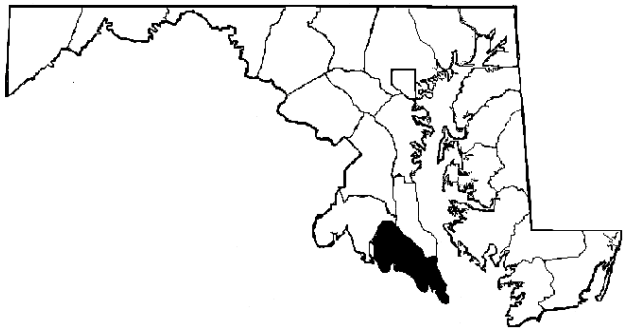
# Drug Early Warning System

*Working Together to Identify Emerging Drug Trends in Maryland*

## Juvenile Offender Population Urinalysis Screening Program (OPUS)

## Intake Study

### Findings from St. Mary's County



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**CESAR**
**Center for Substance Abuse Research**
**University of Maryland**
**4321 Hartwick Road, Suite 501**
**College Park, MD 20740**
**301-403-8329 Fax: 301-403-8342**

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-seven youths processed in the St. Mary's County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between November 2000 and May 2001. Twenty-six percent of tested juveniles were positive for at least one drug, primarily marijuana. Marijuana was reported to be the most easily obtainable and popular drug in St. Mary's County. Youths expressed ambivalence about marijuana use—while many think it is "no big deal" and use it, most youths reported that marijuana was a major problem because of the numbers and frequency of people using it. There was a consensus that ecstasy (MDMA) is available and prevalent in spite of uncertainty about its chemical composition.

Noteworthy statements made by interviewed youths were:

- "If you're going to school, and there's kids smoking weed in the bathrooms, and you can smell it in the hall, that's kind of bad." (15-year-old female)

- "There's different stuff every week. Ecstasy comes in hundreds upon hundreds of prints [symbols on top of the pills]; you don't know what you're getting." (16-year-old male)


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.

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

This report presents results from the Intake Study conducted in St. Mary's County between November 2000 and May 2001. A final table compares the St. Mary's County urine test results with results from previous OPUS Intake Study Sites. A final figure compares the percentage of males and females testing positive for marijuana by County Intake Site.

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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, methamphetamines, phenylpropanolamine, and MDMA.

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

## FINDINGS

### Response Rates

- 57 of the 59 juveniles approached (97%) agreed to be interviewed.
- 88% (32 males, 18 females) of the interviewed juveniles provided a urine specimen.

### Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (64%), white (66%), and 15 or older (84%) (Table 1).
- Half (50%) were charged with a drug-related offense, while about one third (32%) were charged with a violent offense (Table 1).

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

| Characteristics | Persons interviewed (N=57) | Persons tested (N=50) | |
|---|---|---|---|
| Gender | % | % | |
| Male | 67 | 64 | |
| Race/Ethnicity | | | |
| White | 70 | 66 | |
| Black | 26 | 30 | |
| Other | 4 | 4 | |
| Age | | | |
| 13 or younger | 2 | 2 | |
| 14 | 16 | 14 | |
| 15 | 25 | 28 | } 84% |
| 16 | 26 | 26 | |
| 17 or older | 31 | 30 | |
| Primary Offense* | | | |
| Drug-related | 50 | 50 | |
| Violent | 30 | 32 | |
| Property | 13 | 12 | |
| Other | 7 | 6 | |

*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 2001.

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

## Urine Test Results

- 20% of all youths tested positive for marijuana (Table 2).
- 31% of males and 17% of females tested positive for at least one drug, primarily marijuana (Table 2).
- Two youths tested positive for opiates. One was a 17-year-old male charged with theft under $300 and was not on any prescription medications. The other youth was a 17-year-old female who stated that she was taking the prescription medication Hydoxicon. She was charged with theft and second-degree assault.
- The one youth who tested positive for amphetamines was a 10-year-old male. He was charged with theft. According to the youth, he was not taking medications prescribed by a doctor.
- Youths age 15 and 16 were twice as likely as youths 14 and under to test positive for at least one drug (30% vs. 13%) (Figure 1).

