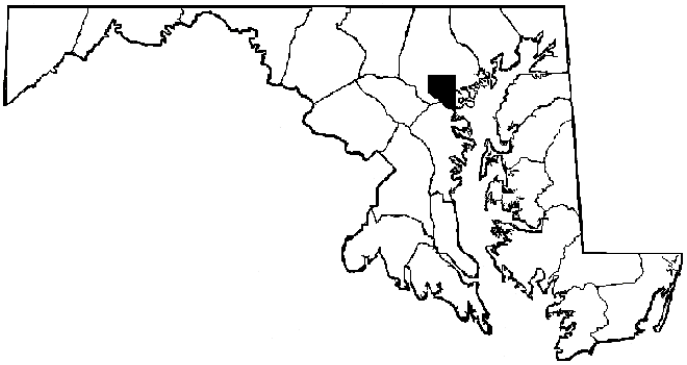
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Baltimore City



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Juvenile OPUS is a component of the DEWS Program. Juvenile OPUS and other findings are disseminated in DEWS Faxes. The DEWS Fax is published monthly. To receive DEWS Faxes, please contact CESAR: 301-403-8329, 1-877-234-DEWS (toll-free), 301-403-8342 (fax), dews@cesar.umd.edu, www.cesar.umd.edu/dews.htm.

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.

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Juvenile Offender Population Urinalysis Screening (OPUS)

PROJECT OVERVIEW

Juvenile OPUS is one component of Maryland's Drug Early Warning System (DEWS), an initiative of the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair. DEWS is supported by a grant from the Governor's Office of Crime Control & Prevention.

The Juvenile OPUS Study was implemented by the Center for Substance Abuse Research (CESAR) in June 1998 as a urinalysis monitoring program for juveniles processed by the Department of Juvenile Justice (DJJ). The project goals are to monitor changes in drug use and to identify emerging drugs of abuse among the juvenile offender population.

The Juvenile OPUS Project takes place in two venues: Intake and Detention. The Intake Study obtains interviews and urine specimens from youths being assessed in DJJ county offices. Twice a year the Detention Study obtains urine specimens only from youths newly admitted to DJJ's five detention facilities.

This report presents results from the Intake Study conducted in Baltimore City between November and December 1999. A final table compares the Baltimore City urine test results with results from previous OPUS Intake Study sites.

OPUS is designed to provide insight into emerging drug trends among the juvenile offender population. It should be noted that OPUS drug use patterns may not be typical of the general youth population. However, prior research has indicated that offender urinalysis results provide advance warning of drug epidemics in the general population.

METHODS

- Interviewers requested informed consent from youths (intake referrals and probationers) and their parents.

- Interviewers administered a 10-15 minute, semi-structured interview. The interview provided youths the opportunity to talk about drug use by their peers and in their communities. Youths were not asked about their own drug use.

- A voluntary and anonymous urine specimen was collected and screened for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, phencyclidine (PCP), and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines and phenylpropanolamine.

- A candy bar was offered to respondents as an incentive for participation.

FINDINGS

Response Rates

- 62 of the 67 juveniles approached (93%) agreed to be interviewed.
- 82% (43 males, 8 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (83%), black (81%), and 15 or older (69%) (Table 1).
- Thirty-seven percent were charged with a drug-related offense, 25% with a violent offense, and 23% with a property offense (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents[1]

Characteristics	Persons interviewed (N=62)	Persons tested (N=48)	
Gender	%	%	
Male	82	83	
Race/Ethnicity			
Black	79	81	
White	19	19	
Other	2	0	
Age			
13 or younger	18	19	
14	16	12	
15	24	25	} 69%
16	18	21	
17 older	24	23	
Primary Offense*			
Drug-related	34	37	
Violent	26	25	
Property	24	23	
Other	16	15	

* Property offenses include arson, breaking and entering, burglary, destruction of property, larceny/theft, stolen property, stolen vehicle, and trespassing. Violent offenses include assault, attempted murder, carjacking, homicide, manslaughter, robbery, sexual assault/rape, sex offenses, and weapons. Drug-related crimes include drug, tobacco, and alcohol possession and sale, and DUI/DWI. Other offenses include unauthorized use of vehicles, truancy, and public peace.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2000 - Revised.

[1] Three urine specimens were lost due to laboratory error.

Urine Test Results

- The only drug for which any juvenile tested positive was marijuana. Forty-four percent of the 48 tested youths were positive for marijuana (Table 2).[2]

- Almost twice as many males as females tested positive (48% vs. 25%) for marijuana (Table 3).

