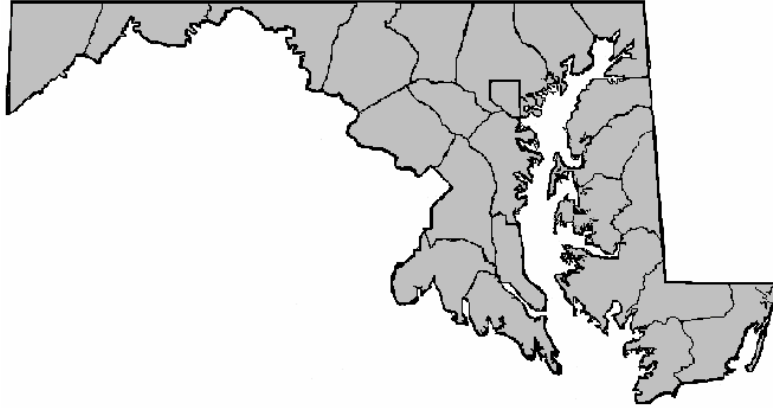


Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

MARYLAND DRUG SCAN 2000 COUNTY HIGHLIGHTS



**Report Prepared
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The efforts of many people went into the preparation of this report. We would like to thank those who assisted us in identifying persons to serve as Drug Scan information contacts. We would especially like to express our gratitude to the 132 drug abuse experts who agreed to be interviewed for this project. Without their dedication and commitment, this project would not have been possible.

INTRODUCTION

The Maryland Drug Scan is one component of the Drug Early Warning System (DEWS), an initiative of Lt. Governor Kathleen Kennedy Townsend and the Cabinet Council on Criminal and Juvenile Justice in collaboration with the Center for Substance Abuse Research (CESAR). Drug Scan is a statewide, county-level, drug use monitoring project designed to obtain perceptions of local drug trends from substance abuse professionals. The goal of Drug Scan is to gather current information on substance use in Maryland and to provide that information to policymakers, researchers, program administrators, and community activists across the state.

The Drug Scan is not intended to be a rigorous quantitative research project. Drug Scan is instead a survey of “front-line” individuals’ opinions about drug trends in their areas; it should be noted that individuals do not always agree with one another about trends, and that sometimes quantitative data may not support a particular individual’s perception. The goal of Drug Scan is to supplement quantitative information gathered by national and state surveys and administrative data collection systems, such as those maintained by DEWS.

By interviewing a variety of individuals on the front lines of the drug problem, Drug Scan seeks to learn from various perspectives about drug use patterns and the perceived reasons for those patterns. Additionally, by creating direct linkages with individuals in a variety of drug-related fields, CESAR seeks to help identify emerging drugs by interviewing those working in local communities.

Each year, DEWS staff interview approximately 100 to 130 professionals about emerging drug trends in their counties. The individuals interviewed in each county include knowledgeable people working in treatment, education, prevention, criminal justice, and emergency medicine. New participants are recruited continuously based on the following criteria:

- Have regular, direct contact with users;
- Possess in-depth knowledge of drug issues;
- Have been exposed to drug-related problems for more than one year; and
- Are highly credible information sources.

The qualitative information collected through Drug Scan is designed to also supplement the additional quantitative and qualitative information gathered through Offender Population Urine Screening (OPUS) drug testing and the Substance Abuse Indicators Project maintained by DEWS. The Drug Scan model complements the quantitative data by providing an up-to-date understanding of substance use. When the qualitative and quantitative information are combined, a more complete understanding of substance use trends becomes available.

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: This report is merely highlights from the expanded and detailed version of the Drug Scan :
: 2000. The expanded version will be available by the end of the year and will include :
: interesting narratives about substance abuse issues in each county and jurisdiction. :
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COUNTY HIGHLIGHTS

ALLEGANY COUNTY

- Heroin use is increasing. The age of first-time users is younger, and the number of female users is increasing.
- The use of ecstasy and psychedelic mushrooms by college-age individuals continues to be a growing concern.
- Alcohol, marijuana, and crack continue to be the primary drugs of abuse, but the age of alcohol and marijuana users is decreasing.
- Marijuana seems to have overtaken alcohol as a gateway drug. In addition, there is a strong sense that the THC levels in marijuana have increased, leading to stronger addictions.
- Negative connotations surrounding crack and powder cocaine use are perceived to drive the decline in use among younger users who do not like the stigma of being a “crack head.”
- There are growing concerns with some about a potential increase in methamphetamine use.
- The use of PCP and LSD is declining.

