

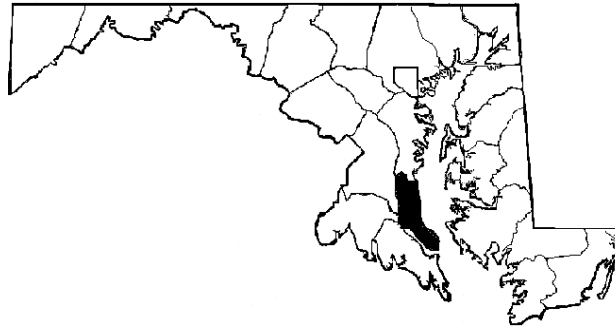
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Calvert County



December 2001

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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-three youths processed in the Calvert County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between September 2000 and May 2001. Thirty-eight 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 Calvert County. Many youths mentioned that marijuana was frequently mixed with drugs such as phencyclidine (PCP), cocaine, gamma hydroxybutyrate (GHB), and crystal methamphetamine. Although there was a consensus that ecstasy was available and fairly easy to obtain, opinions varied regarding age, gender, and ethnicity of its users.

Noteworthy statements made by interviewed youths were:

- “Marijuana is always involved; even when you are doing other drugs, it’s there” (17-year-old male).
- “Ecstasy is often taken with ketamine or marijuana. Ecstasy may also be combined with LSD (“candy flipping”) or with psychedelic mushrooms (“hippy flipping”), but it is usually not combined with alcohol” (17-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 Calvert County between September 2000 and May 2001. A final table compares the Calvert 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

- 100% of the 53 juveniles approached agreed to be interviewed.
- 94% (43 males, 7 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (86%), white (92%), and 15 or older (78%) (Table 1).
- 32% were charged with a property offense, while 30% were charged with drug-related offenses (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=53)	Persons tested (N=50)
<u>Gender</u>	<u>%</u>	<u>%</u>
Male	85	86
<u>Race/Ethnicity</u>		
White	93	92
Black	5	6
Other	2	2
<u>Age</u>		
13 or younger	13	14
14	8	8
15	23	20
16	28	30
17 or older	28	28
		} 78%
<u>Primary Offense*</u>		
Property	30	32
Drug-related	30	30
Violent	27	24
Other	13	14

* 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.

Urine Test Results

- 32% of all youths tested positive for marijuana (Table 2).
- 42% of males and 14% of females tested positive for at least one drug, primarily marijuana (Table 2).
- Two youths tested positive for amphetamines. One of the youths was a 12-year-old male charged with assault, who stated that he was taking the prescription medication Ritalin. The other youth was a 16-year-old male who stated that he was taking the prescription medication Adderall. He was charged with theft.
- The one youth who tested positive for benzodiazepines was a 17-year-old male charged with harassment. According to the youth, he was not taking medications prescribed by a doctor.
- Half (50%) of youths 17 and older tested positive for at least one drug, as compared to 18% of the youths who were 14 and under (Figure 1).