- Seventy-six percent of the black youth and 24% of the white youth tested positive for marijuana (Table 3).

- Almost half of youths 17 or older tested positive for marijuana; no youths under 15 tested positive (Table 3).

- Youths charged with a drug-related offense were most likely to test positive (57%) for marijuana (Table 3).

[2] Due to laboratory error, three urine specimens were lost.

Table 2
Urine Test Results, by Gender[3]

	Males (N=40)		Females (N=8)		Total (N=48)	
	f	%	f	%	f	%
Positive For:						
Marijuana	19	48	2	25	21	44
Cocaine	0	0	0	0	0	0
Opiates	0	0	0	0	0	0
Amphetamines	0	0	0	0	0	0
Any Drug (of 10)	19	48	2	25	21	44

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2000 - Revised.

[3] Three urine specimens were lost due to laboratory error.

Table 3
Demographic Characteristics of Respondents Who Tested Positive for Marijuana[4]

Characteristic	% Positive for Marijuana (N=21)
	%
Gender	
Male	91
Race/Ethnicity	
Black	76
White	24
Age	
13 or younger	0
14	0
15	24
16	29
17 or older	47
Offense Charge*	
Drug-related	57
Property	19
Violent	19
Other	5

* Property offenses include arson, breaking and entering, burglary, destruction of property, larceny/theft, stolen property, stolen vehicle, and trespassing. Violent offenses include assault, attempted murder, carjacking, homicide, manslaughter, robbery, sexual assault/rape, sex offenses, and weapons. Drug-related crimes include drug, tobacco, and alcohol possession and sale, and DUI/DWI. Other offenses include unauthorized use of vehicles, truancy, and public peace.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2000 - Revised.

[4] Three urine specimens were lost due to laboratory error.

FINDINGS FROM INTERVIEWS

This section presents juvenile offenders' perceptions of drug use by youths in their schools, neighborhoods, and communities. The responses have been categorized using DEWS definitions: drugs that are emerging, primary, or that are associated with isolated incidents.

Emerging Drugs

DEWS defines an emerging drug as one that has been identified as a problem within the past six to twelve months. It is strongly connected to a specific subculture and is moving into the broader population (e.g., youth rave scene to the general youth population).

Ecstasy (MDMA)

Some youths reported that "raves" – large parties where fast-beat music is played – and "club drugs," including ecstasy, GHB, LSD, ketamine, and others are used – have emerged into mainstream youth culture. Juvenile offenders interviewed in Baltimore City, however, were less likely to have heard of ecstasy than their counterparts in other Maryland counties. The respondents who had information thought of ecstasy as a new drug, available only within the last few months. More white respondents appeared to have heard of ecstasy than black respondents. Respondents' referred to ecstasy as the drug that enhances sexual feeling. Youths also reported that it was becoming more popular with white female users. One respondent reported the practice of mixing ecstasy with acid, called a "candy flip." Another youth reported mixing ecstasy and ketamine.

Heroin

Youths in Baltimore City were aware that heroin was available in the city, but most respondents associated heroin with older drug users. According to one 15-year-old male, "There are some 17-year-olds buying heroin, but it's more of an adult thing." A 17-year-old female stated that more white youths are using heroin: "Black kids use weed, no harder drugs." All urinalysis tests were negative for heroin. Several respondents mentioned that older users present a haunting image of heroin addiction that has powerfully affected youths. Reported brand names in Baltimore City included *Rush Hour*, *Money Talks*, and *Blue Star*.

Primary Drugs

DEWS defines a primary drug as one that presents a problem that continues for more than one year in multiple populations and is identified as a drug of choice.

Marijuana

Marijuana was the most popular drug among young people. Marijuana "is an everyday thing" and was seen by many youths to be "the same as cigarettes." A 15-year-old male reported that homegrown marijuana was frequently laced with other substances because of its lower potency. *Chronic* was reported by some youths to be marijuana laced with cocaine, though others heard that *Chronic* was "just a name for good weed." Some respondents reported that marijuana was being laced with strychnine or heroin. According to one 13-year-old male, "Weed is easier to get than alcohol. You need an ID for alcohol."

Though OPUS interviews focus primarily on new drug trends, Baltimore City was unique to the study with 44% of the respondents testing positive for marijuana and 0% testing positive for any other drug. Given marijuana's potential as a gateway drug and the dangers associated with dealers lacing it with other drugs, this trend should be followed closely.

