

Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

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DEWS News

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Lt. Governor Kathleen Kennedy Townsend Announces The Maryland DEWS Program

It is essential to know if new drugs are making inroads into local communities before lives are shattered. This means ensuring that our teachers, counselors, police officers, and other prevention specialists have the most cutting-edge, up-to-the-minute information possible about emerging drugs. Through the Drug Early Warning System (DEWS), which I asked the Center for Substance Abuse Research (CESAR) to develop in 1998, we now have a tool to better detect and monitor substance abuse trends. The Substance Abuse Indicators, OPUS, and Drug Scan Projects now provide us with detailed information on drug abuse in all of Maryland's jurisdictions. This DEWS data enables us to identify a trend almost immediately, so we can start educating and warning our children about a drug before it becomes a crisis.



Lt. Gov. Kathleen Kennedy Townsend

This information can and should play a significant roll in the development and implementation of state and local responses to drug trends. It also will support the first-in-the-nation partnership Maryland forged with General Barry McCaffrey and the White House Office of National Drug Control Policy. But, for this system to work to its potential, we need your help. To share information about drug use in your community, call the DEWS Tipline (1-887-234-DEWS) and let the staff know what you are seeing.

The fight against drugs won't be won in Washington or in Annapolis simply by implementing government initiatives no matter how successful. It has to be fought day in and day out by parents, teachers, coaches, ministers, and most importantly, our children themselves. It will not be won overnight. It must be fought one neighborhood, one classroom, one person at a time. Having timely and accurate information on emerging drug trends is a powerful new weapon for all of us to use.

Working Together to Identify Emerging Drug Trends in Maryland

A collective effort undertaken by a variety of state and local agencies makes it possible to track drug trends in all 24 of Maryland's jurisdictions. As many of you know, this unique team effort has become known as DEWS — the Drug Early Warning System. The quantitative and qualitative data collected, analyzed, and disseminated through DEWS provides state, county, and local policy-makers, program administrators, and community activists with ongoing, up-to-date information about drug trends. Over the past two years, DEWS data has been used by law enforcement

("Working Together," continued on next page.)

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officers, treatment providers, emergency personnel, concerned parents, school counselors, teens and young adults, journalists, politicians, funders, and even filmmakers. It is our hope that the data we are distributing can be used to foster coordinated responses to local problems and to avert potential crises. To pursue this goal, CESAR, the Maryland State Police (MSP), Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), and the Office of the Lt. Governor joined together as a Steering Committee to guide the development of action plans by the 20 agencies comprising the DEWS Action Team. (See Sidebar p. 3.)

DEWS has given members of the Action Team and others ways to communicate and share information that they did not have before. "As far as I know, Maryland is the only state with a program like DEWS," said Dr. Eric Wish, Director of CESAR. "We owe its existence to the extraordinary support of Lieutenant Governor Townsend." With the *DEWS News*, we hope to keep you updated with reports on trends, ongoing research, and the most contemporary information we have so that you can make informed decisions. As Major Doug Ward of the Maryland State Police stated, "Decisive action predicated upon accurate, timely information gleaned from a wide array of data can save lives."

Major Ward believes that the ability of DEWS to gather current data from the perspective of 20 member agencies ranging from drug treatment programs to law enforcement agencies makes it unique in the nation. "With the planned incorporation of real time hospital overdose data," he adds, "DEWS will have the ability to alert all member agencies and the general public within hours of spotting a dangerous trend." Thomas Carr, Director of HIDTA, notes that "early identification of trends is key to developing a proactive stance that can result in appropriate policy adjustments and operational focus."

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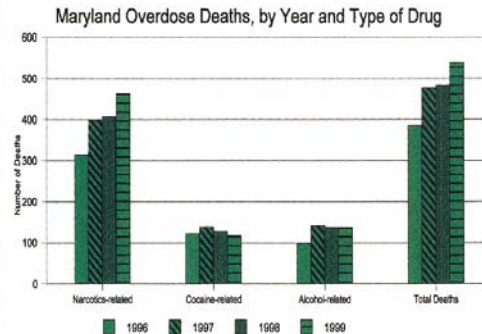
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DEWS News is published bi-monthly. To be placed on the mailing list, please call 1-877-234-DEWS.

A Look at the Trends: Overdose Deaths

The current increase in overdose deaths in Maryland is primarily due to a marked increase in narcotics-related deaths:



SOURCE: Adapted by the CESAR from data supplied by the Maryland Medical Examiner's Office.

