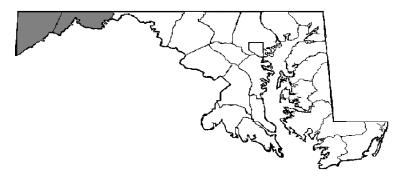


Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Allegany and Garrett Counties



July 2002

CESAR

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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

Thirty-five youths processed in the Department of Juvenile Justice (DJJ) Intake Offices in Allegany and Garrett Counties* were interviewed, and asked to provide a urine specimen between March and May 2002 (Table 2). Twenty-nine percent of the tested juveniles were positive for at least one drug, primarily marijuana. Forty percent of youths 16 and over tested positive for any drug compared to 15% of youths 15 and under (Figure 1). Marijuana was reported to be the most easily obtainable and popular drug in both Counties. Youths stated that the differences between the types of marijuana are in the taste, the potency, the effect, and the price. There was a consensus that ecstasy (MDMA) was becoming an increasingly popular drug. The majority of interviewed youths were unsure of ecstasy's composition. However, most youths who indicated any knowledge believed it included MDMA, heroin, and cocaine, among other things.

Noteworthy statements made by interviewed youths were:

- Youths reported that in addition to powder or crack cocaine, marijuana may also be laced with heroin, LSD, crystal methamphetamine, PCP, ecstasy, and prescriptions pills, including Ritalin and Percocet.
- Regarding ecstasy's composition: "The speedy ones have coke. The dopey ones have heroin these have green specks. I saw blue specks on some the other day, but don't know what it was." (17-year-old male from Allegany County)

*Because Allegany County and Garrett 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)

I. PROJECT OVERVIEW

Juvenile OPUS is one component of Maryland's Drug Early Warning System (DEWS) program, 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 Allegany and Garrett Counties* between March and May 2002. Table 3 compares the urine test results obtained in Allegany and Garrett counties with results from previous OPUS Intake Study sites. Figure 2 compares the percentages of juveniles testing positive for marijuana by County Intake Site.

*Because Allegany County and Garrett 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 offender urinalysis results provide advance warning of drug epidemics in the general population.

II. 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, phenylpropanolamine, and MDMA.
- A candy bar was offered to respondents as an incentive for participation.

III. FINDINGS

Response Rates

- Thirty-three of the 35 juveniles approached (94%) agreed to be interviewed.
- Eighty-eight percent (19 males, 10 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (66%), and were 17 years of age or older (41%) (Table 1).
- Thirty-one percent were charged with a status offense, 28% with a property offense, 21% with a personal offense, 17% with a drug-related offense and 3% were Miscellaneous (Table 1).

Table 1. Demographic Characteristics of Interview and Tested Respondents

Characteristics	Persons Interviewed (N=33)	Persons Tested (N=29) ¹
<u>Gender</u>	<u>%</u>	<u>%</u>
Male	70	66
Race/Ethnicity		
White	100	100
Age		
13 or younger	15	14
14	15	17
15	12	14
16	15	14
17 or older	43	41
Primary Offense*		
Status	33	31
Property	24	28
Personal	21	21
Drug-related	18	17
Miscellaneous	3	3

^{*}Personal offenses include murder, assault, robbery, domestic assault, sexual assault/rape, sex offenses, kidnapping, threat to person, and reckless endangerment. Property offenses include arson, burglary, breaking and entering, larceny/theft, stolen property, stolen vehicle, fraud and threat to property. Drug-related offenses include drug, tobacco, and alcohol possession and sale, DUI/DWI, under the influence, drug manufacturing, and drug paraphernalia. Status offenses include truancy, CINS, home detention, run away, possession of alcohol (citation), curfew, tobacco violation, failed placement, and school suspension. Miscellaneous offenses include weapons, probation/parole, warrant, resisting arrest, public peace/disorderly, trespassing, prostitution, manufacturing explosives, telephone/computer misuse, and traffic violations.

