

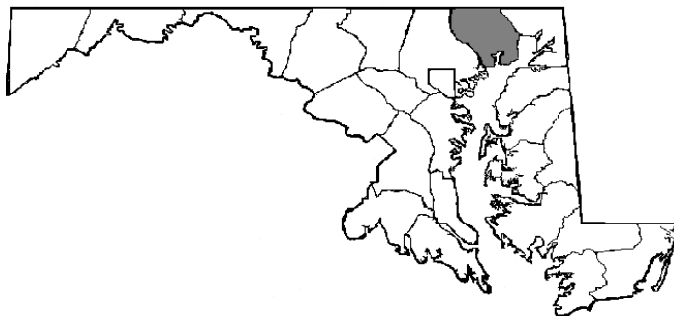
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Harford County 02



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ABSTRACT

Fifty-six youths processed in the Harford County Department of Juvenile Justice (DJJ) Intake Office were interviewed between June and July, 2002, and were asked to provide a urine specimen. Twenty-nine percent of the processed juveniles tested positive for at least one drug, primarily marijuana (Table 2). Seven percent of the youths age 14 and under tested positive for any drug, in comparison to 36% of the 15 and 16 year olds, and 40% of those 17 and over (Figure 1). Marijuana was reported to be the most accessible and most popular drug in the County. Interviewed youths said marijuana posed the biggest problem because of its accessibility and widespread use. Ecstasy (MDMA) was classified as a relatively popular drug, although most youths were uninformed as to its composition.

Noteworthy statements made by interviewed youths were:

- “What would you rather trust, something made from God (marijuana) or something made from man (alcohol)?” (15-year-old male)
- “Any pills with stamps are junk. Ecstasy is just a designer drug. People will just take drugs without knowing what they are taking. I’ve read about all this on the Internet, so I know what I’m getting into. Pure MDMA is a powder in a capsule that can’t be pressed into a pill.” (17-year-old male)
- “Heroin is booming, there are a bunch of kids doing it now. Last year coke was big, and the year before it was acid, but heroin is huge in Harford County now. There are so many kids using it.” (17-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)

I. PROJECT OVERVIEW

Juvenile OPUS is one component of Maryland's Drug Early Warning System (DEWS) program, and 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 the DJJ county offices. Once a year the Detention Study obtains urine specimens only from youths newly admitted to the DJJ's five detention facilities.

This report presents results from the Intake Study conducted in Harford County between June and July, 2002. Figure 2 offers a comparison of Harford County urinalysis test results collected between November, 1999 and April, 2000 with those collected in June and July, 2002.

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 in their schools, neighborhoods, and 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, methaqualone, opiates, phencyclidine (PCP), and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and MDMA.
- A candy bar was offered to respondents as an incentive for participation.

III. FINDINGS

Response Rates

- Fifty-six of the 59 juveniles approached (95%) agreed to be interviewed.
- Ninety-one percent (34 males, 17 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (67%), and were 17 years of age or older (29%) (Table 1).
- The most common offenses juveniles were charged with were personal (39%) and property offenses (35%) (Table 1).

Table 1. Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons Interviewed (n=56)	Persons Tested (n=51)
<u>Gender</u>	<u>%</u>	<u>%</u>
Male	68	67
<u>Race/Ethnicity</u>		
White	80	78
<u>Age</u>		
13 or younger	21	17
14	9	10
15	21	22
16	22	22
17 or older	27	29
<u>Primary Offense*</u>		
Personal	43	39
Property	34	35
Status	9	10
Drug-related	7	8
Miscellaneous	7	8

*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, September 2002.

Urinalysis Test Results

- Twenty-seven percent of males, and 35% of females, tested positive for at least one drug, primarily marijuana (Table 2).
- Twenty-eight percent of all youths tested positive for marijuana (Table 2).
- Two youths tested positive for cocaine. One was a 17-year-old female charged with forging checks. She was not taking any prescription medications and was positive for both marijuana and cocaine. The other youth was a 17-year-old male charged with assault. He tested positive for benzodiazepines, cocaine, marijuana, and opiates. He was not taking any prescription medications.
- Two youths tested positive for amphetamines. One was a 16-year-old male charged with possession of weapons. He was taking the prescription medications Depakote, Seroquil, and Zyprexa. He tested positive for both amphetamines and marijuana. The second youth was a 12-year-old female charged with possession of firecrackers. She was taking the prescription medication Adderall, and was positive for amphetamines only.
- Youths age 14 and under were least likely (7%) to test positive for any drug (Figure 1).

