

Drug **E**arly **W**arning **S**ystem

Working Together to Identify Emerging Drug Trends in Maryland

MARYLAND DRUG EARLY WARNING SYSTEM: *DEWS Fax Volume 2*

2000

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Drug Early Warning System (DEWS) Project Overview

Lt. Governor Kathleen Kennedy Townsend implemented the Drug Early Warning System (DEWS) in mid-1998 in response to a perceived shift in drug-use patterns in suburban counties such as Carroll and Harford. Currently, DEWS collects quantitative and qualitative data through four projects: Juvenile Offender Population Urine Screening (OPUS), Maryland Drug Scan, Rapid Response Field Unit, and Substance Abuse Indicators. By collecting data through these programs, the DEWS staff can detect and define current trends with real-time data. DEWS provides state, county, and local policymakers, program administrators, and community activists with ongoing, timely information about drug use patterns in Maryland to assist them in developing coordinated responses to meet local needs.

Since 1998, the DEWS studies have been staffed by a variety of dedicated project directors, research assistants, interviewers, and other staff whose efforts have supported the steady growth and expansion of DEWS including:

CESAR Director – Eric D. Wish

DEWS Coordinator – Erin Artigiani

Substance Abuse Indicators – Dana Lehder, Craig Winters

Drug Scan – June Moore, Dorian Broadus

OPUS – Lis Fost, Jill Yacoubian, Melanie Westover, Megan Fitzgerald, Erika Olson

DEWS Fax – Wanda Hauser, Kara Johnson

DEWS News – Patty Lemley

DEWS strives to ensure that information collected is promptly distributed. Findings are disseminated through various reports, including the DEWS News and monthly DEWS faxes. To be added to the fax distribution list, contact DEWS at 301-405-9770, 301-403-8342 (fax), or dews@cesar.umd.edu. Past issues of the *DEWS Fax* are available online at www.dewsonline.org.

Acknowledgements

We would like to thank Lt. Governor Kathleen Kennedy Townsend and the Cabinet Council on Criminal and Juvenile Justice for establishing and supporting the Maryland Drug Early Warning System (DEWS). We would also like to thank the Governor's Office of Crime Control & Prevention for providing the funding necessary to implement the monthly *DEWS Fax* and other DEWS projects.

The efforts of many contacts across the State support the DEWS projects. Without their dedication and commitment, the continuing success of this unique monitoring system would not be possible.

**DEWS Fax
Volume 2 (2000)**

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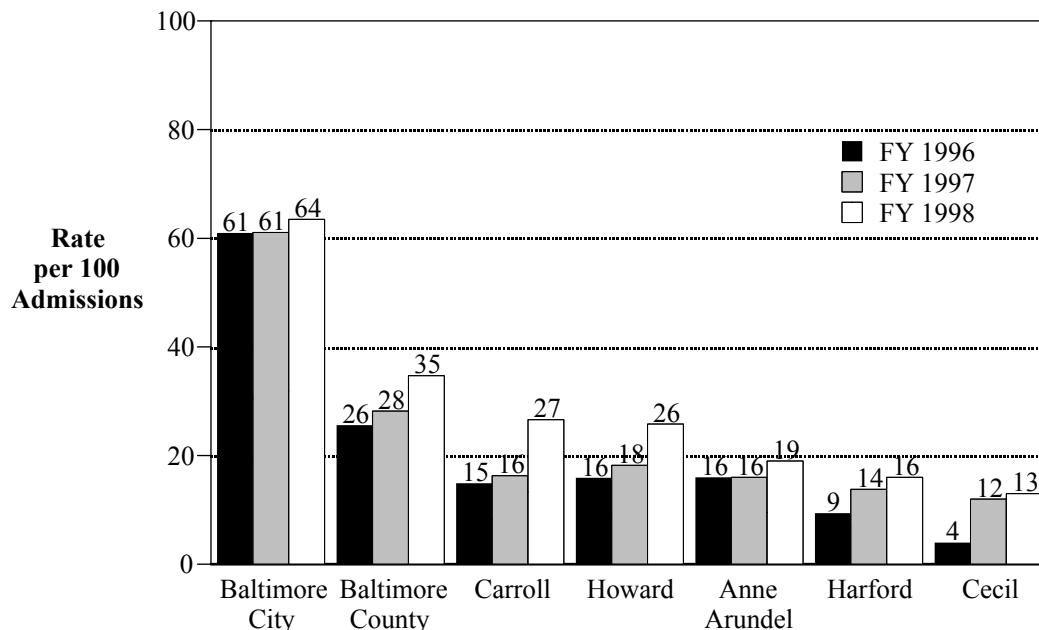
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Baltimore City Heroin-Related Treatment Admissions Hold Steady in FY 1998; Increases Found in Most Neighboring Counties

The Substance Abuse Management Information Systems (SAMIS) tracks up to three drugs of abuse for each client admitted to drug treatment programs in Maryland. The rate of heroin mentions in Baltimore City from FY 1996 to FY 1998 has remained stable. In contrast, most of the surrounding suburban counties have experienced significant increases. (See chart below.) The 1998 Maryland Drug Scan (DEWS Fax, Vol. 1, Issue 3) also indicates an increase in heroin use in these counties.

