Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

MARYLAND DRUG EARLY WARNING SYSTEM: DEWS Fax Vol. 1

1998-1999

CESAR
Center for Substance Abuse Research
University of Maryland
4321 Hartwick Road, Suite 501
College Park, MD 20740
301-405-9700 Fax: 301-403-8342
cesar@cesar.umd.edu
www.cesar.umd.edu

Supported by the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair, and the Governor's Office of Crime Control & Prevention.

Drug Early Warning System (DEWS)
Project Overview

Lt. Governor Kathleen Kennedy Townsend implemented the Drug Early Warning System (DEWS) in mid-1998 in response to a perceived shift in drug-use patterns in suburban counties such as Carroll and Harford. Currently, DEWS collects quantitative and qualitative data through four projects: Juvenile Offender Population Urine Screening (OPUS), Maryland Drug Scan, Rapid Response Field Unit, and Substance Abuse Indicators. By collecting data through these programs, the DEWS staff can detect and define current trends with real-time data. DEWS provides state, county, and local policymakers, program administrators, and community activists with ongoing, timely information about drug use patterns in Maryland to assist them in developing coordinated responses to meet local needs.

DEWS strives to ensure that information collected is promptly distributed. Findings are disseminated through various reports, including monthly DEWS faxes. To be added to the fax distribution list, contact DEWS at 301-405-9770, 301-403-8342 (fax), or dews@cesar.umd.edu. Past issues of the *DEWS Fax* are available online at www.dewsonline.org.

Acknowledgements

We would like to thank Lt. Governor Kathleen Kennedy Townsend and the Cabinet Council on Criminal and Juvenile Justice for establishing and supporting the Maryland Drug Early Warning System (DEWS). We would also like to thank the Governor's Office of Crime Control & Prevention for providing the funding necessary to implement the monthly *DEWS Fax* and other DEWS projects.

The efforts of many contacts across the State support the DEWS projects. Without their dedication and commitment, the continuing success of this unique monitoring system would not be possible.

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Volume 1 (1998-1999)

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Volume 1 (1998-1999)

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 1
September 1998

Distribution: 2,176

Join the DEWS Team and Help Maryland Identify Emerging Drug Problems

The Cabinet Council on Criminal and Juvenile Justice, chaired by Lt. Governor Kathleen Kennedy Townsend, has asked CESAR to establish a real-time system to detect new drug use trends in Maryland. The goal of the Maryland Drug Early Warning System (DEWS) is to provide state, county, and local policymakers, prevention and treatment practitioners, and community activists with ongoing, timely information about drug use patterns so that they can develop coordinated responses to meet local needs. Findings will be highlighted in future issues of this monthly *DEWS Fax*.

We need your help in obtaining local-level knowledge of drug use patterns, including information about new drugs and how they are being used, changes in drug marketing, and changes in the price or purity of the drugs being sold.

If You Have Information on . . .

- ✓ Current drug use behaviors in your neighborhood or county
- ✓ New drugs being used

Or Have Noticed Changes In . . .

- ✓ Use or users
- ✓ Price or purity

Then DEWS Needs Your Confidential Input!

- ✓ Sign up for the Drug Scan project and participate in confidential semiannual telephone interviews conducted by CESAR staff
- ✓ Share information at your convenience (anonymously, if you wish) through the DEWS toll-free hotline or e-mail address

Contact the DEWS Coordinator, Erin Artigiani, to Become Part of the DEWS Team!

- **DEWS Hotline:** 877-234-DEWS (toll-free in MD)
- **DEWS e-mail:** DEWS@cesar.umd.edu
- **DEWS Web Site:** www.cesar.umd.edu/dews.htm

Maryland DEWS is an initiative of the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair, and is supported by a grant from the Governor's Office of Crime Control & Prevention. The DEWS Fax is published the first Tuesday of each month. To add or delete a person from the fax distribution list, contact the Maryland Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), University of Maryland
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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 2
November 1998 (Rev.)

Distribution: 2,197

Corrected Version of November 1998 Issue

The data presented in the November 1998 issue were incorrectly identified as narcotic-caused deaths. The data were actually for all drug-caused deaths in the counties listed, including deaths caused by alcohol, cocaine, and alcohol and cocaine combined. This revised issue contains the correct data for narcotic-caused deaths in Maryland. We apologize for this error.

