

# Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

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## DEWS News

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### EVALUATION OF THE MARYLAND STUDENT ASSISTANCE PROGRAM (MSAP)

School personnel and local health officials have provided intervention services to students and families as a part of MSAP since 1987. The program intervenes with the children and their families who are affected by alcohol and other drugs and provides referral options. Earlier this year, the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park, completed a pilot evaluation of these services in Montgomery and Baltimore Counties.

CESAR collected information on 305 students in 20 participating schools. About one-third (104) of the parents were interviewed regarding their participation in the MSAP program. Two thirds of the parents indicated they were aware of their child's problem before contact by school staff. Nearly three quarters (72%) believed that intervention was necessary. As can be seen from the list below, a number of positive outcomes were noted, including the fact that children were receiving further assessment and treatment:

- 64% of the parents said the Student Assistance Program was helpful or very helpful
- 64% of the parents said there were positive changes in their child's behavior, attitude, attendance or grades
- More than half of the parents reported that the MSAP assessor recommended treatment for their children
- 96% of the parents agreed with the assessor's conclusions

For more information or a copy of the full report, please contact Dana Lehder at 301-403-8329.

### Expanded Resources for Youth Now Available!

CESAR is proud to announce the relaunch of the [justfacts.org](http://justfacts.org) website. This site is an interactive website designed by youth for youth. The information provided on alcohol, other drugs and sexual health is designed to assist young people and others who are struggling with substance abuse problems or are trying to make more informed decisions. **OUR NEW LOOK!!**



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## What Young Offenders Are Saying: Washington County and Eastern Shore Cluster

*The OPUS (Offender Population Urinalysis Screening) Intake Study interviews youths in juvenile justice facilities on emerging trends in drug use. The following are summaries of youths' views of drug use by their peers. The drug use patterns reported here may not be typical of the general youth population in the profiled counties, but may provide an early warning of new drug use trends. Two counties are featured in each DEWS newsletter.*

### Washington County (57 youths)

#### Ecstasy:

Ecstasy was reported to be popular, but opinions about its composition and availability varied. One 17-year old female stated that youths ingest or crush and snort ecstasy. She also described two newer practices. The 1st called "Parachuting," refers to crushing ecstasy in a tissue and then swallowing it. Second, "Some people are just sticking the pill in their butt[s] now - gets to you faster." Youths believe that users spend \$20-\$35 per pill. A 17-year old male stated, "[Ecstasy] costs \$25 per pill. But, you can get it cheaper - depends on who is selling it." Several respondents mentioned that pills contain ecstasy as well as other drugs, including cocaine and heroin. According to another young male, "Some of them are different from each other - have different combinations of drugs in them, such as more heroin and less crack, etc."

#### Marijuana:

Marijuana was the most popular drug and was frequently laced with other drugs, including powder and crack cocaine, LSD (acid), psychedelic mushrooms, ecstasy, PCP (phencyclidine), opium, roach spray, and embalming fluid. A 16-year old male respondent 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." Many youths stated that marijuana was a problem because "everybody does it" and "everybody sells [it]" while others stated that marijuana, unlike all other drugs, was not harmful and therefore not a problem. A 14-year-old female respondent stated, "Some people like [drugs] and others don't. A couple of people think that pot is ok, but hard drugs are bad."

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#### Prescription Pills:

Prozac, Percocet, Valium, Vicodin, Ritalin, Adderall, and Depakote were available and generally sold for \$0.50-\$10 per pill. Prices for OxyContin, another prescription drug frequently mentioned by youths, were reportedly dependent on the dosage. A 15-year-old female stated, "Oxy is expensive; 80 mg. for \$80." The youngest age of use was reported to be 12 or 13. Many respondents agreed that prescription pills were often mixed with alcohol and marijuana. A 17-year old male reported, "Pills are used alongside drinkin' and smoking." Youths reportedly crush and snort a pill, ingest it orally, or, according to a 17-year old male, in rare cases "cook it up and inject it." Youths also agreed that prescription pills are stolen from family members or sold by youths who have personal prescriptions.

#### Eastern Shore Cluster \*(72 youths)

Because these Eastern Shore counties had fewer monthly intakes than other Maryland Counties, they have been clustered.

#### Is there a drug problem in your community?

Most interviewed youths answered "yes" to this question. Many stated that marijuana was the worst drug problem because use begins early (as young as age 8) and continues into adulthood. According to a 16-year old female in Dorchester County, "Too many people use it. [They] lose everything trying to get it." A 15-year old male from Caroline County stated, "Yeah, everybody smokes weed. Older people love crack." A youth interviewed in Somerset County said, "It can't be stopped. People will keep doing it. They do it for the fun of it." Lastly, a 14-year old male from Talbot County stated, "Everybody is using and it's easy to get."

#### Powder and Crack Cocaine:

Powder cocaine was easy to obtain in three counties. Youths reported that 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 included "ski," "snow," and "white girl." None of the three youths interviewed in Somerset County mentioned cocaine. Youths in all these counties agreed that juveniles do not generally use crack cocaine. Several youths estimated that the youngest crack cocaine users were about 17 years old.