Rate of Heroin Mentions per 100 Drug Treatment Admissions, by County, FY 1996-1998



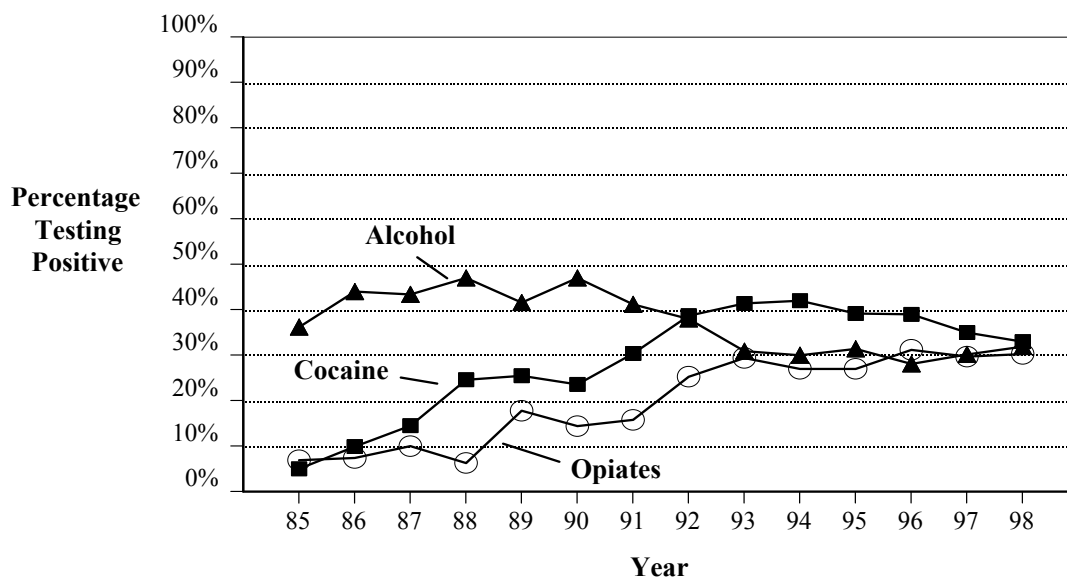
NOTES: A mention is a report of a substance as a problem on a SAMIS admission or discharge form. Up to three substances may be reported for each admission and each discharge. Thus, the number of mentions exceeds the numbers of admissions and discharges.

SOURCE: Adapted by CESAR from data from the Maryland State Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration's Substance Abuse Management Information System (SAMIS). For more information, contact Erin Artigiani at (301) 403-8329 or at erin@cesar.umd.edu.

Maryland Trauma Center Admissions Data Reveal Changes in Cocaine and Opiate Test Results

Toxicology results from almost 9,865 victims of violence treated at the R. Adams Cowley Shock Trauma Center at the University of Maryland Medical Center between 1985 and 1998 reveal significant increases in the use of cocaine and opiates in the 80s and a leveling off in the 90s (see figure below). In contrast, the number of victims of violence testing positive for alcohol on admission has decreased since 1990 (Soderstrom, et al., 1999). The trauma center serves central Maryland and the urban communities surrounding the Medical Center in Baltimore. Alcohol and other drug testing is routinely performed on admissions to the center for clinical reasons.

**Alcohol/Cocaine/Opiate Positives Among Violence Victims
Treated in the University of Maryland Shock Trauma Center, 1985-1998**
(N=9,865)



NOTE: Analyses were conducted at the National Study Center (NSC) for Trauma and EMS of the University of Maryland (Baltimore), which maintains a confidential clinical toxicology database for Shock Trauma patients. For additional information contact Dr. Carl Soderstrom at 410-328-5537.

SOURCE: Soderstrom CA, M Tandon, PC Dischinger, TJ Kerns, JA Kufera, and TM Scalea, "An Assessment of Alcohol/Drug Testing Results Among 42,981 Patients Treated at a Level I Trauma Center Documenting Epidemic Increases in Cocaine and Opiate Use: 1984-1998." Poster presentation, 59th Meeting of the American Association for the Surgery of Trauma, Boston, MA, September 16-17, 1999.