Majority of Maryland's Narcotic-Caused Deaths Occur in Four Jurisdictions

Maryland's Office of the Chief Medical Examiner (OCME) is required by law to investigate the cause and manner of all violent, suspicious, or unexpected deaths that occur in Maryland. As of September 30, 1998, 305 deaths investigated by the OCME were determined to be directly attributable to intoxication by narcotics (such as heroin, methadone, or morphine), either alone or in combination with alcohol or cocaine. The majority of these narcotic-caused deaths (90%, or 274 deaths) occurred in Baltimore City and three other jurisdictions (Baltimore, Anne Arundel, and Prince George's counties). The remaining counties had six or fewer narcotic-caused deaths, including eight counties that had none over this time period.

Number of Maryland Narcotic-Caused Deaths by County of Death, First Quarter to Third Quarter 1998*

	1Q98	2Q98	3Q98	YTD98
Baltimore City	82	82	45	**209**
Baltimore	10	12	5	**27**
Anne Arundel	7	9	5	**21**
Prince George's	12	3	2	**17**
Harford	6	0	0	**6**
Montgomery	3	1	2	**6**
Howard	2	2	0	**4**
Carroll	1	1	1	**3**
Cecil	1	1	1	**3**
Allegany	1	1	0	**2**
Worcester	1	1	0	**2**
Calvert	0	1	0	**1**
Frederick	0	0	1	**1**
Somerset	0	0	1	**1**
Talbot	1	0	0	**1**
Washington	0	1	0	**1**
MARYLAND TOTAL	127	115	63	**305**

*Caroline, Charles, Dorchester, Garrett, Kent, Queen Anne's, St. Mary's, and Wicomico counties had no narcotic-caused deaths during these time periods.

SOURCE: Adapted by CESAR from data received from the Maryland Office of the Chief Medical Examiner between July and October 1998. For more information, contact Erin Artigiani of CESAR at erin@cesar.umd.edu.

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Drug Early Warning System

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December 1998

Working Together to Identify Emerging Drug Trends in Maryland

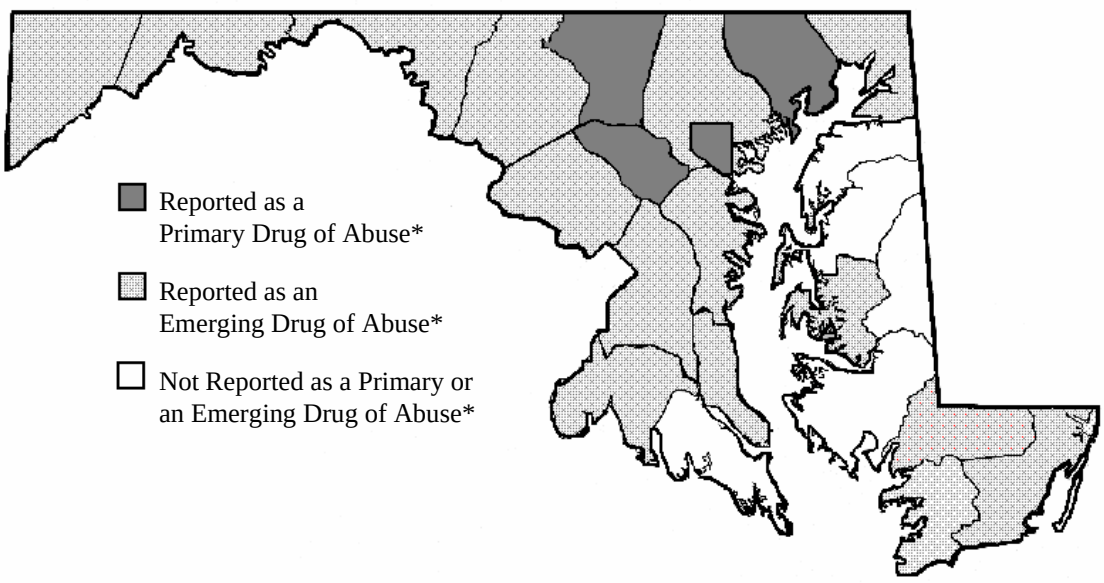
Distribution: 2,197

Drug Scan Reporters in Majority of Maryland Counties Perceive Heroin as a Primary or Emerging Drug of Abuse

More than 100 treatment, education, prevention, enforcement, and emergency medical personnel in 23 Maryland counties and Baltimore City were interviewed in September and October as part of the first Maryland Drug Scan. The areas in which heroin was reported to be a primary drug of abuse were Baltimore City and three neighboring counties (Carroll, Harford, and Howard). Reporters in most other areas of the state perceived heroin as an emerging drug of abuse. Reporters' perceptions of heroin use may be influenced by many factors, such as the existence and severity of other drug problems in the area, heightened media attention to local drug problems, and shifts in enforcement or treatment procedures. For more information on the Drug Scan, contact Brook Wraight of CESAR at 301-403-8329.

