

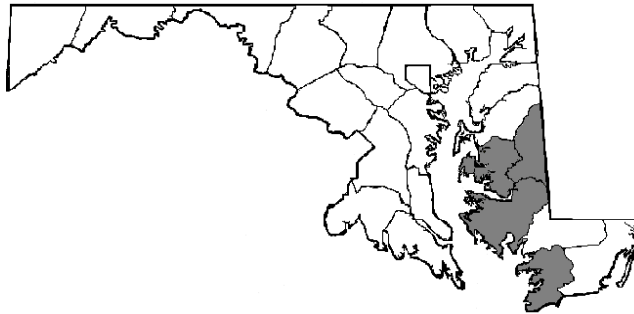
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Caroline, Dorchester, Talbot, and Somerset Counties



February 2002

**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

Seventy-two youths processed in the Department of Juvenile Justice (DJJ) Intake Offices in Caroline County, Dorchester County, Somerset County, and Talbot County* were interviewed and asked to provide a urine specimen between June and December 2001. Twenty 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 all of the counties. A 15-year-old female from Dorchester County reported, “Pretty much everybody smokes pot, but not everybody laces it.” There was a consensus that ecstasy (MDMA) continues to be increasingly popular. A 17-year-old male from Dorchester County stated that ecstasy is “cut with coke, heroin, LSD, [and] MDMA. [MDMA is] the actual drug that makes you feel good - other drugs make you keep wanting it.”

Noteworthy statements made by interviewed youths were:

- When asked if marijuana was ever laced with any other drug, one youth responded: “Cocaine, angel dust, and heroin every now and then. You name it, people will stick it in there; you don’t know until you’ve smoked it” (17-year-old male—Caroline County).
- “[Heroin] has a reputation as dangerous, so it’s not very popular, but users do inject it” (17-year-old male—Caroline County).

*Because Caroline, Dorchester, Somerset, and Talbot Counties 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 Caroline, Dorchester, Somerset, and Talbot counties* between June and December 2001. A final table compares the urine test results obtained in Caroline, Dorchester, Somerset, and Talbot 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.

*Because Caroline, Dorchester, Somerset, and Talbot counties had fewer monthly intakes than other Maryland counties, they have been clustered into one report.

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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 72 juveniles approached agreed to be interviewed.
- 89% (37 males, 27 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- A little over half of the tested juveniles were male (58%), white (59%), and 15 or older (56%) (Table 1).
- 31% were charged with a drug-related offense, 27% were charged with a violent offense, and 25% were charged with a property offense (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=72)	Persons tested (N=64)
<u>Gender</u>	<u>%</u>	<u>%</u>
Male	57	58
<u>Race/Ethnicity</u>		
White	58	59
Black	39	39
Other	3	2
<u>Age</u>		
13 or younger	33	31
14	13	13
15	14	16
16	22	23
17 or older	18	17
		} 56%
<u>Primary Offense*</u>		
Drug-related	31	31
Violent	25	27
Property	29	25
Other	15	17

*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

- 25% of males and 12% of females tested positive for at least one drug, primarily marijuana (Table 2).
- 15% of all youths tested positive for marijuana (Table 2).
- The one youth who tested positive for cocaine was also positive for marijuana. The youth was a 19-year-old male charged with disorderly conduct. According to the youth, he was not taking any prescription medication.
- Three youths tested positive for amphetamines. One youth was a 17-year-old male charged with drug paraphernalia and possession of alcohol. He stated he was taking the prescription medication Adderall. The second youth was a 9-year-old male charged with vandalism who stated he was taking Ritalin and asthma medication. The last youth was a 13-year-old male charged with harassment who was taking Dexedrine, Wellbutrin, and Risperdal.
- Youths 14 and under were about as likely (18%) to test positive for any drug as youths 15 and older (21%) (Figure 1).

Table 2
Urine Test Results,¹ by Gender

	Males (N=36)		Females (N=25)		Total (N=61)	
<u>Positive For:</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
Marijuana	6	17	3	12	9	15
Cocaine	1	3	0	0	1	2
Opiates	0	0	0	0	0	0
Amphetamines	3	8	0	0	3	5
Any Drug (of 10)	9	25	3	12	12	20

