

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Kent and Queen Anne's Counties



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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

Sixty-two youths processed in the Department of Juvenile Justice (DJJ) Intake Offices in Kent County and Queen Anne's County* were interviewed and asked to provide a urine specimen between December 2000 and December 2001. Thirty-five percent of the tested juveniles were positive for marijuana only (Table 3). Marijuana was reported to be the most easily obtainable and popular drug in both Kent County and Queen Anne's County. A 15-year-old female from Kent County reported, "Everybody does it—white or black—even the really smart kids that have higher than 4.0 GPA do it." There was a consensus that ecstasy (MDMA) was becoming increasingly popular. A 16-year-old Kent County male reported, "This drug is everywhere and everyone does it, [it] goes across ethnicity, genders, and social groups."

Noteworthy statements made by interviewed youths were:

- Marijuana "makes you feel tired" and "forget about all problems" (16-year-old male—Queen Anne's County).
- About the chemical composition of ecstasy: "[It is] dangerous because you never know what you'll get" (16-year-old male—Queen Anne's County).

*Because Kent County and Queen Anne's County had fewer monthly intakes than other Maryland counties, they have been clustered into one report.

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 those 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.

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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 Kent and Queen Anne's counties* between December 2000 and December 2001. A final table compares the urine test results obtained in Kent and Queen Anne's counties with results from previous OPUS Intake Study sites. A final figure compares the percentages of juveniles 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, opiates, phencyclidine (PCP), propoxyphene, and MDMA. * The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.
- A candy bar was offered to respondents as an incentive for participation.

* The 'any drug (of 10)' variable now includes MDMA and excludes methaqualone. In the past, the 'any drug (of 10)' variable tested for methaqualone, but not MDMA.

FINDINGS

Response Rates

- 62 of the 64 juveniles approached (97%) agreed to be interviewed.
- 82% (38 males, 13 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (75%), white (76%), and 16 or older (62%) (Table 1).
- Almost half (49%) were charged with a drug-related offense, while one quarter (25%) were charged with a property offense (Table 1).

Characteristics	Persons interviewed (N=62)	Persons tested (N=51)		
Gender	%	%		
Male	77	75		
Race/Ethnicity				
White	74	76		
Black	24	22		
Other	2	2		
Age				
13 or younger	8	8		
14	16	16		
15	18	14		
16	26	27] can		
17 or older	32	35 } 62%		
Primary Offense*				
Drug-related	47	49		
Property	24	25		
Violent	24	18		
Other	21	10		
Violent Other	24 21 8	25 18 8		

 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

- The only drug for which any juvenile tested positive in both Kent County and Queen Anne's County was marijuana. Thirty-five percent of the 51 tested youths were positive for marijuana (Table 2).
- 40% of males and 23% of females tested positive for marijuana (Table 2).
- The percentage of juveniles testing positive for any drug increased with age. Juveniles 14 and under tested positive at 17%, juveniles aged 15 to 16 tested positive at 38%, and juveniles 17 and older tested positive at 44% (Figure 1).

	Males (N=38)		Females (N=13)		Total (N=51)	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
Positive For:						
Marijuana	15	40	3	23	18	35
Cocaine	0	0	0	0	0	0
Opiates	0	0	0	0	0	0
Amphetamines	0	0	0	0	0	0
-						
Any Drug (of 10)	15	40	3	23	18	35

Table 2Urine Test Results, by Gender

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

* The 'any drug (of 10)' variable now includes MDMA and excludes methaqualone. In the past, the 'any drug (of 10)' variable tested for methaqualone, but not MDMA.

