Drug Prospectus

a law enforcement assment of the drug problem in Maryland

Maryland State Police, Criminal Intelligence Division

1991

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STATE OF MARYLAND
OFFICE OF THE GOVERNOR

IN REPLY REFER TO

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Dear Citizens of Maryland:

The Drug Prospectus, prepared by the Maryland State Police, in cooperation with a myriad of other Federal, State and local agencies, represents the first comprehensive study of the drug problem in this State.

The insidious nature of drug trafficking crimes and the attendant social problems created by drug abuse are of great concern to me and to my administration. We are addressing the issue on all fronts: law enforcement, prevention, education and treatment. I have recently expanded the responsibilities of the Governor's Drug and Alcohol Abuse Commission to develop initiatives that more effectively address the violence associated with drug trafficking. Marylanders whose lives are impacted by drug and alcohol abuse must be aided by their government to live a life free of chemical dependence and free of crime. We must once again feel secure in our homes and workplace. This document will assist us in preparing a comprehensive plan of action that will help us achieve these goals together. This report will serve as a model for other states to follow in their efforts to conquer the drug epidemic and the violence associated with it.

I extend my congratulations to those who assisted in the development of this report and pledge my support to those who will use this information to make Maryland an even better place to live.

Sincerely,

William Donald Schaefer

Governor

DRUG PROSPECTUS

A four part study including findings, forecasts and recommendations compiled by Maryland State Police, Criminal Intelligence Division

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LIST OF CONTRIBUTORS

Baltimore City Police Department, Criminal Investigations Division

Drug Enforcement Administration, Baltimore Office

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Governor's Drug and Alcohol Abuse Commission

Governor's Executive Advisory Council

Governor's Prescription Drug Commission

Lower Eastern Shore Jail Rehabilitation Program

Maryland Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration, Substance Abuse Management Information Services (SAMIS)

Maryland Department of Health and Mental Hygiene, Division of Drug Control

Maryland Department of Juvenile Services

Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation

Maryland Department of Public Safety and Correctional Services, Pretrial Release Services Division

Maryland State Department of Education, Pupil Services Branch

Maryland State Department of Transportation, Division of Transportation Safety

Maryland State Police, Bureau of Drug Enforcement, Support Services Division

Maryland State Police, Central Records Division, Uniform Crime Reporting Section

Maryland State Police, Criminal Intelligen e Division

METPATH Laboratories

Montgomery County Health Department, Infant at Risk Program

National Center for Forensic Science

National Institute on Drug Abuse (NIDA)

Prince George's County Health Department, Infant at Risk Program

State of Maryland, Office of the Chief Medical Examiner

United States Customs Service

United States Department of Commerce, Bureau of the Census

United States Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration

United States Department of Justice, Bureau of Justice Statistics

University of Maryland, Center for Substance Abuse Prevention and Control

University of Maryland, Maryland Institute for Emergency Medical Services (MIEMSS), Shock Trauma Center

DRUG PROSPECTUS:

a law enforcement assessment of the drug problem in Maryland

TABLE OF CONTENTS

DRUG PROSPECTUS:

a law enforcement assessment of the drug problem in Maryland

HIGHLIGHTS

1. Major Findings

Spurred by the crack epidemic, cocaine has surpassed marijuana as the drug of choice in Maryland. Heroin abuse also seems to be on the rise. PCP, however, has steadily declined in popularity since 1987.

Intensive anti-drug law enforcement activities have the effect of reducing other crime, such as theft and assault, whether or not the law enforcement activities have any effect on the availability of drugs.

It can be tentatively estimated that about half a million Marylanders, or eleven percent of the population, use drugs (not including alcohol) on a regular basis.

Drug trafficking groups are formed to a large extent along ethnic and social lines; e.g. crack cocaine is controlled by Jamaicans; Nigerians are deeply involved in the wholesale trafficking of heroin.

No county in Maryland is free of drug trafficking and abuse.

Drug related homicides have increased steadily and dramatically since 1985.

For FY 1991, the State of Maryland has budgeted $167,386,336 for drug-related programs, a per capita expenditure of $35.00 for every man, woman, and child in Maryland.

2. Forecasts

Because of changes in the social attitudes among the people of the State and increasing use of technology and sophisticated organizational methods and because of ongoing changes in patterns of international drug trafficking, changes in abuse patterns can be expected.

Among predicted fluctuations will be the following:

* The crack epidemic will continue to escalate.

* Heroin abuse will spread out of Baltimore to other parts of the State.

* Confusion in the wholesale market and competition among local traffickers could cause serious disruptions in the market in Maryland involving temporary shortages of some drugs, glut of others, price fluctuations, changes in drugs of choice, and continuing violence.

* LSD will make a comeback but will not reach the intensity of the 1960's and 1970's.

* The State budget will continue to take a beating as a result of:

    a. Increased effectiveness of law enforcement bringing more people into the criminal justice system

    b. Increased expenditure for health, education, and treatment -- including the costs of educating drug-affected children.

3. Recommendations

Because of the expected fast changing developments in drug trafficking patterns, intensive collection and analysis of intelligence to keep up with change is necessary.

Progress toward a standard format for reporting law enforcement information would assist in the collection of timely information. The standard format should include norms for the debriefing of informants and defendant/informants.

Analysis of intelligence information would be greatly facilitated by the existence of an all-source clearing house for drug information. The State should work closely with the Center for Substance Abuse Research at the University of Maryland toward this end.

The most timely information and analysis on trends and developments in drug trafficking should be made available to drug enforcement, corrections, and parole and probation personnel throughout the State so that they can adapt to changing circumstances as necessary.

The Maryland State Police should take the initiative in developing cooperative drug programs with the various drug enforcement agencies in the State.

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PART I

TECHNICAL COMMENTS

A. The Research Question

The purpose of this study is to describe and assess, as fully and accurately as possible, the illegal drug problem in Maryland. It is designed to answer the questions: What is the drug problem and how serious is it?

To answer these questions, the problem has been considered in different aspects. An attempt has been made to identify the drugs most widely used in the State and to determine in what regions, counties, and cities of the State these drugs are used. An effort has also been made to determine the demographics -- expressed in terms of sex, race, age, level of education, marital status, employment, and income, as well as place of residence of the various groups of drug users.

Essential to any understanding of the drug problem is knowledge of the consequences of the use and abuse of legal and illegal drugs to society, as well as to the individual. The consequences include the relationship between drug use and drug trafficking to violent crime and crimes against property; health problems accompanying drug use, including its catastrophic results; the effects on juveniles; and the economic costs of drug abuse in terms of governmental expenses and losses to the economy.

For the fullest understanding, it is necessary to relate the drug problem in Maryland to the national drug problem.

B. Research Problems

A considerable amount of information related to various aspects of the drug problem in Maryland is collected by numerous entities in both the public and private sectors. This information is normally collected to serve the specialized reporting, informational, and operational needs of the different sectors. Thus, this information is widely scattered, fragmentary and incomplete because it is specialized and in a variety of forms not always compatible with one another. In addition, these various information bases vary widely in detail, in historical depth, and in reliability. Finally, large areas of information needed for a full understanding of the nature and extent of the drug problem are simply not available, either because the information is not collected or because it is not organized anywhere.

In producing its first assessment of the problems, the Criminal Intelligence Division of the Maryland State Police attempted within time and other constraints to mitigate these problems as follows:

1. A major effort was made to identify the most important information bases, both public and private, and to gather those information bases together.

2. The specialized requirements of the bases, the lack of comparability, the fragmentary nature of the bases, and their incompleteness were taken into account when identifying the most important information bases. It was hoped that a large volume of data would serve to moderate these problems.

3. Two surveys were conducted to fill gaps in information that otherwise would have been lacking.

Steps taken to improve subsequent revisions of this report include:

1. Additional information bases are being identified.

2. The feasibility of more standard reporting by the various collectors is being studied.

3. The Criminal Intelligence Division is now capturing information concerning all aspects of drug trafficking that was not previously captured and which was not available for the current report.

4. Efforts to extract the maximum amount and quality of information from MSP operations have been undertaken.

5. Additional surveys designed to fill specific gaps in information are being designed.

C. Methodology

Even a cursory review of material relating to the drug problem in Maryland shows how fragmented and incomplete it is. It became obvious early on to the researchers of this paper that readily available material was an inadequate basis on which to form a useful understanding of the problem.

It was necessary, therefore, to obtain additional information from existing data bases and to identify other sources. This first step lead to the production of Sources of Information on the Nature and Extent of the Drug Problem in Maryland (MSP, Criminal Intelligence Division AP-90-30 of December 1990). This publication identified hundreds

of potential sources of information. Clearly, a systematic exploration of all these sources would require an excessive amount of time, and the results would probably not be commensurate with the effort.

It was then decided to try to identify the most important sources of information in the publication and to consider other sources there as supplementary resources for special requirements. A list of twenty "Required Drug Indicators" was drawn up. This was to be considered an initial, minimum list of already accessible required indicators.

The word "indicator" was carefully chosen in its denotation of "a pointer or index". It is believed, without exception, all the sources of information were that and no more. Metaphorically, each source of information (or data base) was considered a straw in the wind. One straw could be caught in an eddy or a cross current, but if a large number of straws were all blowing in one direction it was reasonably safe to assume that was the direction in which the wind was blowing.

The principles adopted for the methodology of the study were, then:

1. Careful selection of information sources that would be the most informative

2. Selection of sources that would cover all of the relevant aspects of the problem

3. Selection of more than one source on each aspect, if possible, for purposes of cross-checking, since the reliability of every source was, in principle, suspect. Comparison with comparable federal data

4. Selection of a sufficiently large number of sources to provide confidence that conclusions drawn from the data were accurate

5. Systematic collection of the information

6. Systematic review of the information using as a guideline established outlines, specifically the Nature and Extent portion of Maryland's Drug and Alcohol Abuse Control Plan and Drug Abuse and Drug Abuse Research of the U.S. Department of Health and Human Services. [A discussion of federal reporting requirements for obtaining federal formula grant funds under the Drug Control and System Improvement Grant Program established by the Anti-Drug Abuse Act of 1988 will be found in Appendix I of this Part. These requirements were also a part of the guideline]

7. Addition to this outline of such material as would be useful to the Maryland State Police and other law enforcement agencies

8. Since this was the first assessment of the drug problem by the Criminal Intelligence Division, it was decided to establish a base line for future revisions by summarizing salient information into tables and publishing the tables, as well as description of the methodology, with the report.

D. Sources of Information

The principal sources used in the report can be grouped as follows:

1. Surveys:

a) Maryland State Household Drug Survey, September 4, 1990. Completed by the University of Maryland Center for Substance Abuse Prevention and Control. This was a representative random phone sampling of 1041 persons throughout Maryland during August 1990. While containing interesting data on the perceptions of householders, the survey has the same limitations that Dr. Eric D. Wish pointed out concerning the National Household Survey and the National High School Senior Survey: "The persons excluded from these samples are exactly those whom the mass of empirical scientific literature indicates are at highest risk for illicit drug use...." Second, both surveys rely upon persons to voluntarily report their drug use truthfully. And there is now some justification for reexamining the assumption, "....that most persons will accurately report their drug use...." (U.S. Drug Policy in the 1990's; Insights from New Data from Arrestees, Eric D. Wish, February 22, 1990.)

b) 1988-89 Survey of Substance Abuse among Maryland Adolescents, October 31, 1989. This survey must also be considered in the light of Dr. Wish's comments, above. There is considerable research support for the validity of student self-reported delinquency data; perhaps the biggest flaw is the exclusion of drop-outs.

c) Drug and Alcohol Survey of Maryland Campuses -- Perceptions of Security Personnel (Criminal Intelligence Division, MSP, May 1991). Security personnel at all campuses were surveyed in February 1991 concerning their perceptions of the drug problem on their respective campuses. It is the opinion of the surveyors that almost universally the security personnel understate the problem. Otherwise, the survey contains valuable insights.

d) Nature and Extent of the Drug Problem, Standard Reporting Format for use by all Law Enforcement Jurisdictions (Criminal Intelligence Division, MSP). In January 1991, all Chiefs of Police and Sheriffs in Maryland

were surveyed as to their perception of the drug problem in their jurisdictions. The surveyors believe that while this represents the best organized data base on drug trafficking to date, it must be realized that the perceptions may not be completely accurate.

e) Governor's Executive Advisory Council, Report of Findings, a Questionnaire/Survey of Law Enforcement, Criminal Justice, and Private Sector Security Professionals. This report contains valuable perceptions on a number of drug related issues.

