

DEWS Fax Annual Volume

Volume 4 2002

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Acknowledgements

CESAR is pleased to provide this 2002 Annual Volume of the *DEWS Fax*. To assist you in using this volume, the Table of Contents indexes the 2002 faxes by issue title and subject area.

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**DEWS Fax
Volume 4 (2002)**

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Calvert County OPUS Report Now Available:

Youth Offenders Report Marijuana and Ecstasy Frequently Mixed with Other Drugs

As part of the Offender Population Urine Screening (OPUS) program, 50 youths processed in the Calvert County Department of Juvenile Justice (DJJ) Intake Office were interviewed and tested by urinalysis for illicit drug use between September 2000 and May 2001. Following are highlights about the four most frequently discussed drugs—marijuana, ecstasy, cocaine, and heroin.

- More than one-third (38%) of youth offenders tested positive for at least one drug, primarily marijuana (32%).
- **Marijuana** was reported to be the most popular drug. Many youths mentioned that marijuana is frequently mixed with drugs such as PCP, cocaine, GHB, and crystal methamphetamine. According to one youth, “Marijuana is always involved; even when you are doing other drugs, it’s there” (p. 8).
- **Ecstasy** was reported to be available and fairly easy to get. As with marijuana, several youths discussed mixing ecstasy with other drugs, such as ketamine, marijuana, LSD (known as “candy flipping”), or psychedelic mushrooms (known as “hippy flipping”).
- According to youths, **cocaine** and **heroin** use is limited to certain areas or populations (such as crack and heroin use in an area called North Beach or cocaine use among “rich kids”). Most respondents were unsure about the availability of these drugs in the county.

A full copy of the Calvert County OPUS report is available on the DEWS website at www.cesar.umd.edu/dews.htm.

NOTE: OPUS was established to monitor drug use among Maryland’s juvenile offenders through voluntary and anonymous interviewing and drug testing at Maryland’s Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began collecting data from juveniles processed by DJJ intake site staff in May 1999. OPUS drug use patterns may not be typical of the general youth population in this county. However, prior research indicates that drug use by juvenile offenders may provide advance warning of epidemics in the general population.

SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening program (OPUS), Center for Substance Abuse Research. For more information, contact Jill Choyka of CESAR at 301-403-8329.

Do You Want to Receive a Parents/Caregivers Publication?

DEWS is creating a new publication directed toward parents and caregivers about youth substance abuse and its prevention and treatment. If you would be interested in receiving such a publication, or if you have ideas or suggestions for topics, please contact DEWS by email at DEWS@cesar.umd.edu, fax at 301-403-8342, or phone at 877-234-DEWS.

Worcester County OPUS Report Now Available: *Marijuana and Ecstasy Reported to Be Most Popular Drugs*

As part of the Offender Population Urine Screening (OPUS) program, 51 youths processed in the Worcester County Department of Juvenile Justice (DJJ) Intake Office were interviewed and tested by urinalysis for illicit drug use between July 2000 and June 2001. Following are highlights about the three most frequently discussed drugs—marijuana, ecstasy, and cocaine.

- More than one-third (36%) of the male youth offenders and 17% of the females tested positive for at least one drug, primarily marijuana.
- A variety of **marijuana** types were reported by youth offenders in Worcester County, including *Schwag* (least expensive, least potent) and *Kind Bud* (most expensive, most potent). Many youths reported that marijuana was being bought and sold in school and that some youths smoke marijuana before school and during lunch.
- **Ecstasy** was reported to be an increasingly popular drug. Respondents reported that the drug could be found on the streets, on the boardwalk, and in certain stores in Ocean City. Ecstasy was reported to be used at dance clubs, house parties, and occasionally at school.
- The use of both powder and crack **cocaine** appears to be limited among Worcester County youth offenders, although some youths believed these drugs could be easily obtained.

A full copy of the Worcester County OPUS report, which includes information on LSD and prescription drug use, is available on the DEWS website at www.cesar.umd.edu/dews.htm.