ANNE ARUNDEL COUNTY

- Ecstasy is becoming increasingly popular in the party scene and is expected to displace LSD and PCP.
- Local law enforcement identifies a substantial increase in ecstasy seizures, which is believed to indicate an increase in use.
- Heroin has now been identified as a primary drug. It is being brought in from neighboring cities, such as Baltimore, and is often snorted.
- Other primary drugs are crack, alcohol, and marijuana.
- Many Drug Scan contacts noted that alcohol and marijuana users are younger.
- Crack use has a negative stigma attached to it leading to decreased acceptance and use.
- A small pocket of prescription pill users has developed among 20-to 40-year-olds.

BALTIMORE CITY

- Substance abuse patterns remained relatively stable until recently when ecstasy use began to emerge among youths.
- Heroin remains a primary drug of abuse. Heroin use, while relatively stable overall, is increasing among young Caucasians.
- Other primary drugs of abuse are alcohol, marijuana, crack, and powder cocaine.
- Prescription pain medications and marijuana are reportedly used to assuage the effects of heroin withdrawal symptoms.
- “Speedballing” (combining heroin and cocaine) is a common practice.

BALTIMORE COUNTY

- Notable increases in the use of ecstasy were reported, especially among youths.
- Heroin use appears to be increasing. It has now been designated a primary drug.
- The other primary drugs of abuse are alcohol, marijuana, powder cocaine, and crack.
- There have been several isolated incidents of psychedelic mushrooms use and prescription pill use, as well as methamphetamine use.

CALVERT COUNTY

- An increase in ecstasy use by adolescents, ages 15 to 17, was reported. Other designer drugs, such as GHB, ketamine, and methamphetamine are also a problem among adolescents and young adults.
- Increases were noted in the use of heroin, which is now considered a primary drug of abuse. In fact, use of “smacked-up ecstasy,” a combination of heroin and ecstasy, was recently reported.
- County contacts report continued problems with crack and note an increase in use by females.
- Alcohol, marijuana, powder cocaine, and crack are primary drugs of abuse.
- One contact spoke of four inhalant cases in the past two months, but most feel that inhalants are not a problem.
- Prescription pain medications continue to be used by individuals in their 30s and 40s.

CAROLINE COUNTY

- Heroin is available in small amounts and is considered an emerging drug of abuse.
- Isolated use of prescription drugs was reported.
- Primary drugs of abuse are alcohol, marijuana, crack and powder cocaine.
- Some inhalant use exists, mostly among adolescent males age 13 to 15.
- Ecstasy use is new to the area but is increasing quickly.

CARROLL COUNTY

- Crack cocaine and ecstasy are now more widely available than heroin. Ecstasy use is increasing rapidly.
- Heroin use is occurring more frequently among females. Abuse among younger (middle-school age) individuals is also increasing.
- Treatment facilities are admitting more individuals for oxycodone abuse than in the past.
- Ritalin use seems to be decreasing but remains a concern.
- Growing concerns exist about methamphetamine even though its use remains isolated.
- Primary drugs are alcohol and marijuana as well as heroin, crack, and powder cocaine.

CECIL COUNTY

- Ecstasy use is becoming extremely prevalent among adolescents and young adults.
- Ritalin has been cited as an emerging drug of abuse among youths.
- There appears to be a marked increase in methamphetamine use though it is still considered isolated.
- The limited, yet stable, presence of club drugs such as GHB, DXM, Rohypnol, and ketamine is creating concerns among Drug Scan contacts.
- Once considered an emerging drug of abuse, heroin is now cited as a primary drug. Availability and overall use of the drug appears to be exceptionally high among younger users, ages 15 to 20.
- Alcohol, marijuana, and cocaine (crack and powder) are primary drugs of abuse.

CHARLES COUNTY

- Ecstasy use is emerging among young adults, ages 16 to 25.
- Heroin is considered an emerging drug that is reportedly “making a comeback.”
- Ketamine use is increasing at a fairly rapid pace.
- There is reportedly a slight increase in the use of PCP and Jimson Weed.
- Primary drugs of abuse are alcohol, marijuana, and crack cocaine.

DORCHESTER COUNTY

- The escalated use of inhalants has become a point of concern for some contacts.
- Contacts have reported a slight increase in heroin use among Black males, ages 21 to 35.
- Prescription drugs such as Ritalin and Demerol are becoming increasingly popular.
- The stable presence of crack and powder cocaine is evident in both adolescent and adult populations. Contacts cite marked increases in female treatment referrals.
- Levels of binge drinking are significantly higher among juvenile and adult drinkers.
- There appear to be fairly low amounts of ecstasy circulating among county youths.
- Along with alcohol and cocaine, marijuana remains a primary drug of abuse.