2. Treatment Data

Trends and Patterns in Alcohol and Drug Abuse in Maryland, Substance Abuse Management Information Services (SAMIS), Alcohol and Drug Abuse Administration, Maryland Department of Health and Mental Hygiene, printout of data from fiscal years 1988, 1989, and 1990. This contains, in statistical form, data supplied by all persons in treatment for alcohol and/or drug abuse during the fiscal years cited above. This is by far the most voluminous data base on drug users. Given the circumstances of the collection of the information we believe it to be very highly accurate.

3. Corrections Data

a) Uniform Crime Reports, Crime in Maryland, July 20, 1990, with Supplement, Maryland Arrest Data. This is vital statistical information, including data on drug arrests, broken down into several categories.

b) Metropolitan Washington Region, 1989 Crime Statistics. Information is on Maryland's jurisdictions in the Washington Metropolitan area.

c) Compendium of Federal Justice Statistics 1986, published November 1990, NCJ-125617. Data, including some demographic, covers Marylanders convicted of federal offenses.

d) Correctional Populations in the United States, 1988, published March 1991, NCJ-124280. This relates to convicted offenders in jail, state, and federal prisons, on probation and on parole; comparison of Maryland with federal data.

e) Sourcebook of Criminal Justice Statistics, 1989, pub. 1990, NCJ-124224. Annual comprehensive survey covers the subject.

f) Quarterly Reports and Progress Reports of Federal Grant Projects:

DLE-89-005, Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation, Intensive Supervision of High Risk Drug Offenders (Prince George's County).

DLE-90-032, Drug Rehabilitation Social Worker in Local Correctional Facility (Lower Eastern Shore Jail Rehabilitation Program).

DLE-90-038, Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation, Intensive Supervision of Substance Abusing Parolees and Probationers (Baltimore City).

DLE-90-039 Expanded Urinalysis Program, (Enhancement of DLE-90-038).

g) Various reports of the Baltimore City Police Department, including Narcotic Summary Reports, Baltimore Area Drug Trends Reports, and Synopsis of Drug Related Homicides Reports. Given Baltimore's significance as the major urban area of the state with the differences from rural areas in crime that this brings, law enforcement data from the city is essential to any understanding of the drug problem in Maryland.

4. Data on Adolescents

1988-89 Survey of Substance Abuse among Maryland Adolescents (see Part D. 1. b. above)

a) Maryland State Department of Education, Pupil Services Branch. Data on disciplinary action taken by the Department of Education, especially related to dangerous substances. Contains demographic data by county as well as data on drugs abused.

b) Maryland Department of Juvenile Services, Alleged Alcohol and Narcotics Violations by county. For Maryland fiscal years 1989-90.

5. Health Crisis Data

a) U.S. Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration and National Institute on Drug Abuse, Data from the Drug Abuse Warning Network (DAWN), Annual Emergency Room Data 1990, Series 1, No. 10-A. A total of 503 hospitals with 533 separate emergency room facilities located for the

most part in 21 metropolitan areas participated in DAWN in 1990. Among these were 18 emergency rooms in the Baltimore area. DAWN data is updated from time to time. Used in this report were NIDA's Overview of Selected Drug Trends, August 1989; various NIDA Capsules and U.S. Department of Health and Human Services press releases.

b) Infant at Risk Programs: Prince George's County Health Department, data from 1983 to 1990; Montgomery County Health Department, data for CY 1990 and partially for 1991. These programs provide data bases on referrals of mothers who have a history of substance abuse. Information is provided on demographic data as well as on substances abused.

c) Drug Caused Deaths in Maryland and Alcohol Caused Deaths in Maryland. Office of the Chief Medical Examiner. Data for 1990 and part of 1991 on demographics of victims by county.

d) University of Maryland, Maryland Institute for Emergency Medical Services Systems(MIEMSS). Information resulting from drug and alcohol testing at the Institute's Shock Trauma Center.

6. Data on Drug Trafficking

Nature and Extent of the Drug Problem (see Part D. 1. d. above)

a) Maryland State Police County-by-County Drug Problem Overviews prepared early 1991.

b) Baltimore District Office of the Drug Enforcement Administration various reports. Concentration on violations of federal law and interstate trafficking.

c) Baltimore Office of the U.S. Customs Service. Reports on drug seizures. Vital for an understanding of Maryland's role in international trafficking.

d) Maryland State Police Drug Interdiction, Bi-Annual Reports. Highway drug interdiction from 1984 through 1990.

e) Maryland State Police, Assessment of Drug Enforcement Coordinating System (D.E.C.S.) Entries for the Greater Baltimore Area, May 17, 1991. The Maryland State Police D.E.C.S. includes voluntarily submitted entries by participating agencies on cases under investigation. Considered in this report are entries from the City of Baltimore, Baltimore County, Howard County, and Anne Arundel County Police

Departments, the MSP Bureau of Drug Enforcement, and DEA's Baltimore office. Despite its selectivity and statistical incompleteness, it does provide a mass of factual information on the types of illegal substances being investigated and demographic data on persons believed associated with them.

7. Drugs in the Workplace

Data provided by METPATH Laboratories on the results of urinalysis of employees of private firms.

8. Fiscal Cost of Drug Abuse

Governor's Drug and Alcohol Abuse Commission, Distribution of Public Funds for Drug-Related Issues, FY 1991. Gives totals statewide and by counties of federal, state, and local funds dedicated to drug education, prevention, treatment, and criminal justice programs.

9. Data on Other Costs

Maryland State Department of Transportation, Division of Transportation Safety. Patterns and Trends in Alcohol and Drug Related Vehicular Crashes in Maryland: 1985-89.

10. Marijuana Production

a) Maryland State Police, Bureau of Drug Enforcement, Memorandum dated December 10, 1990. Subject: 1990 Marijuana Eradication Program.

b) Maryland State Police, Special Operations Bureau, Program Proposal for "Operation Weedout - 1985," Marijuana Eradication Program report, April 10, 1985.

11. Diversion of Pharmaceutical Drugs

a) Department of Health and Mental Hygiene, Division of Drug Control, report dated May 30, 1991, on Controlled Dangerous Substances, Registrant 106 Reports on Theft/loss, Calendar Year 1990.

b) Report of Governor's Prescription Drug Commission, dated February 27, 1991.

12. National Data

As a check on the credibility of Maryland data, several comparable national data bases are available, some of which have been cited above:

National Household Survey on Drug Abuse

The DAWN report cited in Part D. 5. a. above.

Compendium of Federal Justice Statistics, cited in Part D. 3. c. above.
Correctional Populations in the United States, cited in Part D. 3. d. above.

Sourcebook of Criminal Justice Statistics, cited in Part D. 3. e. above.

The NIDA National High School Senior Survey, cited in Part D. 1. a. above.

Also:

U.S. Department of Health and Human Services. The Economic Cost of Alcohol and Drug Abuse and Mental Illness: 1985. Published 1990.

DEA, Intelligence Trends, various reports.

DEA, National Narcotics Intelligence Consumers Committee (NNICC), The NNICC Report 1989, June 1990.

U.S. Department of Justice, National Institute of Justice, Characteristics of Different Types of Drug-Involved Offenders, NCJ-108560, February 1988.

E. Appendix

Federal Reporting Requirements

In order to develop an effective drug control and criminal justice improvement strategy, the State must first define the nature and extent of the drug and violent crime problems. Definition of the problems should include:

1. An assessment of the types and amount of drugs available within the State. (Price and purity of the drugs seized should be analyzed as indicators of drug availability.)

2. The level, types, methods, and sources of drugs transported into or out of the State.

3. A definition of the patterns of usage and crime associated with drug use.

4. Changes in drug use and drug-related crime over time.

5. Identification of drug distribution networks.

6. An assessment of the role of crime organizations, ethnic groups, youth gangs, and other groups in drug trafficking.

7. The nature, amount, and causes of violent crime (e.g. drug-related).

The drug and violent crime problems are likely to vary across the State. The problems should be defined for the State as a whole and for areas of the State most likely to be experiencing the greatest problem, such as large cities and border areas. Changes in the nature and extent of the problem should be reviewed over time to identify shifting patterns of crime and to assess the impact of the State strategy on the problem.

Estimate of Availability of Drugs in the State

1. The availability of drugs.

2. The level and type of production, importation, and trans-shipment within the State.

3. The type of drugs, source of drugs, and any observed changes in availability.

4. Estimates derived from sources such as:

   a) Survey of law enforcement agencies.
   b) Crime laboratory data.
   c) DEA Domestic Monitoring and Signature Program.
   d) Household and school surveys.
   e) Community Epidemiological Work Group studies.

Patterns of Drug Trafficking and Drug Use

1. Describe the role of organized crime, motorcycle gangs, or other groups in the drug problem in the State.

2. Distinguish between traditional organized crime (Mafia, LCN, Mob) and non-traditional organized crime (racial or ethnic) organized groups.

3. Describe any changes in drug use over the past several years, including changes in the drug of preference or changes in age groups using specific drugs.

4. Describe patterns for drug use across the State (e.g. does the type and level of drug use vary in different parts of the State?).

Drug-Related Incidents

1. Indicate the number of drug-related deaths, accidents, emergency room incidents, and drug-exposed births by major drug involved.

2. Indicate the number of drug-related disciplinary actions reported by schools, by drug.

State and Local Drug Arrest

1. Indicate the total number of drug-related arrests made by state, local and federal law enforcement agencies by major drug involved.

2. Indicate the results, by defendant, of cases reaching disposition.

3. Indicate the number of drug-related convictions within the State.

4. Indicate the type of sentence for those convicted of drug-related offenses.

5. Indicate the average sentence length for offenders convicted of drug related offenses.

State and Local Drug Seizures

1. Indicate the total amount of drugs seized by State and local agencies by drug. Report opiates and cocaine in kilograms, marijuana in pounds, and the other drugs in dosage units.

2. Indicate the amount of marijuana eradicated within the State. Report number of plants destroyed or number of acres of marijuana destroyed. Indicate whether wild or cultivated; if cultivated, methods used and whether an improved variety such as sinsemilla.

DRUG PROSPECTUS:

a law enforcement assessment of the drug problem in Maryland

PART II

SUMMARY

A. Introduction

Since the mid-1980's, a number of national and international developments in drug trafficking and abuse patterns have taken place, the full impact of which has not yet been felt in Maryland.

Among them, heavy law enforcement pressure against PCP laboratories coincidentally occurred with the introduction of crack cocaine, resulting in a drastic reduction in the use of PCP and a corresponding skyrocketing use of cocaine in crack form. At the same time the stepped-up enforcement by Colombian authorities against cocaine trafficking and record-breaking interdiction seizures of cocaine by American authorities have caused a reassessment of strategies among the major movers of cocaine, the full results of which are not yet known. In addition, society's changing attitudes about casual drug use has had an effect on the demand for certain drugs. For example, powder cocaine, once popular as a recreational drug in middle and upper-middle class circles has fallen out of favor, partially due to increased public awareness of its long-term effects on health. With heroin, although the market has remained stable, there has been frequent realignment of major producers over the past twenty years. At present, Nigerian nationals appear to be making a bid for control of a significant part of the U.S. import market.

These and other developing situations can cause serious disruptions to the drug trade in Maryland, causing changes in supply, price, drugs of choice, and drug-related crimes.

Apart from matters of national and international drug trafficking that may affect Maryland, two State trends already in progress can be expected to continue.

First is the crack cocaine epidemic, which probably has not yet run its course. As a market for crack cocaine, Maryland, especially the Baltimore area, seems to lag behind other markets, such as Washington, D.C. and Philadelphia. Law enforcement analysts believe that until such time as Baltimore's market becomes saturated and the spread from urban to rural areas is completed, the increasing consumption of crack, with all its attendant health and public disorder problems, can be expected.

Secondly, heroin problems can also be expected to increase. In general, the consumption of heroin has remained relatively stable in Maryland as in most of the country, and it has remained largely an urban problem. Law enforcement seizures over the past year or so, in areas other than Baltimore, indicates a incipient market for heroin, initiated by aggressive new traffickers.