NOTE: OPUS was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began collecting data from juveniles processed by DJJ intake site staff in May 1999. OPUS drug use patterns may not be typical of those of the general youth population in this county. However, prior research indicates that drug use by juvenile offenders may provide advance warning of epidemics in the general population.

SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening program (OPUS), Center for Substance Abuse Research. For more information, contact Jill Choyka of CESAR at 301-403-8329.

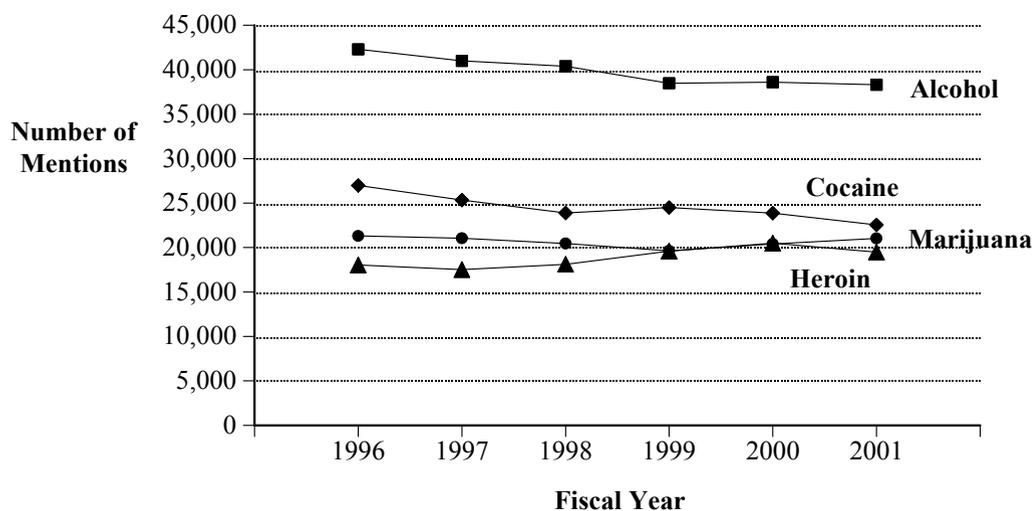
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Cocaine Mentions Decrease, Marijuana Mentions Increase Among Maryland Treatment Clients

The number of mentions of cocaine as a problem among clients admitted to publicly funded treatment programs in Maryland has been decreasing over the past two years, according to data from the Maryland Substance Abuse Management Information System (SAMIS). In FY 2001 there were 22,543 cocaine mentions, a decrease of 8% from FY1999. At the same time marijuana mentions have increased 7%, from 19,623 in FY1999 to 21,021 in FY2001. Mentions of alcohol (the substance most frequently mentioned as a problem among treatment clients) and heroin have remained relatively stable since 1999.

**Number of Alcohol, Cocaine, Heroin, and Marijuana Mentions,
Maryland Substance Abuse Treatment Programs, FY1996-FY2001**