Maryland's Emerging Drugs

An "emerging drug" is a drug that has recently (in the past 6-12 months) been identified as a problem by at least half of the DEWS county contacts. It is strongly connected to a specific subculture and is moving into the broader population, for example, from the youth rave scene to the general population.

The '99 Maryland Drug Scan interviews with 98 contacts across the state revealed 13 emerging drugs in Maryland. While traditional substances like alcohol, marijuana, cocaine, and crack remain the primary drugs of abuse in Maryland, the drug scene has changed greatly over the past two years. Heroin has been described as an emerging drug in 14 counties and has become a primary drug in four. The second most frequently mentioned emerging drug is ecstasy (11 counties). Other emerging drugs include LSD, Ketamine, Ritalin, PCP, Jimson Weed, and Mushrooms. (See *DEWS Fax* Vol. 2, Issue 4, April 2000.)

Since the last Scan, two additional emerging drugs have been identified-- Gamma Hydroxybutyrate/Gamma Butyrolactone (GHB/GBL), Oxycodone. Five of the emerging drugs (GHB/GBL, Ecstasy, Ketamine, LSD, PCP) can be grouped as "club" or "designer" drugs. These drugs are typically used at dance clubs and raves. (Raves are large, all-night dance parties held in unusual

(*"Emerging," continued on next page.*)

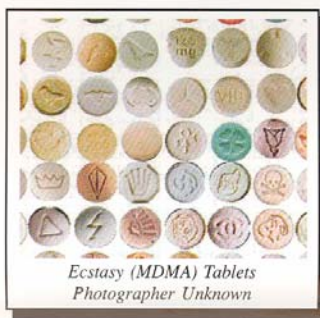


(*"Emerging," continued from previous page.*)

settings, such as warehouses or fields, and feature high-volume, pulsating music and elaborate light shows.) The term designer drug is often used for drugs such as ecstasy and GHB. It was coined when chemists started creating slight chemical variations of well-known illegal psychoactive drugs to make new drugs that are technically legal. A classic example of this is the recent development of GBL as a substitute for GHB. GBL is a chemical precursor that metabolizes into GHB when ingested.

Designer or club drugs are cut with a variety of other drugs making it virtually impossible for users to know what they are taking. For example, ecstasy can be cut with anything from speed or heroin to coke to meth. For additional information on these substances, please review the DEWS Alerts on GHB/GBL and Ketamine, *CESAR Fax* Vol. 8, Issue 50, on ecstasy, and the March 2000 *DEWS Fax* on GHB/GBL.

The complete chart of emerging drugs is posted on the DEWS web site along with the 1999 report (www.cesar.umd.edu/DEWS.htm). The current round of Drug Scan interviews began in May 2000. Questions elicit information on users, methods of ingestion, availability, cost, and purity. If you would like to participate in this study, please call the DEWS toll-free line at 1-877-234-DEWS.



The OPUS Project

Prior research has shown that increases in the use of illegal drugs often appear first in adult and juvenile offender populations. So, to ensure the timeliness and accuracy of DEWS data, trained interviewers for the Offender Population Urinalysis Screening (OPUS) project visit Department of Juvenile Justice (DJJ) county intake offices and detention centers across the state. The data from OPUS indicate real-time changes in drug use within the juvenile offender population and enable the DEWS program to identify emerging drugs and maintain local profiles for each county. This makes OPUS instrumental in helping the Action Team to respond to new drug trends as they appear.

Twice a year, the Detention Study collects urine specimens from youth in the five detention facilities of DJJ. The results are used as statewide estimates of current drug use by juvenile offenders. The most recent period of data collection was completed in May 2000. Highlights from these test results will be published in the next issue of *DEWS News*. The 1999 report is posted on the DEWS web page at www.cesar.umd.edu/dews.htm.

The OPUS Intake Study collects urine specimens and conducts interviews with youth in DJJ county intake offices. The interviews give youth an opportunity to talk about their perceptions of drug trends among their peers and in their community. "What Young Offenders Are Saying" is a *DEWS News* feature based on OPUS Intake Study interviews with youth in counties across the state. This month, we feature Harford and Montgomery counties.

The DEWS Story

The Drug Early Warning System (DEWS) was implemented by Lt. Governor Kathleen Kennedy Townsend in mid-1998 in response to a perceived shift in drug-use patterns in suburban counties such as Carroll County and Harford County. Currently, DEWS collects quantitative and qualitative data through four projects: Offender Population Urine Screening (OPUS), Maryland Drug Scan, Rapid Response Field Unit, and Substance Abuse Indicators. Using this method of data collection, the DEWS staff is able to detect and define current trends with real-time data. An essential part of DEWS is to ensure that the information collected is promptly distributed. Findings are disseminated through project reports, special reports, monthly DEWS faxes, DEWS Alerts, and, now, the DEWS News.