Figure 1 Percentage Positive for Any Drug, by Age



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

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INTERVIEWS WITH JUVENILE OFFENDERS

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

Youths in both Kent and Queen Anne's counties reported that marijuana is the most popular drug. Many youths reported that it is smoked in bowls, cigars, joints, and bongs and that users are as young as 10. They also stated that the costs range from \$5 for a nickel bag to \$100 for an ounce. Youths from both counties reported a variety of types available, including *Kind Bud* (*KB*), *Purple Haze*, *Hydro*, and *Northern Lights*. A 14-year-old male from Queen Anne's County stated that *KB* "gets you high in one hit." A 16-year-old Kent County male stated that "*Kind Bud* is the most expensive type and looks like a small rock with moss on it." A 17-year-old male from Kent County reported that marijuana mixed with powder or crack cocaine is called "lacies." A 16-year-old male from Queen Anne's County stated that marijuana from Queen Anne's County stated that marijuana is the most likely to use marijuana, a 15-year-old Kent County female stated, "Everybody does it—white or black—even the really smart kids that have higher than 4.0 GPA do it."

Ecstasy (MDMA)

Kent County and Queen Anne's County youths both agreed that ecstasy is becoming increasingly popular. According to a 16-year-old Kent County male, "This drug is everywhere and everyone does it. [It] goes across ethnicity, genders, and social groups." This respondent also noted that a website warned against the use of a particular brand, *Mitsubishi*, which was responsible for the death of a Maryland youth. A 16-year-old female from Queen Anne's County stated that she had been warned about a "date rape" ecstasy pill from which users pass out. According to a 17-year-old female from Kent County, "[Ecstasy] pills have no smell like weed does." She contended that it was, therefore, easy to sell in school. According to respondents from both counties, age of first use ranges from 13-15 and costs range from \$20-\$30. Youths in both counties also reported that ecstasy is laced with a variety of substances, ranging from heroin, cocaine, and acid to "dangerous chemicals." According to a 16-year-old male from Kent County, "[It is] dangerous because you never know what you'll get."

Powder and Crack Cocaine

With regard to powder cocaine, a 17-year-old female from Kent County stated, "I just know a lot of people who have done it, a lot of people. A lot of juniors and seniors, every group, smart kids, too. It's a party thing." Most youths stated that the age of users ranges from late teens to 20s. A 17-year-old male from Queen Anne's County stated that the drug (powder cocaine) is easy to get, but not popular. A 16-year-old male from Kent County reported that "cane," "soft," and "white" are all slang names for powder cocaine. Most respondents stated that older people, known as "crack heads," typically use crack cocaine. When asked about crack cocaine, a 17-year-old male from Queen Anne's County stated, "No. Crack kills!"

LSD (Acid)/Hallucinogens

According to youths in both Kent and Queen Anne's counties, LSD (known as *acid*) has decreased in popularity. A 16-year-old male from Kent County stated, "Nobody does it much anymore. Kids usually try it once, [and] never do it again, because effects last so long, makes you stay up all night." A 17-year-old female from Queen Anne's County concurred, "Acid has died down a lot. A friend did it four months back, had a bad trip, and was hospitalized for a month and a half." According to youths, LSD is available in sugar cubes, liquid, gel tabs, and paper and costs \$5 per hit. A 14-year-old male from Queen Anne's County stated that some users mix LSD with marijuana by putting the drug on a joint and heating it in the microwave for 30 seconds. Youths stated that psychedelic mushrooms are available during the summer. A 17-year-old male from Kent County stated that the drug is "not as popular since E came around."

Prescription Drugs

A 17-year-old female from Kent County stated that youths would take any prescription drug "that gets you feeling messed up." An 18-year-old male from Queen Anne's County concurred, "Valium, OxyContin, Xanax, any really." Youths in both counties indicated that prescription drugs are obtained from friends who had prescriptions, by "raiding medicine cabinets of family members" (17-year-old female—Kent County), or by stealing from physicians' offices. According to youths, costs range from free (friends sharing personal prescriptions) to \$10 per pill. A 16-year-old male from Kent County claimed that youths ingest whole pills or crush and snort them. A 16-year-old male from Queen Anne's County added, "Kids parachute pills—crush it, put it in a napkin, and swallow it—just something different to do." It was also suggested that OxyContin, a time-released medication, could be cut in half to take effect more quickly.