FREDERICK COUNTY

- Ecstasy is described as an emerging drug of abuse among adolescents 14 years of age and older.
- As a result of stable use patterns, heroin has been upgraded from an emerging to a primary drug of abuse.
- The misuse of prescription drugs such as Ritalin and Percocet takes place, on a smaller scale, among youths and some adults.
- Hallucinogens, such as psychedelic mushrooms and LSD, are sporadically abused. While PCP is allegedly “making a comeback,” abuse levels remain low.
- Primary drugs of abuse include alcohol, marijuana, and crack.

GARRETT COUNTY

- In previous years, heroin was considered an emerging drug. Contacts are now identifying heroin use as an isolated occurrence.
- While there have not been notable increases in ecstasy use among adolescents, designer drugs have become common topics of conversation.
- The primary drugs of abuse are alcohol and marijuana.
- Inhalant use remains prevalent among high school and middle school students. Use appears to be filtering down to elementary students as well.
- Some cite Ritalin as a problem with middle school students and other prescription drugs as a problem with high school students.
- There have been reports of isolated incidents involving methamphetamine.

HARFORD COUNTY

- Ecstasy is considered a new drug of abuse among young adults between 18 and 22 years of age.
- Heroin use by individuals in their late teens to early twenties appears to be increasing sharply.
- LSD is becoming increasingly popular among younger marijuana users.
- The abuse of prescription pills, specifically narcotic painkillers, appears to be a problem with users of all ages.
- Ritalin abuse among adolescents has sharply decreased.
- While overall use of crack cocaine has declined due to recent education efforts, abuse of powder cocaine remains stable. Users are perceived to be younger than those in previous years.
- Alcohol and marijuana are the primary drugs of abuse.

HOWARD COUNTY

- Ecstasy is thought to be an emerging drug among 16- to 25- year-olds.
- Prescription drugs such as Percocet and Ritalin are also cited as being problematic among younger users.
- Ketamine and Rohypnol occasionally appear in the adolescent population.
- The use of powder cocaine appears to be more isolated than in previous years.
- Although methamphetamine use is relatively low, there are growing concerns about future use patterns.
- Alcohol, marijuana, heroin, and crack cocaine are considered primary drugs.

KENT COUNTY

- Prescription drugs such as oxycodone and cyclobenzaprine are perceived as emerging drugs of abuse.
- The use of heroin remains rather low, but contacts report increases in the past 6 to 12 months.
- Currently, ecstasy appears to be a sporadic drug, but reports concerning this club drug are rapidly increasing.
- Ketamine abuse is occurring at a fairly low rate and is most frequently mentioned in conjunction with ecstasy.
- Experimental use of LSD has been reported among adolescents.
- Marijuana, alcohol, and cocaine (crack and powder) are primary drugs of abuse.

MONTGOMERY COUNTY

- Ecstasy is now considered an emerging drug due to “accelerated” use by county youths.
- Contacts also cite Rohypnol as an emerging drug of abuse. Rohypnol and other date rape drugs are said to be “on the rise.”
- The use of PCP in combination with marijuana appears to be fairly commonplace among younger individuals.
- Alcohol and marijuana are the primary drugs of abuse.
- Crack and powder cocaine, two other primary drugs of abuse, are now “leveling off” in Montgomery County.
- Heroin appears to be a sporadic drug of abuse involving older users and younger dealers.

PRINCE GEORGE'S COUNTY

- Ecstasy is now perceived as an emerging drug of abuse.
- GHB use has noticeably increased and but continues to be identified as a sporadic drug of abuse.
- LSD and psychedelic mushrooms appear to be gaining more popularity within the “rave scene.”
- The sporadic use of inhalants is reported among ravers and younger adolescents.
- Rohypnol appears to be an isolated drug of abuse among adolescents, particularly among high school students attending “skip parties.”
- Contacts report an increase in heroin use and heroin is now considered a primary drug of abuse.
- Other primary drugs of abuse are marijuana, alcohol, and crack cocaine.

QUEEN ANNE'S COUNTY

- Both methamphetamine and ecstasy are appearing in larger numbers.
- Contrary to previous years in which use has been minimal but showing signs of increasing, heroin is now considered an emerging drug of abuse.
- Inhalants use, particularly the use of nitrous oxide, seems to be emerging among older residents.
- Oxycodone and LSD appear to be isolated drugs of abuse.
- The use of Rohypnol and Ritalin is perceived to be limited.
- Alcohol, marijuana, and crack cocaine are perceived as primary drugs of abuse.
- The use of powder cocaine is limited.