The DEWS Mission

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.

The DEWS Action Team

The DEWS Action Team, a unique partnership of 20 state and local agencies, was convened in September 1999 to review DEWS data and develop action plans to educate Maryland residents about drug use in their communities and avert potential crises. The Team and its Steering Committee (CESAR, MSP, HIDTA, Office of the Lt. Governor) meet regularly to analyze information on emerging drugs and substance abuse trends. The action plans developed enable public and private agencies and individuals to use DEWS data and other information to initiate immediate responses to new trends by releasing DEWS Alerts, briefing select personnel, holding press conferences, sending out educational mailings, conducting in-depth investigations, targeting drug testing or focus groups, and reviewing and modifying treatment programs or prevention activities.



What Young Offenders Are Saying



Harford County

Youth in Harford County reported about several emerging drugs in the community and provided specific information about drug names, costs per quantities, appearance, and availability to youth populations.

Ecstasy

Although marijuana remains the most popular drug, youth in Harford County say that ecstasy is easily accessible and is gaining in popularity as it spreads beyond the rave scene into the broader youth population. Harford County youth described nearly forty slang and brand names for ecstasy. The frequency with which respondents reported the peril associated with taking impure ecstasy indicates that there is also an increased awareness of the hazards of using this drug. A 17-year-old male reported that "the car names (e.g., Mitsubishi) are worse 'cause they have heroin in them; the Green Triangles have mescaline mixed in; and the rest are cut with cocaine and methamphetamine."

Heroin

Two different types of heroin were identified by youth in Harford County. "Roll" was described by a 17-year-old male as a very strong, pure form of heroin that is brown. "Scrambled" was described as a less potent form of heroin that costs about half that of Roll. Scrambled was described as a pill containing white powder mixed with other substances, such as baby laxative or baby powder. It can be crushed and sniffed or cooked and injected.

Opium

Opium was mentioned as an emerging drug during several interviews. While the majority of the respondents reported no knowledge of the drug, a few did. A 17-year-old male mentioned two types of opium: red rock and yellow rock. This youth reported yellow rock opium is stronger and more expensive, costing \$30 per gram as compared to \$10 per gram for red rock. A 16-year-old male reported that "opium is usually smoked on top of marijuana in a bowl or a bong and is used by youth 14 and older."

Oxycodone

"Oxicotten" was reported by youth as a new drug available in Harford County. One youth stated that it was the most popular prescription drug of abuse. DEWS researchers investigated this drug and recognized a similarity in name to a prescription painkiller called OxyContin (for more information, see the **New Trends of Note** feature on Oxycodone).

Montgomery County

Marijuana and Ecstasy are the most popular drugs used by high school students in Montgomery County according to DEWS interviews with youth offenders.

Marijuana

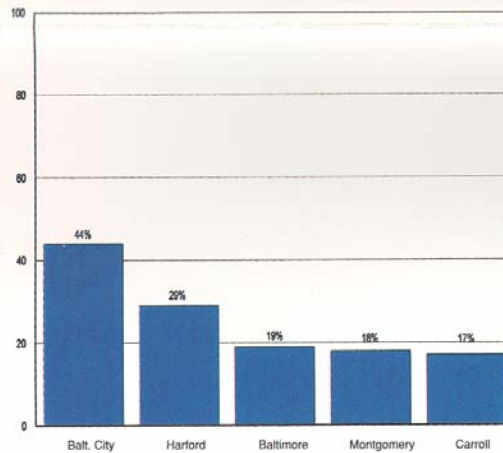
While marijuana was reported to be the most popular drug of abuse by young people in Montgomery County, there was very little reported in terms of new trends in brand names, potency, pricing or packaging. However, some youth mentioned that marijuana may be laced with other substances, such as Raid, formaldehyde, cocaine and acid. Marijuana is accepted as commonplace by these youth. They view it to be as normal as smoking cigarettes and mentioned that youth as young as twelve are smoking it. A few reported that students smoke before school and between classes.

Ecstasy

Ecstasy appears to be gaining popularity with teenagers in the county. Primarily known as a club or party drug in the past, ecstasy is gaining acceptance in the mainstream

population. One respondent even said that ecstasy is currently more popular than marijuana or alcohol. Most youth interviewed knew of people who have used the drug, but have only heard about it for the first time in the past 6 to 12 months. Ecstasy is a designer drug and is reportedly used to enhance feelings or to increase sexual pleasure. It is also reported to be used by youth who feel depressed and is referred to as a "happy drug." It can be laced with amphetamines (speed), cocaine, and heroin. In fact, some youth think that heroin and cocaine are always included in an ecstasy pill.

