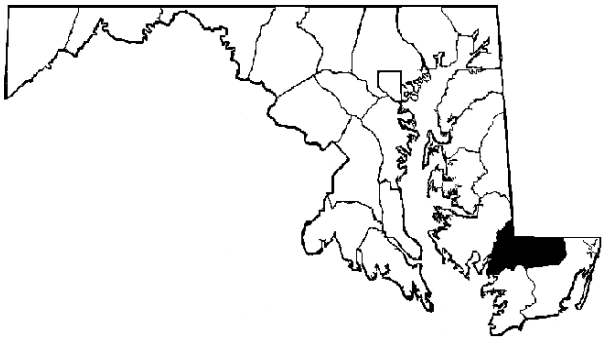
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Wicomico 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-five youths processed in the Wicomico County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between May and October 2001. Eighteen percent of the tested juveniles were positive for at least one drug, primarily marijuana (Table 2). Marijuana was reported to be the most easily obtainable and popular drug in Wicomico County. When asked if there was a drug problem in their school or community, many youths reported that marijuana was the major problem because of the decrease in age of first use and the 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:

- "I won't smoke with younger kids" (14-year-old female).

- "People wouldn't care if I started [using drugs] because it's something everybody does" (13-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 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 youth 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 Wicomico County between May and October 2001. A final table compares the urine test results obtained in Wicomico County 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

- 100% of the 55 juveniles approached agreed to be interviewed.
- 91% (39 males, 11 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- More than half of the tested juveniles were male (78%), white (56%), and 15 or older (62%) (Table 1).
- 36% were charged with a violent offense, 28% were charged with a drug-related offense, and another 28% were charged with a property offense (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=55)	Persons tested (N=50)	
Gender	%	%	
Male	78	78	
Race/Ethnicity			
White	58	56	
Black	38	40	
Hispanic	4	4	
Age			
13 or younger	27	26	
14	13	12	
15	22	24	} 62%
16	14	16	
17 or older	24	22	
Primary Offense*			
Violent	35	36	
Drug-related	29	28	
Property	29	28	
Other	7	8	

*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, February 2002.

Urine Test Results

- 13% of males and 36% of females tested positive for at least one drug, primarily marijuana (Table 2).

- 16% of all youths tested positive for marijuana (Table 2).

- The percentage of juveniles testing positive for any drug increased with age. Of the juveniles age 14 or younger, 11% tested positive for at least one drug. Of those ages 15 and 16, 15% tested positive, while 36% of juveniles 17 and older tested positive for at least one drug (Figure 1).

Table 2
Urine Test Results, by Gender

	Males (N=39)		Females (N=11)		Total (N=50)	
	f	%	f	%	f	%
Positive For:						
Marijuana	5	13	3	27	8	16
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)[1]	5	13	4	36	9	18

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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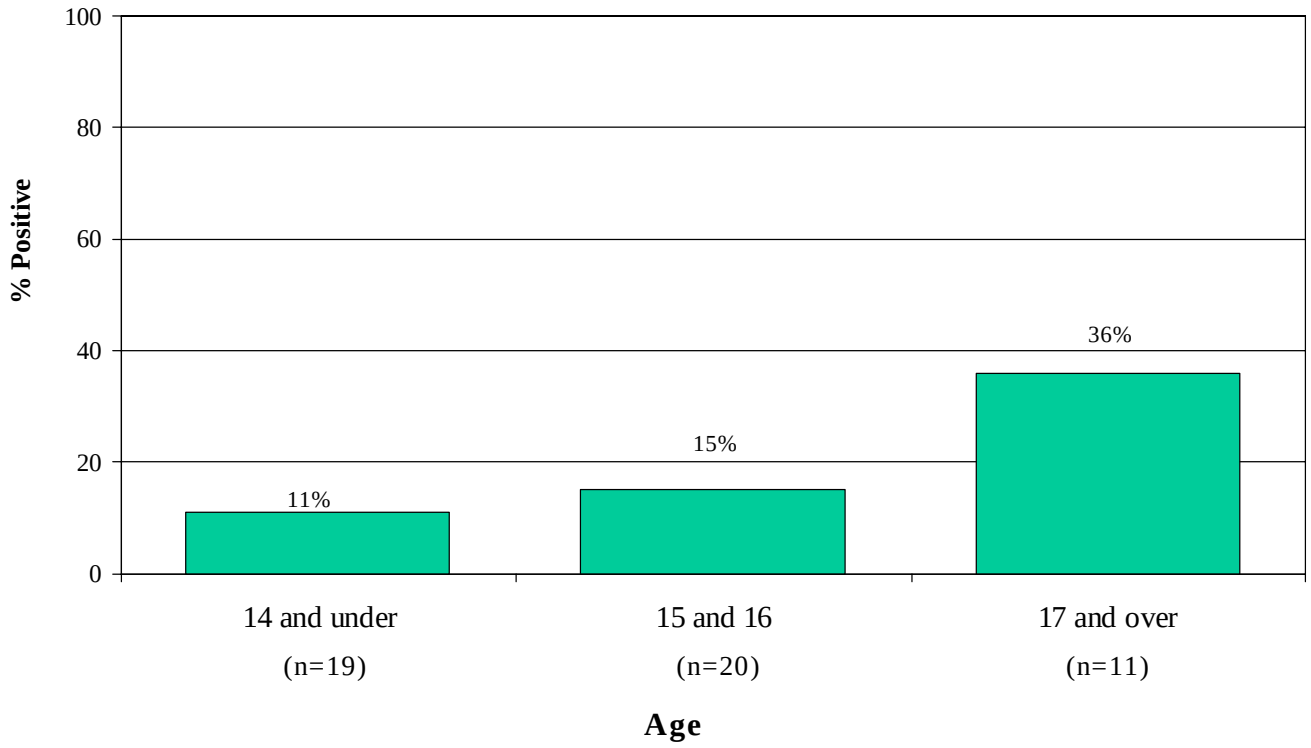
Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, February 2002.

