

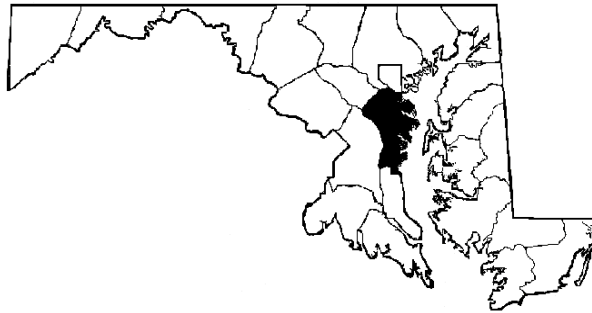
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Anne Arundel County



March 2001 - Revised

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Juvenile OPUS is a component of the DEWS Program. Juvenile OPUS and other findings are disseminated in DEWS Faxes. The DEWS Fax is published monthly. To receive DEWS Faxes, please contact CESAR: 301-403-8329, 1-877-234-DEWS (toll-free), 301-403-8342 (fax), dews@cesar.umd.edu, www.cesar.umd.edu/dews.htm.

Supported by the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair, and the Governor's Office of Crime Control & Prevention.

ABSTRACT

Sixty-four youths processed in the Anne Arundel County Department of Juvenile Justice (DJJ) Intake Office were interviewed and asked to provide a urine specimen between November and December 2000. Twenty-four percent of the tested juveniles were positive for a drug, primarily marijuana. Youths also reported that marijuana is the most widely used and easily obtained drug. There was a consensus that ecstasy (MDMA) is becoming increasingly popular. In addition, its effects are glamorized by youths who claim, "It makes everything beautiful."

OPUS is designed to provide insight into emerging drug trends among the juvenile offender population. It should be noted that OPUS drug use patterns may not be typical of the general youth population. However, prior research has indicated that offender urinalysis results provide advance warning of drug epidemics in the general population.

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Juvenile Offender Population Urinalysis Screening (OPUS)

PROJECT OVERVIEW

Juvenile OPUS is one component of Maryland's Drug Early Warning System (DEWS), an initiative of the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair. DEWS is supported by a grant from the Governor's Office of Crime Control & Prevention.

The Juvenile OPUS Study was implemented by the Center for Substance Abuse Research (CESAR) in June 1998 as a urinalysis monitoring program for juveniles processed by the Department of Juvenile Justice (DJJ). The goals of the project are to monitor changes in drug use and to identify emerging drugs of abuse among the juvenile offender population.

The Juvenile OPUS Project takes place in two venues: Intake and Detention. The Intake Study obtains interviews and urine specimens from youths being assessed in DJJ county offices. The Detention Study obtains only urine specimens twice a year from youths newly admitted to DJJ's five detention facilities.

This report presents results from the Intake Study conducted in Anne Arundel County between November and December 2000. A final table compares the Anne Arundel County urine test results with results from other OPUS Intake Study sites.

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METHODS

- Interviewers requested informed consent from youths (intake referrals and probationers) and their parents.
- Interviewers administered a 10-15 minute, semi-structured interview. The interview provided youths the opportunity to talk about drug use by their peers and in their communities. Youths were not asked about their own drug use.
- A voluntary and anonymous urine specimen was collected and screened for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, phencyclidine (PCP), and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, phenylpropanolamine, and MDMA.
- A candy bar was offered to respondents as an incentive for participation.

FINDINGS

Response Rates

- 100% of the 64 juveniles approached agreed to be interviewed.
- 78% (36 males, 14 females) of the interviewed juveniles provided a urine specimen.

Characteristics of Tested Juveniles

- The majority of the tested juveniles were male (72%), white (60%), and 15 or older (72%) (Table 1).
- Nearly half (46%) were charged with a property offense (Table 1).

Table 1
Demographic Characteristics of Interviewed and Tested Respondents

Characteristics	Persons interviewed (N=64)	Persons tested (N=50)
<u>Gender</u>	%	%
Male	70	72
<u>Race/Ethnicity</u>		
White	61	60
Black	34	34
Hispanic	5	6
<u>Age</u>		
13 or younger	24	20
14	6	8
15	25	26
16	20	18
17 or older	25	28
		} 72%
<u>Primary Offense*</u>		
Property	42	46
Violent	36	38
Drug-related	16	14
Other	6	2

* Property offenses include arson, breaking and entering, burglary, destruction of property, larceny/theft, stolen property, stolen vehicle, and trespassing. Violent offenses include assault, attempted murder, carjacking, homicide, manslaughter, robbery, sexual assault/rape, sex offense, and weapons. Drug-related crimes include drug, tobacco, and alcohol possession and sale, and DUI/DWI. Other offenses include unauthorized use of vehicles, truancy, and public peace.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, March 2001-Revised.