Percentage of Intake Youth Testing Positive for Marijuana, By County
(May 1999 to April 2000)



Prescription Drugs

Several youth mentioned the rise in abuse of prescription medications. Ritalin can be purchased in school for five dollars a pill and is marketed by youth as speed—a stimulant that will help students stay awake in class. Codeine, Prozac, and Lithium were also reported to be abused substances. In some cases, youth abuse by selling their personal prescriptions, but there is also a practice of drinking alcohol to enhance the effects of their prescription medication.





New Trends of Note

Oxycodone **An Emerging Drug of Abuse in Maryland**

In February 2000, the Steering Committee of the DEWS Action Team began tracking a possible increase in the use of Oxycodone by Maryland residents. Better known by its brand names Percodan and Percocet, Oxycodone is no longer just used by people stealing a few pills from a family member or hard-core heroin users looking for a temporary fix. It's now recognizable among teens as Oxyket, Oxicotton, and Oxy 80's. Reports of abuse have been received through DEWS from Baltimore City, five counties in central Maryland (Anne Arundel, Baltimore, Carroll, Cecil, Harford), St. Mary's County, and Wicomico County. The Maryland State Police reports that the number of cases handled by the MSP Crime Lab involving Oxycodone doubled from 1998 to 1999. The number of jurisdictions involved in these cases increased from 10 to 16.

• **What is Oxycodone?**

Oxycodone is a semi-synthetic opiate. It is chemically different from heroin and opium only in structure and the duration of the effects. It is legally marketed in combination with aspirin (Percodan) or acetaminophen (Percocet) as a medium strength pain-killer. It can be taken orally as a pill or dissolved in water and "injected." Oxycodone is a Schedule II controlled substance in Maryland and on the federal level.

• **What are the effects of Oxycodone use?**

This drug is rated high for physical and psychological dependence. Effects of a normal dose of Oxycodone can include euphoria, drowsiness, respiratory depression, and nausea. Overdoses can cause slow and shallow breathing, clammy skin, convulsions, coma, and death. Users may also experience withdrawal symptoms such as watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, cramps, panic, nausea, and chills or sweating when they try to refrain from taking pills.

• **Who Uses it?**

Although Oxycodone is used by a wide variety of people, reports from Baltimore City, Baltimore County and Harford County indicate that it has a growing reputation among teens. Oxycodone can be purchased on the street, according to contacts in Cecil and Harford counties, or through virtual pharmacies on the internet. The DEA reports that nearly 85% (25 of 30) of arrests in 1999 for false prescriptions in Maryland involved Oxycodone. Adults in treatment in Carroll County have begun to mention it as a tertiary substance of abuse, suggesting that it may be used as a substitute when other drugs, such as heroin, are unavailable. In Wicomico County, Oxycodone is used by adults who obtain it from family members who have legitimate prescriptions. Users have also been known to visit doctors with phony symptoms to get prescriptions.

If you have any information about the abuse of this drug, please call the DEWS toll-free tipline, 1-877-234-DEWS.



Receive Timely Notice Of Substance Abuse Trends In Maryland Free With DEWS Fax

The DEWS FAX is a complimentary one-page fax that summarizes current Maryland substance abuse trends and statistics. Bound volumes of the monthly faxes are currently available for 1998 and 1999.



To be added to the fax distribution list, call, fax or e-mail your Name, Organization, Address, City, State, Zip, Telephone Number, and Fax Number to DEWS. The toll-free phone line is 1-877-234-DEWS, and the fax number is 301-403-8342. You may also subscribe by sending your information in an e-mail to dews@cesar.umd.edu.

For Additional Drug Information Visit These Web Sites:

General Info:

NIDA - www.nida.nih.gov
Partnership for a Drug Free America - www.drugfreeamerica.org/drug_info.html
Join Together - www.jointogether.org
Legal Status - www.erowid.org
HIDTA - www.hidta.org

Drugs:

Club drugs - www.clubdrugs.org
GHB/GBL - www.nutrition-city.net
Oxycodone - www.rxlist.com/cgi/generic/oxypap.htm
Ritalin - www.drugs.indiana.edu/pubs/factline/italin.html#pattern
Street Terms - www.whitehousedrugpolicy.gov/drugfact/terms/index.html
www.addictions.com/slang.htm



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