[1] One youth tested positive for barbiturates.

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, February 2002.

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

Marijuana was reported to be the most popular drug in Wicomico County. Several youths characterized users as ages 11 or 12 and older. A 14-year-old female stated, "I won't smoke with younger kids." A 15-year-old male claimed, "[You] just need to get drugs out of the hands of younger people." It was also claimed that marijuana is an acceptable drug. A 14-year-old male even stated, "Marijuana should not be considered a drug."

Ecstasy (MDMA)

Ecstasy was also reported to be an increasingly popular drug, but opinions varied widely. One 17-year-old male stated, "It's the most popular drug…it's a rave drug period!" He claimed that ecstasy "intensifies everything 20 times!" In contrast, another 17-year-old male stated, "[I] never seen it, just heard about it. Seen it on TV." A 17-year-old female respondent believed that users spend $20-$35 a pill, are slightly more likely to be female, and are 13 and older. Several respondents mentioned that pills contain ecstasy as well as other drugs, including cocaine and heroin.

Powder and Crack Cocaine

Several youths stated that powder cocaine is popular among older teens and adults. A few respondents claimed that use is widespread. One 17-year-old male stated, "Popular? Yeah. Easy to get? Yeah. You can just walk down the street. People are snorting it, and every now and then, they are putting it in a blunt (known as a "white girl")." In addition, a 17-year-old female stated, "I'm not really around coke that much. I get mad when people bring it in my face snorting it or putting it in a blunt with weed." Most respondents stated that powder cocaine is used at parties and bars, but not at school. Youths stated that it costs $60 a gram, looks like powder bleach, and is packaged in Ziploc bags or balloons. Only a small number of respondents had any knowledge about crack cocaine, reporting that it is used in houses and hotels by "crack heads." A small minority claimed that youths as young as age 10 or 11 use crack cocaine. However, most youths stated that the drug is unpopular with their peers and is known to ruin lives.

LSD (Acid)/Hallucinogens

LSD was reported to be popular in four main forms: sugar cubes, liquid drops, gel tabs, and paper. The cost ranges from $5-$10 a hit. Several respondents mentioned the dangers associated with use. A 16-year-old female stated, "I've seen it on stickers and in eye droppers, but that stuff is scary." A 17-year-old male stated, "If you have a bad trip, it's not pretty—makes you insane." Youths stated that psychedelic mushrooms [known as *shrooms*] are difficult to acquire and more expensive than LSD, but also popular. Youths reported that the cost is $30-$60 for one-quarter ounce, or $45 for one mushroom, and that mushrooms come from cow farms in Pennsylvania.

Prescription Drugs
According to youths, Demerol, Tylox, Valium, Ritalin, Percocet, Prozac, Lithium, and Vicodin are available and generally sold for $5 a pill. One 17-year-old male reported that Dilaudid costs $50 a pill because it is "given to people on their deathbed" and, therefore, is harder to access. The youngest age of use was reported to be ages 12 or 13. A 16-year-old male reported, "People lie to doctors to get the pills. Or take them from parents and sell [them] for $5 or give them to people in school. Dealers don't sell them and not too many people do that. It's not a big social type thing."

Heroin
Most respondents reported that heroin is unpopular with youths. Those who knew about the drug stated that it is a yellow liquid or powder that could be smoked, snorted, or injected by users. A 17-year-old male stated that "you throw up on it constantly within 15-20 minutes." Other youths believed that it is deadly. No respondents provided information on cost, and most believed use is restricted to adults.