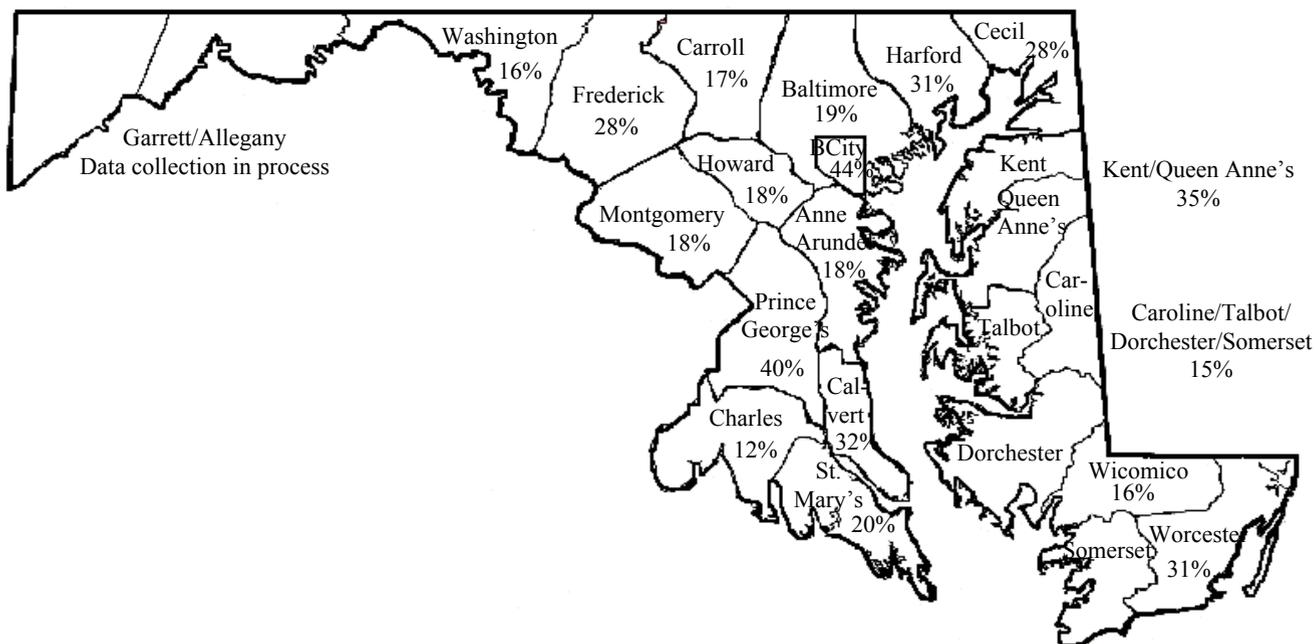
NOTES: A mention is a report by a client of a substance as a problem. Up to three substances may be reported for each admission; thus the total number of mentions exceeds the number of admissions. All Maryland treatment programs are required to report to SAMIS as a condition of certification and funding.

SOURCE: Adapted by CESAR from data from the Substance Abuse Management Information System (SAMIS), Maryland Alcohol and Drug Abuse Administration (ADAA). For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Juvenile OPUS Program Finds Marijuana Positives Vary Across State

Marijuana is the most frequently detected drug among juvenile offenders in Maryland, according to findings from the Juvenile Offender Population Urinalysis Screening Program (OPUS). Since 1999 interviews and urine specimens have been collected from more than 1,000 youths assessed in Department of Juvenile Justice county intake offices and nearly 2,000 youths newly admitted to DJJ's five detention facilities. While approximately 40% of youths admitted to detention facilities tested positive for marijuana, results varied considerably for youths assessed in county intake offices. Between 12% and 44% of youth offenders processed at county intake offices tested positive for marijuana (see figure below). The 2001 annual OPUS report, detention center reports, and individual county intake reports are available online (www.cesar.umd.edu/webroot/dews/opus.asp) or by calling CESAR at 301-403-8329.

Percentage of Male and Female Juveniles Assessed at County Intake Offices Testing Positive for Marijuana, July 1999-December 2001



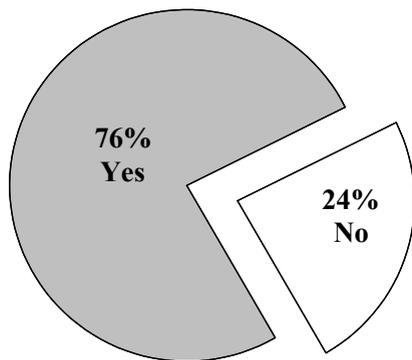
NOTES: Certain counties have been grouped together because of small sample sizes. Intake sample sizes are of approximately 50 youths (except for Baltimore County, which had 147 youths). These test results should be used only to give an indication of what drugs are being used by youth offenders in each county.