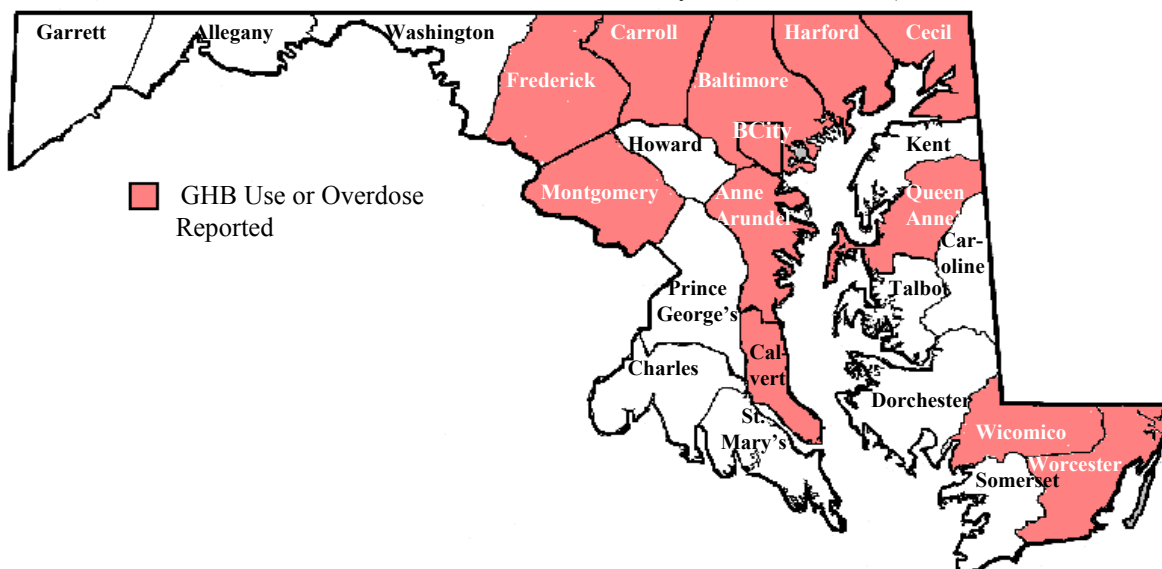
Reports Indicate that GHB/GBL Use Is Spreading Throughout Central Maryland

GHB and GBL are depressants believed to break down social inhibitions, enhance sexual experiences, and produce euphoria in users. GHB/GBL use was initially reported in 1998 in two counties with active rave scenes (Frederick and Queen Anne's), but now is reported throughout Central Maryland. In addition, there were 23 overdoses reported to the Maryland Poison Center in 1999. The map below indicates the 12 jurisdictions in which GHB/GBL use has been reported by Drug Scan contacts or the Maryland Poison Center. (For additional information on GHB, see *DEWS Fax* Special Edition, April 1999, and *CESAR FAX* Vol. 9, Issue 6.)

Nationally, GHB/GBL are responsible for more than 58 deaths and 5,700 overdoses since 1990. GHB is a federally scheduled substance and is illegal in 26 states. Maryland's Drug Rape Bill (HB 180) before the 2000 General Assembly would make it a misdemeanor to administer a drug such as GHB to someone without their knowledge and with the intent of committing a crime. The bill passed the House 135 to 0 in February and is, as of the date of this fax, still pending in the Senate.

Reports of GHB Use or Overdose in Maryland Counties, 1998-1999

(Based on 228 Maryland Drug Scan interviews conducted in Fall 1998 and Summer 1999 and data from the Maryland Poison Center)



SOURCE: Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), University of Maryland at College Park. For more information, contact Erin Artigiani at (301) 403-8329 or at erin@cesar.umd.edu

Heroin and Ecstasy Reported As Emerging Drugs by Drug Scan Reporters in About Half of Maryland's Counties

Three-quarters (18 of 24) of Maryland's jurisdictions reported one or more emerging drugs during the 1999 Drug Scan. An emerging drug is a drug that has recently (in the past six to 12 months) been perceived as a problem and is strongly connected to a specific subculture. The drug is also thought to be spreading into a broader population. The two most often mentioned emerging drugs were heroin (14 counties) and ecstasy (10 counties). Drug Scan interviews were completed with 98 Drug Scan contacts in the summer of 1999. The Maryland Drug Scan is a statewide, county-level drug use monitoring project that is designed to obtain perceptions of current local drug trends from substance abuse professionals such as doctors, police officials, educators, and drug treatment providers. The table below shows the emerging drugs identified by Drug Scan contacts in four or more counties.

Emerging Drugs in Maryland by County, 1999

	Heroin	Ecstasy	LSD	Ketamine	Ritalin
Allegany	X	X			
Anne Arundel	X	X			
Baltimore	X	X	X	X	
Baltimore City					
Calvert	X				
Caroline					
Carroll		X			X
Cecil	X				
Charles	X	X	X		
Dorchester					
Frederick	X	X	X	X	
Garrett	X	X	X		
Harford					
Howard					
Kent					
Montgomery	X	X		X	
Prince George's					X
Queen Anne's					
Somerset	X				
St. Mary's		X	X	X	
Talbot	X				X
Washington	X				X
Wicomico	X				
Worcester	X	X	X	X	
No. of Counties	14	10	6	5	4

NOTES: DEWS contacts in each county may have mentioned other emerging drugs not listed in this table. For example, contacts in Harford county perceived benzodiazepines as an emerging drug in their area. The 2000 Drug Scan will be conducted during May and June of this year. If you have information to share or comments about this table, please call the DEWS toll-free tipline, 1-877-234-DEWS.

