# THE DEWS COUNTY SNAPSHOT

SUBSTANCE ABUSE TRENDS IN ST. MARY'S COUNTY

### Drug use in st. mary's county

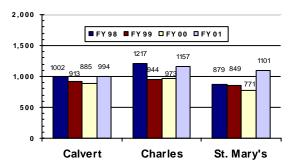
Alcohol and marijuana continue to be the most persistent problems in the county. People entering treatment programs in St. Mary's County mentioned both drugs in increasing numbers over the past four years.

Over half of high school seniors reported current drinking and almost a quarter reported current use of marijuana in a recent school survey. Juvenile offenders participating in the Offender Population Urinalysis Screening (OPUS) project and Drug Scan professionals reported that marijuana is the drug most frequently used by adolescent drug users. The juvenile offenders indicated

that marijuana is often mixed with stimulants or hallucinogens like cocaine, mushrooms, and PCP.

Other drugs presenting problems for the county include ecstasy, LSD, mushrooms, and prescription drugs. Nearly one in ten high school seniors reported current use of designer drugs like ecstasy in a recent school survey. Juvenile offenders also reported the availability of LSD and shrooms in their neighborhoods and indicated that prescription drugs such as Adderall® and Percocet® could be obtained from friends for a minimal price.

## Treatment Admissions in Southern Maryland, by Year and County



Source: Adapted by CESAR from data from the Alcohol and Drug Abuse Administration Substance Abuse Management Information System.

# NOTEWORTHY FINDINGS ABOUT ECSTASY, HALLUCINOGENS & PRESCRIPTION DRUGS

Nearly one in ten (9%) high school seniors reported the current use of designer drugs, according to the most recent Maryland Adolescent Survey (MAS). About the same level of use was reported in neighboring Calvert County (10%).

Seniors in all three of the Southern Maryland counties reported levels of use that were above the statewide level (5%).

Drug Scan contacts indicated that the population using ecstasy was broad, but reports about the levels of use were inconsistent. Typical users were described as being in their late teens or early twenties. Some practitioners stated that it was sometimes difficult for young people to "bounce back" from episodes of depression following ecstasy use, and that

## MESSAGE FROM THE DIRECTOR

The DEWS County Snapshot is our attempt to make available the latest evidence on county drug trends. Each month, Drug Early Warning System (DEWS) staff will publish a Snapshot of a new Maryland county. Snapshots for Calvert, Harford, Howard, and Montgomery Counties are planned for the months ahead. The Snapshot is intended to alert readers to a variety of topics, such as treatment admissions, overdose deaths, and what youth offenders are saying about drugs in their county. 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 at-risk youthful offenders (OPUS) and knowledgeable professionals (Drug Scan), in conjunction with the more traditional indicators of drug

Extensive prior research has demonstrated that emerging illegal drug problems may

(Continued on page 3.)

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#### OPUS Youth Tell Us Why Kids Use Drugs

"They don't care about themselves."

- "They like it."
- "...to escape reality, or to just have fun."

"They're sad and angry."

- "...to be cool, I guess."
- "...because of their friends."
- "First out of curiosity and then because of how it makes you feel happy."

some users have exhibited signs of psychosis following use.

As in other Maryland counties, juvenile offenders were uncertain of the chemical make-up of ecstasy. An OPUS youth described ecstasy as a "little circular purple pill." While professing uncertainty as to whether this pill had a name, he stated that ecstasy cost \$30 per pill and that users might drink while using it. Another youth described a method of using ecstasy known as

"parachuting"—crushing the pill into a powder, placing it in a tissue, and swallowing it. A third juvenile reported that ecstasy use began in the mid teens.

Hallucinogens and prescription drugs mentioned by juvenile offenders included LSD, 'shrooms, and Percocet®. Several juveniles reported the availability of LSD and shrooms in their neighborhoods. They appeared to know few specifics beyond how to use them. These

juveniles reported that Adderall®, Percocet®, and other painkillers could be obtained from friends who were prescribed the drugs. Prescription prices ranged from \$1 to \$5 per pill.

Adults appeared to be using prescription drugs in increasing numbers. Mentions at treatment admission of "other opiates," such as codeine, Demerol, morphine, and oxycodone, more than doubled from 15 in FY 1998 to 31 in FY 2001.

# CONTINUING CHALLENGES ALCOHOL, MARIJUANA, & COCAINE

Although use by students may be decreasing, alcohol and marijuana continue to pose the most persistent problems in the county. Mentions of both drugs at admission to treatment increased during FY 1998 to FY 2001. St. Mary's had one of the six highest rates of alcohol mentions by juveniles in the state. Mentions increased 131% from 72 to 166 (see figure) during this time. Marijuana mentions rose 82% (from 84 to 153). Among adults, alcohol mentions increased 37% (from 511 to 698), and marijuana mentions increased 61% (from 210 to 339).

These treatment findings were consistent with reports from both Drug Scan professionals and juvenile offenders interviewed in the county. Drug Scan contacts reported that marijuana was the preferred drug of adolescent drug users. OPUS youths said that marijuana was easy to obtain in county neighborhoods and communities and that it was often mixed with other drugs, including cocaine, shrooms, and PCP.