Perceptions of Heroin Use in Maryland Counties, Fall 1998

(Based on 130 Maryland Drug Scan interviews with county treatment, education, prevention, enforcement, and emergency medical personnel)



*Reporters were asked to choose the substances they felt were either emerging or primary drugs of abuse within their county.

SOURCE: Center for Substance Abuse Research, Maryland Drug Scan, Fall 1998.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 4
January 1999

Distribution: 2,218

Maryland DEWS Initiates First Group Interviews with Juvenile Detainees--Results Are Promising

The Rapid Response Field Unit is part of the Drug Early Warning System (DEWS), a project being conducted by the Center for Substance Abuse Research (CESAR) for the Cabinet Council on Criminal and Juvenile Justice. On January 22, 1999, the Unit held the first group interview of 10 youth currently detained in a Department of Juvenile Justice facility, the Charles Hickey School in Baltimore.

The youth's participation was voluntary and anonymous. They were asked about their perceptions of local drug trends and practices. They were asked not to talk about their personal drug use, and identifying information was not recorded.

A wealth of information was obtained from the initial group interview. Specific topics covered included:

- Drug Dealing Practices, e.g., dealers are adulterating crack cocaine with yeast in order to increase size while keeping purity the same;
- New Drugs, e.g., vials of a blue-tinted liquid are being sold as "Liquid Coke" in open-air drug markets in Baltimore. The youth were unsure exactly what the substance was, but reported that it was being sold by dealers who traditionally sold crack cocaine; and
- New Slang Terms, e.g., "Woowies," used to describe a blunt cigar filled with marijuana and crack cocaine.

The Rapid Response Field Unit will hold group interviews on a monthly basis at DJJ facilities throughout the state. The goal of future interviews will be to obtain new information as well as to investigate drug trends and patterns reported in previous group interviews. Future findings will be reported through the *DEWS Fax*. For further information regarding the juvenile arrestee group interviews, please contact Brook Wraight of CESAR at 301-403-8329. For more information about the Rapid Response Field Unit or the Drug Early Warning System, visit the DEWS website at www.cesar.umd.edu/DEWS.htm.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 5
February 1999

Distribution: 2,223

Baltimore City Accounts for Disproportionate Number of Maryland Drug Arrests

Over three-fourths of all 1997 Maryland arrests for selling, manufacturing, or possessing a controlled dangerous substance occurred in Baltimore City and Anne Arundel, Baltimore, Montgomery, and Prince George's counties. Each of the other counties accounted for less than 3% of the total number of drug arrests statewide. Baltimore City accounted for the largest proportion of statewide arrests (45%), despite the fact that Baltimore City represents only 13% of Maryland's population. Socioeconomic characteristics of the city, the presence of open-air drug markets, and law enforcement practices are some factors that may influence Baltimore City's disproportionate number of drug arrests. Drug arrest data for each county are available on the DEWS website (www.cesar.umd.edu/DEWS.htm).

Maryland Drug Arrests and Population by Jurisdiction, 1997
(Number and Percent of State Total)*

	Number of Drug Arrests	Percent of State Total	Population	Percent of State Total
Baltimore City	17,268	45%	657,256	13%
Prince George's	3,849	10%	770,633	15%
Baltimore	3,266	9%	720,662	14%
Anne Arundel	2,585	7%	470,028	9%
Montgomery	2,325	6%	826,766	16%
Other Counties	9,246	24%	1,648,944	32%
State Total	38,539	100%	5,094,289	100%

*Percentages do not add to 100 due to rounding.

SOURCES: Adapted by the Center for Substance Abuse Research (CESAR) from the 1997 Maryland State Police Uniform Crime Report and 1997 population estimates from the Maryland Office of Planning, Planning Data Services.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 6
April 1999

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First Maryland OPUS Results from Juvenile Detainees Are In: Marijuana Use Found in One-Third of Tested Youth

The Offender Population Urinalysis Screening (OPUS) program was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing of youths at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began data collection in five DJJ secure detention facilities in January 1999. Youth who are newly admitted (within 72 hours prior to the interview) to one of these five facilities are asked to participate in the OPUS study. To date, 73% of eligible detainees have provided a urine specimen for analysis. The majority (56%) of these youth reside in Baltimore City and its surrounding counties (Anne Arundel, Baltimore, Carroll, Harford, or Howard).