Urine Test Results

- 25% of males and 21% of females tested positive for at least one drug, primarily marijuana (Table 2).

- 18% of all youths tested positive for marijuana (Table 2).
- One youth tested positive for opiates. The youth who tested positive for opiates was a 13-year-old male charged with theft and was taking the prescription medications Wellbutrin and Tylenol 3.
- One youth tested positive for both opiates and cocaine. The youth was a 17-year-old male charged with auto theft who was not taking any prescription medications.
- Two youths tested positive for amphetamines. One youth was a 12-year-old female charged with assault. The youth was taking the prescription medication Pediazol, a medication prescribed for severe middle ear infections in children. According to this youth, however, this medication was prescribed “to help her concentrate in school.” The other youth was a 12-year-old male charged with assault who was taking the prescription medications Risperdal and Adderall (Table 2).
- Youths 17 and older were most likely (43%) to test positive for any drug (Figure 1).

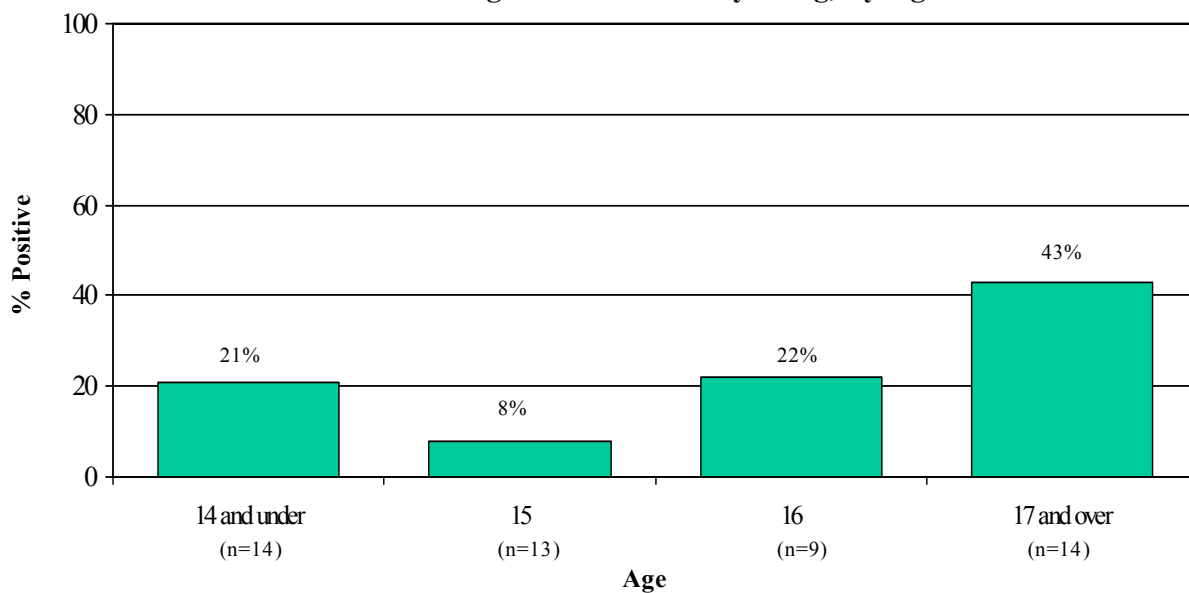
Table 2
Urine Test Results, by Gender

	Males (N=36)		Females (N=14)		Total (N=50)	
	f	%	f	%	f	%
<u>Positive For:</u>						
Marijuana	7	19	2	14	9	18
Cocaine	1	3	0	0	1	2
Opiates	2	6	0	0	2	4
Amphetamines	1	3	1	7	2	4
Any Drug (of 10)	9	25%	3	21%	12	24%

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, phenylpropanolamine, and MDMA.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, March 2001-Revised.

Figure 1
Percentage Positive for Any Drug, by Age



Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, phenylpropanolamine, and MDMA.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, March 2001-Revised.

INTERVIEWS WITH JUVENILE OFFENDERS

This section presents juvenile offenders' perceptions of drug use in their schools, neighborhoods, and communities. Drugs are listed in order of those most to least frequently mentioned.

