

Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Cecil County



December 2000 - Revised

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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

Forty-eight youths processed in the Cecil County Department of Juvenile Justice (DJJ) Intake Office were interviewed and provided a urine specimen between February and August 2000. Thirty-five percent tested positive for a drug. Youths reported that marijuana is the most widely used and easily obtained drug. There was a consensus that ecstasy (MDMA) is becoming increasingly popular. OPUS is designed to provide insight into emerging drug trends among the juvenile offender population. It should be noted that these drug use patterns may not be typical of the general youth population in this county.

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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 goals of the project 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. The Detention Study obtains only urine specimens twice a year from youths newly admitted to DJJ's five detention facilities.

This report presents results from the Intake Study conducted in Cecil County between February and August 2000. A final table compares the Cecil County urine test results with results from other 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, metamphetamines, and phenylpropanolamine.
- A candy bar was offered to respondents as an incentive for participation.

FINDINGS

Response Rates

- 100% of the 48 juveniles approached agreed to be interviewed.
- 96% (40 males, 6 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (87%) and white (89%) (Table 1).
- Almost half of the tested youths were charged with a property offense (41%) or a violent offense (37%).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=48)	Persons tested (N=46)
<u>Gender</u>	<u>%</u>	<u>%</u>
Male	86	87
<u>Race/Ethnicity</u>		
White	90	89
Black	6	7
Other	4	4
<u>Age</u>		
13 or younger	23	22
14	8	7
15	27	28
16	13	13
17 or older	29	30
<u>Primary Offense*</u>		
Property	40	41
Violent	40	37
Drug-related	17	17
Other	4	4

* 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, December 2000-Revised.

Urine Test Results

- 38% of males and 17% of females tested positive for at least one drug (Table 2).
- 28% of youths tested positive for marijuana (Table 2).
- The youth who tested positive for cocaine was a 17-year-old male charged with an alcohol violation. The youth stated he was not taking any prescription medications (Table 2).
- There were four youths who tested positive for amphetamines. One was a 10-year-old male charged with shoplifting who stated he was taking a prescription medication for asthma. Another youth who tested positive was a 16-year-old male charged with theft. He stated he was taking the prescription medication Allegra for allergies. Another youth who tested positive for amphetamines was a 15-year-old male charged with second degree assault who stated he was not taking any prescription medications. The last youth who tested positive for amphetamines was a 15-year-old male charged with theft. He stated he was taking the prescription medications Adderall, Depakote, and Zyprexa (Table 2).
- Those ages 15 and 16 were about six times more likely to test positive for a drug than youths 14 and under (Figure 1).

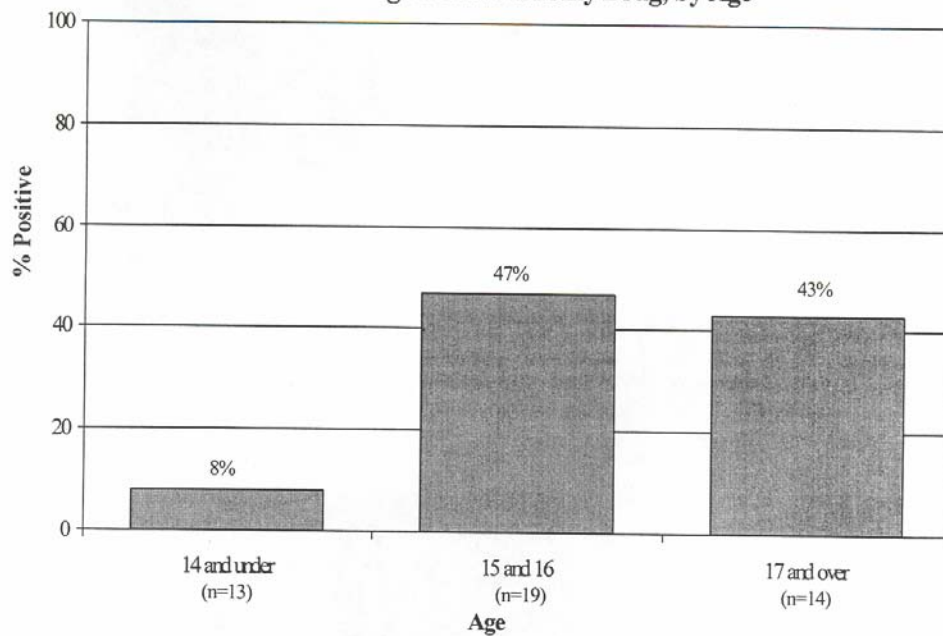
Table 2
Urine Test Results, by Gender

	Males (N=40)		Females (N=6)		Total (N=46)	
<u>Positive For:</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
Marijuana	12	30	1	17	13	28
Cocaine	1	3	0	0	1	2
Opiates	0	0	0	0	0	0
Amphetamines	4	10	0	0	4	9
Any Drug (of 10)	15	38%	1	17%	16	35%

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, December 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.