SOURCE: Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), University of Maryland at College Park. A copy of the 1999 Drug Scan report can be requested by calling the DEWS toll-free tipline (1-877-234-DEWS).

OPUS Intake Results Indicate that Marijuana is the Drug Most Likely to be Detected Among Youth Offenders in Baltimore City, and Carroll and Baltimore Counties

The OPUS Intake Study monitors drug use by youth offenders through interviews and urine tests at Department of Juvenile Justice (DJJ) intake offices across the State. About one-quarter to one-half of the youth in the first three jurisdictions studied tested positive for any drug, primarily marijuana (See Table). OPUS interviewers at all three sites also found that marijuana was the drug most frequently used by young people. Nearly half (44%) of the youths tested in Baltimore City were positive for marijuana, more than double the rate in Carroll or Baltimore counties. Surprisingly, no opiates (heroin) were found in the Baltimore City youths. Youths told interviewers that they consider heroin to be “an adult thing.” A study of adult arrestees in Baltimore City (*CESAR FAX*, Vol. 7, Issue 22) reported that 37% of males and 48% of females tested positive for opiates.

Percentage of Youth Offenders Testing Positive for Drugs, by DJJ Intake Center, May to December 1999

	Carroll County (N= 71)	Baltimore County (N= 146)	Baltimore City (N=48)
Marijuana	17%	19%	44%
Cocaine	4%	2%	0%
Opiates	3%	2%	0%
Amphetamines	8%	4%	0%
Any Drug (of 10)	28%	23%	44%

NOTE: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazapines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene.

SOURCE: Offender Population Urinalysis Screening (OPUS) program, Drug Early Warning System (DEWS), Center for Substance Abuse Research. For more information, contact Erin Artigiani of CESAR at 301-403-8329. The complete intake study findings for each site are posted on the DEWS website at www.cesar.umd.edu/dews.htm.

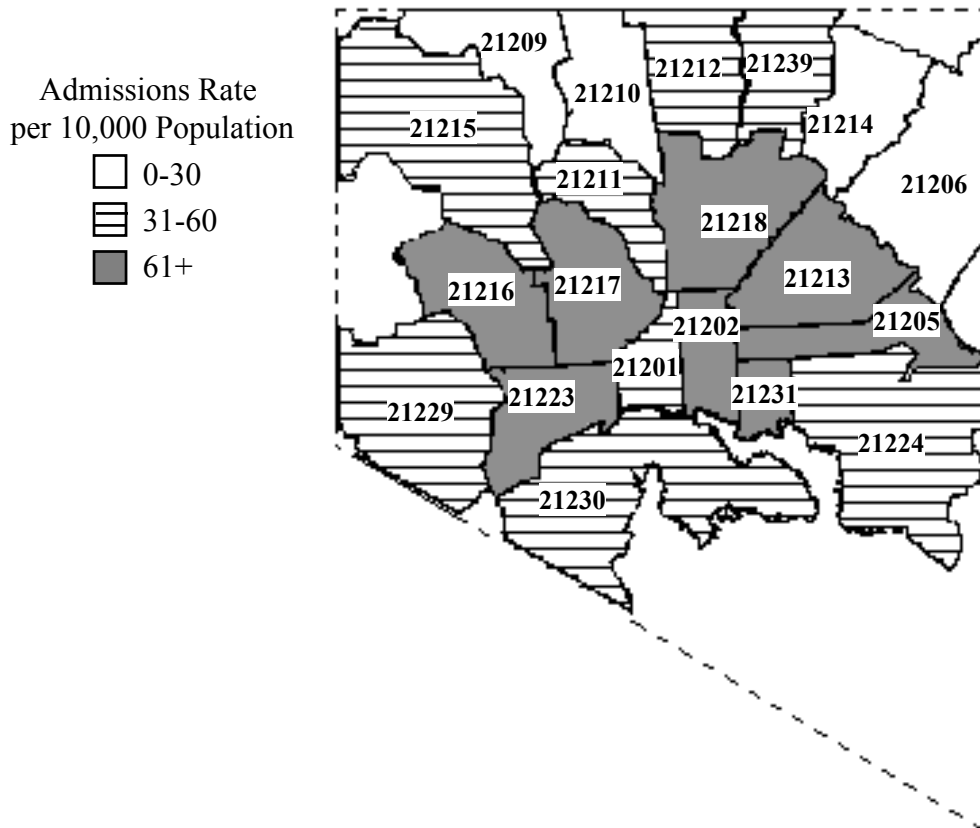
OPUS: Intake Study

The Offender Population Urinalysis Screening (OPUS) program was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing of youths at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began data collection in May 1999 with juveniles being processed by DJJ intake staff.