Ketamine

Few youths in Kent or Queen Anne's counties mentioned ketamine (known as *Special K*). Of those who did, a 16-year-old female from Queen Anne's County stated that it is popular and "…pretty easy to get. You snort it, it looks like coke." She stated that it is popular with youths 16 and older. An 18-year-old male from Queen Anne's County stated that ketamine is not easy to get, but that it is a popular drug among "club kids." To describe the effects, a 17-year-old male from Queen Anne's County stated, "My eyes felt like they were further back in my head than usual—tunnel vision—it was very disorienting. [I] felt like I was falling into the couch."

Heroin

When asked about the availability of heroin in Queen Anne's County, a 16-year-old female stated that ecstasy laced with heroin is the only form of the drug seen by the majority of youths. Otherwise, many youths stated that older people use heroin. The youths who had heard about heroin stated that it costs \$40 a gram, can be injected or snorted, and appears as a brown powder.

Other drug trends

Several youths mentioned opium. A 14-year-old male from Queen Anne's County described it as "black, liquid-type stuff." To describe its appearance, he compared it to the dark, sticky residue left over from marijuana. Youths also mentioned crystal methamphetamine. A 17-year-old male from Queen Anne's County stated that it is popular in clubs. Other youths stated that the drug may be inhaled or smoked, costs \$75-\$150 per gram, and users range in age from 15 to 25.

Comparisons Of Urinalysis Results For Juveniles Across Seventeen OPUS Intake Sites

Table 3 and Figure 2 present comparisons of the urinalysis results across seventeen 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 <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 Kent and Queen Anne's counties testing positive at 35% (Table 3).
- In Baltimore City and Washington, Kent, and Queen Anne's counties, 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, Worcester, Wicomico, Washington, Kent, and Queen Anne's counties to 9% in Cecil County (Table 3).
- Marijuana was the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City, with Kent and Queen Anne's counties testing positive at 35% (Figure 2).

	Positive For:					
Site, by Order of Data Collection:	Marijuana	Cocaine	Opiates	Amphetamines	Any Drug (of 10)	
Carroll County (N=66) July 1999	17%	5%	3%	8%	27%	
Baltimore County (N=147) Oct 1999	19%	2%	2%	4%	23%	
Baltimore City (N=48) Dec 1999	44%	0%	0%	0%	44%	
Montgomery County (N=50) Mar 2000	18%	0%	0%	4%	22%	
Harford County (N=51) April 2000	31%	0%	2%	6%	37%	
P.G. County (N=50) May 2000	40%	0%	0%	2%	40%	
Frederick County (N=47) June 2000	28%	0%	2%	0%	28%	
Cecil County (N=46) Aug 2000	28%	2%	0%	9%	35%	
Howard County (N=50) Sept 2000	18%	0%	0%	4%	18%	
Anne Arundel County (N=50) Dec 2000	18%	2%	4%	4%	24%	
Charles County (N=52) Jan 2001	12%	0%	2%	2%	15%	
St. Mary's County (N=50) May 2001	20%	0%	4%	2%	26%	
Calvert County (N=50) May 2001	32%	0%	0%	4%	38%	
Worcester County (N=51) June 2001	31%	2%	0%	0%	31%	
Wicomico County (N=50) Oct 2001	16%	0%	0%	0%	18%	
Washington County (N=49) Nov 2001	16%	0%	0%	0%	16%	
Kent County & Queen Anne's Counties (N=51) Dec 2001	35%	0%	0%	0%	35%	

Table 3Urine Test Results, by Site

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, PCP, propoxyphene, and MDMA.*

* The 'any drug (of 10)' variable now includes MDMA and excludes methaqualone. In the past, the 'any drug (of 10)' variable tested for methaqualone, but not MDMA.

Figure 2 Percentage of Juveniles Testing Positive for Marijuana, by County Intake Site