Thirty-six percent of the 206 youth from four facilities* tested positive for at least one illicit drug, indicating use within the 72 hours prior to admission to the facility. The rates ranged from a high of 44% in the Cheltenham facility to a low of 11% in the Noyes facility. Nearly all of these youth were positive for marijuana (see table below). Other drugs that youth tested positive for were amphetamines (n=2), benzodiazepines (3), cocaine (2), and opiates (3). Analyses conducted after the completion of data collection will focus on the demographic differences in drug use.

Percentage of Juvenile Detainees Who Tested Positive by Urinalysis for Any Drug and Marijuana, by Facility* (January 15, 1999-March 15, 1999)

DJJ Facility	Number Tested	Percent Positive Any Drug	Percent Positive Marijuana
Carter	23	35%	30%
Cheltenham	92	44%	39%
Noyes	27	11%	7%
Waxter	64	36%	36%
Total	**206**	**36%**	**33%**

*Results from the Hickey detention facility were not included in this analysis due to the small number of urine specimens available.

SOURCE: Center for Substance Abuse Research, Offender Population Urinalysis Screening (OPUS) program, Maryland Drug Early Warning System (DEWS), April 1999. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

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"Red Rock Opium" Does Not Contain Opium

CESAR's most recent round of Drug Scan interviews revealed the availability of a substance called "red rock opium" in Anne Arundel, Baltimore and Carroll counties and Baltimore City. Nationally, the substance has also been encountered in New York, Virginia, and Florida. The substance is described as a reddish-brown, crystal-like material that is hard, glossy, and easily crushed. "Red rock opium" is also referred to as "red rum" and "red stuff," and is often believed to contain opium. According to Drug Scan reports, "red rock opium" is most commonly used by marijuana smokers who smoke the two substances combined. Individuals have reported the effects to be "mildly hallucinogenic" but "not like true opium." However, it is unclear how the specific effects of "red rock opium" may be enhanced or altered due to the combined use with marijuana.

Information published in "Drugs and the Law" by Gould Publications indicates that "red rock" is a type of heroin manufactured in the Philippines that has been combined with barbital, strychnine, and caffeine. However, laboratory analysis of samples of "red rock opium" received in Virginia, Maryland and through the DEA's Special Testing and Research Laboratory revealed a very different composition. In nearly every case, chemical analysis uncovered the compound dracorhodin, which is found in the plant *Daemonorops draco*, commonly known as Dragon's Blood.

The ripe berries of the Dragon's Blood plant are covered with a reddish resin that can be separated from the berries by steaming or shaking. Dragon's Blood resin is used as a coloring agent in varnishes and stains and as an herbal medicine. It is also used in occult rituals and to make Dragon's Blood incense, which is available in stores catering to occult interests. Forensic analysis of Dragon's Blood incense and "red rock opium" found that the materials were basically the same, despite slight variations in individual components.

Thus, it appears that the substance known in this area as "red rock opium" contains a derivative of Dragon's Blood rather than opium. Unfortunately, the pharmacological and toxicological effects, if any, of Dragon's Blood are not currently well defined. The material is neither a controlled nor a regulated substance. However, it is clearly not opium.

SOURCE: A complete list of sources is available on the DEWS website (www.cesar.umd.edu/DEWS.html).

Governor's Office of Crime Control & Prevention Seeking a Network Administrator for a 50-user LAN

A Novell Administrator certificate with 2 years related experience is preferred. Interested parties should send a cover letter, resume, and three references by June 15, 1999 to the Governor's Office of Crime Control & Prevention, ATTN: Terris King, 300 E. Joppa Rd., Ste. 1105, Baltimore, MD 21030.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Volume 1, Issue 8
July 1999 (Rev.)