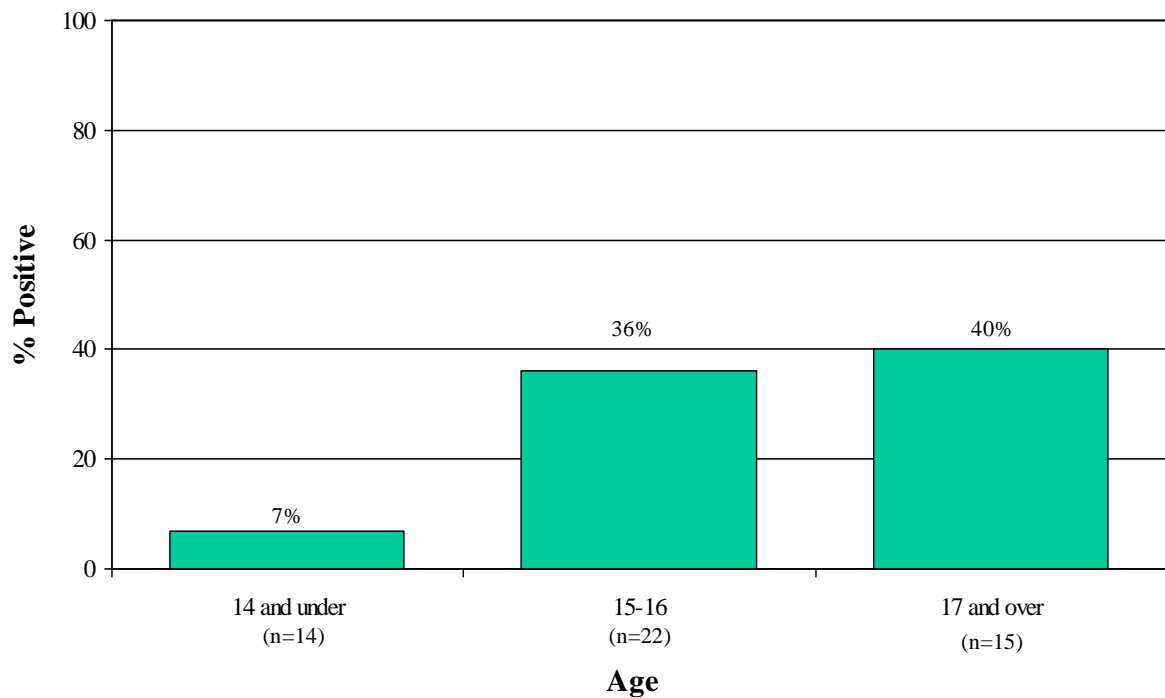
Table 2. Urinalysis Test Results, by Gender

	Males (n=34)		Females (n=17)		Total (n=51)	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Positive For:</u>						
Marijuana	9	27	5	29	14	28
Cocaine	1	3	1	6	2	4
Opiates	1	3	0	0	1	2
Amphetamines	1	3	1	6	2	4
Any Drug (of 10)	9	27	6	35	15	29

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

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

Figure 1. Percentage Positive for Any Drug, by Age



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

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

IV. INTERVIEWS WITH JUVENILE OFFENDERS

The following section presents juvenile offenders' perceptions of drug use by their peers in their schools, neighborhoods, and communities. Drugs are listed in descending order of the number of youths who discussed them.

Marijuana

Marijuana was reported to be the most popular, and the most commonly used, drug among juveniles in Harford County. In addition, interviewed youths said that marijuana posed the biggest problem because of its accessibility and widespread use.

Several names for different types of marijuana were reported. Youths identified *Kind Bud*, *Hydro*, *Purple Haze*, and *Skunk* as being more potent, and more expensive, than 'regular' marijuana. Many youths used the term *Mersch* (from the word commercial) to identify a less potent, less expensive, version of marijuana. Youths in other counties have referred to this type of marijuana as *Schwag*.

Youths reported a variety of drugs that could be mixed or laced with marijuana. *Chronic* was identified as marijuana laced with either powder or crack cocaine. A couple of youths referred to marijuana and powder cocaine rolled into a blunt as a "woo blunt." When laced with PCP, marijuana is called *Boat*. Marijuana laced with embalming fluid is called *Wet*. Youths reported that marijuana may also be mixed or laced with opium, heroin, LSD, and crushed up prescription pills, including Codeine.

Ecstasy (MDMA)

Interviewees reported ecstasy to be a relatively popular drug. The majority of interviewed youths, however, were uninformed as to ecstasy's composition. Many youths believed that heroin and cocaine are among the main ingredients in ecstasy. One 17-year-old male stated, "Any pills with stamps are junk. Ecstasy is just a designer drug. People will just take drugs without knowing what they are taking. I've read about all this on the Internet, so I know what I'm getting into. Pure MDMA is a powder in a capsule that can't be pressed into a pill."