In Maryland there are a number of drug problems because of:

Geographic diversity - The rural areas of the Eastern Shore, Southern Maryland, and the mountainous West each has its own distinctive personality. Between urban areas and rural areas there are other significant differences. The population density of Baltimore City is 9,110 persons per square mile; Garrett County's population density is 43.

Social, ethnic, economic differences - Persons of different social, ethnic, national background; and income level have different drug preferences.

Psychological differences - Persons with different personalities and outlooks on life can be associated with different drugs.

Clearly, these differences lead to a myriad of problems that must be dealt with differently. To speak of "the drug problem" is merely to use linguistic shorthand lumping myriad problems into one convenient phrase.

B. Patterns of Drug Use

Between 1988 and 1990, there has been a rise in the total number of admissions for treatment. This may indicate a rise in the amount of drug and alcohol abuse or may indicate increased availability of treatment centers, more drug intervention programs, and increased public awareness of the need for treatment.

By all accounts, alcohol is the most widely abused drug in Maryland. This holds true among all age and socio-economic groups and in all parts of the State. Of persons in treatment in FY 1990 for alcohol and other drug abuse, 73.3 percent listed alcohol as either their drug of choice or as a concomitant drug problem.

Among illegal drugs, cocaine (apparently as a result of the crack epidemic) surpassed marijuana as the most mentioned drug among persons in treatment. While crack use has skyrocketed in recent years and continues to do so, the use of powder (or crystal) cocaine has dropped slightly, following an apparent national trend.

After alcohol, cocaine, and marijuana, the most frequently abused drugs in Maryland in 1990 were, in descending order:

Heroin
Hallucinogens (including PCP, LSD, and psilocybin mushrooms)
Pharmaceutical drugs (including amphetamines and methamphetamines)

Available information such as treatment, correction, survey, juvenile and catastrophic health indicate that in Maryland more males are drug users than females. For example, 61 percent of Baltimore ER episodes in 1990 involved men. During the same year 84 percent of persons arrested on drug charges were men. However, it should be noted that 84 percent of all arrestees were men.

Information, again, shows a disproportionate number of black drug abusers in the State. While 25 percent of Maryland's population is black, about forty percent of those in treatment are black, half of those who die from drugs are black, and 63 percent of those arrested on drug charges are black.

Available data show the majority of Maryland drug users, regardless of sex or race, to be between twenty-two and forty years of age, with the largest group in the twenties. Drug users over fifty are a small minority.

While data for education, marital status, employment, and income level are sparser than for the previous groups, almost sity percent of those receiving treatment have at least a high school diploma. A majority, also appear to be single. Both treatment and correctional data suggest that between fifty-five and sixty percent of drug users are employed.

It is not possible to estimate the number of drug abusers in Maryland with any degree of confidence. The State Health Department estimates the number of heroin addicts at 30,000.

According to a 1990 report from the Senate Judiciary Committee, there are an estimated 2,159,000 "hard-core cocaine addicts" in the United States. Of these, 47,000 live in Maryland, ranking this State twelfth in the number of cocaine addicts and eighth in the number of addicts per 1000 population. Maryland's population ranks nineteenth in the country.

It is possible by using estimates supplied by Police Chiefs and Sheriffs throughout the State to calculate that some 521,000 persons, or eleven percent of the 1990 State population, use drugs on a regular basis. While there is no confirmation of this estimate, it is consistent with other data; and it stands the test of reasonableness. Further, most Police Chiefs and Sheriffs believe that the drug problem in their jurisdictions continue to worsen.

There appear to be several drug-using populations in Maryland, each with its own characteristics. Although detailed data are not available at this time, the following drug-oriented groups seem to exist:

Heroin - A drug mostly used by blacks.

PCP - Used mostly by whites -- widely used by members of outlaw motorcycle gangs.

Pharmaceuticals - Used by a larger percentage of women than any other drug. Pharmaceuticals, and to a lesser extent marijuana, seem to cut across age lines. They are used more by whites than by blacks.

Hispanics - Use marijuana and cocaine, but generally are not involved with PCP and pharmaceuticals.

Middle Class - Marijuana, PCP, and pharmaceuticals are the drugs most used by the middle class. Cocaine, once the upper middle class drug of choice, appears to continue to lose favor.

The Criminal Population - Cocaine and heroin, often taken in combination, have increasingly become the drugs of choice of the criminal population, while the use of marijuana has declined. PCP, although decreasing in popularity, is still available throughout the state.

Juveniles - Alcohol is, by far, the preferred drug of adolescents. Marijuana, inhalants, prescription drugs, PCP, and cocaine are widely abused within selected age groups.

C. International and Interstate Trafficking

Boasting a major port city, a major international airport, the east coast's most important interstate highway, and an important east-west highway, Maryland is well suited for both international and interstate drug trafficking. Additionally, in recent years smuggling incidents have been reported in every county on the Eastern Shore, where an extended shoreline, flat terrain, and a lack of law enforcement personnel experienced in drug smuggling interdiction investigations make the area highly vulnerable. Since 1980, six Organized Crime Drug Enforcement Task Force (OCDETF) investigations have been conducted on the Eastern Shore involving major violators with international sources.

The Port of Baltimore receives over 78,000 cargo containers, annually, any of which could contain narcotics. As an example, in the spring of 1990, 248 kilos of cocaine were found hidden in a container arriving from Venezuela.

Recently, an emerging smuggling trend has been noted at BWI Airport, whereby smugglers from West Africa have been discovered arriving from Europe carrying heroin. In one incident, one kilo of heroin had been ingested by two couriers who were to deliver the drugs to a Maryland resident.

The simple fact is the extent of smuggling in Maryland, especially the remote areas of Western Maryland and the Eastern Shore, is not known. Cooperative multi-jurisdictional law enforcement efforts such as Operation Co-Op (1989-1990) have produced assessments which report significant information on smuggling. However, the lack of adequate investigative assets, especially federal assets, make it extremely difficult to develop smuggling information which will ultimately lead to arrests and seizures.

As for interstate trafficking, seizures for the most part consist of highway and rail interdiction of travelers bringing drugs to or through Maryland. Maryland's role as a transportation link in the interstate distribution of drugs can be established more on the basis of drugs seized before or after transiting Maryland enroute to other destinations, than on the basis of drug seizures within Maryland.

Illustrative of the role of Maryland in international drug trafficking is the following list of the largest Customs seizures of various drugs in Baltimore since 1985.

Marijuana	8,745 kilograms	1988
Cocaine	248 kilograms	1990
Heroin	8 kilograms	1990
Hashish	14.1 kilograms	1985
Hashish Oil	22 kilograms	1985
Opium	1.305 kilograms	1990
Pharmaceuticals	28,000 Valium pills	1986

For purposes of comparison, amounts of drugs seized by U.S. Customs nationwide and in Baltimore, in 1987 and 1989 were as follows:

	Baltimore (kilos)		Nationwide (kilos)	
	1987	1989	1987	1989
Marijuana	71.15	18.65	723,249	291,962
Cocaine	16.24	0.008	39,953	58,237
Heroin	0.933	0.499	290.45	479.55
Hashish	-------	2.130	487.70	23,398

From the above data, it cannot be concluded that, overall, Maryland has so far played a relatively small role in international drug trafficking. It is accurate only to say that law enforcement has, so far, not yielded seizures of quantity and frequencies consistent with a large role in international drug trafficking.

The following chart shows results of the Maryland State Police highway drug interdiction program - - those seizures of a quantity that meet the minimum El Paso Intelligence Center (EPIC) requirements (i.e. 10 lbs. of marijuana, 1 oz. of cocaine, etc). These figures have been maintained since 1984, the year the program began.

YEAR	INCIDENTS	ARRESTS	MARIJUANA (LBS)	COCAINE (LBS)	HEROIN (GMS)	U.S. CURRENCY
1984	1	3	9.0	0	0	0
1985	6	13	66.6	5.9	0	$7,577.00
1986	22	40	830.9	53.8	0	$87,394.00
1987	12	21	52.8	2.2	1.0	$60,305.00
1988	39	72	157.4	14.0	81.9	$169,124.00
1989	121	229	1,821.2	49.4	187.6	$244,317.00
1990	136	266	125.6	40.7	296.6	$169,231.69
TOTALS	337	644	3,063.5	166.0	567.1	$737,948.69

The following additional seizures were made in 1990: hashish - 7.4 ounces, PCP - 159.8 grams, psilocybin - 11 ounces, and methamphetamine - 2 grams.

One incident, on October 25, 1989, accounted for 1,038 pounds of marijuana, or one third of the marijuana seized on Maryland highways since 1984. The marijuana was concealed in the bed area of a tow truck going northbound on I-81 in Washington County. Such large seizures are rare in Maryland. Although a significant portion of Maryland's cocaine is brought from New York or Philadelphia, seizures of more than a kilogram have been made only occasionally. That pattern may be changing, however. On June 11, 1991, troopers seized 2 pounds six ounces of cocaine in Cecil County on Southbound I-95 from two residents of New York. The following day seventy-one pounds of cocaine (more than was seized in any previous year) was seized from a southbound vehicle in Cecil County. Two residents of Prince George's County were arrested. The flow of drugs south and money north is consistent with New York City and Philadelphia being source cities for drugs, especially heroin and cocaine.

D. Trafficking Organizations and Groups

Drug trafficking organizations and groups in Maryland are formed to a large extent along ethnic and social lines and tend to be fragmented. The majority of Baltimore area heroin dealers are Nigerians or inner-city blacks. Crack cocaine is controlled by Jamaicans at the wholesale level, while Hispanics are involved in the distribution of powder (or crystal) cocaine. Haitian migrant workers on the Eastern Shore are involved in the distribution of cocaine. The wholesale PCP market is controlled by blacks and hispanics in Washington, D.C. and its suburbs. In predominately white population areas, however, drugs across the board are normally trafficked by white dealers.

Otherwise, organizations seem to be ad hoc. Most trafficking organizations and groups seem to come together opportunistically for the purpose of selling drugs. When organizations do form, their activities often cross city and county boundaries with concurrent activities taking place in more than one jurisdiction. Some organizations and groups may have originated from street gangs, but strong organizational ties outside of the immediate concerns of selling drugs seem to be absent in Maryland in spite of sophisticated operational, security, and communications methods.

E. Sources of Supply and Distribution Patterns

Although marijuana is smuggled in relatively small but steady quantities by couriers on Air Jamaica, apparently for sale in Baltimore, and Nigerians similarly smuggle heroin into the area, Baltimore is not a significant primary or secondary distribution point for drugs destined for the rest of the country. With the exception of drugs in transit, most of the drugs that enter Maryland are intended for consumption there. Maryland traffickers at the higher level buy drugs from all the distribution points. Increasingly, traffickers from New York have been reported coming to Maryland in search of new customers. Lower-level dealers, especially from rural areas, frequently have drug sources in Baltimore or some other Maryland city. Different drugs are trafficked nationally by various national and ethnic groups who use different methods and bases of operations.

Heroin. New York City is an important point of entry for heroin in the U.S., and the main source city for heroin transported to Maryland. It is brought to Baltimore by couriers using bus, train, and private or rental vehicle. Blacks, particularly Nigerians, appear to dominate the heroin trade in Baltimore City and the Washington metropolitan area.

Powder Cocaine. Various groups are associated with cocaine trafficking; however, New York-based Jamaicans and Hispanics (particularly Colombians and Dominicans) control a large portion of the trade. New York, Philadelphia, Washington, D.C., and Florida are the primary source areas for cocaine.

Crack Cocaine. Jamaicans and Dominicans from New York appear to be the principal suppliers of crack, particularly in the inner city areas. Jamaican traffickers also control the trade in Western Maryland. Haitian migrant workers are known crack cocaine distributors on Maryland's Eastern Shore. New York, Philadelphia, and Washington, D.C. are the primary source cities. Some crack cocaine is processed locally. Crack was not widely used in Baltimore before 1988; hence, the distribution system is probably still being organized.

PCP. The wholesale market is controlled by blacks and Hispanics in Washington, D.C. and its suburbs. PCP is much less abundant than at its peak in the 1980's due to buyer demand for crack cocaine.

LSD. This drug is mostly associated with the white population of the state. Most of the LSD in the State comes from California. Availability increases in association with special events in the local area such as concert tours of the Grateful Dead.