Powder and Crack Cocaine

A few youths stated that some youths use cocaine and crack, but many respondents stated that youths had no respect for cocaine and crack users. They used derogatory identifiers such as "junkies" for older cocaine and heroin users. "[Crack] junkies are grown-ups; most of the kids I know just smoke weed and drink beer." Another popular sentiment was that, while peers did not respect using, it was acceptable to *sell* crack. One 13-year old male stated, "Young people sell, but don't use."

Isolated Incidents

DEWS categorizes "isolated incidents" as drugs reported randomly or in isolated cases. A drug may be loosely connected to a specific subculture, but no indication of an increase in use exists. OPUS interviewers asked the respondents, "Have you heard of any new drug identified within the past two years?" If the respondent had new drug information, s/he was probed for details, such as cost per quantities, appearance of the drug, methods of use, age of users, social setting, and grouping of users. The following drugs were mentioned by one or more respondents.

Clonidine, Klonopin, and other Prescription Pills

Clonidine was mentioned as a drug that is "supposed to bring you down off a high." A 17-year-old male noted that "it calms them down and soothes the high instead of being hyper." CESAR reported on the emerging concern about Clonidine abuse by addicts. Addicts use it as a "booster" for opioids, for narcotics detoxification, and for alcohol withdrawal (*CESAR Fax*, Volume 3, Issue 34).

A 16-year-old male interviewee compared the prescription drug Klonopin to heroin: "Sleep all day and wake up feeling high." OPUS interviewers researched Klonopin abuse and found that it is a benzodiazepine used to treat seizures, panic disorder, and anxiety. It has been misused to enhance the effects of methadone and frequently accompanies heroin use. Morphine and opium were mentioned by respondents as alternatives to heroin. Both are used intravenously.

Misused prescription pills were perceived by some youths to be called speed. Respondents did not name specific pills, but one 13-year-old female stated, "Speed and marijuana are not addictive like other drugs." A 14-year-old female concurred, stating that a lot of teenagers age twelve and older take pills.

Ketamine

Ketamine was mentioned by respondents as popular with some teenagers. Ketamine, according to a respondent, is a drug that youths are afraid to try, though it is available outside of clubs.

PCP

PCP was not widely reported by respondents. One 13-year-old male stated that it had become very popular in 1994. Based on quantitative data from Washington, D.C., CESAR previously reported that PCP was at its peak in the mid-1980s, declined through the early 1990s, and was on the rise in the first quarter of 1994.[5] A 15-year-old male described PCP as "like dusty marijuana, and it makes you dizzy." Interviewers found that cigarettes and low quality marijuana may be dipped in PCP and smoked. Marijuana users may not be aware that the low quality drug was laced to intensify the potency. No urinalysis results were positive for PCP.

LSD (Acid)

LSD has made an appearance in the rave scene. Though not very popular in Baltimore City, acid was reported by respondents to be primarily a drug used in white neighborhoods. Acid is available as paper squares, gel tabs, in liquid form, or on sugar cubes. One 13-year-old female stated, "No one around here can make any money off of acid." Though some youths had heard about LSD, its effects, and popularity in the past, current trends were not widely reported.

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[5] See C. Mundell, *Drug Abuse in Washington, D.C.: Insights from Quantitative and Qualitative Research.* CESAR. December 1994.

Comparisons Of Urinalysis Results For Males and Females Across Three OPUS Intake Sites

Table 4 presents comparisons of the urinalysis results across three OPUS intake sites studied between May and December 1999. The complete Intake Study reports for these counties are available from CESAR on the web at www.cesar.umd.edu.

- For all three counties, youths were more likely to test positive for marijuana than any other drug (Table 4).

- Baltimore City youths were more than twice as likely as Carroll or Baltimore County youths to test positive for marijuana. Forty-four percent of the youths were positive as compared to 17% and 19%, respectively (Table 4).

- The range of positive drug tests for cocaine, opiates, and amphetamines was between 2% and 8% in Carroll and Baltimore Counties, while Baltimore City respondents tested negative for all drugs except marijuana (Table 4).

Table 4
Urine Test Results,* by Site

	Carroll County (N=66) July 1999	Baltimore County (N=147) October 1999	**Baltimore City (N=48) December 1999**
Positive For:	%	%	**%**
Marijuana	17	19	**44**
Cocaine	5	2	**0**
Opiates	3	2	**0**
Amphetamines	8	4	**0**
Any Drug (of 10)	27	23	**44**

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.

*The full Intake Study Findings reported in this table are available through CESAR on the web at www.cesar.umd.edu or by contacting CESAR directly (301-403-8329).

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2000 - Revised.