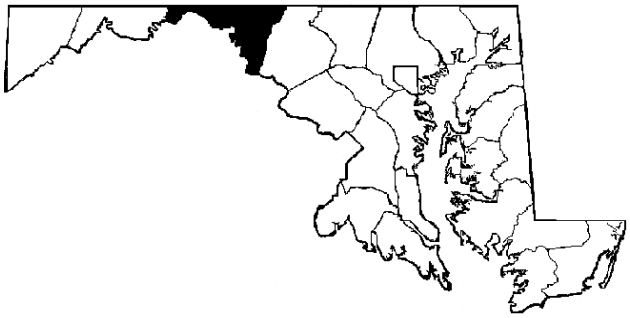
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Washington County



February 2002

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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

Fifty-seven youths processed in the Washington County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between August and November 2001. The only drug for which any juvenile tested positive was marijuana. Sixteen percent of the 49 youths were positive for marijuana (Table 2). Marijuana was reported to be the most popular drug in Washington County. There was a consensus that ecstasy (MDMA) is becoming an increasingly popular drug.

Noteworthy statements made by interviewed youths were:

- "I smoke pot, that's all I do – but people say it's not addictive. It is addictive… I smoke it and I feel really good and then when I come down, I feel bad" (16-year-old male).

- About ecstasy: "People are swallowing it, snorting it, or parachuting (that is where you take a tissue – crush the "E" up in the tissue and then you swallow the tissue). Some people are just sticking the pill in their butt now – gets to you faster" (17-year-old female).

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 Washington County between August and November 2001. A final table compares the Washington County urine test results 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

- 57 of the 59 juveniles approached (97%) agreed to be interviewed.
- 88% (36 males, 14 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (72%) and white (84%). Thirty percent were 13 and under (Table 1).
- 37% of the tested juveniles were charged with a property offense, while 33% were charged with a drug-related offense (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=57)	Persons tested (N=50)
Gender	%	%
Male	74	72
Race/Ethnicity		
White	84	84
Black	16	16
Age		
13 or younger	31	30
14	14	14
15	16	16
16	16	18
17 or older	23	22
Primary Offense[1]*		
Property	36	37
Drug-related	34	33
Violent	19	18
Other	11	12

*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.

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

Urine Test Results[2]

- The only drug for which any juvenile tested positive was marijuana. Sixteen percent of the 49 youths were positive for marijuana (Table 2).

- 14% of males and 23% of females tested positive for marijuana (Table 2).

- The percentage of juveniles testing positive for any drug increased by age. No youths under age 14 tested positive, one-quarter (25%) of youths aged 15 or 16 tested positive, and approximately one-third (36%) of youths 17 and older tested positive (Figure 1).

[2] Urinalysis data missing for one youth whose specimen appeared to have been intentionally altered.

Table 2
Urine Test Results,[3] by Gender

	Males (N=36)		Females (N=13)		Total (N=49)	
	f	%	f	%	f	%
Positive For:						
Marijuana	5	14	3	23	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)	5	14	3	23	8	16

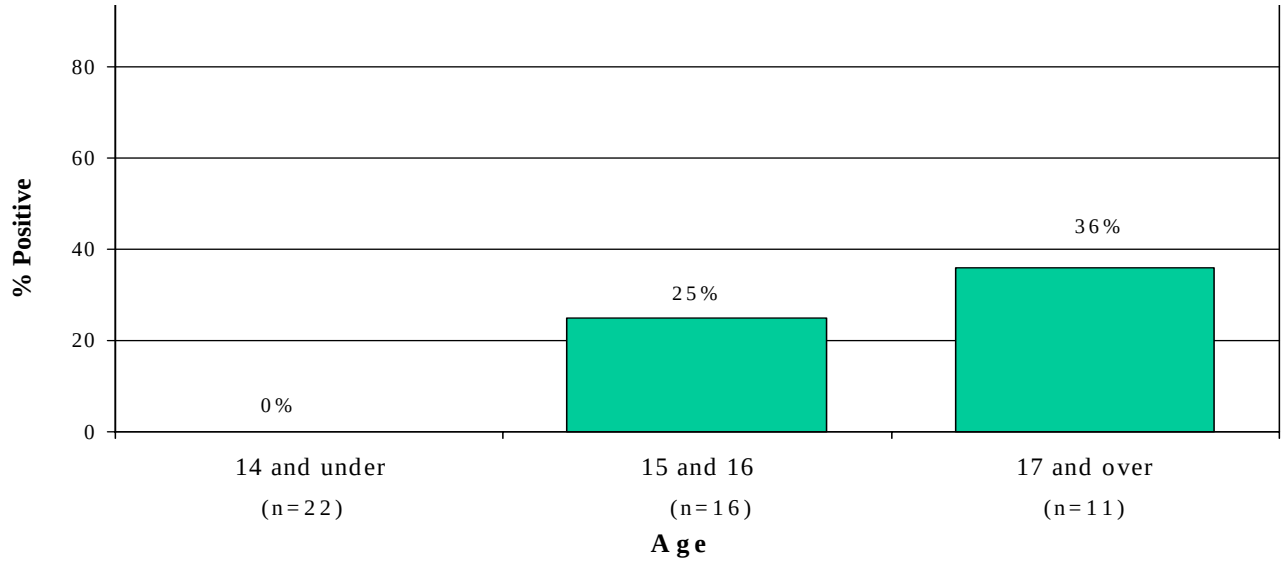
Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, PCP, propoxyphene, and MDMA.* The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.