Marijuana. Marijuana distribution in the State is dominated by whites; however, Jamaicans and Hispanics also influence the trade. Marijuana is grown in Maryland, but it is also shipped from various other locations including California, Texas, Florida, and Mexico.

Prescription Drugs. They find their way out of legitimate channels into the illegal market through a variety of means. Although most illicit trafficking is limited and unorganized (for example, individual users filling their own needs by "doctor shopping" or forging prescriptions), large-scale rings have been discovered. For example, one group operating in Baltimore and other cities was headquartered in Chicago. This group obtained legitimate prescriptions for non-controlled medicines, using them to obtain practitioners' DEA registration numbers and prescription blanks. These were reproduced and used to obtain controlled substances on a large scale. In several instances doctors, pharmacists and other practitioners have been found illegally prescribing or selling large quantities of drugs.

F. The Geographic Spread of Drugs

No area of Maryland is free of illegal drugs. Both health data and police reporting show that all counties, cities, and towns are affected.

Western Maryland. The favored drugs throughout the region are marijuana and powder cocaine. Crack cocaine, however, is widely available in the larger cities -- Cumberland, Hagerstown, and Frederick. Drugs are brought into the region, primarily, from Baltimore and Washington, as well as directly from New York and Miami. Secondary sources are found in the bordering areas of Pennsylvania and West Virginia.

Northeastern Maryland. The two main problems in this region are cocaine, followed by marijuana. Occasionally, other drugs such as LSD, PCP, and methamphetamine are available. Cocaine comes largely from New York and Philadelphia.

Southern Maryland. A wide variety of drugs is found in this region, including cocaine, marijuana, PCP, LSD, and prescription drugs. There are a number of motorcycle gangs in the region who have been associated with the production and distribution of PCP and methamphetamine.

Eastern Shore. Cocaine, in both powder and crack form, is the most widely used drug in this region. Marijuana, LSD, heroin, and PCP are also abused, although to a considerably lesser extent than cocaine. The cocaine comes from Washington, D.C., Philadelphia, New York, New Jersey, and Florida.

The Metropolitan Area Around Baltimore. The Baltimore-Washington corridor supports a diverse population using a wide variety of illicit drugs. In different parts of the region, marijuana, powder cocaine, crack cocaine, prescription drugs, and LSD are found to be drugs of choice. PCP is prominent in Prince George's County and heroin is widely abused in the part of the county closest to Washington, D.C. The drug trade has had a major impact on the rate of crime in the region.

Baltimore City. Again, with a diverse population, a wide variety of drugs is found in Baltimore. The city is a major market for heroin, as well as for crack cocaine, and most other drugs are abused as well. Another growing problem in the Baltimore area is the diversion of legal prescription drugs for illegal use.

G. Social and Health Costs

1. Juveniles. Both national and State surveys indicate that substance abuse among youth in school consistently decreased throughout the 1980s. Nationally, overall use decreased steadily according to the annual survey of high school seniors conducted by the University of Michigan. In Maryland, the biennial adolescent student surveys showed a long, progressive decline in overall drug use over the decade with a leveling off shown only in the 1988-89 survey. Both surveys have indicated that use of marijuana, cocaine, amphetamines, tranquilizers, and PCP is decreasing among youth attending school.

Despite the positive indicators, however, there are some disturbing trends. First, according to the 1988-89 Maryland Adolescent Survey, alcohol, solvent, and hallucinogen use by students increased. Second, more than half of 10th and 12th grade students report current alcohol use. Third, cigarettes continue to be used by more than 20 percent of students. Fourth, current drug use among female students exceeds current use by male students for the first time.

More disturbing than these indicators is the fact that from January to March 1991 there were 384 juveniles arrested in Baltimore on drug charges, 234 for distribution. Of these, 53 were fourteen years old or younger and one was eight. This illustrates the increasing trend of the drug dealers in Baltimore to shield themselves behind younger and younger "runners."

The survey showed that among 6th, 8th, 10th, and 12th grade students, alcohol remains the most commonly abused substance. The other substances most frequently used were, in descending order, cigarettes, marijuana, pharmaceuticals (without prescription), solvents/inhalants, amphetamines, smokeless tobacco, cocaine, hallucinogens, methamphetamine, and PCP.

The increasing arrests of juveniles for drug and alcohol violations slowed down in 1989 as follows:

1986 - 4067
1987 - 4381
1988 - 5366
1989 - 5219

School disciplinary action was taken in the 1989-1990 school year against public school students, grades 1 through 12, for alcohol offenses in every county for a total of 485 suspensions. Drug offenses were disciplined in all but four counties for a total of 415 suspensions.

2. Treatment. The Alcohol and Drug Abuse Administration reports that during FY 1990, 56,339 persons were admitted in Maryland for alcohol or drug abuse, up from the previous year. Slightly more than nine percent of those admitted were seventeen years or younger.

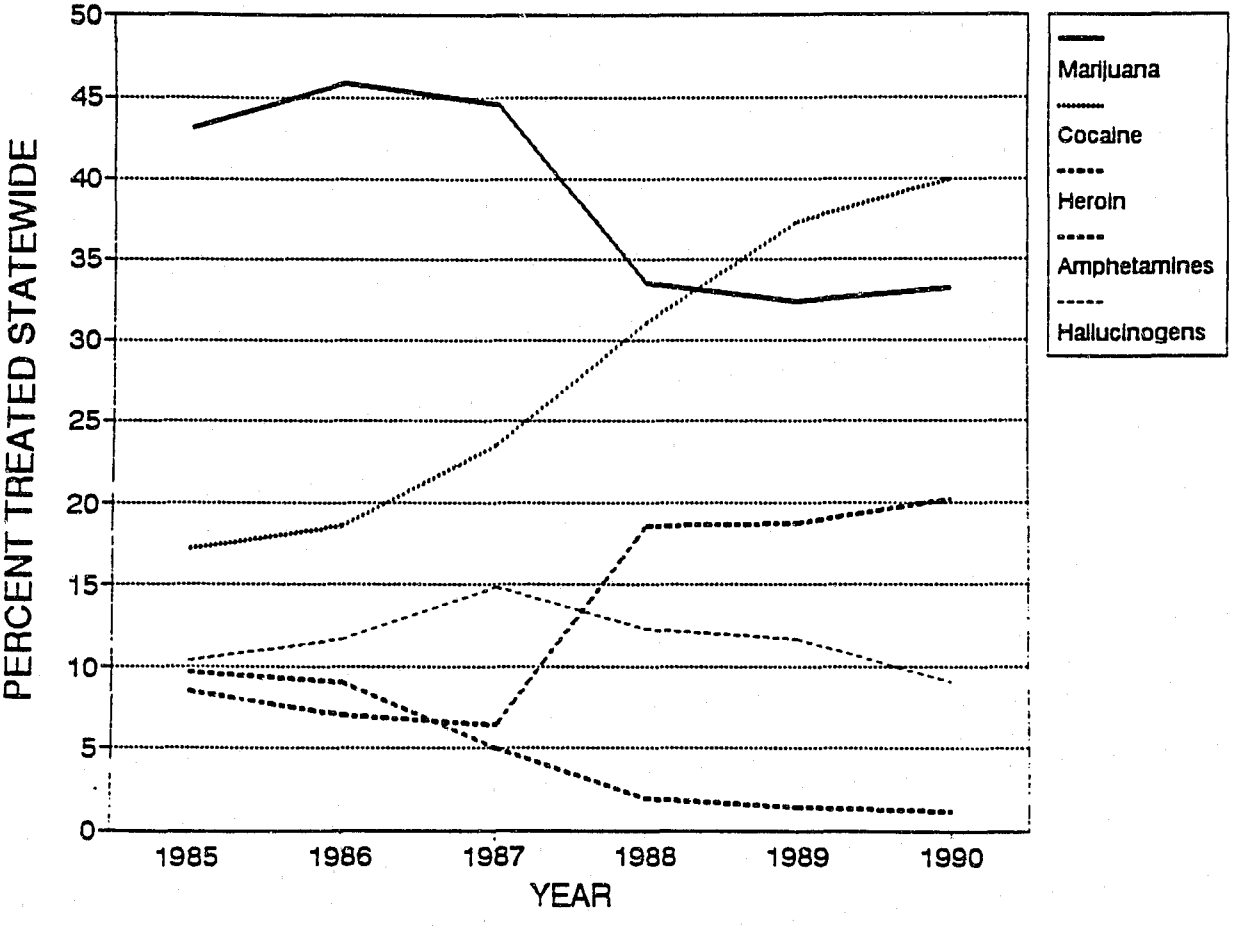
From ADAA data the following profile of a "typical" person under treatment in Maryland can be drawn. He is a white male, between 22 and 30 years of age, is employed full time, has never been married, is a high school graduate, and is undergoing treatment involuntarily, most likely as a result of a DWI/DUI. Prior to this treatment, he had been arrested at least once before. He drinks to excess and probably uses one other drug.

The following chart shows trends in the drugs for which clients were treated from FY 1985 to 1990. These trends are consistent with changing patterns of drug abuse reported by other sources.

DRUGS BY PERCENTAGE OF PERSONS TREATED
STATEWIDE AVERAGES

FISCAL YEAR

	1985	1986	1987	1988	1989	1990
Marijuana	43.1	45.9	44.6	33.5	32.3	33.2
Cocaine	17.2	18.6	23.5	31.0	37.3	40.0
Heroin	8.5	7.0	6.5	18.6	18.7	20.2
Amphetamines	9.7	9.1	5.0	1.9	1.4	1.2
Hallucinogens	10.4	11.7	14.8	12.3	11.7	9.1



3. Emergency Medical Treatment. Although remaining at an unacceptable level, visits to emergency rooms in Baltimore because of problems arising from drug use followed the national trend of leveling off after steadily increasing in the late 1980's. For 1989, a total of 8781 persons was admitted to emergency rooms for the following drugs (with national data for comparison):

Drug	Baltimore	National
Cocaine	2145 (23.85%)	40.1%
Alcohol	1651 (18.3%)	30.4%
Opiates	1354 (15%)	19.7%
Depressants	385 (4.2%)	19.2%
Hallucinogens	201 (2.2%)	4.3%
Cannabis	103 (1.8%)	6.4%
Other	3091 (34%)	11.7%

4. Infants At Risk. One of the most tragic health problems resulting from drug abuse is the effect of the mother's addiction on fetuses and infants. The Washington Post began on June 30, 1991, a three-part serial on drug affected children. According to The Washington Post, the federal government estimates that about 375,000 children are born each year who were exposed to drugs in the womb. About a third were exposed to powder cocaine or crack. More than 2000 babies in the Washington area tested positive for drugs in 1990. The newspaper points out that testing was only sporadic and "the total number is certainly much larger."

In Maryland, the Maryland Task Force on Drug-Affected Newborns carried out a month-long survey in 1989 of all Maryland hospitals and health clinics. Among the pregnant women surveyed, 285 (12%) reported using drugs. In Maryland hospitals during that month, 177 infants (8% of all births) were identified as drug-affected. The Task Force estimated that more than 7440 children were born in Maryland drug-affected during 1989 at an estimated cost to the taxpayer of $52,013 per child. The Washington Post estimated that caring for drug-affected infants at Howard University Hospital costs from $1500 to $3000 per day.

The physical damage done in the womb to the infant is often compounded by postnatal neglect by the parents. Thus, as the children age, many will undoubtedly need counseling, therapy, and special education. The Washington Post estimates that hospital costs, physical therapy, and foster care placement through age 5 at about $11,000 annually per child.

Effects on the fetus include birth defects resulting in perforations of the lungs, lost brain tissue, and damaged nerves. These birth defects commonly cause delays in learning, problems with memory and spatial relationships, extreme hyperactivity, and behavioral problems.

The first crack babies will be entering the school system in Washington in the fall of 1991. The epidemic hit Baltimore a year or two later than it hit Washington. Experience in New York and elsewhere shows that these children are inconsistent in their behavior and abilities, have poor coordination, and extremely short attention spans -- in short, "a majority of crack-affected children suffer from problems that will make it difficult for them to flourish in a traditional classroom setting."

Prince George's County intends to hire physicians and child development specialists to conduct seminars for teachers. However, the majority of crack-affected children are expected to begin school in normal classes, where it is anticipated that overwhelmed teachers will have no special assistance.

