

THE DEWS COUNTY SNAPSHOT

SUBSTANCE ABUSE TRENDS IN BALTIMORE COUNTY

DRUG USE IN BALTIMORE COUNTY: OVERVIEW

⇒ Heroin is the #1 illicit drug cited by adults admitted to treatment in Baltimore County. Heroin mentions by adults increased more than 19 percent between fiscal years 1998 and 2002 (from 2,340 to 2,794), while “other opiates” mentions increased 222 percent (from 159 to 512).

⇒ Between 1998 and 2002, overdose deaths in Baltimore County increased 75 percent (from 48 to 84), primarily due to increases in narcotics-only and cocaine-only deaths.

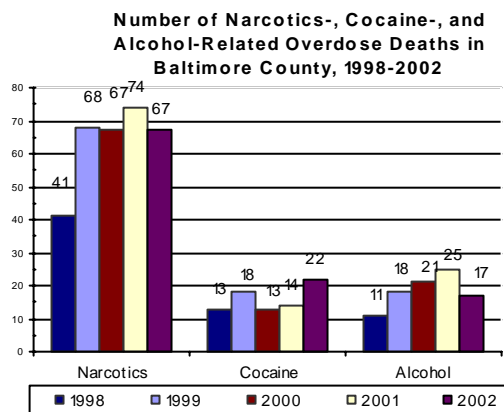
⇒ Thirty-seven percent of adults reported cocaine

abuse on admission to treatment in FY 2002.

⇒ Nearly 82 percent of juveniles admitted to treatment in Baltimore County report marijuana abuse.

⇒ Hallucinogen abuse is reported by close to 9 percent of juveniles

admitted to treatment in Baltimore County. Juveniles interviewed by OPUS staff report that LSD in liquid form is sometimes dropped on sugar cubes or sweet tarts, as well as in the eyes, on the tongue, or on the skin.



Source: Adapted by CESAR from data from the Office of the Chief Medical Examiner.

MESSAGE FROM THE DIRECTOR

The *DEWS County Snapshot* is our attempt to make available the latest evidence on county drug trends. Every six to eight weeks, Drug Early Warning System (DEWS) staff will publish a Snapshot of a different Maryland county. Snapshots for Prince George's and Montgomery counties are planned for the months ahead. The *Snapshot* is intended to alert readers to current trends in one county. More extensive supporting documentation for each issue can be found on www.dewsonline.org

Eric D. Wish, Ph.D., Director

KEY TERMS

OPUS (Offender Population Urinalysis Screening)—Staff conduct interviews with juvenile offenders at county intake centers.

Drug Scan—Staff conduct interviews with professionals in education, criminal justice, prevention, and public health.

MAS (Maryland Adolescent Survey)—A bi-annual survey of drug use by 6th, 8th, 10th, and 12th graders.

Current use is the use of a drug at least once in the past 30 days.

Drug Mentions—The Substance Abuse Management Information System (SAMIS) is maintained by the Alcohol and Drug Abuse Administration to monitor treatment admissions. Up to three drugs of abuse are noted.

NOTEWORTHY FINDINGS: HALLUCINOGENS, PCP, ECSTASY, BARBS AND BENZOS

Hallucinogens, (e.g., LSD, mescaline, 'shrooms, ecstasy/MDMA) ranked third in frequency of mentions (9%) among Baltimore County juveniles admitted to treatment in fiscal year 2002. Among the county's 12th graders, 5

percent admitted current use of LSD in the 2001 school year, and nearly as many admitted current use of “other hallucinogens” (e.g. 'shrooms).

LSD use begins between the ages of 15 and 18, according to OPUS juveniles who described several forms of

the substance, including paper sheets called “tabs.” Liquid acid was reported to be available in vials containing 50 hits. The liquid can be put on sugar cubes or directly into the eyes or mouth. Youths reported that users put acid in their eyes because it brings about

OPUS Youths Tell Us Where Kids Use Drugs

"In school people use pills because they are not noticed. Crack, weed, and alcohol are used at home or parties on the weekend—a lot of people use alcohol." (14-year-old)

"Kids sell bags on the school bus." (13-year-old)

"Drugs [are available] day and night, at school, or at the skate park." (14-year-old)

"Kids are being very experimental these days. You can get high at parties, a friend's house, just chillin', just social crowds doing it together. [Drugs] are bought and sold at school. If you're young enough to be in school, that's the perfect place to make a lot of money." (15-year-old)

"[My neighborhood] is drug infested—you can get [drugs] from anybody. Ten people on one corner." (14-year-old)

"a different feeling," as well as "instant" effects.

OPUS juveniles also reported that marijuana, 'shrooms, ecstasy, or alcohol might be used in combination with acid. One youth maintained, "Acid can be laced with crack—it is melted onto the paper and it burns your tongue." Another youth described "pumpkin" acid. According to the juvenile, users dropped acid on paper and preserved it in foil until October. "Cherry bomb" acid, according to the same youth, was preserved year-round, and "AK47" was preserved for two years.