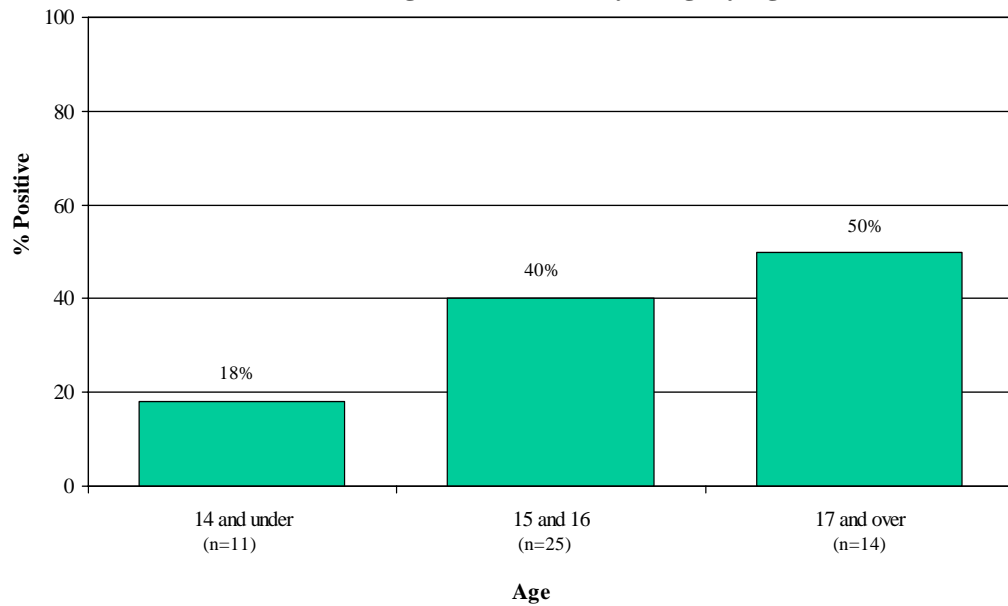
Table 2
Urine Test Results,* by Gender

	Males (N=43)		Females (N=7)		Total (N=50)	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Positive For:</u>						
Marijuana	15	35	1	14	16	32
Cocaine	0	0	0	0	0	0
Opiates	0	0	0	0	0	0
Amphetamines	2	5	0	0	2	4
Any Drug (of 10)	18	42%	1	14%	19	38%

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



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.

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 popular drug in Calvert County. Youths stated that the strongest type is *Kind Bud* and costs \$120 an ounce, and the regular type, called *Schwag*, costs \$100 an ounce. There was little consensus in opinion about marijuana use before or during school. Several youths considered age 12 to be the youngest starting point for regular use, but youths as young as seven may have tried smoking marijuana. Many youths mentioned that marijuana is frequently mixed with drugs such as PCP, cocaine, GHB, and crystal methamphetamine. In discussion of drug mixing, marijuana's popularity was emphasized. One youth stated, "Marijuana is always involved; even when you are doing other drugs, it's there" (17-year-old male).

Ecstasy (MDMA)

Ecstasy was also reported to be available and fairly easy to get, but beyond that information, opinions varied widely. One youth said it was more commonly used by Calvert County youths at rave parties in Washington, D.C. Another youth claimed, "There was a time when it first came out where people were rolling in clubs, and then it changed and came into neighborhood parties." According to information from several interviews, users were most likely to be at least 14 to 17. They were likely to use at dance clubs and parties, but less frequently at school. They were likely to spend \$15-\$25 per pill. Many interviewees believed users were of equally mixed genders and ethnicities. Some youths mentioned that they had heard of an ecstasy pill with the Pokeman character Pikachu pictured that could kill users with one hit. Several youths discussed mixing ecstasy with other drugs. It was believed that ecstasy is cut with heroin, cocaine, rat poison, and mescaline. Also, ecstasy is often taken alongside ketamine, marijuana, or LSD (known as "candy flipping"), or psychedelic mushrooms (known as "hippy flipping"), but not with alcohol (17-year-old male).

Powder and Crack Cocaine

According to one respondent, cocaine use was not as widespread as marijuana and ecstasy use in Calvert County. Others stated that crack is even less popular than powder cocaine among peers. Crack cocaine users were seen in an area of Calvert County called North Beach and were generally thought to be between 20 and 50 years old. Powder cocaine users were described as "the rich kids, ages 17 and older" (17-year-old male). Most respondents were unsure whether it was easily available within the county or if users went to the cities to get it.