The Prince George's County Health Department has run an Infant at Risk Program since 1983. Statistics relating to mothers referred to the program for substance abuse since 1986 are as follows:

	Total Referrals	For Substance Abuse	Percent for Substance Abuse
1986	606	77 (10 months)	16%
1987	737	194	26%
1988	747	284	38%
1989	1022	469	46%
1990	1278	439	34%

In 1990, of the substance abuse referrals 60 percent were for crack cocaine, 4 percent alcohol, and 4 percent marijuana. Twenty-six percent were referred for poly drug abuse, usually some combination of the above three.

In a similar program in Montgomery County, between July 1, 1989, and June 30, 1990, of those admitted to the program 25% were referred for substance abuse; between July 1, 1990, and March 1991, 31% were referred for substance abuse.

5. Drugs and Death. Drugs and alcohol have a major impact on the rate of crime, including violent crime. In Maryland, violent crimes such as shootings, stabbings, and other types of aggravated assault, particularly in open air drug markets are on the rise. There has also been an increase in the number of drug-related homicides.

In 1989 in Baltimore City alone there were 262 homicides, with at least 109 (41.6 percent) considered drug-related. In 1990 the homicide rate increased to 305, of which at least 136 (44.6 percent) were drug-related.

The following chart shows the relationship between the use of alcohol and drugs and homicides in the State as a whole between 1986 and 1990, according to Uniform Crime Reporting:

	1986	1987	1988	1989	1990
Total Homicides	399	445	452	540	577
Drug-Law Related (with percent of all homicides)	65 (16.3%)	80 (18%)	117 (25.9%)	161 (29.8%)	166 (28.7%)
Homicide due to the Influence of Alcohol	7	14	7	9	4
Homicide due to the Influence of Drugs	1	1	2	3	0

In 1990, in Maryland, 263 persons lost their lives as a direct result of drug use (a more restricted category than "drug-related") and 53 lost their lives to alcohol, according to the Office of the Chief Medical Examiner.

6. Drug or Alcohol Impaired Driving

One of the more visible costs of substance abuse is impaired driving. In 1988, a total of 27,620 persons were arrested in Maryland for Driving While Intoxicated or Driving Under the Influence (DWI/DUI) charges. Those driving while impaired caused the following number of vehicular crashes statewide:

1985 - 13,253
1986 - 13,398
1987 - 13,335
1988 - 12,170
1989 - 11,624
5 Year Total - 63,780

The decline beginning in 1989 is generally attributed in part to awareness campaigns and in part to raising the legal age for drinking.

Many of the vehicular crashes resulted in injuries. The Shock Trauma Center of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) of the University of Maryland routinely obtains blood alcohol concentration (BAC) and other toxicology screens on admission. Such information is obtained for clinical management, not for legal reasons. For fiscal year 1990, 3,491 trauma victims were treated at the MIEMSS Shock Trauma Center in Baltimore. Approximately half of those patients were victims of vehicular crash trauma. In a two-year study involving calendar years 1988 and 1989, 36.7 percent of 2,409 vehicular crash victims who were admitted directly from the scene of injury to the Shock Trauma Center tested positive for alcohol. Among 1,276 drivers tested for various drugs, the percentages testing positive were as follows: alcohol, 33.9 percent; cocaine, 7.1 percent; opiates, 3.5 percent; and phencyclidine, 3.0 percent. These figures should not be added because positive results for more than one substance of abuse are frequently found in patients, particularly involving alcohol. (Unpublished data, 1991, from Shock Trauma Alcohol/Drug Database; Project coordinators PC Dischinger, PhD, CA Soderstrom, MD, Shock Trauma Center/MIEMSS, support by Maryland DOT. Results contained in the database are confidential from which all personal identifiers have been removed.)

Testing of blood for marijuana metabolites is not routine in clinical centers. In a special study conducted in 1985-1986, it was found that 33.8 percent of drivers admitted directly from the crash scene to the Shock Trauma Center had used marijuana shortly or immediately before being injured and that 36.6 percent tested positive for alcohol. Among automobile drivers [N=393], 16.2 percent tested positive for both marijuana and alcohol. Almost one-fourth (24.3 percent) of 70 motorcycle drivers tested positive for alcohol and marijuana in combination. Among those injured as the result of other traumatic insults [N=329] (for example, falls, occupational and recreational mishaps, and assaults), 36.6 percent tested positive for marijuana and 24.2 percent tested positive for alcohol use. Of those other trauma victims, 13.1 percent tested positive for both marijuana and alcohol in combination. (Soderstrom CA, Trifillis AL, Shankar BS, et al: Marijuana and Alcohol Use Among 1,023 Trauma Patients: A Prospective Study. Arch Surg 1988; 123: 733-737.)

In a longer-range study of alcohol use among 10,184 vehicular crash victims admitted to the Shock Trauma Center from 1981 to 1990, it was found that 39.1 percent tested positive for alcohol during the study period. While regression trend analysis indicated a significant decrease in BAC+ rates for all age groups (<18 yr, 18-20 yr, 21-40 yr, >40 yr) for the first 8 1/2 years of the study period, data from the last 1 1/2 years suggest that alcohol use was "leveling out" or increasing in the various age groups (Soderstrom CA: Third National Injury Control Conference, Denver, CO; April 22-25, 1991).

INJURY DEATHS RESULTING
FROM VEHICULAR CRASHES

1979 -- 757	1984 -- 698
1980 -- 856	1985 -- 796
1981 -- 835	1986 -- 825
1982 -- 784	1987 -- 843
1983 -- 719	Total - 7113

Total injury deaths from all causes 1979 - 1987 = 22,139.

Thus vehicular crashes were the cause of 32.1% of the total of injury deaths during this period.

- Source: Maryland Injury Prevention and Control Program, Injuries in Maryland, March 1991.

H. Financial Costs of the Drug Problem

1. Crime. Most law enforcement officials and the public see a strong correlation between drug use and crime. Law enforcement officials believe that effective anti-drug operations result in a lessening of thefts, breaking and enterings, and crimes of violence. It is known that many drug users resort to stealing to obtain money to buy drugs and commit acts of violence under the influence of drugs. Increased crime obviously places both direct and indirect financial costs on local jurisdictions as well as on the State.

Some of this cost arises from the entry of drug law violators into the social system. The volume of drug arrests for a 5-year period is illustrated in the following chart:

	Number of Drug Arrests	Percent of All Arrests
1986	20,108	9.15%
1987	24,952	10.81%
1988	30,263	12.28%
1989	36,170	13.59%
1990	28,932	10.95%

A number of factors have probably contributed to the overall decrease in the number of drug arrests from 1989 to 1990. The introduction of the task force concept has had an effect on the way narcotics cases are handled throughout the State. Municipalities that have normally handled some drug cases often refer a majority of these cases to area task forces. The task forces must prioritize their work loads and are more selective about the cases that they handle. The task forces often focus their resources on more complex, long-term investigations that target mid and upper level drug dealers.

In addition, in the past year some jurisdictions of the State have seen a decrease in the number of sworn law enforcement officers. At the same time, law enforcement agencies have been handling increased case loads and, as a result, have diverted assets to higher priority crimes such as violent crime, that have shown an increase from calendar year 1989 to 1990.

MARYLAND ARREST DATA - UNIFORM CRIME REPORTS
1988-1990

TYPE	1988	1989	1990
Total Arrests, All Offenses	246,521	266,094	264,058
Drugs	30,263	36,170	28,932
DWI	33,567	35,268	32,132

In 1990, the State of Maryland and local jurisdictions employed 13,028 sworn law enforcement employees to make these arrests.

In 1988, the 35 local jails in Maryland housed 7486 inmates. An additional 14,084 prisoners were in the custody of State and Federal correction authorities in Maryland. A further picture can be drawn from the following chart:

Maryland's Total Adult Population	3,476,000
Population Under Corrections	109,362
Jail	7,486
Prison	14,084
Probation	78,619
Parole	9,225
Total Correctional Population:	
As Percent of Total Population	3.15%

Although the percentage of the population under corrections in 1988 for drug or alcohol offenses is not yet available, the following figures from 1986 are relevant as an indication of the extent of the problem:

Total Prisoners Convicted of Federal Offense in Maryland	1083
Convicted of Drug Offense	39.2%
Known drug history	35%

In 1986, of all State prison inmates nationwide, 53.8 percent were under the influence of drugs or alcohol or both as follows: drugs only, 17.2 percent; alcohol only, 18.5 percent; both 18.1 percent.

Other indications of the extent of the contribution of substance abuse to crime, hence to the financial cost of crime containment, came from the urinalysis of prisoners. In May 1991, under Baltimore's pre-trial release program, of 420 prisoners tested, 152 (or 36 percent) tested positive for drugs. In Baltimore City's program of Intensive Supervision of High-Risk Drug Offenders, from October to December, 1990, of parolees tested, 41.5 percent tested positive, of these 32 percent for cocaine, 40 percent for opiates, and 27 percent for both. Similar results, 40 percent, were obtained during the first three months of 1991.

From the above facts and figures it is clear that drug and alcohol abuse makes a large and significant contribution to the financial costs of crime.

2. Drugs in the Workplace. Specific data on the costs of drugs in the workplace in Maryland are not at present available. However, in 1990 the Alcohol, Drug Abuse and Mental Health Administration of the U.S. Department of Health and Human Services (HHS) prepared a study entitled: The Economic Costs of Alcohol and Drug Abuse and Mental Illness, 1985. By using sophisticated methods, the HHS study attempted to ascertain what its subject states. The estimates for 1985, including government and private costs, follow:

	(Billions of $)
Cost of Alcohol Abuse	70.3
Cost of Drug Abuse	44.1
Cost of Mental Illness	103.7
Economic Cost of ADM	218.1

These costs were broken down in this way:

	Amount (in millions)	
Type of Cost	Alcohol Abuse	Drug Abuse
Core Costs	58,181	10,624
Other Related Costs	10,546	32,461
Special Disease Groups	1,611	967
TOTAL	70,338	44,052

The groups were further broken down like this:

Core Costs	Alcohol	Drug
Direct		
Treatment	6315	1881
Support	495	201
Indirect		
Morbidity	27,388	5979
Mortality	23,983	2563
Other Related Costs		
Direct	7,380	13,209
Indirect	3,166	19,252
Special Disease Groups		
AIDS		967
Fetal Alcohol Syndrome	1,611	
TOTAL	70,338	44,052

Definitions:

Core Costs - All costs directly related to treatment and support as well as indirect costs associated with the disorders.

Support - Research, training physicians and nurses, program administrations and net cost of private health insurance.

Other Related Costs - Direct costs include public and private expenditures for crime, vehicular crashes, social welfare program administrative costs and costs associated with the destruction of property by fire.

Indirect Costs - Indirect costs include the value of productivity losses from victimization by crime; incarceration for a criminal offense; and time spent in criminal activities rather than legal employment.

Morbidity - the value of reduced or lost productivity.

Mortality - the value of lost earnings as a result of death; the current monetary value of future output lost because of premature death.

3. Government Costs. For Maryland FY 1991, the State of Maryland has budgeted $167,386,336 for programs identified as being drug related. The following chart explains where this money comes from and what it is being spent on:

STATEWIDE TOTAL,
BREAKDOWN OF DRUG RESOURCES

	Education	Prevention	Treatment	Criminal Justice	Other	Total
Federal	6,549,074	6,598,454	28,065,280	10,016,020	300,000	51,528,828
State	1,342,158	2,791,423	35,614,110	14,517,930	1,556,442	55,822,063
Local	3,550,057	5,449,388	8,203,430	36,415,270	1,189,902	54,808,047
Other	5,100	602,000	3,626,355	984,937	9,000	5,227,392
Total	11,446,389	15,441,265	75,509,175	61,934,157	3,055,344	167,386,336

DRUG PROSPECTUS:

a law enforcement assessment of the drug problem in Maryland

PART III

DETAILED REPORT

A. Prevalence of the Drug Problem - Region by Region Description

Western Maryland

The western region of the State includes Garrett, Allegany, Washington, Frederick, and Carroll counties. This predominantly rural area is heavily forested and mountainous. The Allegheny, Appalachian, and Blue Ridge mountains cross the region, and fertile valleys are filled with orchards and farms. Maryland's three largest cities outside of the metropolitan areas - Cumberland, Hagerstown, and Frederick - are located in this part of the State. The five counties have a total population of just under half a million, representing ten percent of the State's population. Racially, the western region is 95 percent white.