When asked how users take ecstasy, a 17-year-old female stated, "Users pop [swallow], chew, and sniff ecstasy. I like to smoke a blunt—an 'L'—ten minutes after I pop ecstasy, which takes 45 minutes to kick in." It was also reported that users crush up ecstasy and sprinkle it on top of marijuana before they smoke it, or put it in an alcoholic beverage before they drink it. An 18-year-old male claimed, "If you're coming down off a dopey pill someone might take some cocaine to get them back up."

Heroin

The few youths in Harford County who reported knowledge of heroin believed it to be a popular drug. A 17-year-old male stated, "Heroin is booming, there are a bunch of kids doing it now."

Last year coke was big, and the year before it was acid, but heroin is huge in Harford County now. There are so many kids using it.”

Reported methods of heroin ingestion included shooting, snorting, and smoking. It was reported that users drink alcohol, smoke marijuana, or smoke crack alongside heroin use. When heroin and cocaine are mixed, it is referred to as a “speedball.” An 18-year-old male reported, “Some guy will shoot heroin in your jugular vein for you for \$50, it hits you faster.” He also stated, “Some people mix heroin with liquor and shoot it.”

LSD (Acid)/Hallucinogens

Acid was reported to be available in the form of gel tabs, paper, or liquid, which is put on sugar cubes, or directly into one’s eye. A 17-year-old male reported that acid can be cooked up into a crystal form. Once crystallized, users will put their thumbs in the drug, and the acid will enter their system through the skin. This method of use is referred to as a “thumb print.” Interviewees revealed that both marijuana and alcohol are commonly used with LSD. Psychedelic mushrooms were also reported to be quite popular among juveniles in Harford County. Most youths reported that these mushrooms were picked from cow fields. It was reported that users would eat or smoke the mushrooms, and that they may drink alcohol or smoke marijuana with the mushrooms.

Powder and Crack Cocaine

According to youths in Harford County, sprinkling powder cocaine on top of marijuana and smoking it or snorting powder cocaine are the most common forms of ingestion. Reportedly, users may also use heroin or drink alcohol with powder cocaine. Typically, it was reported that crack cocaine users smoked the drug. A 17-year-old female reported, “Dealers won’t sell to little kids. Little kids have to go through another adult or older kid to get it. The street dealers have rules. No selling to little kids.”

Prescription Drugs

Illicit prescription drug use was found to be popular among juveniles in Harford County. Ritalin, Adderall, Percocet, Xanax, and OxyContin were all mentioned on separate occasions as being available. Most youths believed that prescription pills were obtained from friends or family members with prescriptions, or through employees of pharmacies.

When asked how users typically ingest the various pills, most respondents reported swallowing and/or snorting to be the most popular methods. An 18-year-old male stated, “People who don’t know what to do with [OxyContin] will swallow it. If they do know what they’re doing, they will snort it or even shoot it.” Youths reported that it is common to see users drink alcohol and/or smoke marijuana while using prescription drugs.

Other Drug Trends

A few respondents believed ketamine, known as *Special K*, to be available in Harford County. A 17-year-old male stated, “When you snort [ketamine] it feels like you’re drunk. The ‘drip’ tastes nasty so some people may put vanilla flavoring into it.”

A 17-year-old male described using ground up Morning Glory seeds from a nursery to get a high. Once washed and ground up, users eat the seeds. This youth explained that eating these seeds may make the user sick at first, but that the effect is “equivalent to an acid trip.”

This youth also described Salvia as a leaf that can be legally obtained from Mexico over the Internet. Users smoke Salvia to get an effect similar to a marijuana high. When asked how its effects were different than that of marijuana, the youth stated, “You have visuals, but don’t get hungry. It doesn’t make you slow or tired. It’s not addictive, but if you smoke too much you go insane.”

Further Reflections on Substance Abuse

Although opinions were mixed, most youths in Harford County believed that drugs posed a problem in their communities, particularly marijuana and crack cocaine. A 16-year-old male stated, “There is a drug problem with underage teens here, there are a lot of kids doing drugs.” A 17-year-old female concurred, “Yeah, either you sell or do drugs, or you’re trying to stop it.”

Juveniles had mixed opinions about how acceptable they believed drugs to be. A 15-year-old male stated, “What would you rather trust, something made from God (marijuana) or something made from man (alcohol)?” The general feeling among respondents was that marijuana was more acceptable to use than crack cocaine or heroin.

There were differing opinions on the presence of drugs in schools. Typically, youths reported that drugs which are easy to conceal, including prescription pills, are more likely to be used while at school. Most youths reported that marijuana is generally used before or after school and/or during lunch hours. Since marijuana use produces smoke, fewer juveniles reported use while at school.