Baltimore County youths reported that 'shrooms were available only during certain seasons and were obtained from dealers or from cow fields in Maryland or Pennsylvania. One youth described the potency of 'shrooms as "so strong that a lighter becomes a snake." The same juvenile reported that 'shroom use is "more popular, kids are getting intro-

duced to it and know more than a couple of years ago." Interviewed youths said that users ingest 'shrooms by eating them, smoking them, or making them into tea or Kool-Aid.

A Drug Scan contact reported that several small seizures of PCP occurred in the past year. The drug, a problem 10 years ago, might be making a comeback, according to the contact. Reportedly, users are mostly white, less educated, blue collar, and from the southern part of the county. Two methods of ingestion were described: PCP sprinkled on frosted flakes and the use of "dippers"—cigarettes or marijuana dipped in PCP. However, among Baltimore County students, current PCP use was reported by less than 1 percent of all students except 8th graders (3%) in 2001.

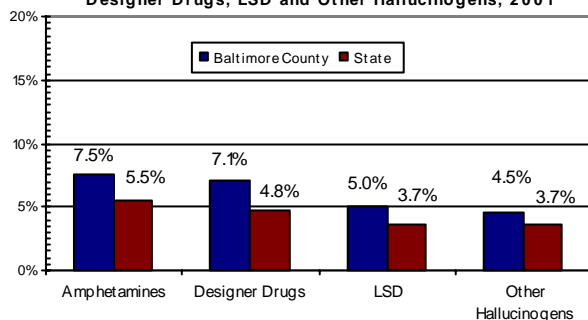
More than 7 percent of Baltimore County 12th graders reported current ecstasy/MDMA use, while one in five admitted lifetime use of the substance. County 6th, 8th, and 10th graders reported current use levels at 3 percent or below. Several OPUS juveniles and a Drug Scan contact reported that ecstasy use sometimes begins in the early teens, but one youth stated that use of the substance did not begin until 18, the age at which club attendance becomes possible. A Drug Scan contact described users as "ravers"—kids who are wealthy and go dancing. "Rave kids do everything."

Reportedly, ecstasy is usually obtained through "hookups at raves and clubs in the city, as well as through heroin dealers." Symbols that were mentioned as appearing on ecstasy pills includes stars, smiley faces, car symbols (e.g., Lamborghini), peace signs, dolphins, Mickey Mouse, Playboy, CK, AOL, and Pikachu. Two juveniles described a type of ecstasy called "Osama bin Laden," but one maintained that no one uses it.

OPUS youths reported that alcohol and marijuana might be consumed with ecstasy, although one youth stated, "The druggies I know are real smart. They take precautions. They won't mix things with anything else so they die. A lot of these kids don't want to die, they just want to get high." This was similar to a Drug Scan report that ecstasy use among youths is decreasing because the kids are "scared of it now" because they have no way of knowing what they are getting.

Among adults, benzodiazepines (e.g., Xanax and Valium) mentions increased 48 percent between fiscal years 1998 and 2002 (from 152 to 225). Benzodiazepines were the 6th most frequently cited substance of abuse among adults (more than 3%) admitted to treatment and was 7th among youths (nearly 2%). A Drug Scan professional said that all of the adolescents he saw reported that they had tried prescription drugs such as Xanax and Valium. Youths said they got the drugs from dealers or connections at school, or that they stole them from their parents.

Percentage of 12th graders in Baltimore County and Statewide Reporting Current Use of Amphetamines, Designer Drugs, LSD and Other Hallucinogens, 2001



Baltimore, N = 380; State, N = 6,078

Source: Adapted by CESAR from the Maryland Adolescent Survey 2001. The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any differences between estimates.

CONTINUING CHALLENGES: ALCOHOL, HEROIN AND MARIJUANA

Nearly six out of ten adults mentioned alcohol at admission to treatment in fiscal year 2002, making it the substance most frequently mentioned.

Among juveniles admitted to treatment, alcohol was the second most frequently mentioned substance (after marijuana); alcohol mentions increased by nearly one-quarter between fiscal years 1998 and 2002 (from 462 to 569).

The MAS revealed that more than 55 percent of all Baltimore County 12th graders reported current use of alcohol, compared to nearly 48 percent of 12th graders statewide. More than 81 percent of all county high school seniors acknowledged alcohol use at least once in their lifetime. Four out of ten 12th graders reported current binge drinking, while nearly 64 percent reported binge drinking at least once in their lifetime.

A Drug Scan professional said that marijuana is more popular than alcohol among youths, but that alcohol use is more of a problem with the population he served because it is often directly related to vehicular misuse and assaults. "They drink and drive. They . . . do stupid things."

