

Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

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DEWS News

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Deciphering the Threat of Analogue Drugs

"Everything is in it—heroin, coke, PCP . . . it depends on the pill. For example, if it has a lot of brown in it—it's heroin-based. Like sometimes a triple-stacked Mitsubishi is totally brown; that has a lot of heroin in it; it's just common sense." This is how one 16-year-old girl from Anne Arundel County explains how she determines what's in her ecstasy pills.

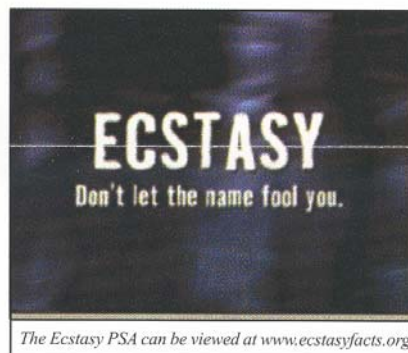
Despite this girl's apparent confidence about what she's taking, ecstasy users actually have no way of knowing whether any particular pill consists of MDMA or something else entirely. In fact, in addition to contaminants or unrelated drug substitutes, such as dextromethorphan, ecstasy pills may also contain one of a myriad of analogues to MDMA. MDMA analogues include MDA (Adam), MDEA (Eve), DOM, and PMA. Researchers warn that, while ecstasy (MDMA) alone can have deadly consequences, "cocktails of drugs sold as Ecstasy may consist partially or completely of other compounds, such as PMA, which appear to increase significantly the risk of life-threatening illness and/or death."

According to law, analogue drugs are drugs that are structurally similar to or that induce similar effects to those of a legally controlled substance. As laws against the production and distribution of a controlled substance are passed, producers often develop analogues of the drug in an attempt to avoid legal prosecution. In the case of ecstasy analogues, several of these substances have been quickly scheduled as controlled substances, but law enforcement agencies are generally hard-pressed to identify and schedule each new substance created. Under the "controlled substances analogues" portion of the federal Anti-Drug Abuse Act of 1986, law enforcement agencies can seek to prosecute individuals who distribute controlled substance analogues for human consumption, even if that particular chemical has not yet been scheduled as a controlled substance.

Analogue drugs, like the drugs they mimic, can be dangerous. In May 2000, PMA (paramethoxymethamphetamine) substituted for MDMA in ecstasy tablets resulted in the deaths of three Chicago-area teens. At least seven people from central Florida have died from the effects of PMA since May 2000, according to a Drug Enforcement Agency overview.

Besides ecstasy, another popular drug that has numerous analogues is GHB (gamma-hydroxybutyrate). GHB became popular as a dietary supplement among body-building enthusiasts in the 1980s. Others became interested in the drug as a means of heightening their sexual performance. Sexual predators used the drug to render their victims unconscious and immobile for easy attack. (See *DEWS Alert*, April 1999; *DEWS Fax*, Vol. 2, Issue 3; and *CESAR Fax*, Vol. 9, Issue 6.)

The FDA banned GHB use in 1990 (except for use in FDA-controlled, physician-supervised clinical trials), but it was not classified as a schedule I drug until



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What Young Offenders Are Saying

The OPUS (Offender Population Urinalysis Screening) Intake Study interviews youths in juvenile justice facilities to obtain data on emerging trends in drug use. The following are summaries of youths' views of drug use by their peers. The drug use patterns reported here may not be typical of the general youth population in the profiled counties. Two counties are featured in each DEWS newsletter.

Anne Arundel County

Ecstasy

Most of the OPUS youths interviewed identified ecstasy as being easily available in Anne Arundel County. Several youths reported that "everyone is doing it." Although many youths indicated that the drug is primarily used during the weekends, they agreed that teenagers are occasionally buying and using ecstasy at school. Egyptians, Tutus, White Doves, Crown Royals, and Tweety Birds were brand names mentioned by these youths. Pills were reported to cost between \$20 and \$30. Although juveniles agreed that most users ingest pills, they reported that some users are also snorting ecstasy. Interviewees were unaware of the contents of ecstasy, and many believed that the pills are cut with other drugs.

Cocaine

Youths reported that both crack and powder cocaine are readily available in Anne Arundel County. According to many juveniles, cocaine is more popular than ecstasy and sometimes as easy to obtain as marijuana. Some youths reported that children as young as ten were using cocaine. Cocaine is available in school and is sometimes used on school grounds, although it is usually used elsewhere. Interviewees were split about whether crack or powder cocaine was most popular. Youths reportedly snort, smoke, and sometimes inject cocaine. Several interviewees mentioned that marijuana is often laced with cocaine. One youth referred to this as "sweet dreams on a stick." "Woolly blunt" and "hash" were other terms used to describe marijuana mixed with powder cocaine. Marijuana and crack is also called "woolly blunt" or sometimes

"sex." Despite crack's popularity, youths repeatedly referred to crack users as "junkies" and "crack heads."

Heroin

Although heroin use does not appear to be widespread, a surprising number of OPUS interviewees mentioned its presence in Anne Arundel County. The heroin comes from Baltimore and Washington, DC, although it can usually be bought locally. According to the youths interviewed, users are as young as 15, and they may both snort and inject heroin; interviewees also mentioned that users sometimes share needles. According to a 17-year-old male, "Everybody uses heroin." Several youths reported heroin to be their community's worst drug problem because of the fatalities that have resulted from its use.