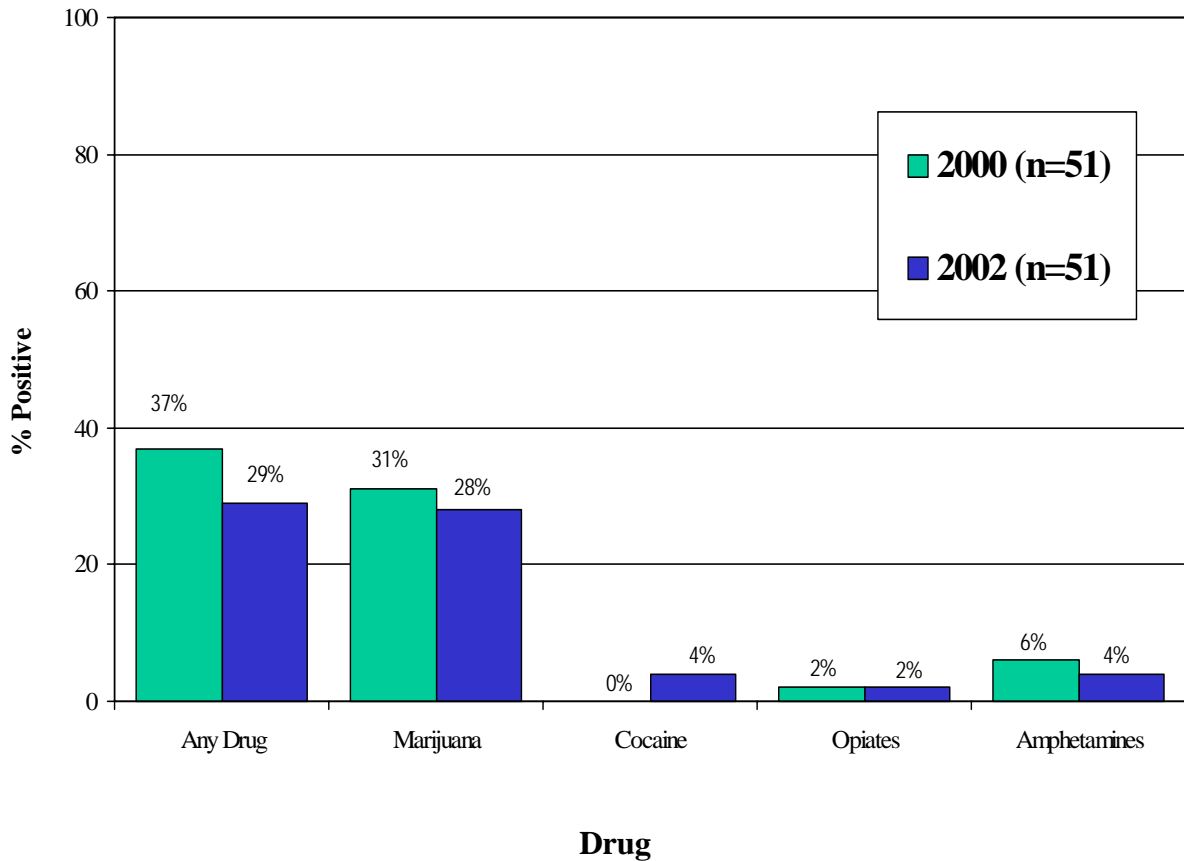
Youths reported a variety of factors contributing to drug use. Respondents indicated that some people experiment with drugs out of curiosity. Some people cited drug use as a way to fit, in or because of peer pressure. Interviewees also indicated that people use drugs because they want to, because they like the feeling—they like the high. It was also believed that people use drugs in order to have fun or to relieve stress.

V. COMPARISONS OF URINALYSIS RESULTS FOR MALES AND FEMALES ACROSS TWO DATA COLLECTION PERIODS IN HARFORD COUNTY (Figure 2)

Figure 2 presents comparisons of the urinalysis results across two OPUS Intake data collection periods in Harford County, November, 1999 to April, 2000 (Harford County 2000), and June to July, 2002 (Harford County 2002). The complete Intake Study reports for all OPUS counties are available from CESAR on the web at www.cesar.umd.edu.

- The percentage of youths testing positive for any drug, in Harford County, decreased from 37% in 2000, to 29% in 2002.
- Youths rarely tested positive for cocaine and opiates.
- Marijuana is the most prevalent drug. Thirty-one percent of the youths assessed tested positive in 2000, while 28% tested positive in 2002.

Figure 2. Percentage Positive for Drugs in Harford County in 2000 and 2002



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

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