

Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

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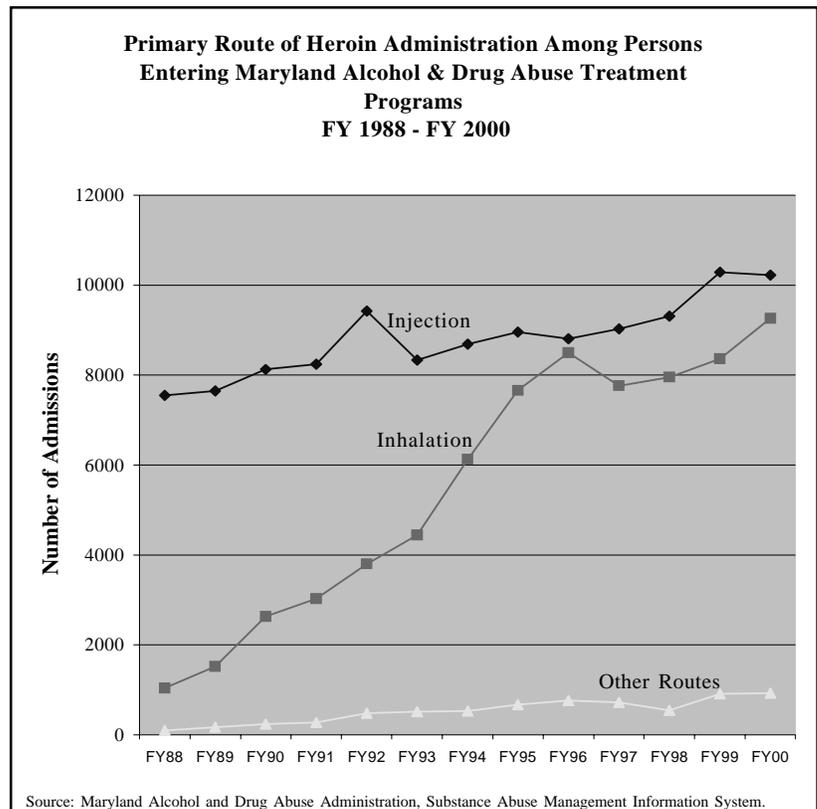
DEWS News

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Heroin Increasingly Popular Among Treatment Admissions

For the first time, statistics from the Substance Abuse Management Information System (SAMIS) show that in FY 2000 the number of clients mentioning heroin as a problem at admission to drug treatment exceeds the number mentioning marijuana (34.1 heroin mentions compared to 33.0 marijuana mentions per 100 admissions). By contrast, mentions of alcohol, cocaine, and marijuana declined or were stable. (See *DEWS Fax*, Vol. 3, No. 1.)

The primary route of heroin administration varies throughout the state. The percentage of heroin-related admissions that primarily inhale, rather than inject, the drug rose 9% during FY 2000. In Baltimore, where heroin purity levels as high as 94% have been found by the Maryland State Police, 54% of the heroin-related admissions in FY 2000 inhaled the drug, up from 48% in FY 1994. But in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties, the majority (nearly 55%) of heroin-related admissions injected the drug. And in the far Eastern, Southern, and Western regions of Maryland, the prevalence of injection surpassed 70%. According to a recent Department of Health and Mental Hygiene report, "As [heroin] is distributed outward to other parts of the State, the heroin is 'stepped on' and purity levels decline," thus requiring users to inject the drug to get a high. The report also states that "the two factors of AIDS and heroin purity have contributed to very high levels of heroin inhalation in Maryland." It remains to be seen whether those who start by inhaling heroin will eventually move to injecting the drug.



Inside

- What Young Offenders Are Saying 2
- Legislative Update 3
- Emerging Drugs
- Training Network 4
- Overdose Deaths 4



What Young Offenders Are Saying

The OPUS (Offender Population Urinalysis Screening) Intake Study interviews youths in juvenile justice facilities to obtain data on emerging trends in drug use. The following are summaries of youths' views of drug use by their peers. The drug use patterns reported here may not be typical of the general youth population in the profiled counties, but may provide an early warning of new drug use trends. Two counties are featured in each DEWS newsletter.

