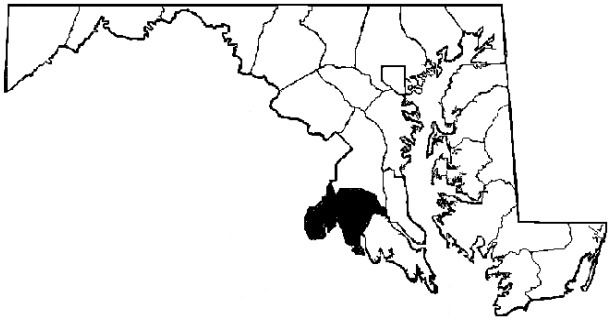
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Charles County



June 2001 - 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

Fifty-six youths processed in the Charles County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between November 2000 and January 2001. Fifteen percent of the tested juveniles were positive for a drug. Nearly all of the juveniles identified marijuana as being easily available in their schools and communities; many expressed concern about the pressure to be a part of that drug culture. There was a consensus that ecstasy (MDMA) is becoming increasingly popular despite the dangers youths attributed to the drug.

Among the things said by interviewed youths were:

- "Weed (marijuana) is the biggest problem because it is in school. I'm around too many people that do it." (17-year-old female)

- "Ecstasy is big around here. Kids in ninth grade are using. We call them E-tarts, like a 'pot head' but a person who uses E a lot. It is mostly used at parties, some raves on the weekend, not in school." (15-year-old male)

- "It is around ninth grade that kids begin experimenting with drugs–then they get hooked. People don't think it's a big deal." (17-year-old male)

OPUSisdesignedtoprovideinsightintoemergingdrugtrendsamongthejuvenileoffender population.ItshouldbenotedthatOPUSdrugusepatternsmaynotbetypicalofthegeneral youthpopulation.However,priorresearchhasindicatedthatoffenderurinalysisresults provideadvancewarningofdrugepidemicsinthegeneralpopulation.

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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 Charles County between November 2000 and January 2001. A final table compares the Charles County urine test results with results from previous OPUS Intake Study sites. A final figure compares the percentage positive for marijuana by county intake site.

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, phenylpropanolamine, and MDMA.

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

FINDINGS

Response Rates

- 56 of the 59 juveniles approached agreed to be interviewed.
- 93% (34 males, 18 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (65%), black (52%), and 15 or older (63%) (Table 1).
- More than one-third (37%) were charged with a property offense and about one-quarter with violent (23%) or drug-related (22%) offenses (Table 1).

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

Characteristics	Persons interviewed (N=56)	Persons tested (N=52)	
Gender	%	%	
Male	63	65	
Race/Ethnicity			
Black	48	52	
White	45	40	
Hispanic	2	2	
Other	5	6	
Age			
13 or younger	21	23	
14	14	14	
15	20	17	
16	16	17	} 63%
17 or older	29	29	
Primary Offense*			
Property	36	37	
Violent	24	23	
Drug-related	22	22	
Other	18	18	

*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, June 2001-Revised.

Urine Test Results

[1]Offense charge data were missing for one respondent.

- 12% of all youths tested positive for marijuana (Table 2).

- 18% of males and 11% of females tested positive for at least one drug, primarily marijuana (Table 2).

- There was one youth who tested positive for opiates. The youth who tested positive for opiates was a 16-year-old female who was also positive for marijuana and ecstasy. She was charged with an alcohol citation and was not on any prescription medications.

- There was one youth who tested positive for amphetamines. The youth who tested positive for amphetamines was an 11-year-old male taking the prescription medication Dexadrine. He was charged with assault.

- Youths 17 and older were most likely (27%) to test positive for any drug (Figure 1).