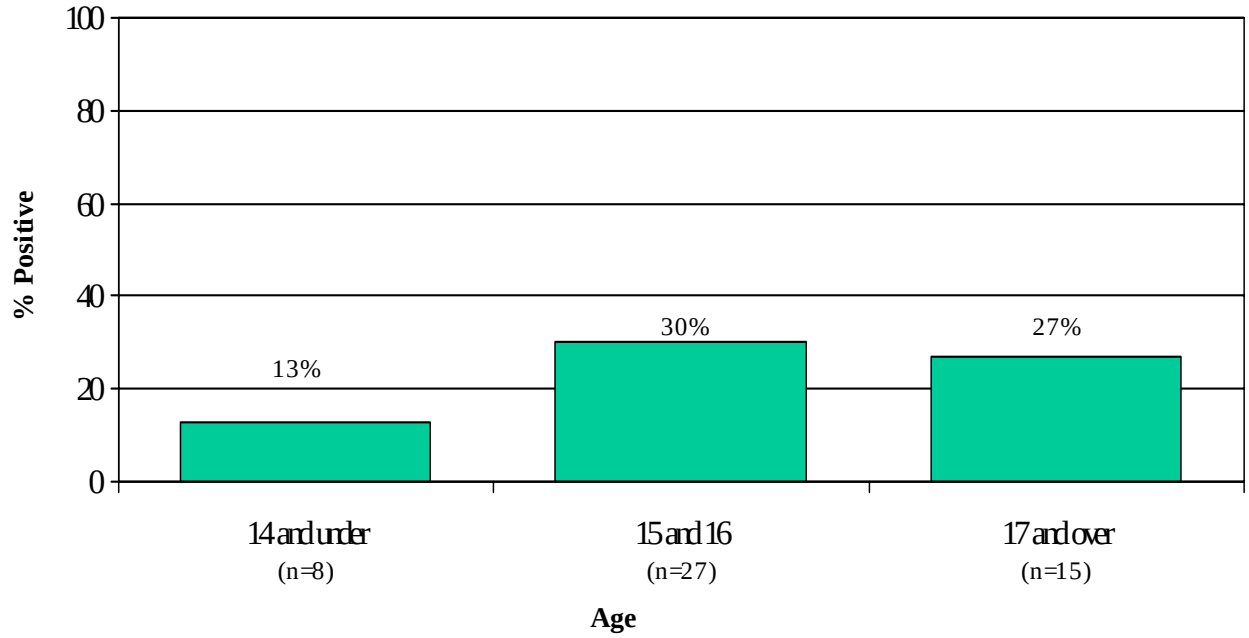
**Table 2**
**Urine Test Results, by Gender**

| | Males (N=32) | | Females (N=18) | | Total (N=50) | |
|---|---|---|---|---|---|---|
| | f | % | f | % | f | % |
| Positive For: | | | | | | |
| Marijuana | 8 | 25 | 2 | 11 | 10 | 20 |
| Cocaine | 0 | 0 | 0 | 0 | 0 | 0 |
| Opiates | 1 | 3 | 1 | 6 | 2 | 4 |
| Amphetamines | 1 | 3 | 0 | 0 | 1 | 2 |
| Any Drug (of 10) | 10 | 31% | 3 | 17% | 13 | 26% |

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, phenylpropanolamine, and MDMA.

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

**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, December 2001.

## 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.

### *Marijuana*

Marijuana was reported to be the most easily obtainable and popular drug in St. Mary's County. Youths stated that the types available included *Kind Bud, Hydro, Jamaican Red Hair, Skunk, Purple Hair, Chocolate Thai, Puerto Rican Hydro, Yukon Gold, Maui Waui,* and *Hawaiian Gold,* all of which were thought to be more potent than regular marijuana. Also, marijuana laced with powder cocaine was known as *Chronic* or *Super Chronic,* and marijuana laced with PCP was known as *Boat* or *Loveboat*. Many youths stated that marijuana could be purchased at school, that some students smoked marijuana at school, and many used before school or during lunch. Youths expressed ambivalence about marijuana use. Most interviewed youths thought it was "no big deal," and many reported using it. However, when asked if there was a drug problem in their school or community, most youths reported that marijuana was the major problem because of the numbers and frequency of people using it. A 15-year-old female summed up the conflicted feelings as follows: "If you're going to school, and there's kids smoking weed in the bathrooms, and you can smell it in the hall, that's kind of bad."

