

THE DEWS COUNTY SNAPSHOT

Substance Abuse Trends in Baltimore City

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MESSAGE FROM THE DIRECTOR

A coalition of nearly two dozen state and local agencies launched the Maryland Drug Early Warning System (DEWS) in 1998 to help Maryland monitor drug use trends across the State. DEWS' three data collection and analysis projects—Maryland Drug Scan, Juvenile Offender Population Urinalysis Screening (OPUS), and Substance Abuse Indicators—generate the most current information available about Maryland's drug trends. DEWS' partnership with state and local governments provides a unique opportunity to disseminate results quickly to government officials and policymakers so that Maryland's drug policy can be firmly rooted in research findings.

The *DEWS County Snapshot* is our attempt to make available the latest evidence on county drug trends. Each month, DEWS staff will publish a *Snapshot* focusing on one of Maryland's counties. *Snapshots* for St. Mary's, Calvert, Harford and Montgomery Counties are planned for the months ahead. The *Snapshot* is intended to alert readers to a variety of topics. More extensive supporting documentation for each issue can be found on the DEWS website (www.dewsonline.org).

It is important to recognize the limitations of the *Snapshot*. It is neither an exhaustive overview of a county's drug trends nor a review of possible interventions or solutions. Rather, its unique strength is that it provides readers with a current picture of a county's drug trends, after reviewing recent DEWS interviews with high-risk youthful offenders (OPUS) and knowledgeable professionals (Drug Scan), in conjunction with the more traditional indicators of drug use.

Extensive prior research has demonstrated that emerging illegal drug problems may show up among offenders before spreading to the larger community. OPUS project staff therefore interview a small number of arrested youth in each county in search of important clues to emerging drug problems. Similarly, Drug Scan staff interview 10-15 professionals (e.g. drug treatment staff, school counselors, and police and laboratory chemists) in each county about their perceptions of current local drug trends. These reports from the field, though small in number and anecdotal, are obtained about two weeks before publication of the *Snapshot*, and then interpreted in the context of the other county indicators.

The combination of the very recent DEWS interview results with the more extensive quantitative but typically older indicator data provides a rare opportunity to detect emerging drug trends. Our goal is to alert readers to possible changes in drug use that, if substantiated, can form the basis for developing effective interventions and public policy.

You, our readers, play an important role in this new process. After reviewing each *Snapshot*, please determine if you have additional information regarding the trends presented. Let us know if you agree with our assessments or think we have missed an important topic. Email us at dews@cesar.umd.edu, or call the DEWS hotline (1-877-234-DEWS) with your comments. With your help, we can ensure that Maryland has the most current information available with which to monitor county drug trends and inform policy.

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CESAR Director
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Drug Use In The City: Noteworthy Findings

ECSTASY

Recent reports suggest that ecstasy may be moving into mainstream use in Baltimore City. Juvenile offenders interviewed in the Offender Population Urinalysis Screening (OPUS) study report that youth are using it in a variety of locations (e.g., at home or on the street) while in the past it was used primarily at raves. OPUS juveniles, who admit that they are unsure of the composition of ecstasy, say that each pill costs between \$20-25. Their reports of the increasing popularity of this drug are supported by other findings.

Although there were no ecstasy-positive deaths recorded in Baltimore City in 2001, by mid-October, 2002, six ecstasy-positive deaths had been reported. (The deceased ranged in age from 21 to 27.) In addition, the 2002 Washington/Baltimore Threat Assessment predicts that the availability and abuse of ecstasy will continue to rise throughout the region because of its popularity among teenagers and young adults. This is consistent with Drug Abuse Warning Network (DAWN) reports of ecstasy-related episodes in the Baltimore Metropolitan area that have increased in recent

years from 6 in 1998 to 35 in 1999, 64 in 2000 and 75 in 2001.