Charles County

Ecstasy

Many youths interviewed identified ecstasy as being easily available in Charles County. Interviewees described ecstasy as a recreational drug usually associated with weekend house parties and late night raves. The youths mentioned several brands of ecstasy, including Mitsubishi 2000, Sky, Cadillac, Motorola, and Mercedes. According to one youth, Fishies are the best pills because the effects last longer. Another mentioned that Smurfs are "lighter," and thus a good brand for first-time users. Ecstasy costs between \$15 and \$45 per pill. Ecstasy is usually swallowed, although it is sometimes crushed and snorted. A majority of youths in Charles County agreed that ecstasy pills are not usually cut with other drugs. According to a 15-year-old female, "E is E; it's not cut with anything."

LSD

While not as prevalent as marijuana or ecstasy, acid appears to be an emerging drug in Charles County. LSD is reportedly available in the Charles County schools. According to a 15-year-old male, "It depends on who you hang out with as to how much you use it and when you use it." Acid use is reported to be most popular among white youths. Acid is available in liquids, gels, blotters, and sugar cubes, and prices are dependent on the drug's form. Liquids, which cost \$7 per hit, were identified by one youth as providing the best visual experiences. One hit of paper LSD is reported to cost around \$5.

Marijuana

Marijuana appears to play an integral role in the daily lives of Charles County adolescents. Nearly all youths interviewed by OPUS identified marijuana as the most popular drug in their community. As an 18-year-old male explained it, "Everybody and their grandmother uses it." According to the interviewees, marijuana is commonly used during school hours, during lunch, and even on the buses. Several youths mentioned that marijuana is sometimes mixed with PCP, a combination referred to as "love boat" or "angel dust." Most of the interviewees identified marijuana as the biggest drug problem in their community because of its widespread use among adolescents. However, many also reported that marijuana has a reputation of being relatively harmless.

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Guest Writer: Gangs, Posses, Crews, and Drugs: Findings from Maryland's Offender Population Urinalysis Screening (OPUS) Program*

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In a recent study, CESAR researchers focused on the relationship between gang membership and drug use among youth offenders. In particular, researchers wanted to know whether self-identified "gang" members had different drug use patterns than those who identified as "posse" or "crew" members or those who didn't identify as group members at all.

The study found that marijuana was, far and away, the most commonly detected drug among all youth offenders—27% of gang members tested positive for marijuana, 50% of "other group" members tested positive for it, and 39% of youths without membership in any group were positive. Gang members tested positive for no other drugs. Among other group members, cocaine (in 6% of the youths) was the only other drug detected. Among youths reporting no group affiliation, only small percentages tested positive for cocaine (2%), PCP (2%), opiates (1%), or amphetamines (<1%).

Juvenile offenders who reported being gang members were less likely to test positive for marijuana than their "other group" counterparts. On the other hand, gang members were more likely to sell marijuana, powder cocaine, and crack cocaine than other group members. This is consistent with previous studies that found that gang members are more likely to sell, rather than use, drugs.

Overall, these findings reveal important differences between gangs and other groups, and suggest that gang members and posse or crew members are not interchangeable.

**To complete this study, CESAR researchers collected self-reported survey data and urine specimens from juvenile offenders interviewed through Maryland DEWS' Offender Population Urinalysis Screening (OPUS) Program. Researchers collected data in Department of Juvenile Justice (DJJ) residential detention facilities and intake offices in Charles, Frederick, Prince George's, and Worcester Counties between April 10, 2000, and August 31, 2000.*



GHB/Analogues Exposures in Maryland in 2000

Total Number of Hospital-based Exposures, by County

Baltimore City:	10
Anne Arundel:	5
Howard:	5
Baltimore County:	3
Prince George's:	2
Montgomery:	2
Calvert:	1
Cecil:	1
Harford:	1
Washington:	1
Worcester:	1

SOURCE: Adapted by CESAR from data from the Maryland Poison Center.

("Deciphering" continued from front page)

March 2000. As restrictions on GHB tightened, vendors turned to the analogue drugs GBL (gammabutyrolactone) and BD (1,4 butanediol), which metabolize into GHB once consumed. GBL was classified as a List 1 chemical in April 2000. Neither GBL nor BD is approved for human consumption, but each has legitimate uses as cleaning and manufacturing chemicals. Some individuals have taken advantage of this situation and diverted these products for sale as "sleep aids," "relaxation tonics," and "smart drinks."

In 2000, the Maryland Poison Center received 61 phone calls regarding GHB and GHB analogues. Thirty-two of those calls involved hospital treatment for GHB or analogue exposure. Today, GHB analogues are thought to be the source of GHB in 71% of those urine-tested for GHB in Maryland, and GHB analogues are proving to be just as dangerous as GHB itself. A *New England Journal of Medicine* study published on January 11, 2001, for example, reports on two deaths and four poisonings apparently caused by BD (1,4-butanediol) alone (i.e., not in combination with other drugs).

The demand for designer drug analogues will continue as law enforcement efforts counter the trade in ecstasy, GHB, and GBL. In Maryland, past efforts to pass an analogue drugs bill have failed, but another analogues bill has recently been introduced to the Maryland General Assembly.

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