Highest Rate of Treatment Admissions Found in Baltimore City Center

Over the past six months there have been 4,169 admissions to substance abuse treatment programs in Baltimore City--a rate of 56.6 per 10,000 residents. The highest rates of admission were from eight zip codes in the City center, an area that encompasses a combination of poor and middle class neighborhoods. This area had treatment admission rates ranging from 68.4 to 109.8 admissions per 10,000 residents and accounted for nearly three quarters (62%) of the City's admissions from December 1999 to May 2000. A future fax will cover drug-specific admission rates.

**Rate of Admission (per 10,000 population) to
Baltimore City Treatment Programs by Zip Code, December 1999-May 2000**



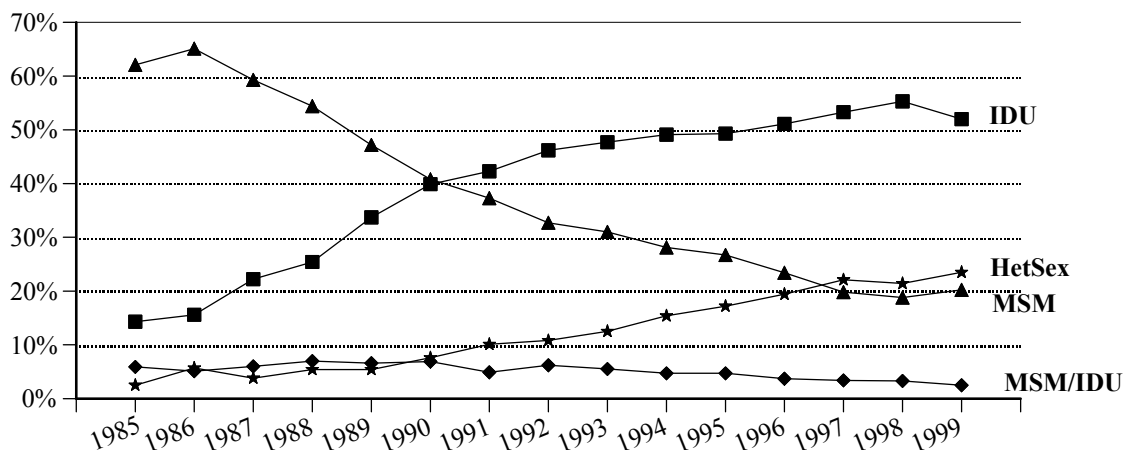
NOTE: Zip codes with a majority of their population in an adjoining county were excluded from this analysis.

SOURCE: Adapted by CESAR from data from the Baltimore Substance Abuse Systems, Inc. (BSAS). For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Injection Drug Use Is the Primary Cause of Maryland AIDS Cases

Since 1991, injection drug use (IDU) has been the most prevalent cause of AIDS cases in Maryland, according to data from the Maryland AIDS Administration. In 1999, the majority (52%) of Maryland AIDS cases in which an exposure category was identified were associated with IDU, while approximately one-fourth (24%) of the cases were related to heterosexual contact. More than half (52%) of the 1999 Maryland AIDS cases were from Baltimore City, which has a high rate of heroin use (see *DEWS Fax*, Vol. 1, Issue 3, and Vol. 2, Issue 1). Nationally, only one-fourth of all AIDS cases in 1999 were related to IDU.

Annual Adult/Adolescent Maryland AIDS Cases by Exposure Category, 1985-1999
(cases in which an exposure category was identified, as reported through 3/31/00)



NOTES: IDU=Injection drug use; MSM=Men who have sex with men; MSM/IDU=Men who have sex with men and are injection drug users; HetSex=Heterosexual contact with a partner who has or is at risk for HIV.

Other exposure categories not shown above that account for small percentages of AIDS cases in Maryland include hemophilia/coagulation disorder, blood transfusion recipients, pediatric transmissions, and occupational exposures. In 1999, the exposure category was identified in 83% of all AIDS cases.