Heroin

Heroin was also reported to be popular in North Beach, known as “The Beach.” While not popular among youths, and most interviewees had not heard of heroin use in the county, a handful of respondents knew at least one peer who used heroin. One youth stated, “Yeah, my brother got into it big time. It makes him have bad mood swings. He flips out, he breaks out, it’s all red around his eyes....Some snort, some inject; it comes in this little pill capsule. He first snorted and after awhile he started shooting it with a needle” (16-year-old female). Another claimed, “It’s stronger than it’s ever been. I only know of one person who shoots it and he’s fried. It’s like he can’t go five hours without it. I know two people who sniff it and smoke it, and I pretty much stay away from them” (16-year-old male). According to one respondent, prices were similar to cocaine prices, but slightly higher. He guessed \$200 for an 8-ball. It is packaged in plastic bags or plastic bottles with a half-inch opening. Users dump the vial onto a glass square, crush it up and snort it, or cook it up and smoke it or shoot it.

LSD (Acid)/Hallucinogens

LSD [known as acid] users were reported to be most commonly white, 14 to 17 and older, and male. It costs \$5-\$10 a hit and comes in blotter paper, gel tabs, liquid, and sugar cubes. Respondents stated that it is used at parties and comes and goes in popularity. While most respondents had heard of LSD, there was little indication that it is currently popular. One youth stated that psychedelic mushrooms are available, but no more popular than LSD. Furthermore, they are available only in the summer. According to youths, PCP was sprinkled on marijuana, parsley, or mint (called *Boat*) or cigarettes (called *Shermsticks*). According to one youth, “It can make people go crazy. You know, people think they can fly” (17-year-old male).

Prescription Drugs

According to youths, Xanax, Ritalin, Tylenol 3, Vicodin, Codeine, Percocet, Valium, Darvocet, Demerol, and Hydrocodeine were available and generally sold for \$2-\$7 a pill. Youths stated that they get prescription drugs from their parents’ medicine cabinets. One youth stated that taking muscle relaxers gave users a feeling of well-being. According to one respondent, prescription pills were used before, during, and after school.

Inhalants

Inhalants were mentioned as a drug of the past. “Nobody huffs anymore” (17-year-old male). Another youth stated, “Sometimes you hear about crazy little kids inhaling spray cans” (16-year-old male). Nitrous oxide (also known as *Whippets*) was mentioned as a concert drug. One respondent said, “It’s like an instant buzz; it doesn’t last that long, but gets you high like that! It’s not worth all the trouble” (17-year-old male).

Crystal Methamphetamine

A few youths described crystal meth as a drug that was snorted or smoked by youths 17 and older, but is not around too much. One youth stated his belief that the drug was more addictive than heroin.

Other drug trends

One youth stated that peers would drink a bottle of Robitussin to create a hallucinatory effect. Another stated that DMX was an ingredient in cough syrup that youths were putting on parsley and smoking. A couple of youths mentioned use of oxycodone, a drug that gives a heroin-like high.

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

Table 3 and Figure 2 present comparisons of the urinalysis results across thirteen OPUS intake sites studied between May 1999 and December 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 Calvert County testing positive at 38% (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, with Calvert County testing positive at 4%.
- Marijuana was the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City, with Calvert County testing positive at 32% (Figure 2).