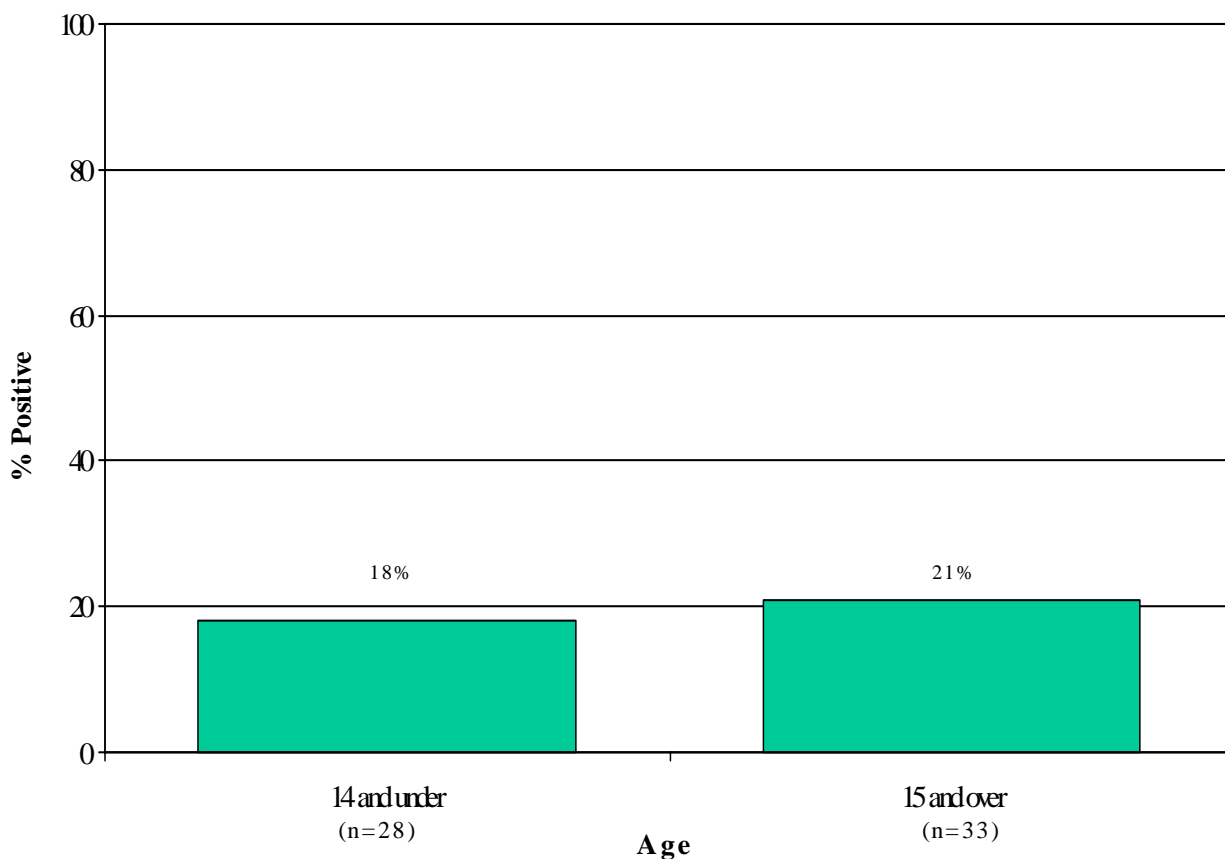
Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, PCP, propoxyphene, and MDMA.* The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.

*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.

¹ Urinalysis data missing for three youths whose specimens appeared to have been intentionally altered.

Figure 1
Percentage Positive for Any Drug², 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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² Urinalysis data missing for three youths whose specimens 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 easily obtainable and popular drug in Caroline, Dorchester, Somerset, and Talbot counties. A 15-year-old female from Dorchester County reported, "Pretty much everybody smokes pot, but not everybody laces it." Youths from all four counties agreed that marijuana can be smoked out of bongs, pipes, rolling papers, blunts, and cans. Only youths from Dorchester County referred to blunts containing marijuana as "Ls." A 13-year-old male from Dorchester County reported that marijuana can be eaten in brownies and cookies. A 17-year-old male from Talbot County reported that some marijuana users put the nozzle of a gas mask on a bong to smoke. In addition to regular marijuana, called *Schwag*, youths stated that other available types (including *Kind Bud*, *Hydro*, *Jamaican Red Hair*, *Skunk*, *Purple Haze*, *Chocolate Thai*, *Maui Wau*, and *California Orange*) are more potent. Youths reported a variety of drugs and chemicals that marijuana is mixed or laced with, including opium, hash, embalming fluid, and Raid. Youths stated that marijuana laced with powder cocaine is known as *Chronic* and marijuana laced with PCP is known as *Boat*. A 17-year-old male from Caroline County stated, "Cocaine, angel dust, and heroin every now and then. You name it; people will stick it in there. You don't know until you've smoked it." While many believed that marijuana could be bought or used at school, the appearance of police officers and search dogs has reportedly deterred many youths from bringing drugs into schools.