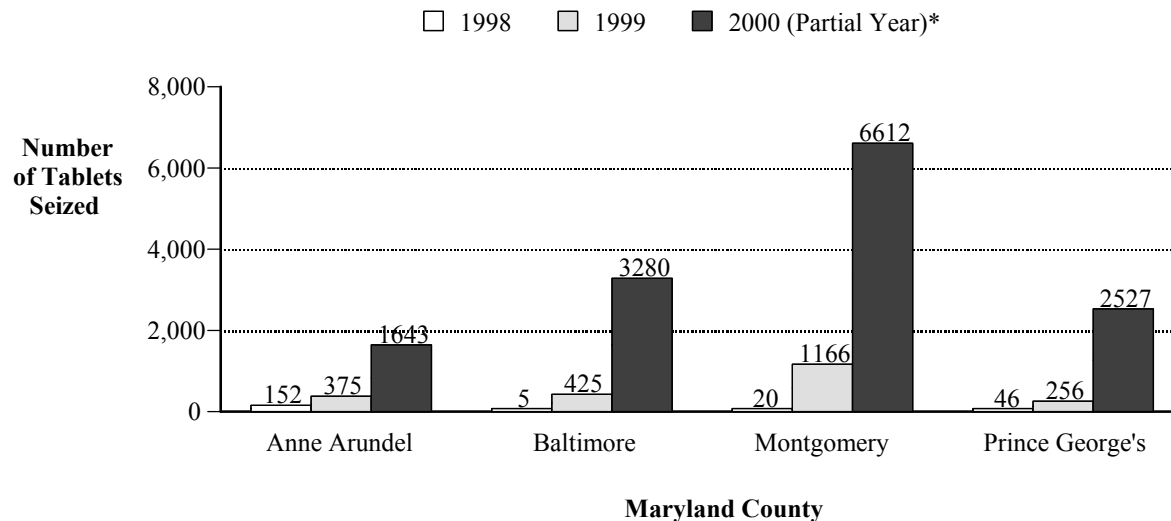
The number of cases in which an exposure category was identified was: 1985 (n=203); 1986 (315); 1987 (496); 1988 (689); 1989 (905); 1990 (1166); 1991 (1456); 1992 (1947); 1993 (2267); 1994 (2201); 1995 (2127); 1996 (1847); 1997 (1455); 1998 (1233); 1999 (827).

SOURCE: Adapted by CESAR from data from the AIDS Administration, Maryland Department of Health and Mental Hygiene. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Police Ecstasy Seizures Increase Dramatically In Four Maryland Counties

Ecstasy (MDMA) is a synthetic drug that combines the properties of hallucinogens with those of methamphetamine, a type of speed. DEWS researchers have been tracking ecstasy use in Maryland since it was first reported in mid-1999. Ecstasy has now been reported as an emerging drug in 18 jurisdictions and is spreading from the club or rave scene to the general teen and young adult population. Police seizures of ecstasy also suggest an increased presence in the state. In Baltimore County, the number of ecstasy tablets seized increased from 5 in 1998 to 3,280 in just the first half of this year. Increases in seizures in Montgomery County have been equally dramatic--from 20 tablets seized in 1998 to 6,612 in the first half of 2000. The State is currently preparing a strategic action plan to address the growing concern about ecstasy use in Maryland. In addition, a series of town meetings will be held across the state this fall to educate the public about ecstasy and the actions the State and local agencies have agreed to take.

Number of Ecstasy Tablets Seized by Police in Anne Arundel, Baltimore, Montgomery, and Prince George's Counties



*2000 data for Anne Arundel, Baltimore, and Montgomery counties are for January-June. 2000 data for Prince George's County is for January 1 to September 21.

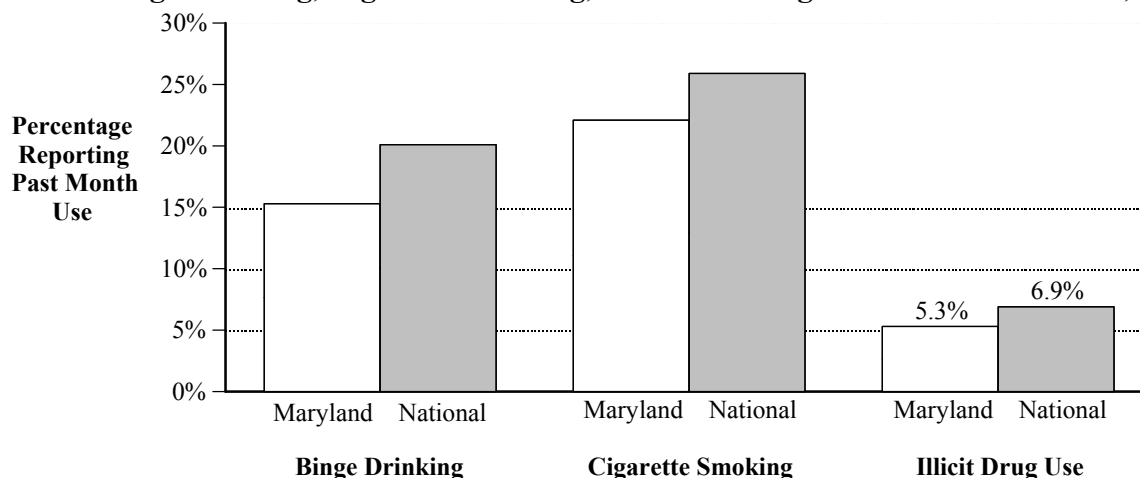
NOTES: The Maryland State Police (MSP) report that the number of ecstasy cases (as opposed to seizures) increased from 13 in 1998 to 59 in 1999. As of September 6, 2000, there were 76 cases. MSP case data does not include Anne Arundel, Baltimore, Montgomery, or Prince George's counties or Baltimore City because these jurisdictions do not use MSP labs. Baltimore City's crime lab does not track ecstasy cases at this time.