* 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.

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

[3] Urinalysis data missing for one youth whose specimen appeared to have been intentionally altered.

Figure 1
Percentage Positive for Any Drug,[4] by Age



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[4] Urinalysis data missing for one youth whose specimen appeared to have been intentionally altered.

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 Washington County. Several youths characterized users as age 12 and older. Youths reported that marijuana can be laced with a variety of other drugs, including powder and crack cocaine, LSD, psychedelic mushrooms, ecstasy, PCP, and embalming fluid. When a 14-year-old female was asked how she and her peers felt about illegal drug use she stated, "Some people like [drugs] and others don't. A couple of people think that pot is okay, but hard drugs are bad." A 16-year-old male claimed, "I smoke pot, that's all I do – but people say it's not addictive. It is addictive… I smoke it and I feel really good and then when I come down, I feel bad." Another youth claimed, "I don't smoke and my friends respect me for not doing it. If friends light up a bowl, I'll leave the room until they're done" (15-year-old male).

Ecstasy (MDMA)

Ecstasy was reported to be a popular drug, but opinions about its composition and availability varied widely. One 17-year-old female stated, "People are swallowing it, snorting it, or parachuting (that is where you take a tissue – crush the "E" up in the tissue and then you swallow the tissue). Some people are just sticking the pill in their butt now – gets to you faster." Youths believed that users spend $20-$35 a pill depending on where the drug is purchased. In addition, a 17-year-old male stated, "[Ecstasy] costs $25 per pill. But you can get it for cheaper – depends on who is selling it." Several respondents mentioned that pills contain ecstasy as well as other drugs, including cocaine and heroin. "Some of them are different from each other – have different combinations of drugs in them – i.e., more heroin, less crack, etc." (17-year-old male).

Powder and Crack Cocaine

Opinions about the popularity of powder and crack cocaine varied among juveniles. One 17-year-old male stated, "Downtown there's a lot of crack - you got some young [users], but basically old construction workers, mid-30s & up." Many youths stated that the drug was unpopular with their peers and known to ruin lives. A 17-year-old male stated "[Crack cocaine] ain't right; I don't want to see nobody on that stuff." Several of the few youths who mentioned powder cocaine use reported that the drug is frequently mixed with marijuana and alcohol.

LSD (Acid)/Hallucinogens

Juveniles reported LSD to be available in several forms: gel tabs, blotter paper, and liquid drops. A 14-year-old male reported that users drop liquid "in your eye, drop it on your tongue, or your elbow (gives you a body buzz – you trip more when you drop it on your elbow), or in sugar cubes." The cost ranges from $5 - $15 per hit depending on the form. LSD was reported to be mixed with ecstasy (known as "candy flipping") and with marijuana. Youths stated that psychedelic mushrooms [known as *shrooms*] are taken orally.

Prescription Drugs
According to youths, Prozac, Percocet, Valium, Vicodin, Ritalin, Adderall, and Depakote are available and generally sold for $5 per pill. Prices for OxyContin, another prescription drug frequently mentioned by youths, are reportedly dependent on the dosage of the pill. A 15-year-old female stated, "Oxy is expensive, 80 mg for $80." The youngest age of use was reported to be ages 12 or 13. Many respondents agreed that prescription pills are often mixed with alcohol and marijuana. A 17-year-old male reported, "Pills are used alongside drinkin' and smokin'."

Heroin
Most respondents reported that it is not common for youths to use heroin. Those who knew about the drug stated that it is a liquid that can be injected by users or a powder (or pill) that can be snorted, eaten, or smoked (on top of marijuana). A 15-year-old female stated, "I've been around so much, my cousin shoots up, my boyfriend snorts it. It's most common to shoot though." Even though a few respondents believed the youngest users to be 14, most youths believed users to be older than 17.

Other drug trends
Several youths mentioned opium as a popular drug that is smoked on top of marijuana. Ketamine (known as *Special K*) was also reported by several youths to be popular. It was reported that users either snort or shoot up the drug. A 14-year-old male stated, "I did it once through a bag—it was in liquid form and I huffed it through a bag." Youths reported on the popularity of other inhalants. The same youth stated, "Duster – what you spray on your computer to clean it–you can huff it. I'm seeing a lot of this other drug – looks like M&M's – you break it up and it scatters – has dots of yellow in it. I've seen kids pass out and speed up on it."