### *Ecstasy (MDMA)*

Ecstasy was also reported to be available and prevalent. Most youths were uncertain of the exact chemical components of ecstasy, but were aware of the myriad forms of the drug. One 16-year-old male stated, "There's different stuff every week. Ecstasy comes in hundreds upon hundreds of prints; you don't know what you're getting." Names mentioned by St. Mary's County youths were *Mitsubishis, Mercedes, White Nikes, Donald Ducks, Fishies, Pickachus, Fish Pellets, Dolphins, Rainbows, Triple Stacks,* and *Red White and Blues*. *Mitsubishis* and *Triple Stacks* were considered to be the strongest ecstasy pills available. Youths also reported "candy flipping" or "trolling" (tripping and rolling) as the practice of combining ecstasy with LSD or PCP.

### *Powder and Crack Cocaine*

Powder and crack cocaine were frequently mentioned as drugs that were easy to get. Crack cocaine was not generally considered to be a drug used by juveniles, but rather by older people. However, youths reported peers snorting powder cocaine and using marijuana laced with powder cocaine. One 17-year-old male stated that cocaine use was a new trend among the youth population.

### *LSD(Acid)/Hallucinogens*

Many youths indicated that ecstasy and acid go hand in hand, both in terms of availability and popularity. Youths stated that LSD was available on paper, sugar cubes, eye drops, bubble gum, and gel tabs. Psychedelic mushrooms were not often mentioned until youths were prompted with a list of popular drugs from which most youths discussed familiarity with psychedelic mushrooms, known as *shrooms*.

### *Prescription Drugs*

Youths rarely mentioned prescription pills as drugs that were easy to get. Yet, when asked specifically about them, respondents had a lot to say. Popular prescription pills mentioned were Percocets, Xanax, Ritalin, Vicodin, Prozac, Valium, Tylenol with Codeine, and Oxycodone. Most prescription pills were coming from homes—youths report either stealing them from their parents or getting them from each other. Pills are either swallowed or snorted and usually cost between $3 and $5.

### *Inhalants*

There did not appear to be much inhalant use, but a few youths had stories about nitrous oxide, "whippets," and other miscellaneous inhalants. One 14-year-old female recalled her most recent experience with inhalants: "Some people do freon & nitrous, but the effects don't last. I paid $20 for a balloon on New Year's Eve; it was a waste of money."

### *Heroin*

Few youths mentioned heroin as a frequently used drug, although some report having seen select social groups use. In response to questions about heroin use, a 16-year-old male stated that it was not popular; he speculated that those who used were 13 and older, not limited to any one ethnicity, and more likely to be male than female. Lastly, he stated that most users snort rather than inject heroin.

### *Other drug trends*

PCP was mentioned to be around by a few youths, primarily in the form of *Dippers*, which are cigarettes or blunts dipped in PCP. Ketamine or Special K was recognized by a small number of youths, but not characterized as widely available. Finally, crystal methamphetamine and speed were both remembered when youths were asked, but not discussed or considered to be popular. When asked if he had heard of anything brand new to the area, a 15-year-old male stated, "People take THC in liquid form. They dehydrate it, I think, and drop it on their tongue."

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

Table 3 and Figure 2 present comparisons of the urinalysis results across twelve OPUS intake sites studied between May 1999 and October 2001. The complete Intake Study reports for these counties are available from CESAR on the web at www.cesar.umd.edu.

- The percentage testing positive for any drug ranged from 15% in Charles County to 44% in Baltimore City, with St. Mary's County testing positive at 26% (Table 3).
- In Baltimore City, all respondents who were positive for a drug were positive for marijuana only (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.
- Marijuana was the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City, with St. Mary's testing positive at 20% (Figure 2).