SOMERSET COUNTY

- Primary drugs of abuse are crack and powder cocaine, marijuana, and alcohol.
- Heroin is considered an emerging drug of abuse.
- Younger marijuana users are being noted throughout the county.
- Contacts are starting to see some methamphetamine use along with some use of oxycodone and other pain medications.
- Isolated use of inhalants by teens continues to be reported.

ST. MARY'S COUNTY

- Contacts report an increase in ecstasy use within the past six months.
- Alcohol, powder cocaine and crack cocaine, and marijuana are the primary drugs of abuse.
- There are concerns about a possible increase in heroin use, but its use is still sporadic.
- Inhalant and hallucinogen use also continues to be sporadic.
- Contacts have seen cases of Jimson Weed, but its use remains rare.

TALBOT COUNTY

- Heroin and prescription medications are now considered emerging drugs of abuse.
- Some contacts have noticed an increase in heroin use by middle class, Caucasian females.
- Crack cocaine, marijuana, and alcohol are the primary drugs of abuse.
- Ritalin problems have recently emerged among adults.
- Cocaine and LSD use appears to be waning.
- Binge drinking is regarded as the number one substance abuse problem in local schools.

WASHINGTON COUNTY

- Ecstasy is now considered an emerging drug.
- Heroin is still considered an emerging drug of abuse, especially in the adult population.
- Increases in marijuana-related Emergency Department visits by county youth have been reported.
- The availability and popularity of oxycodone is substantially higher than indicated in previous Drug Scans.
- Females are increasingly using methamphetamine as an appetite suppressant.
- The use of PCP, Ritalin, and psychedelic mushrooms is reportedly declining.
- Alcohol, marijuana, and crack cocaine are primary drugs of abuse.

WICOMICO COUNTY

- Heroin is now considered a primary drug of abuse. There has been an increase in the number of requests for methadone.
- Ecstasy is an emerging drug of abuse, and users are getting younger.
- Prescription pain medication abuse is a problem in an older age group.
- Other primary drugs of abuse are alcohol, crack and powder cocaine, and marijuana.

WORCESTER COUNTY

- Heroin and ecstasy are emerging drugs of abuse. Contacts report one death from ecstasy.
- Alcohol, marijuana, crack cocaine, and powder cocaine are primary drugs of abuse.

Level of Use: How a Drug is Categorized

The following highlights are based on Drug Scan interviews conducted between June and August 2000. As with the other DEWS studies, the level drug use in a county is defined using the following scale:

Primary – Drug is a continuing problem (more than one year) in multiple populations and is identified as a drug of choice by DEWS contacts.

Emerging – Drug has recently (in the past 6 to 12 months) been identified as a problem by at least half of the DEWS contacts. It is strongly connected to a specific subculture and is moving into the broader population (e.g. youth rave scene to youth in general).

Sporadic – Drug use described by DEWS contacts as random or isolated. The drug may be loosely connected to a specific subculture, but there is no indication of an increase in use.

Rare – Drug described as not a problem by DEWS contacts, or use is extremely limited and not connected to a specific population or subculture.

STATEWIDE SUBSTANCE ABUSE ISSUES AND CONCERNS

At the conclusion of the Drug Scan interview, each contact was asked for their perceptions of how the social, economic, and political climate affect drug use. Contacts were asked to comment on these aspects currently and how these aspects might affect future drug use patterns. Their responses were varied but revealed a number of common themes, including:

- Drug use patterns are variable, depending on the economy. For example, dealing and use often increases in depressed economic conditions where the economy is normally strong. On the other hand, a stronger economy often has the same affect because users have access to more disposable income.
- Unemployment increases the amount of drug dealing activity;
- Relaxed attitudes about the use of alcohol and marijuana lead to a decrease in the perceptions of harm, therefore increases use;
- Too few or inadequate treatment facilities deny people access to treatment when they need it;
- Drug Education programs can be an invaluable resource for altering people's perceptions of drug use;
- An increase in the potency of some drugs, like heroin and marijuana, can lead to more overdoses and other problems, such as an increase in younger users, an increase in use by females, and changes in the preferred method of administration.

In addition to these common subjects discussed by county contacts, another overriding concern that became apparent was the substantial increase in ecstasy use. Most contacts expressed concern about ecstasy's increased popularity and spread to a more general population. For current trends in ecstasy use in Maryland, please refer to the *Ecstasy in Maryland* report posted on the Internet at www.ecstasyfacts.org.