Table 2

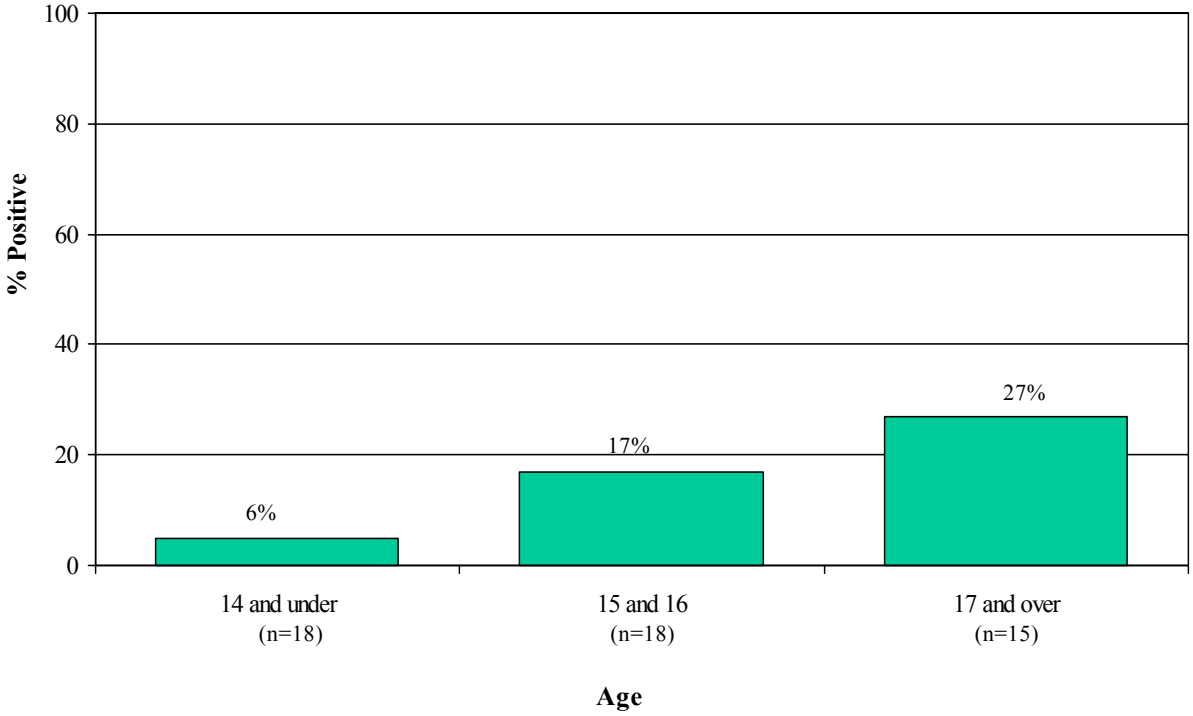
Urine Test Results, by Gender

	Males (N=34)		Females (N=18)		Total (N=52)	
	f	%	f	%	f	%
Positive For:						
Marijuana	4	12	2	11	6	12
Cocaine	0	0	0	0	0	0
Opiates	0	0	1	6	1	2
Amphetamines	1	3	0	0	1	2
Any Drug (of 10)	6	18%	2	11%	8	15%

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

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2001-Revised.

Figure 1
Percentage Positive for Any Drug, by Age



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Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2001-Revised.

FINDINGS FROM INTERVIEWS

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)

Charles County youths described ecstasy as a drug that increased sexual arousal and caused hallucinations. They reported that they started to hear about the drug within the past year. One 17-year-old male stated, "It's starting to be bigger than even marijuana!" Other youths countered that, while available in school, ecstasy use was primarily limited to weekend parties and dance clubs. A 15-year-old male noted the stigma associated with ecstasy use: "We call them E-tarts–like a 'pothead' but a person who uses E a lot." Youths reported the practice of "candy flipping"–mixing ecstasy and LSD. While ecstasy pills are generally swallowed, some youths "parachute it–put a pill in a napkin, crush it, and then swallow it. The body doesn't have to metabolize the pill that way and it hits you faster." Despite dangers that many interviewed youths reported, use appeared to be on the rise.