Distribution: 2,380

Heroin Use May Be Declining Among Carroll County Youth, According to OPUS Intake/Probation Sub-Study Interviews

One of the driving forces behind the creation of the Drug Early Warning System (DEWS) was a series of heroin overdoses among youths in Carroll County and the resulting concern about a potential heroin outbreak in the area. The Offender Population Urinalysis Screening (OPUS) project, a component of DEWS, recently conducted interviews with 37 youths between the ages of 13 and 18 being seen by intake/probation officers in Westminster in Carroll County (similar interviews will be conducted in other counties over the course of the year). According to a preliminary analysis of these initial interviews, the general consensus among the youths was that heroin use may now be declining. Urinalysis results appear to support these reports--one of the specimens tested to date was positive for opiates. Following are some of the youths' comments regarding heroin use:

- Several of the youths interviewed stated that heroin was "big" one or two years ago, but that use is now dying down. Current heroin use appears to be confined to older youths and is not as widespread as other drug use.
- Many of the comments about heroin use were extremely circumstantial, as if the youths' knowledge about heroin was derived from media reports or information they'd "heard of" rather than their direct knowledge of heroin use among friends or acquaintances. Several youths mentioned that they had heard a lot about heroin use and local overdoses in the media in the past year.
- It is possible that the lack of discussion and knowledge about heroin use stems, in part, from its negative reputation. A few juveniles said that youth who use "hard drugs" such as cocaine and heroin generally will not admit or talk about their use.

SOURCE: Center for Substance Abuse Research, Offender Population Urinalysis Screening (OPUS) program, Maryland Drug Early Warning System (DEWS), June 1999. For more information, contact Jonathan Sushinsky of CESAR at 301-403-8329.

OPUS: Intake/Probation Sub-Study

The Offender Population Urinalysis Screening (OPUS) program was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing of youths at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began data collection in May 1999 with juveniles being seen by DJJ intake/probation staff. The intake/probation sub-study data is intended to provide youths' perceptions of drug use by their peers.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

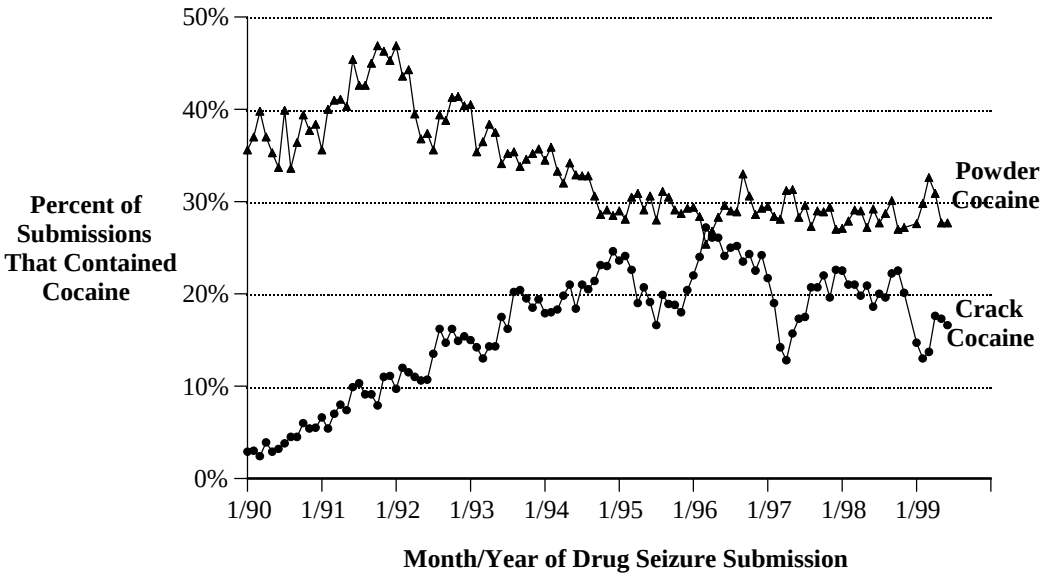
Volume 1, Issue 9
October 1999

Distribution: 2,443

Cocaine Accounts for Nearly One-Half of All Drug Seizures in Baltimore City

The percentage of drug seizures submitted for testing by Baltimore City police that contained powder cocaine steadily declined from a high of 47% in early 1992 to a stable rate of approximately 30% since 1995. Conversely, crack cocaine submissions increased from a very small percentage in early 1990 to a high of 27% in early 1996. Since 1996, however, the crack cocaine percentage has declined to approximately 15% of all drug seizures submitted to the laboratory. For more information, contact Dr. Shiv K. Soni, Supervisor of the Baltimore City Police Department Drug Analysis Unit, at 410-396-2384.