SOURCE: Drug Early Warning System, Center for Substance Abuse Research, Juvenile Offender Population Urinalysis Screening Program (OPUS) program. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

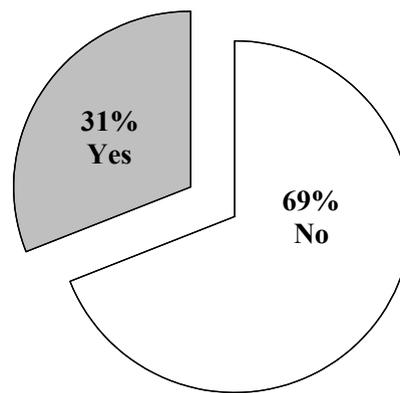
Most Maryland Residents Who Support Medicinal Use of Marijuana Do Not Support Legalizing the Drug

Earlier this year Maryland legislators introduced a bill that would have created a court defense for people who use marijuana for medicinal purposes. The bill passed the House but was rejected by the Senate Judicial Proceedings committee. Opponents of the bill argued that the “bill would pave the way for the drug’s legalization” (Mosk 2002). However, a telephone poll of Maryland residents conducted in 1999 found that very few people who support the medical use of marijuana also support legalizing the drug. While the majority (76%) of Maryland residents surveyed believed that physicians should be allowed to prescribe marijuana if it is proven to be effective in treating some health conditions, only 31% of those people also believed that the possession of small amounts of marijuana for personal use should be legal. Similar results were found in a 1994 statewide household poll (see *CESAR FAX*, Volume 6, Issue 1).

**While the Majority of Maryland
Residents Support the Medical
Use of Marijuana . . .**
(n=933)



**Only 31% of Those Who
Do Also Support
Legalizing the Drug**
(n=712)



NOTES: The survey was conducted for CESAR by the Survey Research Center at the University of Maryland-College Park between July and October 1999. Results have been weighted to correct for differences in sample eligibility and to adjust the sample distribution to approximate that of the Maryland population for sex, age, education, and race. The estimated margin of error is ± 3 percentage points.

SOURCES: Center for Substance Abuse Research, Summer/Fall 1999 Maryland Household Opinion Poll. For more information, contact Erin Artigiani of CESAR at 301-403-8329

Mosk, M. “Medical Marijuana Advances in Md., House Votes to Ease Punishment for Patients,” *Washington Post*, B1, March 26, 2002.

More Than 285,000 Maryland Adults Are Estimated to Need Substance Abuse Treatment

An estimated 285,994 adults living in Maryland are in need of substance abuse treatment, according to a survey conducted by CESAR for the Maryland Alcohol and Drug Abuse Administration. The survey was part of a family of studies funded by the federal Center for Substance Abuse Treatment. Diagnostic interviews were conducted with household members and arrestees to determine the proportion of adults who met clinical criteria for abuse and/or dependence. The region with the greatest number of adults in need of treatment is Central Maryland (102,457), followed by the DC Metro area (70,982) and Baltimore City (58,316) (see table). Data such as these are essential to appropriate planning and allocating of treatment resources at the state and regional level.

Estimated Percentage of Maryland Residents in Need of Treatment (Based on DSM Criteria for Abuse/Dependence)

Planning Area*	Estimated Number
Central Maryland	102,457
DC Metro	70,982
Baltimore City	58,316
Eastern Shore	25,050
Southern Maryland	16,066
Western Maryland	13,123
Statewide Need for Treatment	285,994

*Central Maryland: Anne Arundel, Baltimore, Carroll, Harford, and Howard counties;
DC Metro: Frederick, Montgomery, and Prince George's counties;
Baltimore City: Baltimore City;
Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties;
Southern Maryland: Calvert, Charles, and St. Mary's counties; and
Western Maryland: Allegany, Garrett, and Washington counties.

SOURCE: Yacoubian, Jr. G.S., Hsu M., Wish E.D. *Estimating the Need for Substance Abuse Treatment in Maryland: An Update of Reuter et al. (1998)*, May 2002. For more information, contact Eric Wish of CESAR at 301-403-8329.

Allegany and Garrett County OPUS Report Now Available:

Like Other Counties, Marijuana and Ecstasy Reported to Be Most Popular Drugs

As part of the Offender Population Urine Screening (OPUS) program, 35 youths processed in the Allegany and Garrett County* Department of Juvenile Justice (DJJ) Intake Offices were interviewed and 29 of these youths were tested by urinalysis for illicit drug use between March and May 2002. Following are highlights about the two most frequently discussed drugs—marijuana and ecstasy.