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

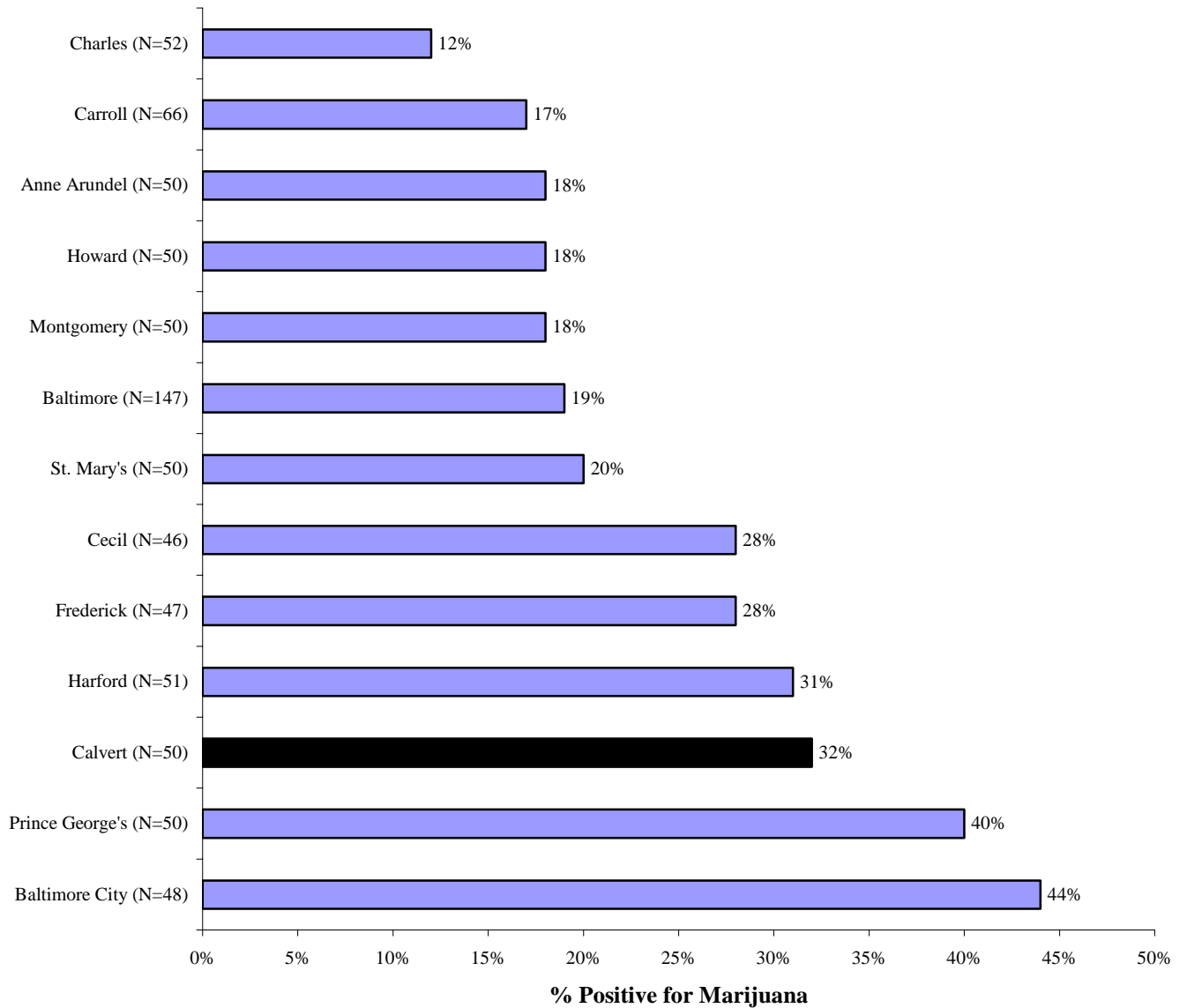
	Carroll County (N=66) July 1999	Baltimore County (N=147) Oct 1999	Baltimore City (N=48) Dec 1999	Harford County (N=51) Mar 2000	Montgomery County (N=50) Mar 2000	Prince George's County (N=50) May 2000	Frederick County (N=47) Jun 2000	Cecil County (N=46) Aug 2000	Howard County (N=50) Aug 2000	Anne Arundel County (N=50) Dec 2000	Charles County (N=52) Jan 2001	St. Mary's County (N=50) May 2001	Calvert County (N=50) May 2001
Positive For:	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<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	18	18	12	20	32
Cocaine	5	2	0	0	0	0	0	2	0	2	0	0	0
Opiates	3	2	0	2	0	0	2	0	0	4	2	4	0
Amphetamines	8	4	0	6	4	2	0	9	4	4	2	2	4
Any Drug (of 10)	27%	23%	44%	37%	22%	40%	28%	35%	18%	24%	15%	26%	38%

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 of Males and Females Testing Positive for Marijuana,
by County Intake Site



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