As a result of normal police investigations, undercover operations, arrests, and seizures, law enforcement agencies in this region have indicated that the most prominent drugs in western Maryland are marijuana and powder cocaine. In addition, crack/cocaine is widely available in the larger cities including Cumberland, Hagerstown, and Frederick. With the exception of Garrett County, other drugs including lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms, methamphetamines, and prescription drugs are available to varying degrees throughout the region. At present heroin does not appear to be a major problem in this region of the State. However, heroin has been reported sporadically in Frederick City and Cumberland.

Because climatic conditions are favorable and because the western region of the State is predominantly rural, the majority of the marijuana seized is cultivated locally. Most of the marijuana is grown outdoors; however, due to State marijuana eradication efforts, law enforcement agencies are discovering that indoor growing operations are becoming more popular.

Powder cocaine is widely available throughout the region and is a drug that touches all racial groups. However, crack/cocaine is found predominantly in the black neighborhoods of the large cities and its sale and use is almost entirely confined to the black population. In Frederick City the sale of crack/cocaine has had a major impact on the rate of crime and police have noted a significant increase in the number of robberies, breaking and enterings, and thefts as users attempt to support their habits.

In addition, two homicides in 1990 have been directly linked to drug trafficking. The Uniform Crime Reports for Crime in Maryland indicate that, in Frederick County, the number of arrests for drug-law violations jumped from 784 in 1988 to 1,073 in 1989, an increase of 37 percent. This figure is significant when contrasted with the 24 percent population increase in Frederick County between 1980 and 1990.

Excluding marijuana, drugs are brought into this region of the State primarily from the Baltimore and Washington metropolitan areas as well as directly from other major cities including New York and Miami. In addition, some drugs are brought into this area from bordering parts of West Virginia and Pennsylvania.

Drug treatment data for this region confirm police reports of a major drug problem in this area. The data indicate that the most frequently mentioned drugs of abuse after alcohol are marijuana, followed by cocaine, and then PCP/hallucinogens. Figures indicate that 89 percent of the persons admitted for treatment are white and 11 percent are black. However, the white-black ratio for the region is 95 to 3. The highest incidence of blacks seeking treatment occurred in Frederick County.

It is interesting to note that compared to the six regions of the State, western Maryland ranked third following the Washington metropolitan area and Baltimore City for number of persons in treatment. In addition, Allegany County ranked number one in the State for alcohol and amphetamine drug mentions and number two for depressants. According to SAMIS, the category "depressants" includes barbiturates, sedatives, and tranquilizers. For cocaine drug mentions, Frederick County ranked fourth in the State following Baltimore City, and Prince George's and Montgomery counties.

Drug and alcohol treatment data for 1990 also revealed that more juveniles between the ages of 12 and 17 were admitted for treatment in western Maryland than in any other region in the State. Department of Juvenile Services figures from 1989 and 1990 show that there is an alcohol and drug abuse problem among the youth of this area. The region ranks second in the State following the Washington metropolitan area for juvenile alcohol violations and third in the State after the metro area and Baltimore City for drug violations. The 1988-1989 survey of substance abuse among Maryland adolescents indicates that an average of 26 percent of the 12th graders in the region used some kind of drug.

The drug and alcohol problem in western Maryland appears to extend to college students as well. A 1990 Frostburg State University student use survey shows that 91 percent of students at the college consume alcoholic beverages. Thirty percent of the students had used marijuana within the preceding twelve months. Ten to fifteen percent of those who use alcohol admitted to frequent academic, social, or personal problems as a result of heavy use. Thirty-three percent had driven a car while intoxicated, but only one percent had been arrested for Driving While Intoxicated (DWI).

Northeastern Maryland

The northeastern region of the State is composed of Harford and Cecil counties. Bounded to the north by Pennsylvania and to the east by Delaware, this area has a mixture of rural farming areas and towns supported by service industries. Two large U.S. Army installations - Aberdeen Proving Ground and Edgewood Arsenal - are located in southern Harford County and have a significant influence on the local economy. Cecil County, at the headwaters of the Chesapeake Bay, has numerous boating marinas along its waterways. The total population of the two counties is just over 250,000. Racially, 90 percent of the population is white.

Law enforcement agencies in northeastern Maryland acknowledge that the two problem drugs in their area are cocaine and marijuana. Occasionally other drugs such as LSD, PCP, and methamphetamine are available on the local drug market. Recently, Harford County agencies indicated that there has been an increase in LSD usage, mostly among juveniles. As in other areas of the State, there is a direct correlation between drug usage and sales and other criminal activity. Crimes are being committed while under the influence of drugs or to obtain money for drugs. According to the Uniform Crime Reports for Crime in Maryland, the number of arrests for drug-law violations in Cecil County from 1988 to 1989 jumped from 429 to 673, an increase of 57 percent. However, it must be emphasized that this increase in arrests may only reflect an increase in police interdictions and effectiveness rather than an increase in over-all drug usage in this region of the State.

Cocaine is the most prominent drug in this area and is readily available. Most of the cocaine is brought to northern Maryland from New York and Philadelphia. Some crack/cocaine has been noted, particularly in some of the low income housing areas.

Marijuana is cultivated in this region of the State. In 1989 and 1990 the northeast region ranked second in the State for the number of marijuana plants eradicated by law enforcement. In addition, some marijuana is shipped into the area from Texas and California.

Drug and alcohol treatment data indicate that, based on place of residence, northeastern Maryland has the lowest rate of admission for treatment in the State of Maryland. In 1990, the top three drugs mentioned after alcohol were, in order, marijuana, cocaine, and heroin. Racially, 89 percent of admissions were among whites and nine percent were among blacks - figures that closely correspond to the general population of this region of the State.

A deviation in the generally lower substance abuse problem in this region was noted among the juvenile population. According to Maryland Department of Education suspension data, northeastern Maryland ranked number one in the State for both alcohol and drug suspensions. Statistics from the 1988-1989 Maryland adolescent survey were consistent with the suspension data. The northeastern region ranked number one in the State for 12th graders who frequently used alcohol or drugs.

Southern Maryland

The part of the western shore south of Baltimore is called Southern Maryland and is composed of Charles, Calvert, and Saint Mary's counties. This area has numerous ports and waterways and is bounded to the east by the Chesapeake Bay and to the south and west by the Potomac River. One of the main agricultural crops in this region is tobacco. The three counties have a total population of 228,500, making up almost five percent of the total population for the State.

According to law enforcement, a wide array of drugs is available in the southern region of the State. These drugs include cocaine, marijuana, PCP, and LSD. Southern Maryland has been identified as a region of the State with a number of outlaw motorcycle gangs. Some of these gangs have been associated with the production and distribution of PCP and methamphetamine.

Recent drug and alcohol treatment information shows that the most prevalent drugs in this region are alcohol, marijuana, cocaine, and PCP/hallucinogens. In 1990, Charles and Calvert counties were rated second and fifth, respectively, for mentions of PCP/ hallucinogens throughout the State. Saint Mary's County ranked third for amphetamine mentions in the treatment data.

Apart from these figures, Southern Maryland consistently ranked much lower than the State average in drug and crime statistics.

Eastern Shore

The eastern shore includes Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset, and Worcester counties. Located in the Atlantic coastal plain region of the State, the terrain is low and flat. The eastern shore of Maryland, along with parts of Delaware and Virginia, forms the Delmarva Peninsula and is bounded to the west by the Chesapeake Bay and to the east by the Atlantic Ocean. The total population of this area is approximately 272,422, making up 5.6 percent of the State's population.

Police agencies on the eastern shore indicate that the number one drug in the area is cocaine in both powder and crack forms. Other drugs available include marijuana, LSD, heroin, and PCP, but, according to law enforcement, these account for a much lower percentage of the over-all drug problem. However, during an investigation of drug trafficking in Wicomico County, 118,949 units of LSD and 2.52 pounds of psilocybin mushrooms were seized on June 24, 1991.

Drugs are smuggled into the area by vehicle, commercial aircraft, and boats. With its extensive shoreline, conditions are ideal for maritime smuggling of illegal drugs. There is a direct relationship between drug abuse and other criminal activities in the region. The rate of crime is on the rise, particularly robberies, thefts, assaults, and handgun violations.

Cocaine is brought into the area primarily by vehicle from various locations including Washington D.C., Philadelphia, New York, New Jersey, and Florida. Cocaine appears to be used by persons from all ethnic groups and socio-economic backgrounds. The majority of crack/cocaine distribution and use occurs within the black community. Crack/cocaine is sometimes brought into the area already packaged from New York and Philadelphia, but it is also processed locally.

Marijuana is readily available in the region. It is grown locally as well as smuggled into the State from sources as diverse as New York, Philadelphia, Florida, Texas, and Mexico. Homegrown marijuana is more prevalent; however, local marijuana plant eradication efforts have been fairly successful.

Drug treatment figures indicate that marijuana appears to be a prominent drug on the eastern shore. In 1990, Somerset and Wicomico counties ranked first and second in the State and Kent County ranked fourth for marijuana drug mentions. While statistics for marijuana usage were fairly consistent between 1988 and 1990, the rate of admission for cocaine usage rose as much as 10 to 15 percent between those years in certain areas of the eastern shore. Racially, 65 percent of admissions for treatment were among whites while 33 percent were among blacks.

Metropolitan Area

The metropolitan area includes Baltimore County as well as Howard, Anne Arundel, Montgomery, and Prince George's counties. This area between Baltimore and Washington D.C., with a population of approximately 2,792,996 persons, makes up 58 percent of the State's population. Racially, approximately 72 percent of the population is white, 22 percent black, and six percent other races. Service industries and government are the forces that drive the economy of this region. Many federal agencies have headquarters in Montgomery and Prince George's counties and State government offices are located in the State capital, Annapolis, in Anne Arundel County. Several of the State's largest military installations are located in this area. They include Andrews Air Force Base in Prince George's County and Fort George G. Meade and the United States Naval Academy in Anne Arundel County.

A wide variety of illicit drugs are readily available in different parts of the region including marijuana, powder cocaine, and LSD. PCP is prominent in Prince George's County and heroin is primarily seen in the inner city areas of the region. Law enforcement agencies report that the current drug of choice in the metropolitan area is crack/cocaine.

New York City, Philadelphia, and Florida are the primary sources of cocaine and New York is the source for the region's heroin supply. These drugs are brought into the area in a number of ways including commercial airlines, trains, buses and private or rented motor vehicles.

A large amount of homegrown marijuana is found in this five county region of the State. Law enforcement eradication efforts in the metropolitan area have been extremely successful. In 1990 alone a total of 1,428 marijuana plants were eliminated.

The drug trade has a major impact on the rate of crime in the metropolitan area. The number of property crimes - auto theft, burglaries, breaking and enterings, and thefts of resalable items such as electronic equipment - continues to increase as individuals attempt to obtain money for their drug habits. Violent crimes such as shootings, stabbings, and other types of aggravated assault, particularly in the open air drug markets, are on the rise. There has also been an increase in the number of drug-related homicides.

According to the Uniform Crime Reports for Crime in Maryland, the combined number of arrests for drug-law violations in the five counties of the metropolitan region is second only to Baltimore City. In 1988 there was a total of 11,266 drug arrests and, in 1989, 13,001. For the metropolitan area, Prince George's County has the highest number of drug arrests.

The numerous health risks surrounding the abuse of drugs are readily apparent in the metropolitan area. In 1990 there were 92 known drug-caused deaths in this region, accounting for 35 percent of the State total. Drug-related deaths are not included in this total and would be difficult to calculate, but would certainly bring this figure much higher.

Two counties which border on Washington D.C. - Prince George's and Montgomery counties - have established health programs to monitor infants with health risks, including drug affected newborns. In 1990 the Prince George's County health department reported 1,278 referrals, 439 (34 percent) of which were substance abuse referrals. Sixty percent of the substance abuse cases involved the abuse of crack/cocaine and 26 percent involved the use of multiple drugs. Racially, 83 percent of the mothers in the program were black and 16 percent white. Managers of the Montgomery County Infant at Risk program indicate that the most frequently encountered drug in their program is also cocaine. Between July 1989 and June 1990, 25 percent of the 102 referrals involved substance abuse.