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

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¹ Twenty-nine juveniles provided a urine specimen. Urinalysis data missing for one youth whose specimen appeared to have been intentionally altered.

Urinalysis Test Results

- Thirty-three percent of males and 20% of females tested positive for at least one drug, primarily marijuana (Table 2).
- Twenty-one percent of all youths tested positive for marijuana (Table 2).
- Three youths tested positive for amphetamines. One youth who tested positive for amphetamines was a 15-year-old male charged with theft. He was taking the prescription medications Depakote, Wellbutrin, and Adderall. The second youth who was using the prescription medication Prozac, was a 17-year-old female charged with burglary. The third youth who tested positive for amphetamines was a 17-year-old male charged with theft, who reported using Zoloft and Adderall, both prescription drugs.

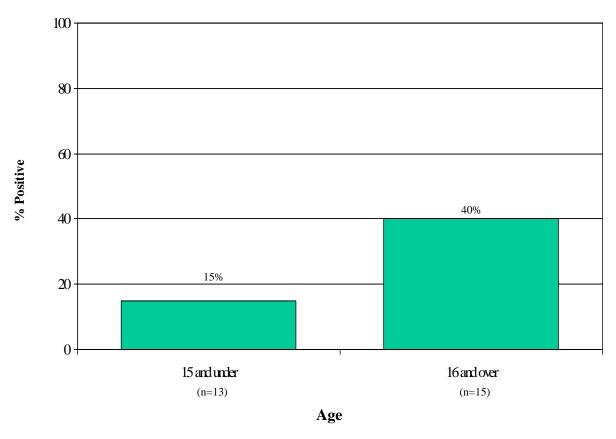
Table 2. Urinalysis Test Results, by Gender

	Males		Females		Total	
	(N=18)		(N=10)		(N=28)	
	<u>F</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Positive For:</u>						
Marijuana	4	22	2	20	6	21
Cocaine	0	0	0	0	0	0
Opiates	0	0	0	0	0	0
Amphetamines	2	11	1	10	3	11
Any Drug (of 10)	6	33	2	20	8	29

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, phenylpropanolamine, and MDMA.

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

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, phenylpropanolamine, and MDMA.

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

IV. INTERVIEWS WITH JUVENILE OFFENDERS

The following section presents juvenile offenders' perceptions of drug use by peers in their schools, neighborhoods, and communities. Drugs are listed in order of those most, to those least, frequently discussed by youths.

Marijuana

Marijuana was reported to be the most popular, and the most commonly used, drug among juveniles in Allegany and Garrett Counties. Many of the youths stated that the differences between the types of marijuana are in the taste, the potency, the effect, and the price. Several different names of *Kind Bud* reported by youths in these Counties included *Hydro, Jamaican Red Hair, Skunk, Northern Lights*, and *Chronic* (which is marijuana laced with either powder or crack cocaine). A 17-year-old male from Allegany County reported that names given to *Kind Bud* vary "from different places and from different people." Youths reported that in addition to powder or crack cocaine, marijuana may also be laced with heroin, LSD, crystal methamphetamine, PCP, ecstasy, and prescription pills, including Ritalin and Percocet.

Ecstasy (MDMA)

Interviewees reported ecstasy to be a popular drug among peer groups. Still, the drug is considered to be relatively new in the area, yet gaining popularity. The majority of interviewed youths were unsure of ecstasy's composition. Yet some youths with modest information indicated MDMA, heroin, cocaine, and other substances could be cut with ecstasy. One 17-year-old male stated, "The speedy ones have coke. The dopey ones have heroin – these have green specks. I saw blue specks on some the other day, but don't know what it was." Allegany and Garrett Counties reported similar slang terms used in other Maryland counties for mixing ecstasy with acid ("candy-flipping"), and combining ecstasy and psychedelic mushrooms ("hippie-flipping"). A 17-year-old female from Allegany County reported that the combination of ecstasy, acid, and mushrooms is referred to as "trolling."