Other drug trends
One youth mentioned that speed packaged in an M&M tube is used in grocery store bathrooms and houses. The drug was said to cost $80 a gram. Other youths mentioned speed as an increasingly popular drug. Crystal meth was reported to be available in powder or liquid form. One 16-year-old male stated, "[It is] PCP-like. [You] feel powerful and cannot get hurt." When asked about new drugs, several youths mentioned *Matrix*. It was reported by a 17-year-old female to be "a whole bunch of cough syrups and over-the-counter drugs mixed together." A 16-year-old male stated that it is "ecstasy, acid, and crack all in a little gray pill." A third youth, another 16-year-old male, stated that *Matrix* is "an all natural type of thing in pill form."

Comparisons Of Urinalysis Results For Juveniles Across Fifteen OPUS Intake Sites

Table 3 and Figure 2 present comparisons of the urinalysis results across fifteen 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 Wicomico County testing positive at 18% (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, Worcester, and Wicomico 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 Wicomico County testing positive at 16% (Figure 2).

Table 3
Urine Test Results, by Site

	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%**

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

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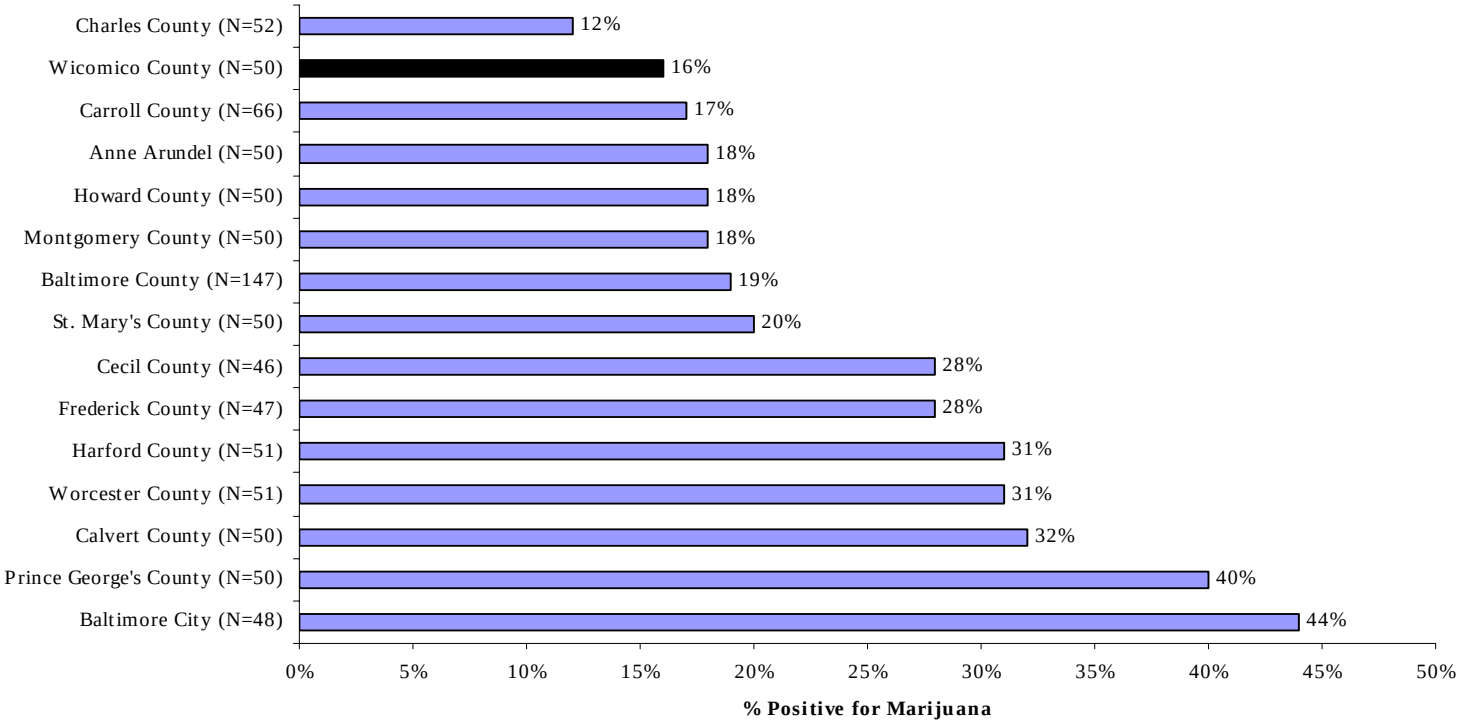
Figure 2
Percentage of Juveniles Testing Positive for Marijuana, by County Intake Site



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