Ecstasy (MDMA)

Most youths interviewed in Anne Arundel County have heard of ecstasy but are unsure of its contents. One 17-year-old female stated, "Different people cut it with different drugs—heroin, coke, speed..." There is a perception that everybody uses ecstasy, and according to one 16-year-old female, "It makes everything beautiful." As in other counties, ecstasy was reported to cost \$25 per pill. Youths reported more than 20 brand names including *Egyptians*, *Tutus*, *Batmans*, *Diamonds*, *Tweety Birds*, and *X-Pills*.

Marijuana

Youths stated that marijuana is not a drug. One 18-year-old male reasoned, "It comes from the earth, no problem." A 15-year-old male concurred with, "It's not really a drug—it's a brain enhancer that makes you see things." The youngest users were reported to be age ten, while the youngest sellers were reported to be 13- and 14-year-olds. In terms of mixing drugs, marijuana with crack was reportedly called *Sex* or *Woolyblunt*. Marijuana with powder cocaine was also called a *Woolyblunt*. According to one 16-year-old male, marijuana mixed with embalming fluid and/or jet fuel is called a *Shermditty*. *Hydro*, *Chronic*, *Greens*, *Chocolate Thai*, and *White Russian* were reported brand names.

Powder and Crack Cocaine

Few youths reported on powder or crack cocaine use. One 17-year-old male reported that teens aged 16-18 are using powder cocaine. A 17-year-old female stated that there are a lot of crackheads who will do anything to obtain the drug.

Heroin

Few youths reported that they were familiar with heroin use. Of those who did report availability, they perceived it as a harder drug than marijuana and they believed that users would have to travel to Baltimore to obtain it.

LSD (Acid)/Psychedelic Mushrooms

Some youths believed that LSD and psychedelic mushrooms are increasing in popularity along with ecstasy. A 16-year-old male explained that LSD is available in "liquid, paper, or geltabs." Paper is the most common. Liquid's the best—you can put it onto sugar cubes, gum, or Altoids." *Shrooms* were reported to be less popular than LSD. In fact, one 17-year-old male stated, "They phased out a while ago."

Prescription Drugs

Youths reported that prescription pills such as Percocet, Hydrocodeine, Ritalin, and Valium are taken with beer to enhance the effects. According to one 17-year-old male, sellers dupe buyers into thinking that they are getting speed.

Inhalants

Nitrous oxide was reported by a small number of youths to be popular at concerts. One 15-year-old male reported that youths are “huffing nitrous at concerts—tanks and balloons.” An 18-year-old female stated that high school kids will use anything from spray paint to markers.

Other Drug Trends

One 16-year-old female reported that youths “make [GHB] and hand it out at parties.” She further explained that people disregard the danger and will mix it with other drugs. Ketamine was reported by youths as a drug that numbs the body. PCP was described as a liquid. When cigarettes are dipped into it, it is called a *Sherm*.

Comparisons Of Urinalysis Results For Males and Females Across Ten OPUS Intake Sites¹

Table 3 presents comparisons of the urinalysis results across ten OPUS intake sites studied between May 1999 and December 2000. The complete Intake Study reports for these counties are available from CESAR on the web at www.cesar.umd.edu or by contacting CESAR directly (301-403-8329).

- The percentage testing positive for any drug ranged from 18% in Howard County to 44% in Baltimore City, with Anne Arundel County testing positive at 24% (Table 3).
- Marijuana was the most prevalent drug, ranging from 17% in Carroll County to 44% in Baltimore City (Table 3).
- Cocaine and opiates were rarely detected (Table 3).
- The percentage testing positive for amphetamines ranged from none in Baltimore City and Frederick County to 9% in Cecil County, with Anne Arundel County testing positive at 4% (Table 3).

Table 3
Urine Test Results for Males and Females,
by Site*

	Carroll County (N=66) July 1999	Baltimore County (N=147) Oct 1999	Baltimore City (N=48) Dec 1999	Harford County (N=51) Mar 2000	Montgomery County (N=50) Mar 2000	P.G. County (N=50) May 2000	Frederick County (N=47) Jun 2000	Cecil County (N=46) Aug 2000	Howard County (N=50) Aug 2000	Anne Arundel County (N=50) Dec 2000
Positive For:	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Marijuana	17	19	44	31	18	40	28	28	18	18
Cocaine	5	2	0	0	0	0	0	2	0	2
Opiates	3	2	0	2	0	0	2	0	0	4
Amphetamines	8	4	0	6	4	2	0	9	4	4
Any Drug (of 10)	27%	23%	44%	37%	22%	40%	28%	35%	18%	24%

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

*The full Intake Study Findings reported in this table are available through CESAR on the web at www.cesar.umd.edu or by contacting CESAR directly (301-403-8329).

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, March 2001-Revised.