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

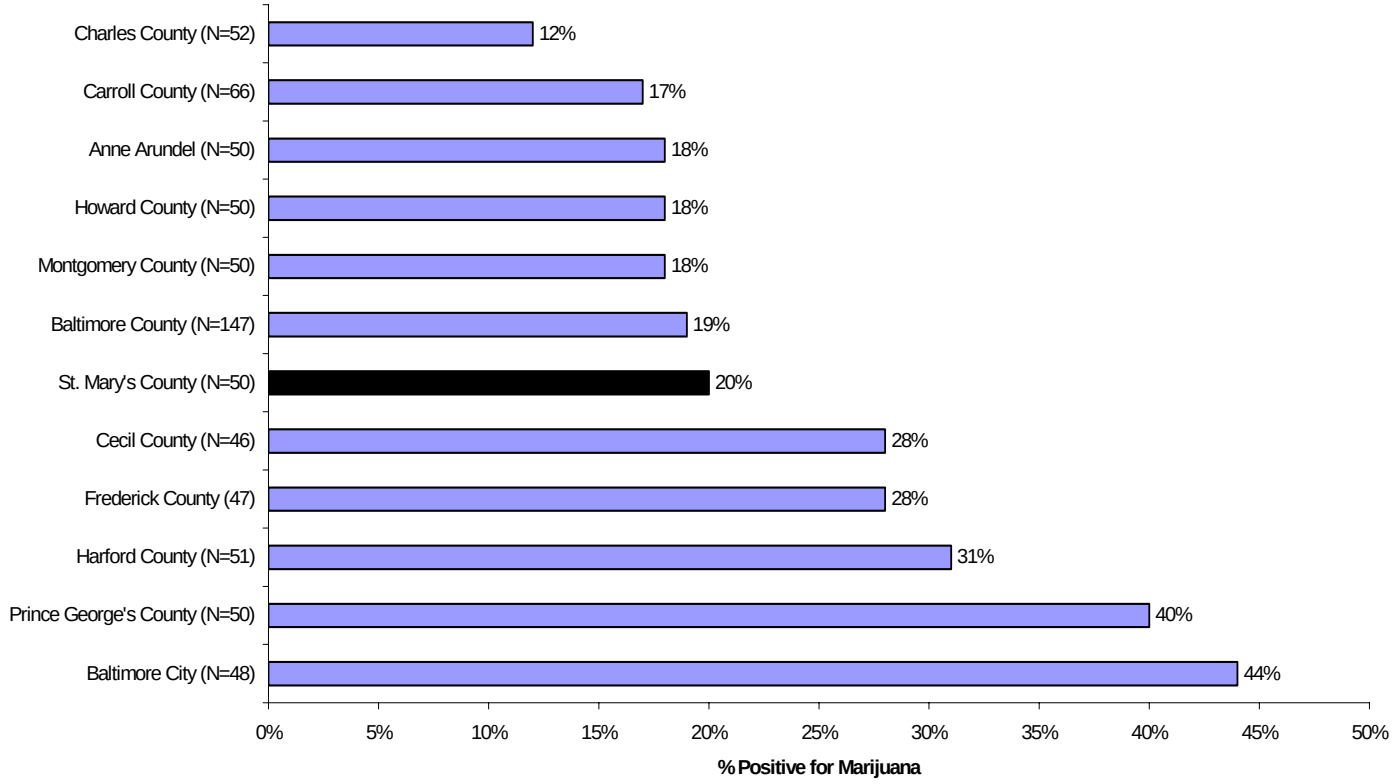
| | Carroll County (N=66) July 1999 | Baltimore County (N=147) Oct 1999 | Baltimore City (N=48) Dec 1999 | Montgomery County (N=50) Mar 2000 | Harford County (N=51) Apr 2000 | Prince George's County (N=50) May 2000 | Frederick County (N=47) Jun 2000 | Cecil County (N=46) Aug 2000 | Howard County (N=50) Sept 2000 | Anne Arundel County (N=50) Dec 2000 | Charles County (N=52) Jan 2001 | **St. Mary's County (N=50) May 2001** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Positive For: | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** |
| Marijuana | 17 | 19 | 44 | 18 | 31 | 40 | 28 | 28 | 18 | 18 | 12 | **20** |
| Cocaine | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | **0** |
| Opiates | 3 | 2 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 4 | 2 | **4** |
| Amphetamines | 8 | 4 | 0 | 4 | 6 | 2 | 0 | 9 | 4 | 4 | 2 | **2** |
| Any Drug (of 10) | 27% | 23% | 44% | 22% | 37% | 40% | 28% | 35% | 18% | 24% | 15% | **26%** |

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, December 2001.

**Figure 2**
**Percentage Positive for Marijuana, by County Intake Site**

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