- More than one-fourth (29%) of the youths tested positive for at least one drug, primarily marijuana. Male youth offenders were slightly more likely than females to test positive (33% vs. 20%).
- **Marijuana** was reported to be the most popular and the most commonly used drug among juveniles in Allegany and Garrett Counties. Youths reported that the difference in the types of marijuana are based on the taste, the potency, the effect, and the price. Some of the names for marijuana reported by youths in these counties included Hydro, Jamaican Red Hair, and Northern Lights.
- While **Ecstasy** is considered to be a relatively new drug in the area, youths reported that it is gaining in popularity. The majority of the those interviewed were unsure of ecstasy's composition. Youths reported slang terms used in other Maryland counties, such as "candy-flipping" (mixing ecstasy with acid) and "hippie-flipping" (mixing ecstasy and psychedelic mushrooms).

A full copy of the Allegany and Garrett County OPUS report, which also includes information on LSD, cocaine, prescription drugs, and other drug trends, is available on the DEWS website at www.dewsonline.org.

*Allegany County and Garrett County have been clustered into one report because they have fewer monthly intakes than other Maryland counties.

NOTE: OPUS was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began collecting data from juveniles processed by DJJ intake site staff in May 1999. OPUS drug use patterns may not be typical of those of the general youth population in this county. However, prior research indicates that drug use by juvenile offenders may provide advance warning of epidemics in the general population.

SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening program (OPUS), Center for Substance Abuse Research. For more information, contact Erin Artigiani of CESAR at erin@cesar.umd.edu.

Baltimore County and Harford County OPUS Reports Now Available: *Youths Report Methods of Ingesting Marijuana and Ecstasy*

As part of the Offender Population Urine Screening (OPUS) program, youths processed in the Baltimore County and Harford County Department of Juvenile Justice (DJJ) Intake Offices were interviewed and tested by urinalysis for illicit drug use.* Following are highlights about the three most frequently discussed drugs—marijuana, ecstasy, and heroin.

- Slightly less than one-third (29%) of the youths in Harford County and 15% of those in Baltimore County tested positive for at least one drug, primarily marijuana.
- **Marijuana** was reported to be the most popular and the most commonly used drug in both counties. Youths report the use of marijuana laced with other substances, such as cocaine (*Chronic*), PCP (referred to as *Boat* in Harford County), or embalming fluid (referred to as *Wet* in Harford County and *Boat* in Baltimore County).
- Youths in both counties report that **ecstasy** is a popular drug that is swallowed or sniffed. Harford County youths 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.
- The few youths in Harford County who reported knowledge of **heroin** use believed it to be a popular drug. According to one 17-year-old male, “Heroin is booming, there are a bunch of kids doing it now.” In Baltimore County, however, youths report that heroin use is more common among older members of their community.

Full copies of both the Baltimore County and Harford County OPUS reports, which include information on LSD, cocaine, prescription drugs, and other drug trends, are available on the DEWS website at www.dewsonline.org.

*From May to August 2002, 41 Baltimore County youth were interviewed and 81% (33) provided a urine sample. From June to July 2002, 56 Harford County youth were interviewed and 91% (51) provided a urine sample.

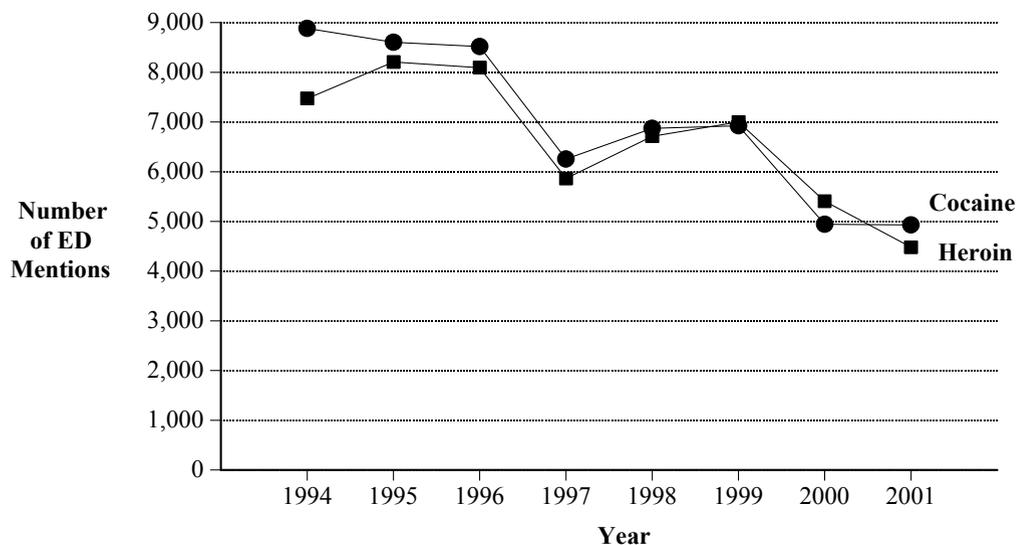
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SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening program (OPUS), Center for Substance Abuse Research. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