Ecstasy (MDMA)

Youths in Caroline, Dorchester, Somerset, and Talbot Counties reported similar knowledge about ecstasy use, composition, and price. Ecstasy was reported to be available and prevalent throughout these counties. Youths reported that ecstasy users swallow pills, snort powder, or put the drug in liquid and drink it. Most youths were uncertain of the exact chemical components of ecstasy, but were aware of myriad forms of the drug. A 17-year-old male from Dorchester County stated that ecstasy is "cut with coke, heroin, LSD, [and] MDMA. [MDMA is] the actual drug that makes you feel good. The other drugs make you keep wanting it." Names mentioned by youths are *Polo*, *Purple Dream*, *Purple Pikachus*, *Nike*, and *Superman*. Most youths stated that ecstasy could be purchased for \$25-\$30 per pill.

Powder and Crack Cocaine

Powder cocaine was frequently mentioned as a drug that is easy to obtain in Caroline, Dorchester, and Talbot counties. Youths in Caroline, Dorchester, and Talbot counties reported that powder cocaine users either snort the drug or smoke marijuana laced with it. One 17-year-old male from Caroline County stated that cocaine "is just as popular as marijuana." Slang terms that youths mentioned for powder cocaine include "ski," "snow," and "white girl." No youths from Somerset County talked about cocaine. Youths in all four counties believed that juveniles do not generally use crack cocaine. Rather, several youths estimated that the youngest crack users are about 17.

LSD (Acid)/Hallucinogens

There was little discrepancy across Caroline, Dorchester, Somerset, and Talbot county youths regarding LSD (also known as acid). Youths stated that LSD is available on tabs of blotter paper, sugar cubes, gel tabs, marshmallows, and in eye drop bottles. A 16-year-old male from Caroline County reported, *Rock acid*. It's like a solid nugget—you swallow it. There's *Purple Jesus*, it's a pill dipped in acid ten times that's purple and has a picture of Jesus on it." Youths who mentioned psychedelic mushrooms (known as *shrooms*) reported users eating the caps of the mushrooms, which are sold for \$5-\$10.

Heroin

Few youths in Caroline, Dorchester, Somerset, or Talbot counties mentioned heroin as a frequently used drug. A 17-year-old male from Caroline County stated, "[Heroin] has a reputation as dangerous, so it's not very popular, but users do inject it." Other youths reported that users also snort or smoke heroin. Although some respondents believed users are as young as 16, most believed users to be older. The majority of youths who discussed heroin did not think it was sold or used in schools.

Prescription Drugs

Popular prescription pills mentioned by youths in Caroline, Dorchester, and Talbot counties included Percocet, Xanax, Ritalin, Adderall, Prozac, Valium, Codeine, and OxyContin. Respondents indicated that most prescription pills are obtained through peers who have prescriptions or through stealing pills from their parents. Youths reported that pills are either swallowed or snorted and usually cost \$2-\$5.

Inhalants

Only a small number of youths discussed nitrous oxide or other inhalants. Air freshener, spray paint, hairspray, nail polish remover, and helium were among the inhalants reportedly used by youths. Most youths agreed that users are usually under 12 or 13 years.

Other drug trends

PCP (also known as *Angel Dust*) was mentioned by youths in Caroline, Dorchester, Somerset, and Talbot counties, primarily as a popular drug to lace marijuana with or to sprinkle on top of marijuana. Opium was discussed by one youth in Talbot County, and several youths in Caroline County discussed opium as a popular drug that heightens marijuana's effects. Ketamine (known as *Special K*) was recognized by a small number of youths, but was not characterized as being widely available. Only a few youths from either Caroline or Dorchester counties discussed crystal methamphetamine and speed, and only one youth from Talbot County mentioned speed. Youths reported that most users have specific reasons for taking speed, e.g., to stay awake or to lose weight.

Comparisons Of Urinalysis Results For Juveniles Across Eighteen OPUS Intake Sites

Table 3 and Figure 2 present comparisons of the urinalysis results across eighteen 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 Caroline, Dorchester, Talbot, and Somerset counties testing positive at 20% (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 Caroline, Dorchester, Somerset, and Talbot counties testing positive at 15% (Figure 2).