Percentage of Seizure Submissions Containing Powder Cocaine and Crack Cocaine, Baltimore City, January 1990 to June 1999



SOURCE: Adapted by CESAR from data prepared by Dr. Shiv K. Soni, Supervisor, Drug Analysis Unit, Laboratory Division, Baltimore City Police Department, August 1999.

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Drug Early Warning System

Volume 1, Issue 10
November 1999

Working Together to Identify Emerging Drug Trends in Maryland

Distribution: 2,443

Hallucinogens and Ecstasy Reported as Emerging Drugs by Carroll County Youth Processed by the Juvenile Justice System

Nearly 100 juveniles interviewed by OPUS staff from May to July 1999 at the Dept. of Juvenile Justice Intake Center in Westminster revealed contrasting sentiments about heroin use. Ecstasy and hallucinogens may be emerging drugs that are easy to acquire in the rave scene. The following is a brief description of specific drug use trends that the Carroll County youth reported. The reader is cautioned that drug trends reported by these high-risk youth may or may not reflect those among youth in general in this county.

- **Heroin:** Opinions about the level of heroin use varied from "People are scared" (17-year-old male) to "It's like an epidemic; everyone thinks it is cool" (19-year-old female). Urinalysis results show that two (3%) of the 71 specimens collected from these youth tested positive for opiates, while 17% tested positive for marijuana.

- **Ecstasy:** Ecstasy (also known as "X" or "E") was the most frequently reported emerging drug. This drug can be ingested as a pill or by crushing the pill and snorting the powder. A few respondents mentioned that ecstasy can be cut with a variety of drugs such as heroin, cocaine, and Ketamine (See DEWS Fax Special Edition, June 1999). One-fifth of the youths said that they could obtain ecstasy easily. "A lot of people are using ecstasy, not just at raves" (17-year-old male). "It's making a bigger comeback than normal" (16-year-old female).

- **Hallucinogens:** The youths agreed that LSD is "big" and "very popular" (17-year-old male, 14-year-old female). A majority reported that they or their friends could obtain LSD or psychedelic mushrooms easily. The most common ways mentioned of using LSD included swallowing gel tabs, putting liquid drops on blotter paper or directly in the mouth or eyes, or eating sugar cubes dipped (or "double dipped") in liquid LSD.

- **Amphetamines:** Although very few of the youths mentioned amphetamines or methamphetamines during their interviews, 8% of the urine specimens tested to date were positive for amphetamines. These positive results could be related to the juveniles' reports of ecstasy use which has a chemical structure similar to methamphetamine and is often cut with amphetamines or methamphetamines. Research on ecstasy is continuing.

- **Other Drugs:** Other substances mentioned as new or emerging drugs included Ketamine (See DEWS Fax Special Edition, June 1999) and shrooms (psychedelic mushrooms).

SOURCE: Center for Substance Abuse Research (CESAR), Offender Population Urinalysis Screening (OPUS) program, Maryland Drug Early Warning System (DEWS), June 1999. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Juvenile OPUS: Intake/Probation Study

The Juvenile Offender Population Urinalysis Screening (OPUS) project was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing of youths at Maryland's Dept. of Juvenile Justice (DJJ) intake and detention facilities. OPUS began intake data collection in May 1999 with juveniles being seen by DJJ intake/probation staff in Carroll County. The intake data is intended to provide youths' perceptions of drug use by their peers.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Special Edition
March 1999

Distribution: 2,252

DEWS ALERT
Dextromethorphan (DXM)

Drug Scan (the DEWS interview project) contacts in Frederick County report an increase in the use of DXM among adolescents and young adults. The drug is believed to be most popular with individuals involved in the "club scene."

What is Dextromethorphan? Dextromethorphan, commonly known as DXM, is the cough suppressant found in many over-the-counter cough medicines. DXM is not an illegal drug.

How is DXM used? DXM can be ingested by drinking large doses of cough syrups containing this drug. It can also be extracted from cough medicines to be taken orally or injected. Instructions on how to extract DXM from its original source (such as cough syrup or gel capsules) are available on several DXM-related internet sites.

How is DXM obtained? The most common way is by purchasing nonprescription cough medicines that contain DXM. The internet is also becoming a source for obtaining the drug. A number of DXM-related websites list specific information on companies that sell the DXM itself, and there have been media reports of teenagers ordering the substance from the internet. Findings from Drug Scan indicate that DXM has recently become available--in both powder and pill form--in the illicit marketplace in Frederick County.