Baltimore Heroin-Related Emergency Department Episodes Continue to Decline; Cocaine-Related Episodes Are Stable

Heroin-related emergency department (ED) episodes continued to decrease in the Baltimore Metropolitan Area, according to data from the most recent Drug Abuse Warning Network (DAWN) report. The number of heroin-related ED episodes decreased from 5,405 in 2000 to 4,481 in 2001, continuing a downward trend that began in 1999. Cocaine-related ED episodes remained stable from 2000 to 2001, after declining dramatically in the previous year. During much of the last decade, Baltimore had the highest rates of ED episodes involving cocaine and heroin of the 21 metropolitan areas oversampled in DAWN. In 2001, however, Baltimore ranked third in heroin-related ED episodes and fifth in cocaine-related episodes. Many factors could influence this decrease in heroin- and cocaine-related emergency department episodes, including the price, purity or availability of the drug and the availability and use of treatment services.

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



NOTES: A drug-related ED episode is an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 to 97 years. Up to four drugs can be reported for each drug-related emergency department episode.

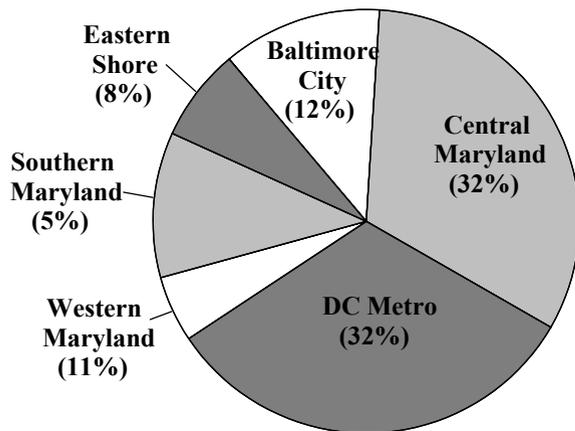
SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1994-2001*, August 2002. Available online at www.samhsa.gov/OAS/DAWN.htm#EDcomp.

More Than One-Half of Maryland Drug Overdose Deaths Occur in Baltimore City

The majority of Maryland’s 559 drug overdose deaths in 2001 occurred in Baltimore City, according to a recent DEWS report analyzing data from the Maryland Office of the Chief Medical Examiner (OCME). Every region in Maryland had at least one death due to the ingestion of alcohol or other drugs in 2001. However, 55% of all such deaths statewide occurred in Baltimore City—despite the fact that Baltimore City accounts for only 12% of Maryland’s population. The authors note that “Mortality from drug overdoses can reflect many things besides the level of drug use, or even drug availability in a given area, including the purity of a particular drug, an individual’s tolerance, or access to medical care” (p. 3). A full copy of the report is available on the DEWS website at www.dewsonline.org.