Table 3
Urine Test Results, by Site

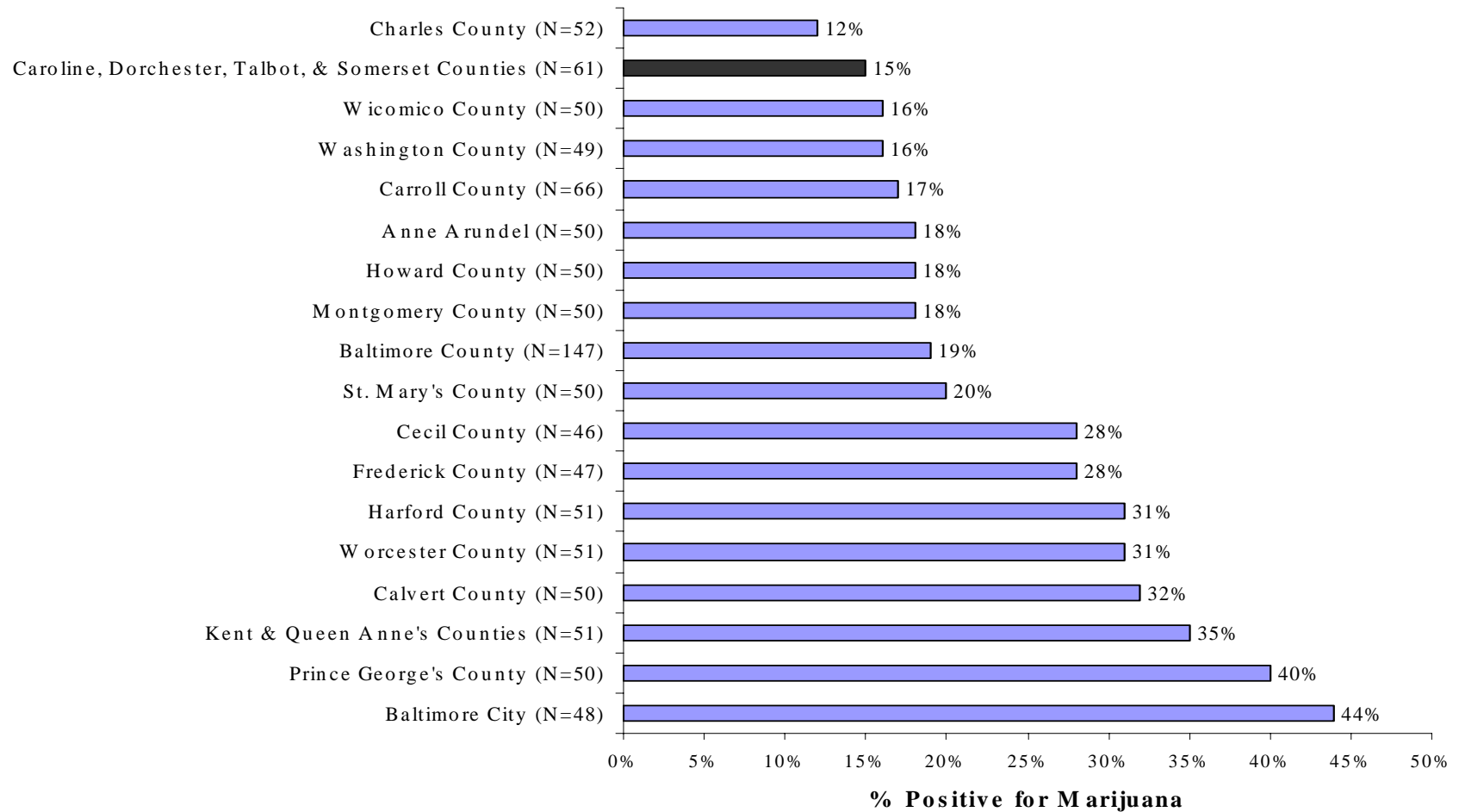
	Positive For:				
Site, by Order of Data Collection:	Marijuana	Cocaine	Opiates	Amphetamines	Any Drug (of 10)
Carroll County (N=66) July 1999	17%	5%	3%	8%	27%
Baltimore County (N=147) Oct 1999	19%	2%	2%	4%	23%
Baltimore City (N=48) Dec 1999	44%	0%	0%	0%	44%
Montgomery County (N=50) Mar 2000	18%	0%	0%	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%
Kent County & Queen Anne's County (N=51) Dec 2001	35%	0%	0%	0%	35%
Caroline, Dorchester, Somerset, and Talbot Counties (N=61) Dec 2001	15%	2%	0%	5%	20%

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.

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

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



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