Calvert County (55 youths)

Ecstasy:

Many youths identified ecstasy as being increasingly popular in Calvert County. It is primarily used at house parties, clubs, and raves; however, several respondents mentioned that ecstasy is sometimes bought and used during school hours. Ecstasy pills can be swallowed or crushed and snorted. According to a 17-year-old male, snorting is preferable because "it goes straight to your head and you feel more out of it." The pills, which cost between \$20 and \$25 each, are believed to be cut with other drugs, including heroin, cocaine, and rat poison. According to one OPUS respondent, "Every week there is a different kind of pill." Youths mentioned that ecstasy is frequently mixed with psychedelic mushrooms, LSD, ketamine, and alcohol.

Ketamine:

Ketamine use appears to be emerging in Calvert County, and it is available as a white powder that is snorted. According to one youth, ketamine is "packed like a matchbook" and costs \$20 for two lines. One juvenile reported that users can get stuck in a "K-hole," while another described the effects as being similar to alcohol intoxication. Although ketamine use was reported to be limited to the rave subculture, several youths mentioned that the drug's popularity has increased during the past year.

Cocaine:

Many juveniles commented upon cocaine use and agreed that powder cocaine is far more prevalent than crack cocaine. One 17-year-old male reported that "half the county uses it, at least." Youths report that "an 8-ball costs \$150." Another youth stated, "The rich kids use it [powder cocaine]. They are the only ones who can afford it." Cocaine is being smoked and snorted, but respondents specifically stated that it is not being injected. It is reportedly being mixed with marijuana, codeine, Valium, Ritalin, and Percocet.

Prince George's County (61 youths)

Ecstasy:

Most youths approached by OPUS staff report ecstasy to be one of the most popular illicit drugs in Prince George's County. Ecstasy was referred to as "a sex drug" that increases sexual feelings and arousal. A 15-year-old male described the drug as "a passionate high." According to the juveniles interviewed, ecstasy use now extends into the mainstream adolescent population. The drug is now being used at "boy/girl mixers" and even in school. Many youths mentioned that it is most popular among females. Ecstasy pills cost anywhere from \$20 to \$35 each. The juveniles reported that each pill contains a combination of heroin, coke, mescaline, and speed. Rough Riders, Orange Butterfly, Superman, Buddha, Tom & Jerry, White Diamonds, and Elephants are known ecstasy brand names.

Marijuana and Formaldehyde:

Several youths interviewed by OPUS staff mentioned Boat (marijuana soaked in embalming fluid or formaldehyde). This combination is reported to result in a stronger high. According to a 15-year-old male, "If weed isn't doing anything for you anymore, then you do Boat." Cigarettes dipped in embalming fluid are commonly referred to as Shermsticks. According to one youth, "It makes people think they can fly."

LSD:

Over the past year LSD popularity has diminished, though the drug is still present within the jurisdiction. The youths interviewed seemed aware of the dangers of LSD; one mentioned that "it makes your brain hemorrhage," and a 17-year-old male reported that "people are scared of bad trips on acid." Despite these fears, LSD remains popular among "clubbers," "ravers," "alternative kids," "head bangers," and "metal heads." The drug is available in liquid, paper, gel tab, and sugar cube forms. A hit costs between \$5 and \$10.

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LEGISLATIVE UPDATE

In 1998, Lt. Gov. Kathleen Kennedy Townsend implemented the Ecstasy Action Plan and the Combating Underage Drinking Task Force. Intensifying and focusing law enforcement efforts is a significant goal of both these initiatives. During the 2001 legislative session, the Maryland Legislature passed several important bills concerning ecstasy, analogue drugs, and drunk driving that will help the Ecstasy Action Plan and the Combating Underage Drinking Task Force to meet public health and safety goals.

Club Drugs

Maryland's Ecstasy Action Plan calls for intensifying law enforcement by re-examining current sentencing strategies and ensuring that the criminal justice system has adequate legal support for launching investigations and pursuing prosecutions. The passage of House Bills 192 and 37 will help meet the objectives of the Ecstasy Action Plan, which was drafted in response to a documented increase in ecstasy use. (See *DEWS News*, Vol. 2, No. 1.)