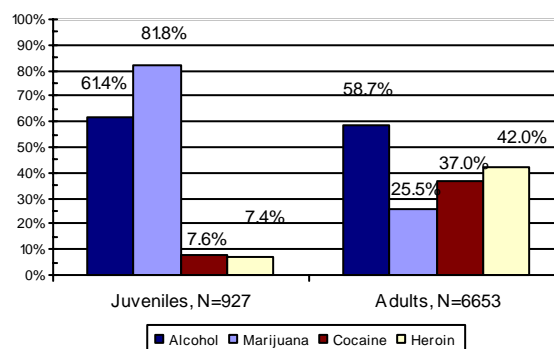
Drug Scan contacts reported that liquor (e.g., vodka, rum, and whiskey) is preferred to beer because beer "takes too long" to bring about inebriation. This was confirmed by an OPUS youth who ex-

plained that liquor is stronger, and therefore less needs to be consumed to get drunk. Most youths reported that alcohol use can begin at any age, even as young as 12. This was consistent with MAS data that revealed that by 6th grade, nearly 16 percent of students had tried alcohol at last once in their lifetime, and that more than one in ten had tried it within the past 12 months.

Heroin continued to be the #1 illicit drug (second after alcohol) mentioned by adults on admission to treatment in Baltimore County. In fiscal year 2002, 42 percent of adults cited heroin, and nearly 8 percent cited "other opiates." Heroin mentions by adults increased more than 19 percent between fiscal years 1998 and 2002 (from 2,340 to 2,794), and 23 percent between fiscal years 2001 and 2002 (from 2,275 to 2,794). Among county adults, "other opiates" mentions increased 222 percent (from 159 to 512) between 1998 and 2002, and 46 percent (from 350 to 512) between 2001 and 2002. More than 7 percent of juveniles admitted to treatment cited heroin, and 4 percent cited "other opiates." Mentions of "other opiates" by juveniles increased 185 percent between fiscal years 1998 and 2002 (from 13 to 37).

OPUS juveniles reported that heroin use begins "when you are tired of weed." A youth stated, "They start selling at 11, and I'm not sure how old

**Alcohol, Marijuana, Cocaine, and Heroin
Mentions at Treatment Admission in
Baltimore County, by Age, FY 2002**



Source: Adapted by CESAR from SAMIS data.

when they start using." When asked how an 11-year-old gets into selling heroin, the youth stated, "You get into the business when you hang on the street. People hustling take you under [their] wing and you will hold drugs for [them], and then you're in the gang."

A youth services contact said that heroin is "the most addicting drug we see." He complained that it is difficult to get juveniles off heroin and that they often go back to it. Another contact underscored this by saying that heroin is a problem because it is cheap, and kids don't seem to understand that it is hard to get off of it, once hooked.

An addictions counselor stated that the clientele coming into treatment for heroin addiction has changed and that users now are often white females—the children of addicts—and frequently associated with prostitution.

Several OPUS juveniles reported that OxyContin was both available and popular among county youths. Drug Scan substance abuse treatment contacts de-

scribed an increase in OxyContin use and maintained that users range in age from 18 to 40 and are from a variety of socioeconomic levels. A law enforcement contact stated that officials have made several minor seizures over the past 2 years. Percocet and hydrocodone are other prescription drugs reportedly used by local youths. Opium is described as available; it is smoked with marijuana.

Marijuana was by far the substance most frequently cited by juveniles on admission to treatment in fiscal year 2002. More than 81 percent of all Baltimore County juvenile admissions mentioned marijuana as a substance of abuse. Nevertheless, the percentage of county juveniles citing marijuana was less than the percentages in surrounding counties. Marijuana mentions increased 16 percent between fiscal years 1998 and 2002 (from 651 to 758) and 6 percent between fiscal years 2001 and 2002 (from 714 to 758).

(continued on page 4)

(continued from page 3)

By comparison, slightly more than one-fourth of adults admitted to treatment in the county mentioned marijuana, less than surrounding counties as well as the statewide percentage of 29 percent.

Drug Scan contacts and OPUS youths stated that marijuana use starts as early as 8 or 9 years of age. One youth stated, "If you don't like a person you spray on roach spray or inject the buds with bleach or ammonia." Another youth and a Drug Scan contact confirmed this. The Drug Scan contact explained that dealers use bug spray because it is odorless when dried, and makes the bags heavier, allowing dealers to make greater profit. Marijuana, according to this contact, is "as easy to get as gum at the store." More than one-quarter (9) of the OPUS youths providing urines tested positive for marijuana.

TREATMENT & PREVENTION SOURCES

Baltimore County:

Baltimore County Bureau of Substance Abuse, BCHD
401 Washington Ave., Ste. 300
Towson, MD 21204
410-887-3828

Sheppard Pratt Office of Substance Abuse Education and Prevention
410-938-3100
www.sheppardpratt.org

First Step
8303 Liberty Rd.
Baltimore, MD 21207
410-521-4141
Hotline: 410-521-3800

AWARE (Women's Active Recovery Enterprise)
7801 York Rd., Ste. 203
Towson, MD 21204
410-825-7077

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)
877-234-DEWS
www.dewsonline.org

For additional information about the data presented in this report, please visit the Baltimore County Snapshot on the web.

National:

Justice Statistics Clearinghouse
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

Non-profit Org.
U.S. Postage
PAID
York, PA
Permit No. 356

DEWS
County Snapshot

Center for Substance Abuse Research
University of Maryland
4321 Hartwick Rd., Ste 501
College Park, MD 20740
Tel: 1-877-234-DEWS
dews@cesar.umd.edu
www.dewsonline.org