Marijuana

Youths indicated that marijuana was the most popular illicit drug in Charles County. While many of the interviewed youths identified marijuana as the worst drug problem in their community, others believed that marijuana is not harmful because it is a natural substance. One 17-year-old female stated, "Weed is the biggest problem because it's in school. I'm around too many people that do it." A 14-year-old male described the effects of a more potent type of marijuana called *Hydro*: "[It is] like there is a camera on you. You are feeling around and you can't get back to your body." According to youths, another potent brand, *KB*, costs $20-$25 a gram, while *Schwag*, the worst, costs $15 a gram.

Powder and Crack Cocaine

Cocaine was reported to be easily available and increasing in popularity. A 14-year-old female stated that a lot of teens between 15 and 18 years old snort powder cocaine. A 17-year-old male noted that two rocks of crack cocaine cost $20, and the crack is smoked in cans or pipes in his area. According to one 17-year-old female, "Cocaine is the hardest drug I have ever been offered."

Heroin

In general, youths believed that heroin was not available within Charles County. However, one 16-year-old female stated, "This year two people at my school got caught using heroin–head banger types are the ones doing it." A 14-year-old male stated, "They do it before school at the bus stop. They are the people who listen to metal and have wild hair." Most interviewed youths frowned upon heroin use.

LSD (Acid)/Hallucinogens

Some youths identified LSD as a popular drug within their community, particularly among white youths; one 15-year-old male claimed, "Acid is as popular as E." Other youths claimed that LSD is not really popular but is available. According to a 16-year-old male, one hit costs $5-$7 and comes in paper, liquid, or sugar cube forms. Gel tabs cost $10 because there are three hits in them. One youth reported some youths use morning glories to cause LSD-like hallucinations. "You take seeds, like 50 of them, crush them up, and put them in a drink." Another reported that a 14-inch peyote cactus costs $100 and was harder to get. In general, youths did not appear to be interested or concerned by LSD and other hallucinogenic drug use among their peers.

Prescription Drugs

Youths stated that illegal prescription pill use is popular among their peers. It appeared that students who illegally purchased prescription pills commonly used them during school hours. Despite claims that "a lot of people do it," youths did not appear concerned about the presence of illegally used prescription drugs within the county. Youths reported that Adderall, Ritalin, Percoset, Tylenol-3, and speed were commonly sold by youths within Charles County. Respondents reported that users swallow the pills whole; prescription pill misuse frequently involved mixing the drug with alcohol.

Other drug trends

Crystal methamphetamine was reported by a few youths. One 14-year-old female stated, "Yeah, it's around. It's snorted, I think...or put in blunts and smoked." A small number of youths reported that ketamine, better known as *Special K,* is around and somewhat popular. A 16-year-old male reported that $10 buys two or three lines of ketamine, and a 17-year-old male stated, "It's a cat tranquilizer. It dopes you up. It costs like $20 a bump." One 16-year-old male reported that speed was available within Charles County and was snorted, smoked, or injected.

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

Table 3 and Figure 2 present comparisons of the urinalysis results across eleven OPUS intake sites studied between May 1999 and January 2001. 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 percentage testing positive for any drug ranged from 15% in Charles County to 44% in Baltimore City (Table 3).
- Cocaine and opiates were rarely detected (Table 3).
- The percentage testing positive for amphetamines ranged from none in Baltimore City and Frederick County to 9% in Cecil County (Table 3).
- Marijuana was the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City (Figure 2).

