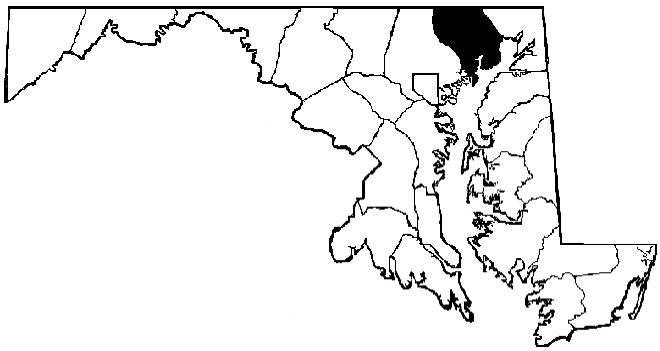
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Harford County



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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.

ABSTRACT

One hundred and six youths processed in the Harford County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between November 1999 and April 2000. Thirty-seven percent tested positive for a drug, primarily marijuana. Marijuana was reported to be the drug most widely used and easiest to obtain. There was consensus that the drug ecstasy (MDMA) is becoming more popular.

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.

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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 Harford County between November 1999 and April 2000. A final table compares the Harford County urine test results with results from previous OPUS Intake Study sites.

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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

- 106 of the 112 juveniles approached (95%) agreed to be interviewed.
- 79% (65 males, 19 females) of the interviewed juveniles provided a urine specimen. [*]

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (71%), white (67%), and 16 or older (68%) (Table 1).
- A little more than half (51%) of tested youths were charged with a drug-related offense (Table 1).

[*] 33 urine specimens were lost due to laboratory error.

Table 1

Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=106)	Persons tested* (N=51)	
Gender	%	%	
Male	76	71	
Race/Ethnicity			
White	72	67	
Black	21	23	
Other	4	6	
Age			
13 or younger	12	8	
14	10	12	
15	16	12	
16	30	27	} 68%
17 or older	31	41	
Primary Offense**			
Drug-Related	60	51	
Property	23	23	
Violent	13	20	
Other	4	6	

*33 urine specimens were lost due to laboratory error.
**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 offense, 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, July 2000 - Revised.

Urine Test Results

- 44% of males and 20% of females tested positive for at least one drug, primarily marijuana (Table 2).

- The one youth who tested positive for opiates was a 17-year-old male charged with possession of a controlled dangerous substance. He was taking the prescription medication Ritalin.

- Three youths tested positive for amphetamines. One of the youths who tested positive for amphetamines was an 11-year-old male charged with 2nd degree assault who stated he was taking the prescription medications Adderall, Wellbutrin, and Risperadal. Another youth who tested positive for amphetamines was a 16-year-old male charged with destruction of property who was taking the prescription medications Risperadal, Adderall, and Depakote. The third youth who tested positive for amphetamines was a 13-year-old male charged with a smoking citation who stated he was taking the prescription medications Adderall and Effexor.

- The one youth who tested positive for benzodiazepines was a 16-year-old male in for an alcohol citation. According to the youth, he was not taking any prescription medications.

- Youths 16 and older were more likely to test positive for any drug (43%) than youths under 16 (25%) (See Figure 1).