The substance abuse problem in the metropolitan area is also reflected in the number of alcohol and drug-related vehicular crashes. In 1989, the five county area had a total of 6,215 alcohol and drug-related accidents, accounting for 53 percent of the total number for the State. Between 1985 and 1989 there were 35,021 of this type of crash in the metro area - 55 percent of the State's total. In both the 1989 and the five-year period, Prince George's County ranked number one in the State for total number of alcohol and drug-related vehicular crashes.

Drug and alcohol treatment figures place the five-county metropolitan area first in the State with 28,932 admissions or 40 percent of total admissions for 1990. Fifty-six percent of the referrals were non-voluntary, most resulting from DWI/DUI arrests. At least 20 percent of the patients were referred by health or social organizations. Between 1988 and 1990 the total number of admissions for treatment increased by approximately 3,500 persons. This may indicate a rise in the amount of drug and alcohol abuse or may indicate increased availability of treatment centers and increased public awareness of the need for treatment.

In the 1990 drug and alcohol treatment data, the top three drugs for the metropolian area, after alcohol, were cocaine, followed by marijuana and PCP/hallucinogens. This region ranked high for the percentage of drug mentions for various other drugs including heroin, depressants, and synthetics. Prince George's County ranked number one in the State for PCP/hallucinogens and Baltimore County ranked number one for both depressants and synthetic drugs. Following Baltimore City, Baltimore County, Prince George's, Anne Arundel, and Montgomery counties ranked in the top five counties in the State for heroin drug mentions.

For the region as a whole, demographically, 72 percent of the admissions for treatment were among whites, with 25 percent among blacks. This ratio is fairly consistent with the ratio of whites to blacks in the general population. Forty percent of admissions were among persons 22 to 30 years of age, 24 percent among persons 31 to 40.

Maryland Department of Juvenile Services reporting for the period July 1989 to June 1990 indicates a serious substance abuse problem among the youth of the metropolitan area. The region ranked number one in the State for both drug and alcohol violations. There were 1,228 drug violations and 835 alcohol violations which, respectively, account for 38 and 42 percent of the State total.

Baltimore City

Baltimore has a population of approximately 736,014 persons, accounting for 15 percent of the total population of the State. Racially, the city is 59 percent black, 39 percent white, and 2 percent other races. Baltimore is the largest city in Maryland and has the fourth busiest port on the east coast. Most of Maryland's manufacturing as well as wholesale and retail trade industries are centered in and around Baltimore.

The two problem drugs in Baltimore City are heroin and cocaine. Heroin and crack/cocaine are readily available, particularly within the black communities of East, West, and Northwest Baltimore. These drugs are brought into Baltimore from the major source cities - Washington D.C., Philadelphia, New York, and Newark, New Jersey. Some of the cocaine is also transported from Florida. Distributors use a variety of methods to transport drugs into the Baltimore area including motor vehicles, public buses, Amtrak trains, and commercial airlines. Drugs are also shipped via the U.S. Postal Service and commercial cargo carriers.

These drugs have a significant impact on the rate of violent and property crime in Baltimore City. As in most areas of the State, thefts and breaking and enterings continue to increase in the city as users attempt to pay for their drug habits. But the heavier toll is in the cost of human life. In 1989 there were 262 homicides, with at least 109 (41.6 percent) classified as drug-related. In 1990 the homicide rate increased to 305, of which at least 136 (44.6 percent) were drug-related. Demographically, the 1990 drug-related homicides can be broken down as follows: 124 of the victims were black males, 11 were black females, and one was a white male.

The number of narcotics arrests in Baltimore City continues to remain high. In 1989 and 1990 there were 15,716 and 13,128 arrests, respectively, for narcotics as the primary offense. Between January and March 1991 there were 3,452 drug arrests - 3,068 (88.9 percent) adults and 384 (11.1 percent) juveniles. Overall, 2,967 (86 percent) of the offenders were male. Racially, 2,949 (85 percent) of the arrestees were non-whites. Of the narcotics arrests in 1991, 1,828 were for cocaine, 888 for heroin, 13 for PCP, and 723 for all other types of drugs.

Data from the Drug Abuse Warning Network (DAWN) published by the National Institute on Drug Abuse (NIDA) give some indication of the types of drugs involved in emergency room admissions in the Baltimore area. The DAWN weighted emergency room estimates indicate that, in 1990, approximately 40 percent of the emergency room drug mentions were for cocaine, 25 percent for alcohol or alcohol in combination with some other drug, and 24 percent for opiates. According to the DAWN report, most of the metropolitan areas surveyed indicated decreases in drug-related episodes between 1989 and 1990. However, the Baltimore area was an exception, as it had significant increases in cocaine and heroin-related emergency room admissions.

The catastrophic effects of drugs in Baltimore City are reflected in information from the office of the Maryland Chief Medical Examiner. According to the Medical Examiner, in 1990 there were 148 drug caused deaths in the city, accounting for 56 percent of the State total. Between January and March 1991 there were 31 drug caused deaths (60 percent of the State total).

Drug and alcohol treatment data reveal that 21,637 persons (2.94 percent of the population of Baltimore City) were treated during 1990. The most frequently mentioned drugs, in order of precedence, were alcohol, cocaine, heroin, and marijuana. Baltimore City ranked number one in the State for both cocaine and heroin drug mentions. Among the Baltimore City residents treated during FY 1990, racially, 74.5 percent were black and 24.8 percent were white. A further breakdown of these figures reveals that 55.8 percent of the substance abuse patients were black males, 18.7 percent black females, 18.3 percent white males, and 6.5 percent white females. By age, 37 percent were between 31 and 40, and 33 percent were between 22 and 30. Approximately 66 percent of the patients were unemployed, with 34 percent employed full or part-time. Fifty percent of the people stated that they had completed less than 12 years of school; 36 percent were high school graduates.

Baltimore City juveniles accounted for 1,228 reported drug violations (38 percent of the State total) between July 1989 and June 1990, according to the Maryland Department of Juvenile Services. This rate continued to grow in the first three months of 1991. However, the Maryland State Department of Education's summary of disciplinary actions for the school year 1989-1990 shows that there was a total of only 48 drug and alcohol suspensions in Baltimore City schools, a disproportionately low figure. The reason for this apparent anomaly is not clear.

Drug and Alcohol Treatment
Locations of Largest Percentage of Mentions of Drugs
- FY 1990 -

ALCOHOL
1. Allegany
2. Garrett
3. Caroline
4. Cecil
5. Talbot

MARIJUANA
1. Somerset
2. Wicomico
3. Carroll
4. Kent
5. Allegany

COCAINE
1. Baltimore City
2. Prince George's
3. Montgomery
4. Frederick
5. Anne Arundel and Somerset

HEROIN
1. Baltimore City
2. Baltimore County
3. Prince George's
4. Anne Arundel
5. Montgomery

AMPHETAMINES
1. Allegany
2. Cecil
3. St. Mary's
4. Washington
5. Caroline

PCP/HALLUCINOGENS
1. Prince George's
2. Charles
3. Anne Arundel
4. Howard
5. Calvert

DEPRESSANTS *
1. Baltimore County
2. Allegany
3. Somerset
4. Wicomico
5. Anne Arundel

SYNTHETICS
1. Baltimore County
2. Baltimore City
3. Anne Arundel
4. Montgomery
5. Harford

* The category "depressants" includes barbiturates, sedatives, and tranquilizers.

B. Drug Abuse

Perceptions of the Drug Problem

At present little organized information is available on perceptions of the drug problem in Maryland. The few sources that have been identified are as follows:

1. Maryland State Household Drug Survey (1990). According to this survey of a random sample of Maryland adults:

* The most important problem facing Maryland is drugs (80%). The next highest category is crime (23%). Education is third (20%), then tax and unemployment.

* Nineteen percent think illegal drugs are a serious problem in their neighborhood.

* Forty-seven percent think illegal drugs are sold in their neighborhood.

* Thirty-nine percent know someone who has had a problem with alcohol in the past year.

* Twenty-two percent believe the use of illegal drugs is a serious problem; thirty percent a minor problem and forty-eight percent not a problem at all.

* Two-thirds believe that the use of certain drugs would pose a risk to their health; sixty-three percent believe that such use would pose a risk of ruining their family life.

2. The Maryland Adolescent Survey (1989). Thirty-one percent of high school seniors not using it believed it would be very easy to obtain marijuana. Among those using it, the percentage jumped to fifty-five percent. Among those not using the substance, sixty-two percent believed marijuana posed a "great risk". This dropped to twenty-one percent among those who were using marijuana. Among users, crack cocaine was perceived to pose the greatest risk (60%) followed by PCP, any other form of cocaine, methamphetamines, and heroin (32.1%).

3. Governor's Executive Advisory Council Survey of the Public Safety and Criminal Justice Community (1989) (Survey of district and circuit judges, chiefs of police, and private security personnel).

* Prosecutors were the only group surveyed in which a majority believe that drug-related crimes are an extremely serious problem, rated five on a five point scale.

Prosecutors	70%
District Court Judges	36%
Circuit Court Judges	49%
Police Chiefs	12%
Sheriffs	33%
Security Police	18%
Private Security	8%

* More than two-thirds of the judges feel that current state laws are adequate in sentencing drug offenders. The percentage of agreement for other respondents ranged from twenty-five percent for private security personnel to forty percent for prosecutors.

* Substantial majorities opposed legalization or decriminalization of any currently controlled substances.

* The majority of police chiefs and sheriffs favor the use of a State wide grand jury to hear multi-jurisdictional drug cases. A majority of prosecutors and judges were opposed to the idea.

4. Police Survey (1991). Of police chiefs and sheriff's responding to the question: "Overall do you think the drug problem in your jurisdiction is better or worse than it was..." the following responses were given:

10 years ago	-	92% Worse
		4% Same
		4% Better
5 years ago	-	75% Worse
		17% Same
		8% Better
1 year ago	-	53% Worse
		45% Same
		2% Better

Most jurisdictions see a strong correlation between anti-drug operations and incidents of other crime, seeing a drop in thefts, breaking and entering, and crimes of violence following successful anti-drug activities. Finally, most jurisdictions believe that current drug laws are adequate but feel that penalties should be stiffer, sentences should be mandatory, and existing laws need to be enforced by the courts.

Overview of Drug Use - Drugs of Choice

By all available information the drugs most frequently abused in Maryland in 1990 were, in descending order: alcohol, cocaine, and marijuana, followed by heroin, PCP (and other hallucinogens such as LSD and peyote mushrooms), amphetamines/methamphetamines, and other pharmaceutical drugs.

Aside from geographic preferences, a review of fourteen data sources that rank drugs shows differing drug-using populations. Among the six sources that include alcohol, it ranks number one in five. In the Infant-at-Risk program, it appears second. Cocaine appears first four times and second four times. Marijuana appears first three times and second five times. While these two drugs are close as drugs of choice in Maryland, cocaine has increased dramatically with the appearance of crack cocaine in the late 1980's and appears to have overtaken marijuana by 1990.

Heroin, while it appears throughout the State, is drug-of-choice only in heavily populated areas such as Baltimore and the Prince George's County suburbs of Washington D.C. It appears first in only one data source, Drug Arrests, where it was counted with cocaine. Nevertheless, heroin use seems to be increasing. PCP and other hallucinogens, as a group, come next, closely followed by pharmaceuticals. PCP use appears to have dropped noticeably, perhaps being replaced by crack cocaine. LSD appears sporadically, but it seems to be encountered now more frequently than in the past.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOT
ALCOHOL	1	-	-	-	-	1	1	1	2	-	-	1	-	-	7
COCAINE	2	2	1	1	2	5	5	2	1	1	3	3	1	1	30
MARIJUANA	3	1	2	4	1	2	2	5	3	2	1	2	2	3	33
HEROIN	4	5	1	3	4	-	6	3	5	4	2	-	5	2	44
HALLUCIN-GENS	5	3	-	2	3	4	3	-	4	3	-	5	4	5	41
PHARMACEU-TICALS	6	4	3	-	5	3	4	4	-	-	-	4	3	4	40

Two other sources not counted here are Chief Medical Examiner data on drug caused deaths in Maryland (CME) and University of Maryland Shock Trauma Center data (MIEMSS).