It should be noted that 2001 Maryland Adolescent Survey (MAS) results indicate that the use of ecstasy in the past 30 days among Baltimore City 6th, 8th, 10th and 12th graders was com-

Ecstasy-Positive Deaths in Baltimore City and Maryland, 1998-2002 (January 1-October 18)

	1998	1999	2000	2001	2002*
Baltimore City	1	2	4	0	6
MD Statewide Total	2	4	7	8	9

*Note: 2002 data include cases processed by the Office of the Chief Medical Examiner (OCME) as of October 18, 2002. Ecstasy-positive deaths are those in which toxicology tests for MDMA are positive, although ecstasy may not have been the direct cause of death. Source: Adapted for the Center for Substance Abuse Research (CESAR) from data supplied by the OCME.

paratively rare (at 0.2 percent, 1.0 percent, 3.1 percent and 2.7 percent, respectively), as were State levels (which ranged from 0.4 to 4.8 percent for the same grades).

LSD

Two juveniles from the Baltimore City OPUS Intake study (n=13) in September 2002 tested positive for LSD and marijuana. Both youths were 17-year-old males. Because the OPUS Project began screening urine samples for LSD in September; we do not know whether our findings represent an increase or decrease in LSD use. None of the OPUS juveniles interviewed—including the two youth who tested positive for it—mentioned LSD. Because marijuana is sometimes laced with LSD (unknown to the user), the possibility exists that these youth did not know they were consuming LSD. DEWS staff will focus more on LSD findings in its future data collection efforts.

METHADONE

Recent data from the Office of the Chief Medical Examiner (OCME) reveal an increase of methadone overdoses over the last five years in Baltimore City and in Maryland overall. While methadone overdose deaths represented only three percent of all Baltimore City overdose deaths in 2001, the number of deaths tripled from 3 to 10 between 1998 and 2001.

According to OCME data, 76 percent of the 21 methadone deaths statewide in 2001 were located in the Baltimore area. The problem is not limited to Baltimore or Maryland, however. Recent mortality data from DAWN reveal that similar increases have occurred in other major cities, including New York, Chicago, Denver, Phoenix, and Seattle.

Overdose Deaths Due to Toxic Levels of Methadone, by Year, Baltimore City and MD

	1997	1998	1999	2000	2001
Baltimore City	1	3	3	5	10
MD Statewide Total	2	3	5	14	21

Source: Adapted by CESAR from data supplied by the OCME.

Although treatment admissions mentioning non-Rx methadone during the last three years have decreased, one Drug Scan interviewee in the City stated that treatment clients often sell methadone on the street. Other sources maintain that methadone is not often abused or sold illegally. DEWS staff plan to study the nature of these cases, but at this time, we do not know whether the overdose deaths are the result of prescription or non-prescription methadone.

OXYCODONE AND OTHER OPIATES

OPUS juvenile offenders offer no information about oxycodone use but several Drug Scan interviewees state that oxycodone abuse is rising, although it is not nearly as popular as heroin. Our contacts say that some users are using oxycodone as a substitute for heroin. Users sometimes ingest oxycodone tablets, or inject the drug in a liquid solution. Contacts disagree as to its availability.

Treatment admissions data for Baltimore City reveal that there has been a 48 percent increase over four years in treatment clients who mentioned “other opiates,” a category that encompasses such prescription drugs as morphine, codeine, Demerol and oxycodone. Baltimore City treatment admission mentions of other opiates (including oxycodone) increased between 1998 and 2001 for all age groups. Recent increases have been substantial. Treatment admission mentions for those under 18 increased from one in 2000 to 23 in 2001; for those age 18-20, from 17 to 24 (an increase of 41 percent); and those over 21, from 229 to 262 (an increase of 15 percent).

Consistent with these findings, the diversion and abuse of OxyContin has been described in the June 2002 Office of National Drug Control Policy (ONDCP) report as an “emerging problem in Baltimore.”

Source: Adapted by CESAR from data supplied by the Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration.

*Note: A mention is a report by a client of a substance as a problem. Up to three substances may be reported for each admission.

OPUS Youth Tell Us Why Kids Use Drugs

“To get away, to just use ‘em, peer pressure, to be cool.”

“To feel better when they are down—if they are mad or angry and want to feel better.”

“It stimulates their mind.”

“If you got problems and want to calm down, to get something out of your system, if your medicine ain’t helpin’.”