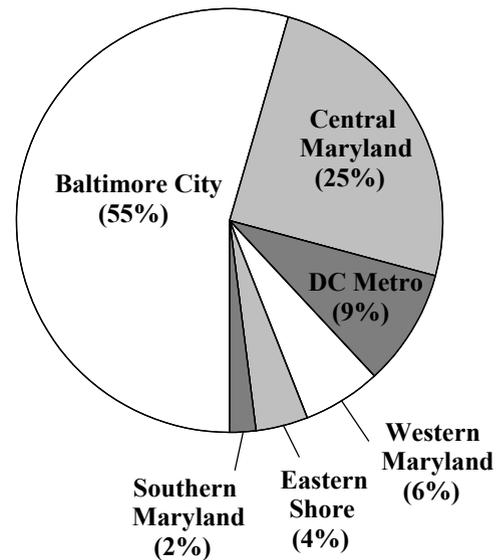
While Baltimore City Accounted for Only 12% of Maryland’s Population . . .

(N=an estimated 5,375,156 residents in 2001)



It Accounted for 55% of Maryland’s Drug Overdose Deaths

(N=559 drug overdose deaths in 2001)



Baltimore City: Baltimore City

Central Maryland: Anne Arundel, Baltimore, Harford, Howard

DC Metro: Montgomery, Prince George’s

Western Maryland: Allegany, Carroll, Frederick, Garrett, Washington

Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, Worcester

Southern Maryland: Calvert, Charles, St. Mary’s

NOTES: Analyses of 2001 overdose deaths are based on a dataset created by the OCME on 2/20/02. The OCME is required by law to investigate deaths of a violent or suspicious nature. Drug overdose deaths are deaths due to toxic levels of alcohol, narcotics, cocaine, and other drugs. Percentages may not add to 100% due to rounding.

SOURCE: Lehder, D.M., Arria, A., Artigiani, E.E., and Wish, E.D., Center for Substance Abuse Research (CESAR), *Alcohol and Drug-Related Overdose Deaths in Maryland: 1997-2001, 2002*. Population estimates are from the Maryland Department of Planning (http://www.mdp.state.md.us/msdc/Pop_estimate/Estimate_01/cnty_table1.pdf). For more information, contact Dana Lehder of CESAR at dlehder@cesar.umd.edu.

One-Half of Maryland Adult Arrestees Need Substance Abuse Treatment

An estimated 98,600 adult arrestees in Maryland are in need of alcohol or other drug treatment, according to the most recent Maryland Substance Abuse Need for Treatment among Arrestees (SANTA) report. Overall, 51% of adult arrestees in the state are estimated to need treatment for alcohol or other drug problems, based on a self-reported need for treatment and/or a diagnosis of abuse or dependence. Regional estimates of treatment need ranged from 62% in Western Maryland (Allegany, Garrett, and Washington counties) to 34% in the DC Metro area (Frederick, Montgomery and Prince George's counties) (see figure). The authors note that "because the estimates presented in this report are based on self-reports, they should be viewed as a conservative measure of the minimum amount of treatment needed within this population" (p. 21).

Estimated Number and Percentage of Maryland Adult Arrestees in Current Need of Treatment

(Based on DSM-IV Criteria for Abuse/Dependence and Self-Reported Need for Treatment)

Region*	Number of Arrestees	In Need of Treatment	
		Estimated Percent	Estimated Number
Western Maryland	9,431	62%	5,847
Central Maryland	52,588	59%	31,027
Baltimore City	50,184	59%	29,609
Southern Maryland	11,894	57%	6,780
Eastern Shore	20,854	42%	8,759
DC Metro	48,759	34%	16,578
Statewide Need for Treatment	193,710	51%	98,600

*Western Maryland: Allegany, Garrett, **Washington**
 Central Maryland: **Anne Arundel**, Baltimore, Carroll, Harford, Howard
 Baltimore City: **Baltimore City**
 Southern Maryland: Calvert, **Charles**, St. Mary's
 Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, **Wicomico**, Worcester
 DC Metro: Frederick, Montgomery, **Prince George's**
 (SANTA site in bold)

NOTE: Each region had one SANTA site (bolded above) where arrestee interviews and urine testing were conducted. The statewide need for treatment was calculated by applying each SANTA site estimate to the number of arrestees in its corresponding region.

SOURCE: Wish E.D. and Yacoubian, Jr. G.S. *Statewide Adult Substance Abuse Need for Treatment Among Arrestees (SANTA) in Maryland*, May 2002. For more information, contact Dr. Eric Wish of CESAR at 301-403-8329.