Comparisons Of Urinalysis Results For Juveniles Across Sixteen OPUS Intake Sites

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

- The percentage of youths testing positive for any drug ranged from 15% in Charles County to 44% in Baltimore City, with Washington County testing positive at 16% (Table 3).

- In Baltimore City and Washington County all respondents who were positive for a drug were positive for marijuana only (Table 3).

- Youths rarely tested positive for cocaine or opiates (Table 3).

- The percentage testing positive for amphetamines ranged from none in Baltimore City, and Frederick, Worcester, Wicomico, and Washington 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 Washington 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%
Washington County (N=49) Nov 2001	**16%**	**0%**	**0%**	**0%**	**16%**

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.

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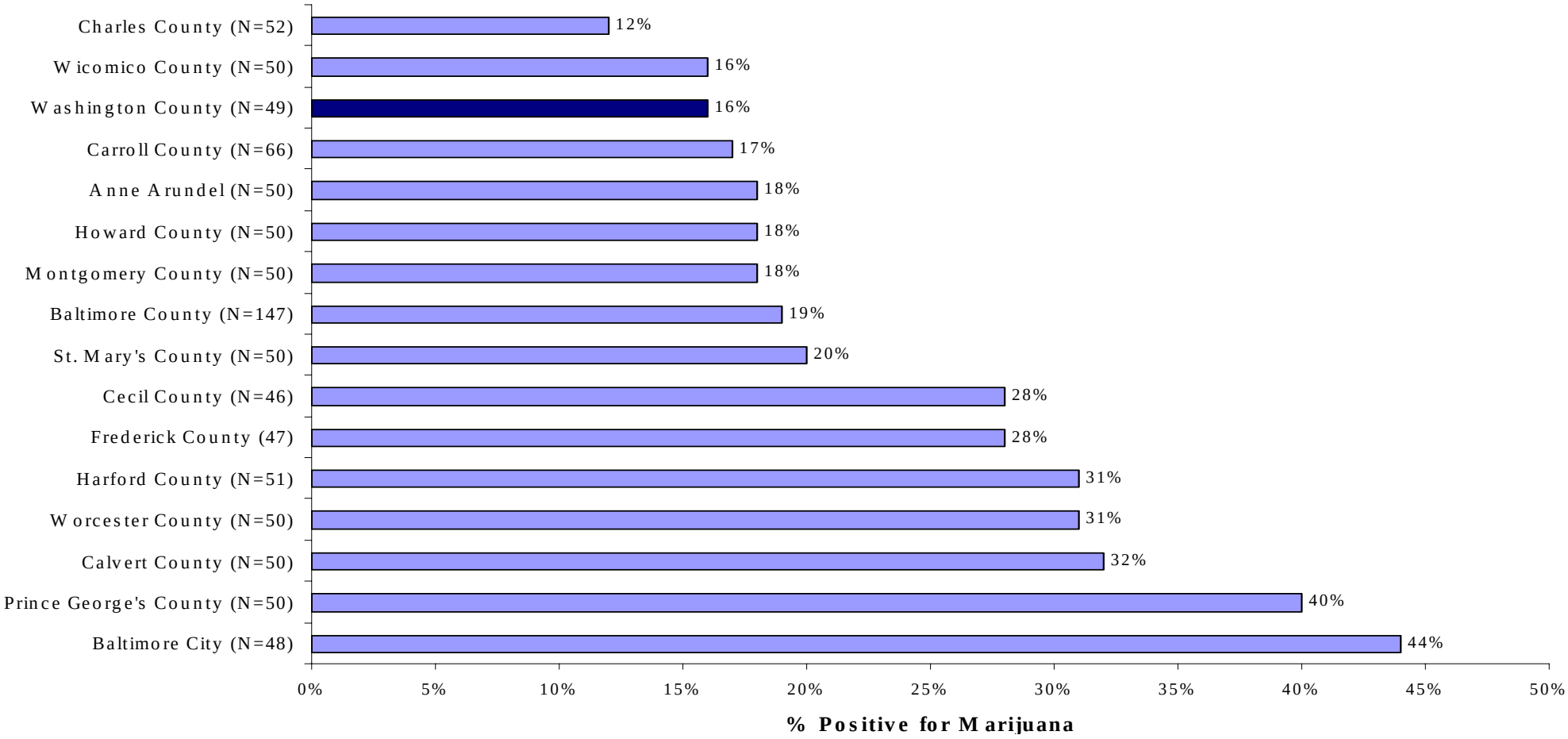
Figure 2
Percentage of Juveniles Testing Positive for Marijuana, by County Intake Site



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