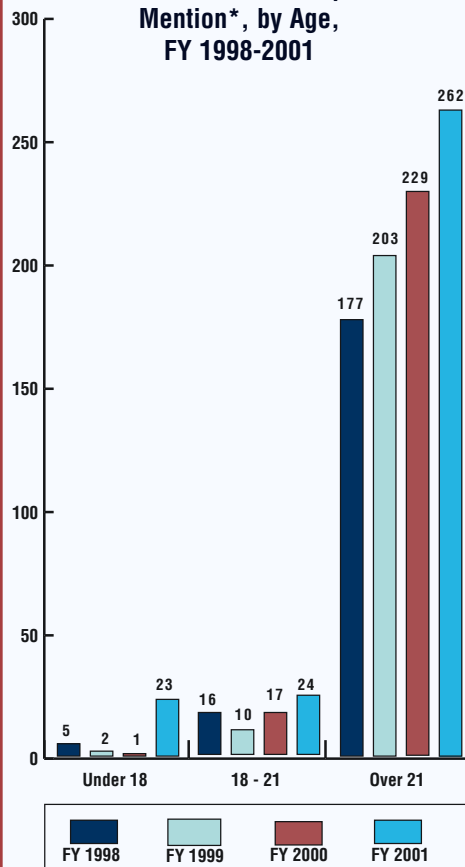
“To get away from reality. Pleasure, they like doing it.”

“ . . . for a lotta reasons. They like the feeling, they’re sad and want to feel better, or it’s there and they’re bored.”

“ . . . because when they were younger someone told them how to use drugs.”

“ . . . because older people are a bad influence.”

Baltimore City Treatment Admissions for ‘Other Opiates’ Mention*, by Age, FY 1998-2001



Continuing Challenges: Alcohol, Marijuana and Heroin

ALCOHOL

According to a Drug Scan interviewee, alcohol addiction is not taken seriously by juveniles, and many “don’t think alcohol is a drug.” Baltimore juvenile treatment admissions records show that mentions of alcohol at intake increased slightly (from 643 in 2000 to 704 in 2001). MAS researchers found that 26 percent of 8th graders reported past month alcohol use in 1998, compared to 32 percent in 2001. Similarly, in 1998, 28 percent of 12th graders reported past month alcohol use, compared to 34 percent in 2001. While approximately one-third of 10th graders in Baltimore City reported that they used alcohol in the last 30 days in 2001, the statewide level was close to half. (The reader is reminded that drug treatment admissions may be expected to exhibit higher levels of alcohol abuse than classroom students.)

MARIJUANA

OPUS juveniles report that marijuana use is very common, and that the substance is sold primarily in “dime” (\$10) and “nickel” (\$5) quantities. One youth stated that users sometimes sprinkle ecstasy over their marijuana before smoking it. Others stated that marijuana is often used with other drugs (e.g., cocaine) or alcohol.

The Juvenile OPUS Detention Study collected data in all five Maryland juvenile detention centers from March to June 2002. Of the 94 Baltimore City youth in these detention centers who provided urine samples during that period, 57 percent tested positive for any drug (of ten). Fifty-six percent tested positive for marijuana, demonstrating once again that marijuana is the most prevalent of drugs being used in this population. These findings are consistent with OPUS Intake Study findings from Baltimore City for the September 2002 data collection period, in which juveniles reported that marijuana is the most popular drug used by youth in their communities.

2001 MAS data reveal that one in five 10th graders reported marijuana use in the past 30 days, although only 14 percent of 12th graders reported use of the substance. (The reader is reminded that this information applies only to

Number of Baltimore Metro Area Emergency Department Episodes Involving Cocaine, Heroin, or Marijuana, 1994-2001

	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>
Heroin	7471	8207	8093	5863	6711	6999	5405	4481
Cocaine	8882	8603	8515	6253	6871	6921	4943	4930
Marijuana	770	945	1194	1402	1495	1679	1620	1786

Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1994-2001, August 2002.

those students still in school, and not to drop outs.) No noticeable changes were noted in marijuana treatment admissions over the past three years, although it must be noted that DAWN Emergency Department (ED) data for the Baltimore Metropolitan area reveal that marijuana-related admissions between the years 1994 and 2001 increased 132 percent. Consistent with the ED data, the 2002 ONDCP *Profile of Drug Indicators* revealed that availability of marijuana in Baltimore increased during the period from Fall 2000 to Spring 2001. If, as many researchers say, marijuana is indeed a “gateway drug,” close monitoring is called for in the future.