#### Other Reported Drug Trends:

PCP (Angel Dust) was mentioned by youth in all four counties, primarily as a marijuana-lacing drug. Youths in Talbot and Caroline Counties spoke of opium use. Similarly, Ketamine (Special K) was recognized by a few but was not considered widely available. A few youths from Caroline and Dorchester Counties discussed crystal methamphetamine and speed. Most users, according to respondents, take speed to stay awake or to lose weight.

\*The Eastern Shore Cluster - Caroline, Dorchester, Somerset and Talbot





# COMMUNITIES IN ACTION

## The Students Helping Other People (S.H.O.P.) Program

*by LoreLee Farrell, Assistant Supervisor of Health, Family Life, Safe and Drug Free Schools, and Employee Assistance,  
Board of Education, Allegany County.*

Whenever we as program directors, advisors, administrators, educators and youth leaders ponder results from all the recent adolescent surveys, we see that drug and alcohol use among adolescents remains prevalent and that alcohol is their primary drug of choice. We know kids emulate adult behavior. We know the power of learning from example is immeasurable. We also know that often alcohol is not considered a "drug" because its use is legal for adults. Then there is availability! So, what can we do now? Talk to kids! Talk with them about what we do know and about our concerns. Ask them to think with us and help us come up with strategies to initiate change—a change that may save families, futures and lives.

Allegany County, Maryland has developed a unique way we talk to kids: S.H.O.P.'s Night Out. S.H.O.P. stands for Students Helping Other People. In order to belong to S.H.O.P., participants pledge to be drug, alcohol, and tobacco free. You might ask, "Why do you talk with these students about adolescent alcohol use? Aren't you preaching to the choir?" No! S.H.O.P. is a prevention program. These students are a positive role model and not only can they talk to us about how to help kids, they are very interested and willing to help.

A typical S.H.O.P.'s Night Out includes pizza, a mixer and a dance for all the kids in the county that belong to S.H.O.P. This gives kids from different schools an opportunity to have fun while working together. We plan time to address an important issue and ask the kids to help us brainstorm strategies. At S.H.O.P.'s Night Out this spring, experts from CESAR and Frostburg State University came and shared information about adolescent alcohol use. The presentations helped the kids identify over two dozen suggestions and prevention activities regarding alcohol use. Their suggestions and strategies (see highlights below) will be used for health classes, program planning and grant writing, as well as group work. Some strategies we can accomplish. Some become part of a wish list.

In the final analysis, if we do not try to make changes, nothing will "get changed!"

### Strategies Recommended by S.H.O.P Youth:

- Peer theatre (using skits as a teaching tool)
- Education posters designed by youth
- A pledge program—county-wide, before prom, homecoming, dances and during the summer break
- More parent education and involvement such as fliers targeting parents
- Promoting alcohol awareness through school newspapers

*For additional information or a complete list of the suggestions, contact the author at Allegany County Board of Education, 301-759-2062.*



## ESTIMATING THE NEED FOR SUBSTANCE ABUSE TREATMENT IN MARYLAND

CESAR partnered with Maryland's Alcohol and Drug Abuse Administration (ADAA) to successfully compete for two treatment needs assessment grants awarded by the federal Center for Substance Abuse Treatment (CSAT). During the past nine years, CESAR conducted surveys of the Maryland household population and of arrestees in order to estimate treatment needs in ADAA's six planning regions. Using the household survey and a study of arrestees in Baltimore, Reuter et al. (1998) estimated that about 260,000 adult Maryland residents were in need of treatment. In 2001, the study of arrestees was repeated statewide, and Yacoubian, et al. (2002) used the new data to compute the updated estimate that about 286,000 Maryland adults are in need of substance abuse treatment.

Yacoubian, G., M. Hsu, and E. D. Wish (2002). *Estimating the Need for Substance Abuse Treatment in Maryland: An Update of Reuter et al. (1998)*. College Park, MD. Center for Substance Abuse Research.

Reuter, P., M. Hsu, K. Petronis, and E. Wish. (1998). *Estimating the Need for Substance Abuse Treatment in Maryland*. College Park, MD. Center for Substance Abuse Research.

For more information or a copy of the full report, please contact CESAR at 301-403-8329.

Maryland Adult Residents in Need of Treatment by Region	
Planning Area (N=adult population 18 and older)	Final Estimate
Region 1- Western MD (N=172,698)	13,123
Region 2- DC Metro (N=1,238,390)	70,982
Region 3- Southern MD (N=162,303)	16,066
Region 4- Baltimore City (N=554,848)	58,316
Region 5- Eastern Shore (N=260,715)	25,050
Region 6- Central MD (N=1,224,582)	102,457
<b>State Total (N=3,613,536)</b>	<b>285,994</b>

Region 1: Allegany, Garrett, Washington Counties; Region 2: Frederick, Montgomery, Prince George's Counties; Region 3: Calvert, Charles, St. Mary's Counties; Region 4: Baltimore City; Region 5: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester Counties; Region 6: Anne Arundel, Baltimore, Carroll, Harford, Howard Counties.  
N=1990 U.S. Bureau of Census counts of adult residents