SOURCE: Center for Substance Abuse Research (CESAR), Drug Early Warning System (DEWS). For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Maryland Ranks Below National Average for Binge Drinking, Cigarette Smoking, and Illicit Drug Use

The rates of binge drinking, cigarette smoking, and illicit drug use among Maryland household residents are below national averages, according to the first statewide estimates of substance use from the National Household Survey on Drug Abuse. In 1999, 15.3% of Maryland residents aged 12 and older reported binge drinking in the past month, compared to 20.1% of residents nationally who reported binge drinking. Also, in Maryland, 22.1% of residents reported past month cigarette use, compared to 25.9% of residents nationally who reported such use. The rate of past month illicit drug use (primarily marijuana) among Maryland residents was slightly lower than the national average (5.3% vs. 6.9%). A full copy of the report is available online at www.samhsa.gov/household99.htm.

Percentage of Maryland and National Household Residents Reporting Binge Drinking, Cigarette Smoking, and Illicit Drug Use in the Past Month, 1999



NOTES: Binge Drinking is defined as drinking five or more drinks on the same occasion at least once during the past 30 days. Any Illicit Drug use is defined as at least one use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription psychotherapeutic drug used nonmedically.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Summary of Findings from the 1999 National Household Survey on Drug Abuse," August 2000. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

Report on Underage Alcohol Use in Maryland Now Available

The report "Maryland's Youth and Drinking: Indicators of Underage Alcohol Use" is now available. To obtain a complimentary copy, contact CESAR at 301-403-8329, 301-403-8342 (fax), or cesar@cesar.umd.edu.

Marijuana Is the Primary Drug Detected Among Youth Offenders in Maryland

The most recent results from the Offender Population Urinalysis Screening (OPUS) Intake Study continue to support reports of marijuana as the primary drug used by Maryland youth offenders. The highest rates of marijuana positives were found among youths tested in Frederick County (28%), Harford County (29%), and Baltimore City (44%). Cocaine and opiates were detected in 4% or less of the juveniles. Youths stated that marijuana is seen by many youths to be “the same as cigarettes” and that it is easier to obtain than alcohol because “you need an ID for alcohol.” The findings from each of the six counties are available on the DEWS website at www.cesar.umd.edu/dews.htm.

Percentage of Youth Offenders Testing Positive for Drugs, by DJJ Intake Site, May 1999 to June 2000

	Montgomery County (N=50)	Baltimore County (N=146)	Carroll County (N=71)	Frederick County (N=47)	Harford County (N=51)	Baltimore City (N=48)
Marijuana	18%	19%	17%	28%	29%	44%
Cocaine	0%	2%	4%	0%	0%	0%
Opiates	0%	2%	3%	2%	2%	0%
Amphetamines	4%	4%	8%	0%	6%	0%
Any Drug (of 10)	22%	23%	28%	28%	35%	44%

NOTE: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene.

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 301-403-8329.

OPUS: Intake Study

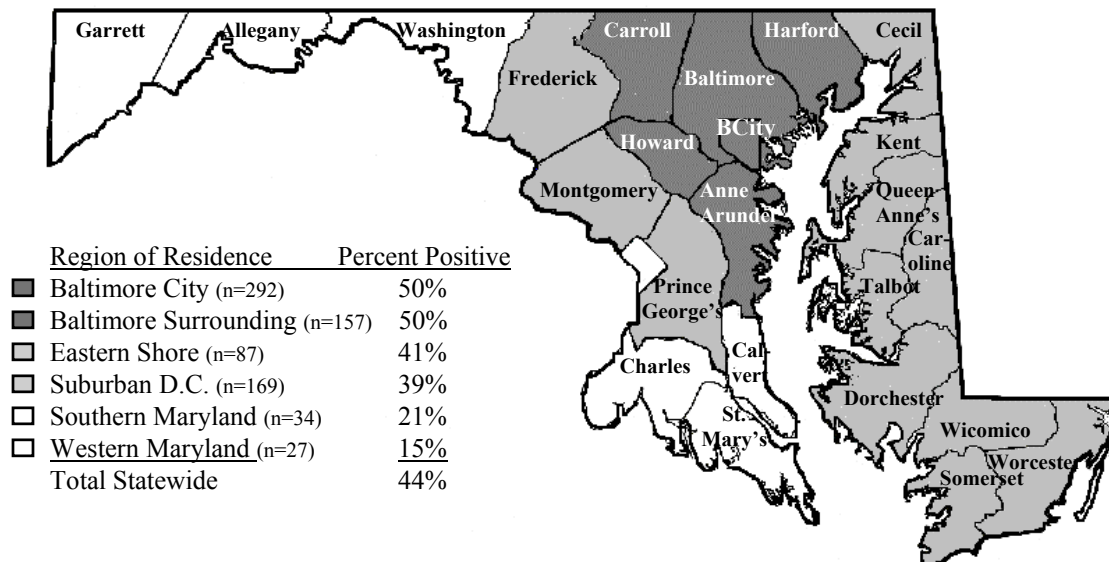
The Offender Population Urinalysis Screening (OPUS) program was established to monitor drug use among Maryland's juvenile offenders through voluntary and anonymous interviewing and drug testing of youths at Maryland's Department of Juvenile Justice (DJJ) intake and detention facilities. OPUS began collecting data from juveniles processed by DJJ intake site staff in May 1999.

