Drug Early Warning System Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Worcester County



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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-nine youths processed in the Worcester County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between July 2000 and June 2001. Thirty-one percent of the tested juveniles were positive for at least one drug, primarily marijuana. Marijuana was reported to be the most easily obtainable and popular drug in Worcester County. 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. There was a consensus that ecstasy (MDMA) was becoming an increasingly popular drug.

Noteworthy statements made by interviewed youths were:

- "You can come to school high easier than you can come to school drunk some people do it, not everybody." (17-year-old male)
- "If it [MDMA] didn't put holes in your head, it would be the best drug in the world." (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 juvenile offender urinalysis results may provide advance warning of drug epidemics in the general population.

TABLE OF CONTENTS

I.	Project Overview	1						
II.	Methods	2						
III.	Findings							
	Response Rates	3						
	Characteristics of Tested Juveniles	3						
	Table 1. Demographic Characteristics of Interviewed and Tested Respondents	4						
	Urine Test Results	5						
	Table 2. Urine Test Results, by Gender	6						
	Figure 1. Percentage Positive for Any Drug, by Age	7						
IV.	Interviews with Juvenile Offenders							
	Marijuana	8						
	Ecstasy (MDMA)							
	Powder Cocaine	9						
	Crack Cocaine	9						
	Heroin	9						
	LSD (Acid)/Hallucinogens	9						
	Prescription Drugs	9						
	Inhalants	10						
	Ketamine	10						
	Other drug trends							
V	Comparisons Across Fourteen OPUS Intake Sites							
••	Table 3 Urine Test Results by Site	12						
	Figure 2. Percentage Positive for Marijuana, by County Intake Site							

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 Worcester County between July 2000 and June 2001. A final table compares the Worcester 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 amphetaminepositive 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 59 juveniles approached agreed to be interviewed.
- 86% (39 males, 12 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (77%), white (82%), and 15 or older (90%) (Table 1).
- 51% percent were charged with a drug-related offense, while 25% were charged with property offenses (Table 1).

Characteristics	Persons interviewed (N=59)	Persons tested (N=51)
<u>Gender</u> Male	$\frac{\%}{80}$	<u>%</u> 77
Race/Ethnicity White Black Other	83 15 2	82 16 2
Age 13 or younger 14 15 16 17 or older	5 5 14 17 59	$ \begin{array}{c} 6\\ 4\\ 14\\ 17\\ 59 \end{array} \right\}90\% $
Primary Offense* Drug-related Property Violent Other	50 27 5 19	51 25 6 18

 Table 1

 Demographic Characteristics of Interviewed and Tested Respondents

*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.

Urine Test Results

- 36% of males and 17% of females tested positive for at least one drug, primarily marijuana (Table 2).
- 31% of all youths tested positive for marijuana (Table 2).
- The only youth who tested positive for benzodiazepines was a 16-year-old white male charged with alcohol possession. According to the youth, he was taking the prescription medication Allegra.
- The only youth who tested positive for PCP was a 17-year-old white male who stated he was not taking any prescription medications. He was charged with disorderly conduct.
- The only youth who tested positive for cocaine was a 17-year-old white male charged with theft under \$300. According to the youth, he was not taking any prescription medications.
- Forty percent of those 17 and older were positive for at least one drug, as compared to 25% of those 16 and under (Figure 1).

	Ma (N=	ales =39)	Fer (N:	nales =12)	Total (N=51)		
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	
Positive For:							
Marijuana	14	36	2	17	16	31	
Cocaine	1	3	0	0	1	2	
Opiates	0	0	0	0	0	0	
Amphetamines	0	0	0	0	0	0	
Any Drug (of 10)	14	36%	2	17%	16	31%	

Table 2Urine Test Results, by Gender

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.

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.

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

The most popular drug in Worcester County was reported to be marijuana. Youths reported a variety of types of marijuana that were being smoked and ingested. Three types identified were *Schwag* (least expensive, least potent), *mid-grade*, and *Kind Bud* (most expensive, most potent). Although many youths believed marijuana was obtained mostly from outside of school, they stated it was also available in the schools. Many youths reported that in addition to marijuana being bought and sold in school, some youths smoke marijuana before school and during lunch. A 17-year-old male stated, "You can come to school high easier than you can come to school drunk – some people do it, not everybody." Most youths considered age 11 to be the youngest starting point for marijuana use, but two respondents (17 and 18 years old) believed youths as young as 6 or 7 may have tried smoking marijuana. Marijuana was reported to be laced with a variety of drugs, including crack cocaine, ecstasy, and ketamine. A 16-year-old male reported that some dealers even spray Raid on the marijuana.

Ecstasy (MDMA)

Ecstasy was reported to be an increasingly popular drug. "If it didn't put holes in your head, it would be the best drug in the world" (17-year-old male). A 15-year-old male felt that it was easy to get ecstasy in the summer, but more difficult to get "X" in the winter. Youths who wanted to find ecstasy, according to a 17-year-old male, "should go to a rave." Respondents also reported that ecstasy could be found on the streets, on the boardwalk, and in certain stores in Ocean City. Ecstasy was reported to be used at dance clubs, house parties, and occasionally at school. According to information from several interviewees, users were most likely to be 16 to18 years old, and to spend an average of \$15-\$30 a pill. One youth, a 17-year-old female, discussed mixing ecstasy with LSD (known as candy flipping). She reported, "You are tripping, or flipping, from the acid and the E brings you back." Another youth, a 17-year-old male, also mentioned mixing ecstasy with ketamine. When youth were asked what they thought was in an ecstasy pill, they reported that ecstasy may be cut with ketamine, cocaine, crystal methamphetamine, or heroin. A 17-year-old male believed that ecstasy was sometimes cut with peyote. According to an 18-yearold male, the pure form of ecstasy (MDMA), known as a Molly, is available in gel caps. This youth said it "makes you feel mellow, then utterly miserable the next day." The majority of youths reported taking ecstasy orally, however, parachuting was also mentioned. Parachuting was described by another 17-year-old male as "crushing [a pill of ecstasy] with a spoon, taking a napkin and placing the powder in it, putting the napkin in your mouth and swallowing. The ecstasy dissolves quickly in your system and leads to a quicker high."