HEROIN

Several Baltimore City Drug Scan sources report that they are seeing an increase in the use of heroin by young adults and juveniles under the age of eighteen. While some youth may be using the drug, the weight of the evidence supports the conclusion that heroin is primarily found among young adults, not teens. ONDCP’s 2002 *Profile of Drug Indicators* reported that heroin is Baltimore’s primary drug of abuse and that the rate of treatment need among the City’s residents is 15 times the national rate. Heroin treatment admissions, however, primarily reflect use by adults. During the years 1998-2001, heroin was mentioned more than any other drug at admission to treatment by persons over the age of 21, but rarely by persons under 21. While over 40 percent of adult arrestees in Baltimore have been found to test positive for an opiate, arrested or detained youth tested by OPUS repeatedly show that positive tests for opiates are rare. In addition, Baltimore City students surveyed by the MAS rarely report heroin use (less than

one percent by 12th graders in 2001). In view of our reports from the field, however, DEWS staff will continue to scan for the possibility that younger persons are beginning to use heroin. During much of the last decade, Baltimore had the highest rates of ED episodes involving heroin and cocaine of the 21 metropolitan areas sampled by DAWN. However, by 2001, the City ranked third in the nation for heroin-related ED episodes and fifth in cocaine-related episodes—a significant improvement. DAWN found that heroin-related ED episodes decreased from 5,405 in 2000 to 4,481 in 2001, continuing a downward trend that began in 1999.

BALTIMORE TREATMENT FINDINGS

Results of the 2002 Community Research on Substance Abuse Treatment (CREST) Study conducted by CESAR indicated that outpatient programs with higher completion rates relied moderately on 12-step models, had a consistent philosophy (“school of thought”) among staff, were non-confrontational, and sought to identify and address other problems in clients’ lives such as medical, legal, employment, and psychological issues.

The Baltimore Substance Abuse Systems’ (BSAS) 2002 Drug and Alcohol Treatment Outcomes Study reports that treatment reduces arrests. In a group of clients who were found guilty of crimes that led to imprisonment by the Maryland Division of Corrections, 38 percent fewer arrests were recorded 12 months after treatment, compared to 12 months before treatment.

Sources Used in This Report

“Ecstasy in Maryland,” DEWS Update, Center for Substance Abuse Research, College Park, MD, May 2002.

“Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates 1994-2001,” U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Rockville, MD, August 2002.

“Maryland Adolescent Survey 2001,” Maryland State Department of Education, Baltimore, MD, September 2001.

“Outpatient Drug Treatment in Baltimore City: Findings from the Community Research on Substance Abuse Treatment (CREST) Study,” Center for Substance Abuse Research, College Park, MD, July 2002.

“Profile of Drug Indicators: Baltimore Maryland,” Office of National Drug Control Policy, Drug Policy Information Clearinghouse, June 2002.

“Smart Steps: Treating Baltimore’s Drug Problem,” Drug Strategies, Washington, DC, 2000.

“Steps to Success,” Baltimore Substance Abuse Systems, Inc. Baltimore, MD: January 2002

Arrest data, treatment admissions and overdose death data are monitored by DEWS. For additional information, please visit www.dewsonline.org.

INFORMATION RESOURCES

Treatment and Prevention Sources

Baltimore City:

Baltimore Crisis Response, Inc. 410-752-2272, Baltimore Substance Abuse Systems (BSAS) 410-637-1900, www.bsasinc.org
First Call for Help 410-685-0525, Information and Referral Service 800-492-0618

Maryland:

AIDS Hotline 800-638-6252, Alcohol and Drug Abuse Administration 410-402-8600, www.maryland-adaa.org
Maryland Youth Crisis Hotline 800-422-0009

National:

Justice Statistics Clearinghouse 800-732-3277
National Clearinghouse for Alcohol and Drug Information (NCADI) 301-468-2600 or 800-729-6686, www.health.org
National Criminal Justice Reference Service (NCJRS) 800-851-3420, www.ncjrs.org
Office of National Drug Control Policy (ONDCP) Drugs And Crime Clearinghouse 800-666-3332, www.whitehousedrugpolicy.gov