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INTERVIEWS WITH JUVENILE OFFENDERS

This section presents juvenile offenders' perceptions of drug use by youths in their schools, neighborhoods, and communities. Drugs are listed in order of those most to least frequently discussed by youths.

Ecstasy (MDMA)

According to one 17-year-old male, "Ecstasy is coming around more often than it used to and it's staying longer each time." Several youths in Cecil County reported that ecstasy has grown increasingly popular. A 16-year-old female stated that ecstasy is easier to get than marijuana.

Marijuana

Marijuana is the most popular drug used by youths in Cecil County. Youths report that there is no specific age, gender, or social group that uses marijuana; rather, everybody uses it. One 12-year-old male stated, "Marijuana doesn't hurt you. You see people doing it and nothing happens to them." When asked about new trends, youths reported that *Killer Weed (KW)* is marijuana dipped in embalming fluid. This combination, according to one 15-year-old male, "is like PCP. It makes you feel strong, but high." According to youths, dealers mix marijuana with bug spray to make it more potent.

Heroin

Youths reported that heroin is easy to get in Cecil County. However, one 17-year-old youth categorized users as belonging to a specific social group with the following characteristics: "They're loners, quiet, they keep to themselves, skip school, and don't try to accomplish anything." Others stated that users all reside in the town of Rising Sun. Most respondents stated that they and their friends were scared of heroin.

Powder and Crack Cocaine

Powder and crack cocaine were reported by few respondents in Cecil County. Powder cocaine was reported to be available at parties and crack cocaine was reported as hard to get. One 17-year-old female stated that "a lot of heroin users use it--the low-lives."

LSD (Acid)/Psychedelic Mushrooms

According to several youths, acid is popular among youths who do not have anything else to do. It is not as easily available as marijuana or ecstasy, but when it is around, respondents say that users are typically in high school or older. Users may put it on sugar cubes, or less frequently, use an eye-dropper to put it in their eyes. Psychedelic mushrooms as well as ecstasy became more popular toward the end of the 1999-2000 school year while marijuana, respondents believe, remains popular year round.

Prescription Drugs

Prescription pills were discussed with higher frequency by youths in Cecil County than by youths in other counties approached. Youths stated that Oxycontin (oxycodone) may be snorted or swallowed. Youths stated that Ritalin, Percocet, prescription strength Tylenol, and Xanax are crushed and snorted. One youth stated, "People must be robbing pharmacy trucks or something because there's so much Percocet around." The youths believe that prescription drugs are used as a

'fallback' when other drugs are not accessible.

Inhalants

Youths fourteen and younger discussed the use of inhalants in Cecil County. In separate interviews, a 12-year-old male and 13-year-old male noted that youths inhale spray paint from a bottle. A 14-year-old reported that "some people soak bags with bleach and hold it over their face and mouth to get high." As in other counties, older youths reported the practice of inhaling nitrous oxide.

Crystal Methamphetamine and Speed

Youths in Cecil County call crystal meth by the slang names *Bathtub crank* and *Ice*. They report that lower-class individuals use it. Few youths reported that young people use it, though one 15-year-old male believes that youths as young as 12 are using it. Youths reported that speed is no longer popular in the area.

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

Table 3 presents comparisons of the urinalysis results across eight OPUS intake sites studied between May 1999 and June 2000. The complete Intake Study reports for these counties are available from CESAR on the web at www.cesar.umd.edu or by contacting CESAR directly (301-403-8329).

- The percent testing positive ranged from 22% in Montgomery County to 44% in Baltimore City, with Cecil County testing positive at 35%.
- Marijuana was the most prevalent drug, ranging from 17% in Carroll County to 44% in Baltimore City, with Cecil County testing positive at 28%.
- Cocaine and opiates were rarely detected.
- The percent testing positive for amphetamines ranged from 0% in Baltimore City and Frederick County to 9% in Cecil County.

Table 3
Urine Test Results for Males and Females,
By Site*

	Carroll County (N=66) July 1999	Baltimore County (N=147) Oct 1999	Baltimore City (N=48) Dec 1999	Harford County (N=51) Mar 2000	Montgomery County (N=50) Mar 2000	P.G. County (N=50) May 2000	Frederick County (N=47) Jun 2000	Cecil County (N=46) Aug 2000
Positive For:	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Marijuana	17	19	44	31	18	40	28	28
Cocaine	5	2	0	0	0	0	0	2
Opiates	3	2	0	2	0	0	2	0
Amphetamines	8	4	0	6	4	2	0	9
Any Drug (of 10)	27%	23%	44%	37%	22%	40%	28%	35%

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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