House Bill 37 establishes that "controlled dangerous substance analogues be treated as Schedule I controlled dangerous substances, to the extent the analogues are intended for human consumption." This will permit law enforcement agencies to prosecute those who slightly modify an already-illegal drug, which, in turn, will enable criminal justice agencies to stay ahead of the drug-manufacturing curve.

The analogue drugs legislation passed both bodies of the General Assembly unanimously and makes Maryland the eleventh state to pass analogue drug laws since the federal government set a precedent with the Controlled Substances Analogue Enforcement Act of 1986.

House Bill 192 establishes additional penalties for persons having a prior offense for the manufacture, distribution, or possession of 750g or more of MDMA (ecstasy). It passed the Senate unanimously and the House by a vote of 130 to 1.

National penalties for ecstasy distribution have also been increased this year. Under new guidelines created by the U.S. Sentencing Commission, federal judges must increase prison terms for selling 200g of ecstasy from 15 months to 5 years. The penalty for sale of 8,000 pills will be increased to 120 months; currently the penalty is 41 months of imprisonment.

Drunk Driving Legislation

This year, the State passed several key bills to toughen anti-drunk-driving legislation by lowering the maximum permissible blood alcohol concentration (BAC) and closing loopholes in current laws.

SB 108 applies to the general populace and establishes a BAC limit of .08%. An individual with a BAC of .08% can now be charged with driving while intoxicated (DWI).

SB 4, another important legislative element in reducing the incidence of drunk driving, will permit a judge or jury to take into account an individual's refusal to take a drug or alcohol test. In the past, some stopped drivers have refused to take Breathalyzer tests, and because of the presumption of innocence associated with refusal, some may have escaped punishment. Another significant loophole was closed by the passage of a law prohibiting the expungement of criminal records related to crimes involving death or life-threatening injuries caused by drunk or drugged driving if a probation before judgment is entered.

SB 55 applies to young drivers only—those under 21 years—and prohibits licensees from driving with *any* alcohol in the blood. Those who are caught drinking and driving may be required to participate in the Ignition Interlock System Program to retain their driving privileges.



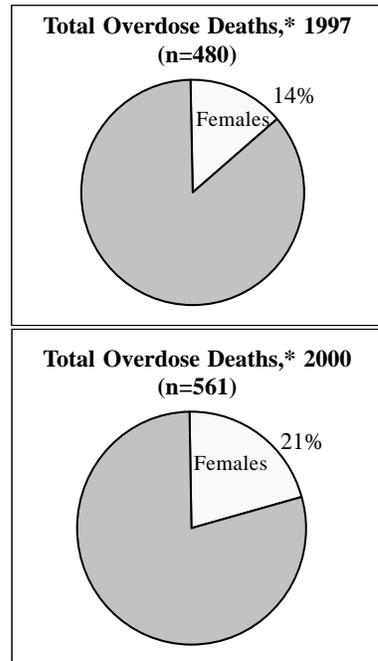
Emerging Drugs Training Network

Early in 2001, the Emerging Drugs Training Network was convened to provide the medical community with continuing education on emerging drugs identified by DEWS. Doctors, nurses, paramedics, and other medical professionals are often the first experts to encounter a new drug, such as ecstasy, or dangerous mixtures of primary drugs, such as heroin and cocaine. These professionals are an invaluable source of information. They also need access to continuing education to ensure the proper diagnosis and treatment of people suffering from adverse reactions to emerging drugs. Network members represent organizations that are key to identifying both the training needs for drug treatment and the data available to track trends. Network members agree to take on two charges:

- First, to develop and implement an ongoing training program to educate the medical community on emerging drugs in Maryland as they are identified by DEWS
- Second, to identify the sources of data on drug-related hospital and EMS cases and implement a system for regularly collecting and analyzing this data

The training program commenced in March with a curriculum on ecstasy developed by the Maryland Poison Center. Data from the Health Services Cost Review Commission and the Office of the Chief Medical Examiner are under review. Meetings are held quarterly. For further information, contact Erin Artigiani at 301-403-8329.

FEMALES CONSTITUTED A LARGER PROPORTION OF OVERDOSE DEATHS IN 2000 THAN IN 1997



*Includes all types of overdoses.

Source: Adapted by CESAR from data supplied by the Office of the Chief Medical Examiner, 2/21/01.

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