Alcohol use is also causing concern. Contacts report that because alcohol is so socially accepted, use and abuse is associated with a variety of events. Alcohol use is also seen as a "right of passage." Contacts see the age of first-time use declining, and they report that binge drinking is uncomfortably common. The summer months tend to be correlated with an increase in alcohol consumption.

Maryland recognizes the need for tactical as well as strategic efforts that focus on reducing substance abuse in the State. The Drug Early Warning System (DEWS) is a unique monitoring system that utilizes numerous indicators to quickly identify new and emerging drug use patterns, detect changes in existing drug use patterns, and determine the extent of drug use. In addition to monitoring, the State has implemented a comprehensive plan to enable State and local officials and substance abuse professionals to respond proactively to drug use in Maryland. The plan focuses on enforcement, prevention/education, treatment, and drug use monitoring in Maryland.

Appendix B: DRUG GLOSSARY

ANABOLIC STEROIDS – Anabolic steroids are a group of powerful compounds closely related to the sex hormone, testosterone. Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Potential adverse effects include aggression, depression, heart attack, stroke, and sterility. Steroids come in tablet and liquid forms, and are taken orally or injected into muscle.

BLUNT – A blunt, sometimes referred to as a Philly blunt, is a hollowed-out cigar filled with marijuana. Adulterants such as cocaine, crack, and PCP are sometimes added to the blunt. Honey and chocolate are sometimes added to flavor the blunt.

COCAINE – Cocaine is a central nervous system stimulant extracted from the leaves of the coca plant. It can produce a surge in energy, feelings of intense pleasure, and increases in confidence. Heavy use may produce hallucinations, paranoia, aggression, insomnia, and depression. Cocaine's effects are short-lived (approximately 20 minutes). Once the drug leaves the brain, the user often experiences a "coke crash," the effects of which include depression, irritability, and fatigue. The drug is a white crystalline powder that is usually snorted or injected.

CRACK – Crack is cocaine powder that has been processed with ammonia or baking soda and water into freebase cocaine. The crystalline rocks resemble soap and vary in color from white to tan. The effects of crack are similar to those of powder cocaine; however, because crack is smoked (most often in a small glass pipe), it reaches the brain more quickly and brings a more intense and immediate high than powder cocaine.

DEMEROL® – Demerol is a narcotic analgesic prescribed for the relief of moderate to severe pain. Similar in effect to other opiates, it is sometimes abused by individuals seeking an opiate high or staving off heroin withdrawal.

DEXEDRINE – Dexedrine is a central nervous system stimulant and part of the amphetamine family. Effects include increased alertness and energy, and feelings of well-being, power, and superiority. Chronic users may develop malnutrition or amphetamine psychosis. Dexedrine comes in capsule and tablet form and is taken orally.

DXM (dextromethorphan) – DXM is an active ingredient in many over-the-counter cough syrups. When taken in large quantities, the drug produces dissociation and intense hallucinations. DXM may be found in syrup, powder, or pill form. It is most commonly taken orally, but may also be snorted or injected.

ECSTASY or MDMA (methylenedioxymethamphetamine) – MDMA is a synthetic drug that acts simultaneously as a stimulant and a hallucinogen. The effects of MDMA include euphoria, sensory distortions, and increased energy and empathy for others. MDMA has been shown to cause brain damage in animals. It is believed to temporarily deplete the brain's serotonin levels, which may result in depression. MDMA is sold in tablet and pill form. It is usually taken orally, but may also be snorted.

GHB (gamma hydroxybutyric acid) – GHB is a compound that was initially used by body builders to stimulate muscle growth. Users report that GHB induces a state of relaxation that lasts from one to three hours. GHB is odorless and nearly tasteless and comes in both liquid and powder form. It is most often drunk or snorted.

HEROIN – Heroin is a highly addictive drug derived from the opium poppy. It affects the brain's pleasure systems and interferes with the ability to perceive pain. Heroin ranges in appearance from white powder to a dark brown tar-like substance. It can be used in a variety of ways—by injecting, snorting, or smoking—depending on user preference and drug purity.

INHALANTS – Inhalants are ordinary household products that are inhaled or sniffed, typically by children, to produce a high. The user may feel stimulated, disoriented, out-of-control, giddy, and light-headed. Inhalant abuse can cause severe brain and nervous system damage. Hundreds of household products can be misused as inhalants. These products are generally sniffed, snorted, and huffed.