What are the effects of DXM use? The drug produces feelings of euphoria and enhanced awareness that can last 4 to 6 hours. Adverse effects can include impaired judgment and mental performance, loss of coordination, dizziness, nausea, hot flashes, dissociation, and hallucinations. It may trigger panic attacks or seizures in susceptible individuals. Chronic DXM use can cause permanent brain damage. DXM taken in combination with other drugs (such as some antidepressants) may cause liver damage, brain damage, or death. Use of DXM in cough medicine form may be dangerous, even fatal, if the medicine contains other ingredients such as antihistamine, pseudoephedrine, or acetaminophen.

What are the street names for DXM? DXM is also known as "dex," "dextro," "syrup," "robo," "rome," and "X." DXM that is injected may be referred to as "romilar," or "K." Using DXM is called "robodosing," "robotripping," and "robocopping"--slang words derived from the brand-name cough syrup, Robitussin. An 8-ounce bottle of cough syrup is an "eighter."

The DEWS Alert is a special issue of the DEWS Fax that CESAR uses to share information about new drugs appearing in the state. It is our hope that building an understanding about a drug before it becomes a problem may help prevent a crisis from occurring. A complete list of sources used in this fax is available on the DEWS website (www.cesar.umd.edu/DEWS.html).

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301-403-8329 • 1-877-234-DEWS (toll-free) • 301-403-8342 (fax) • dews@cesar.umd.edu • www.cesar.umd.edu/dews.htm

Drug Early Warning System

Special Edition
April 1999

Working Together to Identify Emerging Drug Trends in Maryland

Distribution: 2,295

DEWS ALERT
Gamma Hydroxybutyrate (GHB) and Gamma Butyrolactone (GBL)

10 Overdoses Reported in the Past 90 Days in Maryland; Drugs Available on the Internet.

What are GHB/GBL? GHB and its precursor GBL were initially sold in health food stores and used by bodybuilders to stimulate muscle growth and burn fat. GHB is very similar to a natural chemical in the brain called Gamma Amino Butyric Acid (GABA), which slows down motor responses. Once GBL is ingested, it is metabolized into GHB.

Who is using GHB/GBL? GHB/GBL are usually taken in social environments such as parties, clubs, or raves. GHB has also been used as a date rape drug; it is colorless, odorless and can cause the victim to lose consciousness. The Maryland Poison Center has reported 10 overdoses since mid-January 1999 in Anne Arundel, Baltimore, Carroll, Cecil, Harford, and Wicomico counties. Drug Scan (the DEWS interview project) reports increased use, primarily among white youth (16 to 21) of middle and upper socioeconomic backgrounds.

How are GHB/GBL used? GHB/GBL can be ingested in liquid, powder, or capsule forms and are often taken in combination with other drugs such as alcohol, ethanol, or muscle relaxants.

What are the street names for GHB/GBL? GHB is also known as "G," "Liquid Ecstasy," and "Liquid K." GBL is called "Blue Nitro," "Gamma G," and "Renewtrient."

What are the effects of GHB/GBL use? GHB/GBL are said to break down social inhibitions, enhance sexual experiences, and produce euphoria in the user. When combined with other substances, the effects are intensified. Intoxication can induce nausea, vomiting, dizziness, lethargy, respiratory depression, and coma.

How are GHB/GBL obtained? GBL can be purchased directly from wholesale chemical stores, but may also be extracted from common varnish or woodstripping products sold at hardware stores. A number of Internet sites provide access to the drugs and manufacturing instructions, and some sites have registered more than a quarter of a million "hits."

What is the legal status of GHB/GBL? The FDA took GHB off the market in 1990 and in January 1999 asked for the recall of all GBL products. While GHB is illegal in some states, there is no current federal scheduling for the drug. But, the DEA has recommended that GHB be classified as a controlled substance and is waiting for the scientific evaluation of the FDA. At this time, it is unclear whether GBL would then be considered an analog thus making it illegal under the Analogs Act of 1986. GHB and GBL are not illegal in Maryland.

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Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Special Edition
June 1999

Distribution: 2,368

DEWS ALERT
Ketamine

Drug Scan (the DEWS interview project) contacts in Anne Arundel, Frederick, Howard, Montgomery, and Queen Anne's counties report the presence of a small but stable ketamine market. Ketamine users are reported to be primarily white youth from middle- to upper-socioeconomic backgrounds.