Heroin

Interviews conducted in Allegany and Garrett counties yielded little consensus regarding the local availability of heroin. Many youths stated that the method of ingestion ranges from shooting and snorting, to smoking heroin. A 17-year-old female from Garrett County openly spoke of her prior addiction to heroin. She reported "tar, dust, pills, and raw" to be some slang terms used for heroin. The forms she identified as being available included "pills, baggies, and black tar—which is 60% strychnine, and it looks like black tar, so you have to cook it down." She also stated that users might also drink heroin. A 14-year-old male from Allegany County reported that the statement "*China White's* in town" is usually associated with the availability of heroin. This youth also stated that one's peer group is more influential than age in the decision to experiment or use heroin.

LSD (Acid)/Hallucinogens

Much of the information surrounding LSD in Allegany and Garrett Counties overlapped with reports from other Maryland counties. Reportedly, acid is available in gel tabs or liquid form which can be dropped directly on an individual (i.e., mouth, eye, etc.), or blotter paper, sugar cubes and pills. An 18-year-old male from Garrett County stated he and his friends have dropped liquid acid on cereal and pizza. Another 18-year-old male from Allegany County informed staff that slang terms for liquid acid vary according to the type of symbol on the blotter paper. They included terms such as *Spiderman* and *Superman*. Respondents believed the average price to be approximately \$5 for a single hit of acid. Findings also revealed that both marijuana and alcohol are commonly used along with LSD.

Powder and Crack Cocaine

According to youths in Allegany and Garrett counties, "snow," "blow," "coke," and "yay-yo" are all common slang terms for powder cocaine. Snorting is believed to be the most common form of ingestion of powder cocaine with many users also smoking marijuana and/or drinking alcohol simultaneously. Typically users are older juveniles, yet interviewed youths are aware of powder cocaine users as young as 13 or 14. This information appears to be consistent with other reports throughout the State. "Rock," the only slang term reported for crack-cocaine came from a 17-year-old female of Garrett County. Few interviewees were knowledgeable regarding crack-cocaine, claiming it was a drug used mostly by the adult population.

Prescription Drugs

Illicit prescription drug use was found to be popular among juveniles in Allegany and Garrett Counties. Ritalin, Adderall, Percocet, Valium, Xanax, OxyContin, and hydrocodeine were all mentioned on separate occasions as being available in one's community. When asked how users typically ingest the various pills, most respondents reported swallowing and/or snorting to be the most popular method. A 14-year-old male revealed that, "Users take one and drink a beer, snort 4 or 5, or take a bunch of them at a time." Youths report that it is common to see others drink alcohol and/or smoke marijuana while using a prescription drug. With respect to OxyContin, two youths stated that some users may use a hypodermic needle to inject the drug. Most youths believed that prescription pills were obtained from friends, family members, or handicapped persons who were legally prescribed the drugs.

Other Drug Trends

Ketamine (known as *Special K*) is reportedly available in both Allegany and Garrett Counties where users typically snort the drug. A 15-year-old male from Allegany County described the effects of ketamine as "being in a 'k-hole'—being stuck, everything is slowed down." On occasion, users may also cut ketamine with marijuana and/or ecstasy. Several youths also stated that although crystal methamphetamine was readily available in the community, it is not very popular. Finally, inhalants were not described as a common drug among youth in either county.

Further Reflections on Substance Abuse

There were mixed opinions among the youth in both Allegany and Garrett Counties regarding whether or not drugs posed a problem in their communities. Interviewees who believed there was a problem with drugs in their communities stated that they have seen people in their neighborhoods getting arrested, have read about them in the newspaper, or have seen them on television. A 14-year-old from Allegany County said, "Yeah, it's gotten to the point that everywhere you look someone is doing them or has them. It's gotten to the point where middle school kids can buy ecstasy or cocaine on the internet." Many of the youths stated that most drug problems tend to involve prescription pills, alcohol, and marijuana. Although only a small number of the interviewed youths believed something could be done to remedy the problem, a 17-year-old from Allegany County stated, "Educate kids of the effects. Kids only know it does stuff to mess up their brain, but that's all. They just know it feels good."