JIMSON WEED (*Datura stramonium*) – Jimson Weed comes from the *Datura* plant, a large annual herb that grows long, funnel-shaped, white and violet flowers. The three main toxic agents produced by the plant are atropine, scopolamine, and hyoscyamine. The effects of Jimson Seeds include flushing, restlessness, hallucinations, ataxia, and psychological disturbances.

KETAMINE – Ketamine is a dissociative anaesthetic often used as an animal tranquilizer by veterinarians. Users report that ketamine produces profound hallucinations that include visual distortions and a lost awareness of time and identity. The high lasts anywhere from a half-hour to two hours. Ketamine is typically dried from a liquid to a white powder form and then either snorted or smoked.

LSD – LSD is the most common hallucinogen. It is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. The effects from LSD can last from 3 to 12 hours and may include a sense of well-being and visual and auditory hallucinations. Potential adverse effects include panic, confusion, suspicion, and loss of control. LSD is most commonly sold on small squares of paper called blotters. It is odorless and colorless, with a slightly bitter taste, and is usually taken orally.

MARIJUANA – Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant (Cannabis). The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). The effects of marijuana include euphoria, giddiness, distorted sense of time, impairments of attention and memory, and impairments of complex visual and motor skills. Marijuana is usually smoked, but some users mix it into food or brew it with tea.

METHADONE – Methadone is a petroleum-based synthetic analgesic that mimics the effects of morphine. Clinical programs often treat recovering opiate abusers with daily doses of methadone. The length of treatment is often indefinite.

METHAMPHETAMINE – Methamphetamine is similar in structure to amphetamine and is a central nervous system stimulant. Users report increased energy and motivation, often coupled with a sense of invincibility. Methamphetamine is a crystal-like powdered substance that sometimes comes in large rock-like chunks and varies in color from white to yellow. Methamphetamine can be snorted, swallowed, injected, or smoked.

OPIUM (RED ROCK) – Opium is derived from the dried juice of the immature seedpods of the opium poppy. Opium produces euphoria in the user and may be used as a painkiller. Locally seen red rock opium resembles crystalline rocks and is said to be reddish-brown in color. It is usually smoked, but may also be taken orally.

OXYCODONE – Oxycodone is an opiate, narcotic analgesic, used primarily in the treatment of pain. Some brand names are Oxycontin; Oxy IR (oxycodone time release); oxycodone W/Acetaminophen; Percocet; Percocet-Demi; Percocet-5; Tylox (Oxycodone combined with Aspirin); and Percodan.

PCP (phencyclidine) – PCP is a white crystalline powder with a distinctive bitter chemical taste. It was developed as an intravenous anesthetic and was later used in veterinary medicine. A PCP high generally lasts from two to four hours, within which time the user may hallucinate, become agitated, delusional, and irrational. PCP is sold in a variety of tablets, capsules, and powders. It is normally snorted, smoked, or taken orally.

RAVE – A rave is an all-night dance party often held in marginal locations like warehouses and unused tenements or schools. Music is played and a variety of drugs such as ecstasy (MDMA), ketamine, GHB, and LSD are usually available.

RITALIN® – Ritalin is the brand name for methylphenidate. It is a mild central nervous system stimulant often used to treat children with Attention Deficit Hyperactive Disorder. Ritalin comes in pill form and may be taken orally, or when crushed, may be snorted or injected.

ROHYPNOL® – Rohypnol is the brand name for flunitrazepam, which is a sedative nearly 10 times more powerful than Valium. Rohypnol is not legally available for prescription in the United States, but is legal in over 60 countries worldwide. The drug, which comes in pill form, creates a sleepy, relaxed, drunken feeling that lasts two to eight hours. Rohypnol has gained a reputation as a “date rape” drug. Women around the country have reported being raped after having Rohypnol involuntarily slipped into their drinks by attackers.

VALIUM® – Valium is the brand name for diazepam. It is a tranquilizer used to treat anxiety and sleep disorders.