Powder Cocaine

Although only a small number of youths mentioned powder cocaine, a 17-year-old male believed powder cocaine could be easier to find than marijuana in Worcester County. A 15-year-old female agreed, saying that powder cocaine was "easy to get." Although one 13-year-old male said that use may begin as young as 15 years old, most respondents believed users to be 17 or older. Another 17-year-old male said powder cocaine was mostly used by "richer kids that have money to buy." It was reported that powder cocaine might be cut with baking soda or hard inhalants.

Crack Cocaine

Although a small number of interviewees had knowledge of crack cocaine, the majority of these respondents indicated that users were older, generally in their 20s. One 17-year-old female respondent stated, "A lot of young people try [crack cocaine], but they don't like it." However, few of the other interviewees reported crack cocaine to be used by juveniles. Half of the respondents who had some knowledge of crack cocaine believed it could be easily obtained.

Heroin

Not many of the youths interviewed mentioned heroin. Among those who had some knowledge of heroin, it was believed that the drug was not especially popular and that users were usually 20 or older. A 17-year-old female said, "Crazy ravers use when they are tired of ecstasy." Though not the norm, a 17-year-old male believed that people do heroin anywhere and everywhere because it is "the most concealable high."

LSD (Acid)/Hallucinogens

While many interviewees had heard of LSD, there was little indication that it was currently popular. LSD users were described as both males and females between the ages of 14 and 20. It could reportedly be purchased on the streets or in school for between \$2.50 and \$10 a hit and it comes in blotter paper, gel tabs, sugar cubes, and liquid. There were mixed opinions about how easy it would be to obtain psychedelic mushrooms. According to a 17-year-old male, it would be easier to get mushrooms than LSD, especially in the summertime. Although only three interviewees mentioned PCP, a 17-year-old male believed that PCP could be found anywhere. This respondent reported that it was common for users to dip cigarettes in PCP and to mix PCP with ketamine and ecstasy.

Prescription Drugs

According to youths who mentioned prescription drug use in Worcester County, Oxycodone, Codeine, Hydrocodeine, Percocet, Valium, Vicodin, Ritalin, and Klonopin were available and generally sold for \$5-\$10 a pill. Youths indicated that prescription drugs were often obtained from friends who had prescriptions. Many of the respondents who mentioned prescription drug use believed these drugs to be popular and used at parties as well as before, during, and after school. A 17-year-old female reported that prescription drugs were "used a lot in school because it's not easily detected." Not only are prescription drugs being ingested and snorted, but a 17-year-old male indicated that Vicodin and Percocet have been smoked on top of marijuana in powder form.

Inhalants

Not many youths reported that inhalants were popular. However, a 15-year-old female stated, "Paint cans, permanent markers, glue...young people in high school are sniffing anything they can get their hands on." Other inhalants reportedly used by youths included spray paint, Glade, and CO2 cartridges. Another 17-year-old male reported that nitrous oxide was not found on the street, but it can be bought at concerts, in clubs, and in porn shops. A third 17-year-old male stated, "They get nitrous from paint balls. You have to fill the paint balls with nitrous, so they go buy it for paintballing, and then they really fill balloons with it."

Ketamine

According to several youths, ketamine (also known as Special K) has increased in popularity in Worcester County. A couple of interviewees reported users to be as young as 14 and reported that some users have snorted or injected ketamine. A 17-year-old male reported that Special K could be anally inserted so "the drug kicks in a little faster and lasts a little longer." Another 17-year-old male reported that Special K was used at raves and parties and was sometimes cut with crystal methamphetamine. Ketamine was reported to be sold for \$5 per bump, but generally purchased in \$20-\$40 increments. One youth said, "One guy who sells it says he can make a fortune because nobody knows how much to buy or how much to pay for it" (17 year-old male).

Other drug trends

A couple of youths reported that some peers used speed during the school year to stay up and study for tests, and that youths as young as 13 may use speed. A small number of youths reported having knowledge of crystal methamphetamine and gamma hydroxybutyrate (GHB), but neither drug was popular among youths in Worcester County. Opium was reported to be available in both a solid and a liquid form, and to be smoked on top of marijuana. However, a 17-year-old male stated that it was hard to find opium in Maryland and that it was usually brought in from other states.

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

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

- The percentage testing positive for any drug ranged from 15% in Charles County to 44% in Baltimore City, with Worcester County testing positive at 31% (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, Frederick County, and Worcester County to 9% in Cecil County.
- Marijuana was the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City, with Worcester County testing positive at 31% (Figure 2).

	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	P.G. 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	Calvert County (N=50) May 2001	Worcester County (N=51) June 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>	<u>%</u>
Marijuana	17	19	44	18	31	40	28	28	18	18	12	20	32	31
Cocaine	5	2	0	0	0	0	0	2	0	2	0	0	0	2
Opiates	3	2	0	0	2	0	2	0	0	4	2	4	0	0
Amphetamines	8	4	0	4	6	2	0	9	4	4	2	2	4	0
Any Drug (of 10)	27%	23%	44%	22%	37%	40%	28%	35%	18%	24%	15%	26%	38%	31%

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

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.