In comparison to the 1998 survey, the 2001 MAS findings for St. Mary's county suggested a reduction in past month alcohol use by 8th and 12th graders. A similar reduction in marijuana use was also suggested. According to the 2001 MAS, over half (54%) of high school seniors reported current drinking and about a quarter (24%) reported current marijuana use. Current alcohol use by county 10th and 12th graders appeared to be higher than

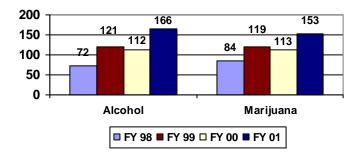
both state and national levels. Nearly half of St. Mary's 10<sup>th</sup> graders reported current alcohol use, compared to 36% of all Maryland 10<sup>th</sup> graders and 39% of the national sample. Similarly, 54% of seniors admitted to current drinking, compared to 48% of all Maryland seniors and

50% of the national sample.

Although cocaine use was not at the level of alcohol or marijuana, its use by adults made it a continuing focus of local law enforcement efforts.

Cocaine was the third most often mentioned substance at

#### Juvenile Treatment Admissions with Alcohol or Marijuana Mentions, FY 1998 - FY 2001



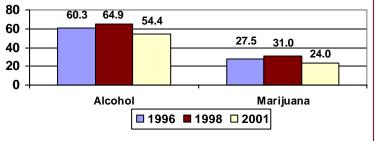
Source: Adapted by CESAR from data supplied by the Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration. Each admission may have up to three drug mentions associated with it.

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admission to treatment. Among adults, these mentions increased 27% (from 217 to 276) from FY 1998 to FY 2001. (In the state overall, cocaine mentions decreased 6% during this time.) A Drug Scan contact stated that urine tests revealed that approximately half of the county's adult probationers used cocaine.

Only a handful of OPUS juveniles reported that powder and crack cocaine were available. These youths did not appear to be familiar with the drug, but believed that users generally snorted it. Research with juvenile offenders in Maryland and across the United States reveals that youths rarely test positive for cocaine (5% in the 2002 OPUS Detention Center Study). But, 18 juvenile treatment admissions in FY 2001(out of 291) did involve cocaine which gives St. Mary's one of the highest rates in the state.

#### Percentage of High School Seniors Reporting Regular Use of Marijuana or Any Form of Alcohol, by Year



1996 (N = 151) 1998 (N = 245) 2001 (N = 243)

Source: Adapted by CESAR from the State Department of Education Maryland Adolescent Surveys 1996, 1998, and 2001. The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any changes in drug use over time.

#### Message From the Director Continued...

show up among offenders before spreading to the larger community. OPUS project staff therefore interview a small number of arrested youths 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 a few 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 the *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 <a href="dews@cesar.umd.edu">dews@cesar.umd.edu</a>, or call the DEWS tipline (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.

### **TREATMENT & PREVENTION SOURCES**

#### St. Mary's County:

Walden Behavioral Health Services 23130 Moakley Street Leonardtown, Maryland 20650

Phone: 301-997-1300 Fax: 301-997-1321

24-Hour Hotline: 301-863-6661 http://www.waldensierra.org/ Substance abuse treatment, crisis counseling, and other mental health services.

St. Mary's County Office of Community Services Alliance for Alcohol & Drug Abuse Prevention

Leonardtown, MD 20650 Phone: 301-475-4632

P.O. Box 653

### E-Mail: joseph\_donick@co.saint-marys.md.us

Clearinghouse for dissemination of information on all elements of alcohol, tobacco, and other drugs

#### Maryland:

AIDS Hotline 800-638-6252

Alcohol & Drug Abuse Administration 410-402-8600, www.maryland-adaa.org

Maryland Youth Crisis Hotline 800-422-0009

Drug Early Warning System (DEWS) 1-877-234-DEWS, www.dewsonline.org For additional information about the data presented in this report, please visit the St. Mary's Snapshot on the web.

#### National:

Justice Statistics Clearinghouse 1-800-732-3277

National Clearinghouse for Alcohol & Drug Information(NCADI) 301-468-2600 or 800-729-6686, www.health.org

Office of National Drug Control Policy (ONDCP) Drugs & Crime Clearinghouse 800-666-3332,

www.whitehousedrugpolicy.gov

National Criminal Justice Reference Service (NCJRS) 800-851-3420, www.ncjrs.org

Center for Substance Abuse Research (CESAR) 301-403-8329, www.cesar.umd.edu

### STOLEN DREAMS: THE REALITY OF ECSTASY

The Center for Substance Abuse Research (CESAR) recently produced a 15-minute video designed to educate middle school students about the physical, psychological, and social effects of ecstasy use and to encourage the development of effective decision-making skills. The video features Maryland youths talking about the effects of drugs on their lives. Renowned state and national experts highlight the effects of ecstasy use on the brain and the families of users.

The video may be viewed on our website, www.dewsonline.org. To purchase or borrow a copy of the video:

- Complete the online order form, or
- E-mail us at DEWS@cesar.umd.edu, or
- Call 301-403-8329 or 1-877-234-DEWS