Appendix C-1: Maryland-Specific Drug Slang

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|------------------|---|
| Cocaine (Powder) | Cane cola, Girl, White Stuff, Coke, Nose Candy |
| Crack | Butter, Cook-up, Girl, Hard White, Shirley, Butter Love, Ready, Rock, Ready Rock, 20 Piece, 8-Balls |
| GHB | G, Liquid K, Liquid X, Liquid E, Goob, Grievously Bodily Harm, Gib, Blue Nitro |
| Heroin | Boy, Dance with the Devil, Dope, H, High Society, Homicide, Tommy, Mike Tyson, Red Devil, Horse, Smack, Tiger Woods, Quiet Storm, Junk, Brown Sugar |
| Inhalants | Huff, Puff, |
| Ketamine | K, Special K |
| LSD | Acid, Acid Red, Blotter, Gel Tabs, Tabs, Unicorns, Squares, Hits, Sid, Sidney, Hit, Trip |
| Marijuana | Bud, Chronic, Fuzz, Grass, Mary Jane, Reefer, Trees, Weeds, Choke, Dope, Ganga, Herb, Pot, Smoke, Tweed |
| Methadone | Meth |
| Methamphetamine | Crystal, Crystal Meth, Ide, Meth, Speed, Glass, Methadrine, Crank, Zip, Go-Fast, Chalk. L.A., Quartz |
| MDMA | Ecstasy, Bean, E, X, XTC, Rolls, Adam Pills, Lover's Speed, Stacy |
| Oxycodone | Oxicotten, Oxycet, Oxy 80s |
| PCP | Boat, Love Boat, Greens, Greeners |
| Ritalin | West Coast, Vitamin-R, Speed, The Smart Drug, R-Ball |
| Rohypnol | Roofies |

Notes: Marijuana Variations

- Marijuana with Cocaine – Greens
- Marijuana with Crack – Woovies
- Marijuana with PCP – Killer Weed or KW, Sherman, Sherms, Boat, Green Beans
- Low Grade Marijuana – Dirt Weed, Rag Weed, Schwag
- Medium Grade – Commercial
- High Grade – Kine Bud or KB, Kind Good Bud or KGB, Sense, Skunk, Hydroponic, Jamaican Red Hair

Appendix C-2: Focus Group Slang: Additional Terms

| | |
|-----------------|--|
| Cocaine | Big C, Boulders, Big One, Butter, Boulders, Candy Crack, Pill, Rock, Shingaling, Shirl, Shirley, Snow, Snow Caps, Stones, Yaho, Yuck |
| Crack | Butter Breaker, C-Rock, Dead Presidents, Michael Jordan, Rico Suave, Send you to the moon, Yiggidies |
| Heroin | Black Knight, Chicago, Crunch, Doja, Heron, Mr. Nice Guy, Joint, Jaw, Opium, Red Dog, Sheba, Snow |
| LSD | Candy Flipping |
| Marijuana | Boom, Bush, Bushead, Brown Sugar, Chocolate Tie, Dank, Cheeba, Dead Presidents, Diggidy, Doja, Edno, Green, Hydro, Iziam, Jamaica, Jiggle, Joint, Killer, Kine Bud, Purple Haze, Skunk |
| Methamphetamine | Glass |
| PCP | Angel Dust, Ashes, Dust, Leaky, Leek-Leek, Wet |
| Rohypnol | Mickies |

Notes: Slang terms for drug combining

- Marijuana with Cocaine – Blaze, Dumb-Dumbs
- Marijuana with Crack – Chronic, L (laced) Spice, Woollies
- Marijuana with Embalming Fluid – Burnt
- PCP with a Cigarette – Dipper
- PCP with Parsley – Green

Appendix D-1 : MDMA (Ecstasy)

What is MDMA? MDMA (methylenedioxymethamphetamine) is a synthetic drug with a chemical composition similar to that of mescaline (a hallucinogen) and amphetamine (a stimulant). Because it can produce both stimulant and psychedelic effects, MDMA is a commonly used “designer” or “club drug.” It is can be cut with a variety of other drugs, including methamphetamine (speed), cocaine, and heroin. In 1986, MDMA/ecstasy was classified as a Schedule I drug.

Who is using MDMA? Throughout the 1980s and early 1990s, MDMA use was found mainly in the “rave” and nightclub environments. Raves are all-night dance parties featuring elaborate light shows and high-volume electronic music, and are usually attended by upper/middle class white youths from their mid-teens to early twenties. The popularity of MDMA has increased dramatically over the last year. MDMA is reported to be moving out of just the rave scene and gaining popularity in more mainstream circles.

How is MDMA used? MDMA is usually ingested orally, in pill or capsule form. Some users crush the pill and snort the powder.

What are the effects of MDMA? While “rolling” users may experience euphoria, hyper-excitability, a sense of alertness, rapid heartbeat, dehydration, teeth grinding/jaw clenching, nystagmus, loss of appetite, nausea, and insomnia. The high from MDMA creates an abundance of energy (often demonstrated through nonstop dancing at raves), and heightened sensitivity to touch (group body massages and rubbing different textures are common events at raves). The effects can be felt 20 minutes to an hour after ingestion and usually last four to eight hours. In high doses, users have been known to experience panic attacks, heart attacks, strokes, seizures, and loss of consciousness. Long-term effects include confusion, depression, sleep problems, anxiety, paranoia, and damage to the neurons that release serotonin (a brain chemical controlling mood and memory).