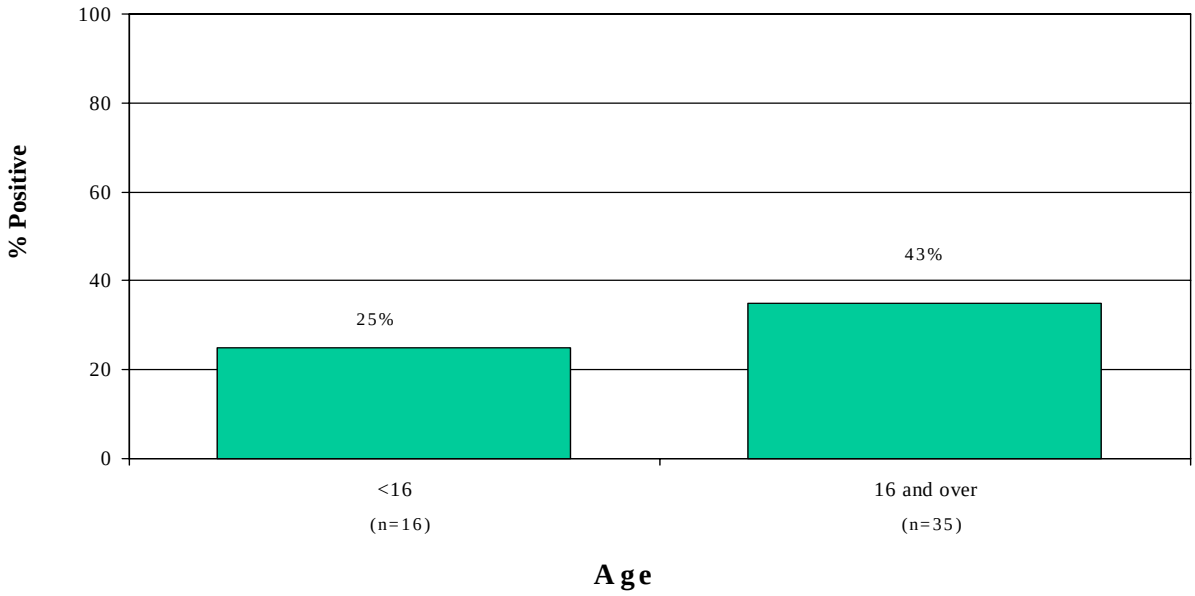
Table 2
Urine Test Results, by Gender

	Males (N=36)		Females (N=15)		Total (N=51)	
	f	%	f	%	f	%
Positive For:						
Marijuana	13	36	3	20	16	31
Cocaine	0	0	0	0	0	0
Opiates	1	3	0	0	1	2
Amphetamines	3	8	0	0	3	6
Any Drug (of 10)	16	44	3	20	19	37

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, July 2000 - Revised.

Figure 1
Percentage Positive for Any Drug,* by Age



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.

*Less than 1% of tested respondents were positive for barbiturates, methadone, methaqualone, or propoxyphene. Two percent tested positive for benzodiazepines.

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

INTERVIEWS WITH JUVENILE OFFENDERS

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 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)

Large dance parties where fast-beat music is played, called "raves," have become increasingly popular venues for ecstasy use among youths. "Rolling" is the term used to describe the high induced by taking ecstasy pills. A 16-year-old female stated, "Ravers, yeah, but I also know people that look straight-edge-as-can-be that still roll." Respondents mentioned nearly 40 slang and brand names for the drug. Interviewers were informed that pills with car names, like Mitsubishi, were worse because they have heroin in them. A 15-year-old female told the interviewer that drinking water and using pacifiers are associated with ecstasy users because side effects include dehydration and grinding teeth. A 16-year-old male reported that ecstasy may be cut with cocaine, heroin, or strychnine, a bitter-tasting colorless powder often used as rat poison. Though respondents did not seem daunted by questionable purity, several mentioned that the high price of $25 per pill may act as a deterrent.

LSD/Acid

After reaching its height of popularity in the 1960s and early 1970s, LSD has re-emerged in the rave scene in paper, sugar cubes, liquid gel, and stamps. It is, perhaps, the least expensive of the club drugs, usually costing five dollars a hit. Respondents mentioned more than ten slang and brand names. For example, youths stated that gel is available in blue, green, red, and yellow; the brighter the color, the stronger and more expensive it is. A 17-year-old male stated, "Acid is in every school, mainly white kids [use]." Other youths stated that males use acid and females use ecstasy.

Heroin

Along with Carroll, Baltimore, and Cecil Counties, Harford County has been targeted by DEWS as an area with potential heroin use problems. Some youths described heroin as a powder packaged in small Ziploc bags. Many respondents reported that the reputation for heroin use in a local high school led to its label, "Heroin High." A 13-year-old male who first heard about heroin in sixth grade stated, "Everybody uses, all races, anyone from straight A students to punks." According to another respondent, users used to go to Baltimore City to buy heroin, but now can purchase the drug within Harford County for ten dollars per dime bag. In general, respondents believed that their peers are frightened

of heroin and have been affected by school programs and community efforts to raise awareness of its dangers.