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

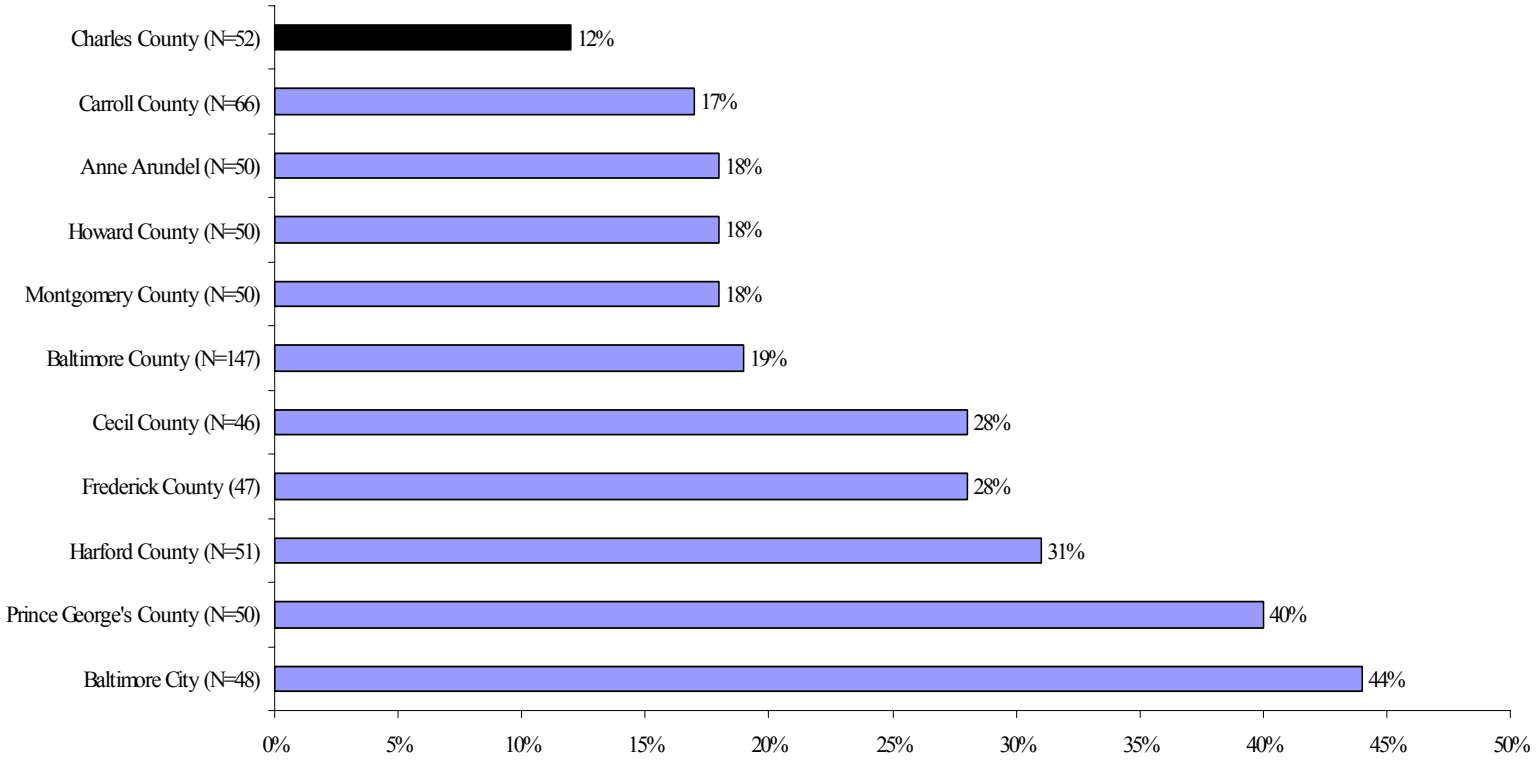
	Carroll County (N=66) July 1999	Baltimore County (N=147) Oct 1999	Baltimore City (N=48) Dec 1999	Harford County (N=51) Mar 2000	Montgomery County (N=50) Mar 2000	P.G. County (N=50) May 2000	Frederick County (N=47) Jun 2000	Cecil County (N=46) Aug 2000	Howard County (N=50) Aug 2000	Anne Arundel County (N=50) Dec 2000	**Charles County (N=52) Jan 2001**
Positive For:	%	%	%	%	%	%	%	%	%	%	%
Marijuana	17	19	44	31	18	40	28	28	18	18	**12**
Cocaine	5	2	0	0	0	0	0	2	0	2	**0**
Opiates	3	2	0	2	0	0	2	0	0	4	**2**
Amphetamines	8	4	0	6	4	2	0	9	4	4	**2**
Any Drug (of 10)	27%	23%	44%	37%	22%	40%	28%	35%	18%	24%	**15%**

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).

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, June 2001-Revised.

Figure 2
Percentage Positive for Marijuana, by County Intake Site



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