What is Ketamine? Ketamine is a rapid-acting dissociative anesthetic. It was the most widely used battlefield anesthetic in Vietnam and is now used most often in veterinary procedures. Ketamine's popularity in the illicit marketplace has risen dramatically over the past few years. Eighteen states have classified this drug as a controlled substance (most often schedule III). Maryland has not classified ketamine as a controlled substance.

How is Ketamine used? Ketamine is sold in liquid, powder, or capsule form and can be injected or taken orally or nasally. According to Drug Scan contacts, ketamine is usually taken in social environments such as parties, clubs, or raves.

How is Ketamine obtained? Burglaries of veterinary offices have been reported throughout the country. In Maryland, Anne Arundel and Frederick counties reported a number of ketamine-related burglaries of veterinary offices. In recent months, Howard County undercover agents have been approached by individuals selling ketamine. A recent drug bust in Baltimore County netted Ketamine and a number of designer drugs.

What are the effects of Ketamine use? A dose of 1.0 to 2.0 mg per kilogram of body weight produces an intense experience lasting about one hour. The effects include a sense of floating and dissociation, stimulation, and hallucinations. Larger doses of ketamine may produce what users refer to as a "K-hole." A K-hole is generally reached when the user is on the brink of being anesthetized and is likened to an out-of-body or near-death experience. The adverse effects of ketamine use are increased blood pressure and arrhythmia. High doses of ketamine may result in severe respiratory depression, muscle twitches, dizziness, slurred speech, nausea, and vomiting.

What are the street names for Ketamine? Cat Valium, Green, Honey Oil, K, Keller, Kelly's Day, Ket, KitKat, Purple, Special K, Special la Coke, Super Acid, Super C, Vit K, and Vitamin K.

SOURCES: A complete list of sources is available on the DEWS website (www.cesar.umd.edu/DEWS.html).

Governor's Office of Crime Control & Prevention Seeking a Network Administrator for a 50-user LAN

A Novell Administrator certificate with 2 years related experience is preferred. Interested parties should send a cover letter, resume, and three references by June 15, 1999 to the Governor's Office of Crime Control & Prevention, ATTN: Terris King, 300 E. Joppa Rd., Ste. 1105, Baltimore, MD 21030.

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Drug Early Warning System

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Special Edition
September 1999

Distribution: 2,415

DEWS ALERT

Carroll County Organization Releases Drug Prevention Education Video:

This 35-minute video tells the story of a boy "who in a single, impulsive wrong decision, demolishes his future and finally dies a squalid, awful death." Based on a real life tragedy in Carroll County, this new video introduces the viewer to Jonathan, a 15-year-old from a "normal" middle class family. When he is introduced to heroin, his life begins a downward spiral into a world of crime and drugs that is every family's worst nightmare.

This video was developed and produced by Residents Attacking Drugs (RAD), a local grassroots non-profit organization dedicated to public awareness and prevention of drug abuse. RAD was formed by Carroll County residents in 1998 in response to heroin overdoses and deaths in the county. "Heroin Kills" was originally created to be shown in 8th grade health classes in Carroll County and at anti-drug events to help prevent future drug abuse by vulnerable teens. However, since its premiere in Westminster earlier this year, interest in the video has spread well beyond Carroll County. Lt. Governor Kathleen Kennedy Townsend, Chair of the Cabinet Council on Criminal and Juvenile Justice which oversees the Heroin Action Plan, requested that the video be distributed to 140 HotSpot team members. Copies of the video also have been sold to police and youth organizations in Delaware, Pennsylvania, and West Virginia. In addition, federal drug abuse prevention officials have expressed an interest in making the video available nationwide.

"Heroin Kills" can be viewed for personal interest on line at www.cesar.umd.edu/DEWS.htm. Original copies of the video may be purchased by sending $12.00 ($10 for the tape plus $2.00 shipping and handling) to Residents Attacking Drugs (RAD), P.O. Box 188, Westminster, Maryland 21158. This video is the property of RAD and is intended for personal use only. No part of this video may be reproduced or transmitted without permission from the producer.

For more information about RAD or the video "Heroin Kills," visit the RAD website at www.heroinkills.com or e-mail warpspd@erols.com.

SOURCES: Residents Attacking Drugs (RAD), "Heroin Kills," online at www.heroinkills.com/ (accessed 8/6/99) and personal communication, Linda Auerback, RAD, 8/24/99.

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