There was a clear line between juveniles who thought drugs to be unacceptable and those who accept the use of particular drugs. A 17-year-old male from Allegany County stated that among his peers "pot and alcohol are more passive, and more accepted." A 16-year-old male from Allegany County said, "Once into marijuana, people want a better buzz. First, it's alcohol, second marijuana, then it goes on—acid, ecstasy, PCP, heroin." There were also differing opinions on the presence of drugs in school. Some youths feel it is easiest to use prescription pills in school because it is easy to conceal their use. In contrast, alcohol and marijuana are used before or after school and/or during lunch hours.

Youths reported that there are a variety of reasons to engage in drug use. Many respondents indicated that using is a way to alter one's mood. If an individual is angry, upset, or depressed, they may use moodaltering substances to feel better, or to get a "buzz." A 15-year-old male from Allegany County stated that use occurs when "...they're depressed and want to be in a better mood, but it just makes it worse." Drug use is also described as an escape from reality or from various problems, and as a way to relieve stress. A 14-year-old male from Allegany County responded, "People say that people use drugs because they think it's 'to be cool,' but some people do it for fun." Curiosity, dependency, and boredom were also cited as reasons for drug use.

V. COMPARISONS OF URINALYSIS RESULTS FOR MALES AND FEMALES ACROSS 24 OPUS INTAKE SITES

Table 3, and Figure 2, present comparisons of the urinalysis results across 24 OPUS Intake Sites studied between May 1999 and June 2002. 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 29% testing positive in Allegany and Garrett Counties combined (Table 3).
- In Baltimore City and Washington, Kent, and Queen Anne's Counties all respondents who tested positive for a drug, were positive for marijuana only (Table 3).
- Youths rarely tested positive for cocaine and opiates (Table 3).
- The percentage of youths testing positive for amphetamines ranged from none in Baltimore City and Frederick, Worcester, Wicomico, Washington, Kent, and Queen Anne's Counties to 11% in Allegany and Garrett Counties combined (Table 3).
- Marijuana is the most prevalent drug, ranging from 12% in Charles County to 44% in Baltimore City, with 21% testing positive in Allegany and Garrett Counties combined (Figure 2).

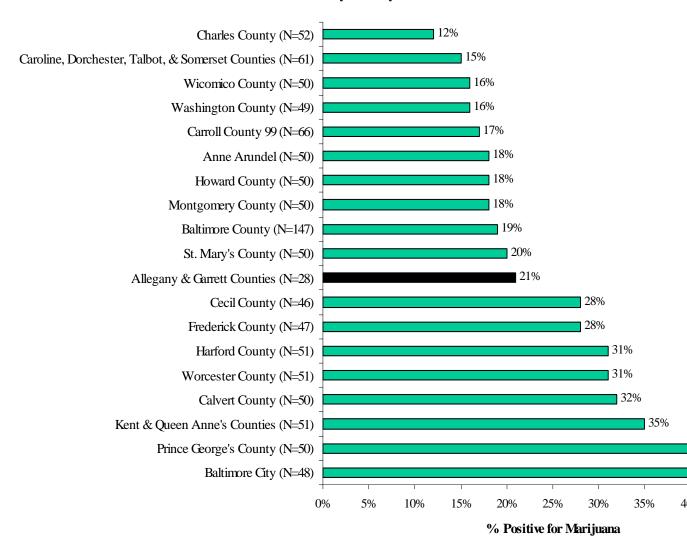
Table 3
Urinalysis Test Results, by Site*

	Urinalysis 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%		
Allegany & Garrett Counties (N=28) July 2002	21%	0%	0%	11%	29%		

^{*}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, July 2002.

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



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