One-Half of Juvenile Detainees Residing in Baltimore City and Surrounding Counties Test Positive for Illicit Drugs (Mainly Marijuana); Southern and Western Maryland Have Lowest Positive Rates

Since 1999, the juvenile Offender Population Urine Screening (OPUS) program has been obtaining urine specimens from male and female youths newly admitted to the Department of Juvenile Justice's five detention facilities. The most recent results from the OPUS detention study show that overall 44% of youths tested positive for at least one illicit drug. However, the prevalence rates varied greatly across the state, from 50% among youths residing in Baltimore City and surrounding counties to less than 25% among youths residing in Southern and Western Maryland. Marijuana was the most frequently detected drug, regardless of a youth's county of residence. Forty-two percent of the youths statewide tested positive for marijuana, compared to 1% each for cocaine, opiates, and amphetamines.

Percent of Maryland Juvenile Detainees Testing Positive for Any Drug, by Region of Residence

(Based on 766 urine specimens collected from the five Department of Juvenile Justice detention facilities between January and May 2000)



NOTES: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. Specimens were collected from Carter, Cheltenham, Hickey, Noyes, and Waxter detention facilities. Data for 35 juvenile detainees were omitted because they lived outside of Maryland (n=33) or residence data were missing (n=2).

SOURCE: Maryland Drug Early Warning System (DEWS), Center for Substance Abuse Research, "Juvenile Offender Population Urine Screening Program (OPUS) Detention Study, Winter/Spring 2000," August 2000. For more information, contact Erin Artigiani of CESAR at 301-403-8329.

DEWS ALERT Oxycodone (Percodan, Percocet)

In February 2000, the Steering Committee of the DEWS Action Team began tracking a possible increase in the use of oxycodone by Maryland residents. Six counties and Baltimore City report abuse of the drug. If you have any information about the use of this drug, please call the DEWS toll-free tip line, 1-877-234-DEWS.

What is oxycodone? Oxycodone is a semi-synthetic opiate. It is chemically different from heroin and opium only in structure and the duration of the effects. It is legally marketed in combination with aspirin (Percodan) or acetaminophen (Percocet) as a medium strength pain-killer. Oxycodone is a schedule II controlled substance on the federal level and in Maryland.

How is oxycodone used? Oxycodone is sold in pill form and can be taken orally or dissolved in water and injected.

Who is using oxycodone? Although oxycodone is used by a wide variety of people, reports from Baltimore City, Baltimore County, and Harford County indicate that it has a growing reputation among teens. Oxycodone can be purchased on the street, according to contacts in Cecil and Harford counties or through virtual pharmacies on the internet. The DEA reports that nearly 85% (25 of 30) of arrests for false prescriptions in Maryland involved oxycodone. Adults in treatment in Carroll County have begun to mention it as a tertiary substance of abuse, suggesting that it may be used as a substitute when other drugs, such as heroin, are unavailable. In Wicomico County, oxycodone is used by adults who obtain it from family members who have legitimate prescriptions. Users have also been known to visit doctors with phony symptoms to get prescriptions.

What are the effects of oxycodone use? This drug has a high potential for physical and psychological dependence. Effects of a normal dose of oxycodone can include euphoria, drowsiness, respiratory depression, and nausea. Overdoses can cause slow and shallow breathing, clammy skin, convulsions, coma, and death. Withdrawal symptoms may include watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, cramps, panic, nausea, and chills and sweating.

What are the street names for oxycodone? Oxiccotten, oxycet, and oxy 80s are all street names for oxycodone.

SOURCES: A complete list of sources is available on the DEWS website (www.cesar.umd.edu/dews.htm). For additional information, please contact Erin Artigiani at 301-403-8329.