What are the street names for MDMA? Ecstasy, E, X, XTC, rolls, Adam, pills, Lover’s Speed, Stacy, and Beans.

Appendix D-2: Methamphetamine

What is methamphetamine? Methamphetamine is a highly addictive, synthetic stimulant that affects the central nervous system. It is closely related chemically to amphetamine, but its stimulant effects are greater than that of amphetamine. It is produced in clandestine laboratories from relatively inexpensive over-the-counter ingredients.

Who is using methamphetamine? Until recently, methamphetamine was predominantly a West Coast drug. However, it has gradually diffused eastward and has now been reported in Atlanta, Hartford, Philadelphia, and Washington, D.C. Reports of methamphetamine use in Maryland are scattered among small pockets of adolescents and young adults. The typical user is most often student (both high school- and college-age), or a white, blue-collar worker or unemployed person in their 20s or 30s.

How is methamphetamine used? It is white, odorless, and bitter tasting. Methamphetamine can be smoked, snorted, injected, or swallowed.

What are the effects of methamphetamine? When methamphetamine is smoked or injected, the user experiences an intense, pleasurable sensation called a “rush” or “flash” lasting only a few minutes. While oral or intranasal users experience a euphoric high, they do not experience the same “rush.” Central nervous system effects of methamphetamine use include an increase in wakefulness/insomnia, physical activity, respiration, heart rate, and blood pressure. Other effects include a decreased appetite, incessant talking, hyperthermia, irritability, anxiety, convulsions, memory loss, aggression, psychotic behavior, and cardiac or neurological damage.

What are the street names for methamphetamine? Meth, speed, crank, zip, go-fast, and chalk are all street names for methamphetamine. Pure methamphetamine hydrochloride, the smokable form of the drug, goes by the names ice, crystal, L.A., glass, or quartz and is more potent than the pill or powder form. “Ice” is a free-base of methamphetamine, just as “crack” is a free-base of cocaine.

Appendix D-3: Methylphenidate (Ritalin®)

What is Ritalin®? Methylphenidate or Ritalin is an amphetamine-like central nervous system stimulant with properties similar to those of cocaine. It is currently a Schedule II controlled substance.

Who is using Ritalin®? Two to four million children and one million adults are prescribed Ritalin *legally*, usually to control ADHD (Attention Deficit Hyperactivity Disorder) and occasionally to treat narcolepsy. The population that misuses the drug varies from middle-school-age children to adults. Because the drug is so widely prescribed, it is easy to buy pills for \$1 to \$5 apiece from those who have prescriptions. There have been many reports of undergraduate and graduate students misusing the drug to stay awake to study for exams and for writing papers.

How is Ritalin® used? Many users take pills in high doses. Others crush the pills and snort or inject the powder, causing a much stronger stimulant effect. Ritalin is also mixed with heroin (called speedball) or in combination with cocaine and heroin for a more potent effect.

What are the effects of Ritalin®? When it is used to treat ADHD (Attention Deficit Hyperactivity Disorder), it has a notably calming and “focusing” effect. However, when used in heavier doses, or by people without ADHD, the drug has different effects. Possible effects include hypertension, impaired judgment, impulsiveness, extreme agitation, manic symptoms, rapid heart rate, and jumpiness. In high doses the effects include psychosis, and cardiac and neurological complications. High doses of Ritalin may also exacerbate schizophrenia in those with preexisting mental disorders. There is also a crash phase when Ritalin is misused that brings on depression and excessive fatigue.

What are the street names for Ritalin? Ritalin, West Coast, Vitamin-R, speed, the smart drug, and R-ball.

Appendix D-4: Oxycodone (OxyContin[®], Percodan[®], Percocet[®])

What is oxycodone? Oxycodone is a semi-synthetic opiate. It is chemically different from heroin and opium in structure, and the duration of its effects differs. It is legally marketed in combination with aspirin (Percodan[®]) or acetaminophen (Percocet[®]) as a medium-strength painkiller. Oxycodone is a schedule II controlled substance on the federal level and in Maryland.

How is oxycodone used? Oxycodone is sold in pill form and can be taken orally or dissolved in water and injected.

Who is using oxycodone? 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 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.

What are the effects of oxycodone use? This drug has a high potential 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. Withdrawal symptoms may include watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, cramps, panic, nausea, and chills and sweating.

What are the street names for oxycodone? Oxicotten, oxycet, and oxy 80s are all street names for oxycodone.