – Rohypnol is the brand name for the drug flunitrazepam, which is a sedative nearly 10 times more powerful than Valium. Rohypnol is not legally available for prescription in the United States, but is legal in over 60 countries worldwide. The drug, which comes in pill form, creates a sleepy, relaxed, drunken feeling that lasts two to eight hours. Rohypnol has gained a reputation as a “date rape” drug. Women around the country have reported being raped after having Rohypnol involuntarily slipped into their drink by an attacker.

VALIUM® – Valium is the brand name for the drug diazepam. It is considered a tranquilizer and is used to treat anxiety and sleep disorders.

VIAGRA® – Viagra is a drug used to treat impotence in men. Its active ingredient is sildenafil citrate. Viagra increases the body’s ability to achieve and maintain an erection during sexual stimulation. It comes in tablet form and is taken orally.

APPENDIX C

MARYLAND-SPECIFIC DRUG SLANG

COCAINE –	Cane Cola Coke Girl Nose Candy White Stuff	Weed	
		W/ COCAINE – Greens	
		W/CRACK – Woowies	
		W/ PCP – Boat, Green Beans, KW or Killer Weed, Sherman, Sherms	
CRACK –	Butter Butter Love Cook-up Girl Hard White Ready Ready-rock Rock Shirley 20 Piece	LOW GRADE – Dirt Weed, Rag Weed, Schwag	
		MEDIUM GRADE – Commercial	
		HIGH GRADE – KB or Kind Bud, KGB or Kind Good Bud, Sense, Skunk	
		METHADONE – Meth	
GHB –	G Liquid K	METHAMPHETAMINE –	
		Crystal Meth	Ice
		Meth	Speed
HEROIN –	Boy Dance with the Devil Dope H High Society Homicide Horse Mike Tyson Red Devil Smack Tiger Woods Quiet Storm Tommy	MDMA –	Bean Ecstasy E X
		PCP –	Boat Love Boat
		W/MARIJUANA – Boat, KW or Killer Weed	
		W/PARSLEY – KW or Killer Weed	
		ROHYPNOL – Roofies	
INHALANTS –	Huff Puff		
KETAMINE –	K Special K		
LSD –	Acid Blotter Gel Tabs Hits Red Unicorns Squares Tabs		
MARIJUANA –	Bud Choke		
	Chronic Fuzz Grass Mary Jane Reefer Trees	Dope Ganja Herb Pot Smoke Tweed	