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

Like youths in other counties, Harford County youths agreed that marijuana is the most popular drug used by young people. In an effort to learn about new trends of marijuana use, OPUS interviewers asked specifically about anything new in marijuana use. Nearly 30 brand and street names were given. Trauma, Jamaican Red Hair, and Hydro were mentioned as being more potent than other brands.

Powder and Crack Cocaine

Several youths reported that powder cocaine may be combined with marijuana, a mixture called "chronic" or "woo blunts." A 16-year-old male heard that gangs in the area sell and use it. Similar to youths in other counties, Harford County youths indicated that powder is more accepted by youths while crack use has a negative image.

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 there is no indication of an increase in use. 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 and are continuously monitored by interviewers.

GHB

GHB is a central nervous system depressant originally used by bodybuilders to stimulate the body's production of growth hormone. It has spread to the club drug scene because it behaves as a "soft hallucinogen," intensifying reality and creating a pleasurable out-of-body experience. It has been used in sexual assaults because it produces amnesia, intense intoxication, and enhancement of sexual interest.[1] GHB has not emerged as a popular club drug in Harford County. A 16-year-old male mentioned "Liquid G" as a clear liquid that is popular in clubs and that, similar to ecstasy, enhances sexual desires. He stated that too much will cause seizures and convulsions from which users have a 50% chance of dying. Another respondent said she was warned that it makes one really sick. A third respondent stated that it costs $80-$100 for a pint.

[1] Porrata, Trinka (2000). Investigating Club Drugs Seminar. Baltimore, MD.

Ketamine

A June 1999 DEWS Alert was released in response to ketamine, known as Special K. DEWS Drug Scan interviews with local substance abuse professionals in several counties found "the presence of a small but stable ketamine market." Special K is a general anesthetic that can produce hallucinatory effects. According to OPUS respondents in Harford County, the drug is popular among rave attendees, but it has not emerged beyond the club drug scene. Youths described Special K as a cat tranquilizer that is frequently stolen from veterinary offices. They stated that it is purchased as a powder in baggies smaller than an inch for $25. Several respondents noted that users snort the drug in quantities called "bumps" and that the high that Special K produces is called a "K-hole." One respondent stated that Special K users at raves "are passed out on the floor" during a K-hole. According to one 17-year-old female, "It makes you get stuck in one place, barely moving, and you drool all over yourself." Youths report that it is attainable in the county; its use will continue to be monitored.

Inhalants

Nitrous oxide has historically been abused at music concert venues and has now emerged in the club drug scene. Because nitrous oxide is used to propel whipped cream from canisters, it is easy to obtain, and some youths believe its use as a drug is legal. A 17-year-old male reported that tanks are used in the concert parking lots. Youths can buy balloons filled with the gas. Most youths did not believe that inhalants were a drug problem within the county. One 14-year-old female mentioned that some youths come to school high after inhaling ammonia.

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

Table 3 presents comparisons of the urinalysis results across four OPUS intake sites. The complete Intake Study reports for these counties are available from CESAR on the web at www.cesar.umd.edu.

- At all the sites, youths were more likely to test positive for marijuana than for any other drug (See Table 3).

- Baltimore City had the highest percentage (44%) of youths who tested positive for marijuana (See Table 3).

- The range of positive tests for cocaine, opiates, and amphetamines was between two and eight percent in Carroll, Baltimore, and Harford Counties; in Baltimore City, no youths tested positive for these drugs (See Table 3).

* Prescription drug information was collected in all counties except Carroll County.

Table 3
Urine Test Results,* by Site

	Carroll County (N=66)	Baltimore County (N=147)	Baltimore City (N=48)	Harford County (N=51)
Positive For:	%	%	%	%
Marijuana	17	19	44	31
Cocaine	5	2	0	0
Opiates	3	2	0	2
Amphetamine	8	4	0	6
Any Drug (of 10)	27	23	44	37

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP and propoxyphene.

*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).

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