Comparison of those two data bases shows the following ranking of mentions:

	CME	MIEMSS
Alcohol	3	1
Cocaine	4	4
Marijuana	---	2
Heroin	1	5
Hallucinogens	---	3
Pharmaceu-ticals	2	6

The fourteen data sources numbered in the chart (page 45) are as follows:

1. SUBSTANCE ABUSE MANAGEMENT INFORMATION SERVICES (SAMIS). Drawing on the large population of alcohol and drug abusers receiving treatment, this source is probably more representative than any other of the total alcohol and drug-abusing population.

2. POLICE SURVEY. Police chiefs and sheriffs in all jurisdictions were polled as to their perceptions of the drug situation in their jurisdictions.

3. DRUG ARRESTS. This source loses some precision by linking opiates and cocaine but does suggest the drugs that most frequently get people in trouble with the law.

4. HIGH RISK OFFENDERS PROGRAM. This source highlights the drugs of choice of convicted criminals.

5. METPATH. Lists drugs most frequently found in the workplace.

6. ADOLESCENT SURVEY. Reports what drugs adolescents surveyed said they used.

7. PUBLIC SCHOOL DISCIPLINARY ACTION. Reports through grade 12, substances that most frequently get young students in trouble with school authorities.

8. DRUG ABUSE WARNING NETWORK (DAWN). Records the drugs that most often require emergency medical treatment in Baltimore.

9. INFANT-AT-RISK. Charts drugs that have caused health problems for

pregnant women and their infants

10. HOUSEHOLD DRUG SURVEY. Describes perceptions of Maryland householders on the relative availability of drugs.

11. MSP HIGHWAY INTERDICTION. Discloses drugs seized by troopers during traffic stops.

12. COLLEGE CAMPUS SURVEY. Reflects the perceptions of campus security officials as to the abuse of drugs on campus.

13. GOVERNOR'S EXECUTIVE ADVISORY COMMITTEE SURVEY OF THE PUBLIC SAFETY AND CRIMINAL JUSTICE COMMUNITY.

14. DRUG ENFORCEMENT COORDINATING SYSTEM (DECS). Records drug investigations conducted in the Baltimore metropolitan area, July-December 1990.

User Demographics

Sex and Race. Twelve data bases record race, eleven record sex. In all the eleven data bases, clearly more males are drug users than females. Seventy-eight percent of those in treatment are male, 22 percent female. The police survey estimates 69 percent male, 31 percent female. Of four information sources in the corrections field the highest percent of females -- 16% -- appears in the arrest category. Among juveniles, 33 percent of persons subjected to school discipline are female. In the crisis area, however, females account for 29 percent of drug caused deaths and 42 percent of hospital emergencies. The University of Maryland Shock Trauma Center reported that in the two year period 1985-86, of 355 persons in vehicular traffic accidents who tested positive for marijuana, 77 percent were men and 23 percent were women.

While 59 percent of those treated for alcohol and drug abuse are white, 39 percent are black. (The State population ratio is 71 to 25). Similar proportions exist in arrest statistics: 60 percent black and 39 percent white. Among prisoners in local jails and prisoners in State and federal prisons blacks continue to predominate. In the health crisis areas the figures show 50 percent of drug caused deaths relate to blacks and 49 percent to whites. Fifty-eight percent of those admitted to hospital emergency rooms are black. Blacks also predominate in Infant-at-Risk statistics. In Prince George's County the black-white ratio in that program is 83 to 16 and in Montgomery County 43 to 38. The population ratio in these counties is respectively white 43, black 51, and white 77 and black 12. Prince George's County and Baltimore City, where the ratio is white 39 and black 59, are the only large jurisdictions in the State where blacks are in the majority. Tentatively, urban versus rural questions aside, it can be asserted that whereas statewide more whites use drugs than blacks, the consequences for blacks are more catastrophic.

Age. Eight data bases provide information on age. In all of them, the largest group of drug users falls in the twenty-two to thirty year old age group.

	UNDER 12 %	12-17 %	18-21 %	22-30 %	31-40 %	41-50 %	51+ %
SAMIS	.15	7.53	11.4	37.79	27.0	10.0	4.25
POLICE SURVEY	2.4	12	27.1	34.4	34.4	6.3	2.6
CONVICTED OFFENDERS	--	--	4.1	40.7	29.6	25.0	
ARRESTS	11.0		22.0	37.0	24.0	5.0	1.0
AVERAGE	5.0		16.3	37.47	28.75	13.5	

	15-24 %	25-34 %	35-44 %	45-54 %
CME	10	53	30	6

	12-21 %	21-35 %	OVER 35 %
INFANTS AT RISK: P.G. COUNTY	12.0	87.0	1.0
MONTGOMERY COUNTY	25.5	66.0	8.0

DECS			
18-27	28-37	38-47	OVER 47
40%	41%	14%	5%

Data for education, marital status, employment, and income are sparser than for sex, race, and age.

Education. The only source is treatment data (SAMIS). The following is the statewide average for persons in treatment in 1990:

Less than 12 years	40.5%
High school graduate	44.4%
Some college	11.0%
College graduate	3.0%
Post graduate	1.0%

Marital Status. Information is available only from SAMIS and from the Chief Medical Examiner's (CME) office for drug-caused deaths. Comparison follows:

	SAMIS	CME
Single	53.83%	55.8%
Married	22.79%	29.0%
Widowed	1.29%	5.4%
Divorced	12.08%	9.5%
Separated	9.98%	
TOTAL	99.97%	99.7%

Employment. Information comes from SAMIS and from the convicted offenders data base. Comparison follows:

	SAMIS	CONVICTED OFFENDERS
Unemployed	42.45%	
Employed full-time	51.9 %	59.3%
Employed part-time	5.59%	
TOTAL	99.94	

Income. Information comes from the perceptions of Maryland law enforcement personnel as reflected in the Police Survey. Statewide results follow:

Less than $20,000	53.6%
$20,000 to $30,000	14.3%
$30,000 to $40,000	10.8%
$40,000 to $50,000	6.5%
$50,000 to $60,000	4.5%
More than $60,000	5.3%

Clearly, law enforcement perceives drug use as being a lower income phenomenon.

Number of Drug Users. There is no reliable statistical base on which to construct an estimate of drug users in Maryland. Using drug and alcohol treatment data as a baseline and extrapolating to the general population based on the number of times during the course of a year individuals are admitted to treatment, SAMIS has developed the following FY 1990 prevalence estimates:

Alcohol abusers	184,666
Drug abusers	126,175
Dually addicted overlap	87,550
Cocaine abusers	73,287
IV Drug users	29,611

However, since these figures are based on treatment data, they are estimates only of abusers with problems serious enough to warrant treatment; casual or recreational users would be excluded.

Another source does suggest a number that can be subjected to the test of reasonableness. Using the percentages of the population that uses drugs (not including alcohol) on a regular basis in each jurisdiction, one comes to a total of 521,229 or eleven percent of the State population. This figure can be subjected to the test of reasonableness by comparison with the following statistics:

* 1.875% of the State population was in treatment in 1990.

* 0.756% of the population was arrested for drug offenses in 1989.

* 3.15% of the population was under corrections control in 1988.

* 35.3% of inmates in State prisons in 1986 were under the influence of an illegal drug.

* 39.2% of federal law offenders were arrested for drug law offenses in 1986.

* 35% of federal law offenders who were arrested in 1986 had a known drug history.

* 5.33% of urine samples from private companies tested by one laboratory in Maryland in February-April 1991 tested positive for illegal drugs.

* 1.33% of Maryland's population was involved in vehicular crashes in which alcohol or drugs was a factor in the period 1985-89.

* 8.89% of high school seniors admitted to using drugs or alcohol at least several times a week in 1988-89, according to the Maryland Adolescent Survey. By the time they leave high school, slightly more than half the students have tried marijuana, one in four prescription pain killers, twenty-six percent amphetamines or methamphetamines, and sixteen percent cocaine.

* 47.4% of Maryland householders surveyed believed drugs were sold in their neighborhood.

According to the same survey, 25.34% of respondents admitted to having used cocaine. Also, 1.37% admitted to having been admitted to emergency treatment. (1.37% represents 49,583 adults, according to the 1990 census).

Although these figures are not conclusive, they do suggest that the eleven percent estimate is not unreasonable. As to treatment, it must be considered that the figure 1.875% relates only to one year and is not a total for all persons who have been in treatment. It is also recognized that not all persons using drugs ever come to treatment. As for the corrections figures, it must be borne in mind that only a fraction of those who use drugs are arrested or are in prison in any given year.

Further, it is believed that a large number of those who deal in drugs are also drug users. The drugs in the workplace figure (5.33%) must be considered in relationship to the question as to how many persons evaded the test, whose position did not require them to take the test, and who were unemployed drug users. Nor does the survey data cast doubt on the eleven percent figure. Until better data or a better methodology are developed, for the purposes of this report it will be accepted as a working hypothesis that over 500,000 persons or eleven percent of the population of Maryland use drugs on a regular basis.

Drug Using Populations. It is clear that different groups use different drugs, dividing along lines of urban/rural, race, and socio-economic status, as well as along the regional lines discussed above. However, little systematic information is available.

The following chart (page 52) is taken from the police survey.

CHARACTERISTICS OF DRUG USERS (PERCENTAGES)

	HEROIN	COCAINE*	MARIJUANA	PCP	LSD	PHARMACEUT
SEX						
Male	75.0	79.0	75.0	83.0	78.0	56.0
Female	25.0	21.0	25.0	17.0	22.0	44.0
AGE						
Under 12	1.5	2.5	2.3	--	2.6	1.4
12 - 17	3.8	10.7	15.0	9.5	19.9	13.7
18 - 21	16.3	30.6	27.5	21.9	27.8	17.8
22 - 30	35.6	36.4	33.1	42.3	30.5	30.1
31 - 40	24.0	12.4	14.2	20.4	12.6	19.2
41 - 50	14.7	5.0	5.5	5.1	6.6	12.3
Over 50	3.9	2.5	2.3	0.7	--	5.5
RACE						
White	29.7	30.4	53.8	79.0	83.8	69.1
Black	48.0	56.0	27.7	21.0	11.7	17.9
Hispanic	14.5	9.1	14.4	6.0	4.5	4.9
Asian	7.6	4.4	4.2	5.0	--	6.5
Other	--	--	--	--	--	1.6
SOCIAL CLASS						
Working	76.0	64.0	61.0	76.0	70.8	46.0
Middle	12.0	17.3	24.6	26.0	21.2	29.6
Professional	6.8	9.4	9.0	6.0	6.0	13.4
Upper	5.1	9.4	4.9	3.0	2.0	11.0
INCOME						
Less/$20,000	69.0	58.0	56.7	67.5	65.0	47.5
20,000-30,000	15.7	20.0	23.6	26.6	23.8	22.7
30,000-40,000	7.4	10.7	7.9	5.8	11.1	12.8
40,000-50,000	5.0	5.3	5.5	6.0	17.0	9.2
50,000-60,000	2.5	3.8	3.9	3.0	2.0	4.2
More/$60,000	--	2.3	2.4	1.0	2.0	3.5

*Includes both the powdered (or crystal) form and crack.

From these data it would appear that whereas heroin is used largely by black males, PCP is a drug of white males. Pharmaceuticals are used by a larger percentage of women than any other drug. Pharmaceuticals, and to a lesser extent marijuana, seem to cut across age lines. While cocaine apparently is used widely by Hispanics, PCP and pharmaceuticals seem to be used almost exclusively by white Americans. With the exceptions of pharmaceuticals, according to the police chiefs and sheriffs, drugs are used mostly by working class persons with low incomes, while marijuana, PCP, and pharmaceuticals appeal to the middle class. Professional and upper income persons use, in descending order, pharmaceuticals, marijuana, and cocaine.

LSD appears sporadically, but it seems to be making a comeback. Availability seems to rise with performances of the rock group Grateful Dead.

Treatment data, supported by anecdotal information, suggest that after PCP use reached a peak about 1987 its popularity has steadily declined. Also beginning in 1987 heroin use has climbed steadily. Cocaine use -- spurred by the inundation of crack -- has climbed dramatically since 1988.

The Criminal Population. Urinalysis of high-risk drug offenders in Prince George's County from July 1 to September 30, 1990, resulted positive as follows:

Cocaine	60% of those resulting positive
Heroin	11%
Marijuana	6%
PCP	22%

In Baltimore City, from October 1 to December 31, 1990, high risk offenders tested positive as follows:

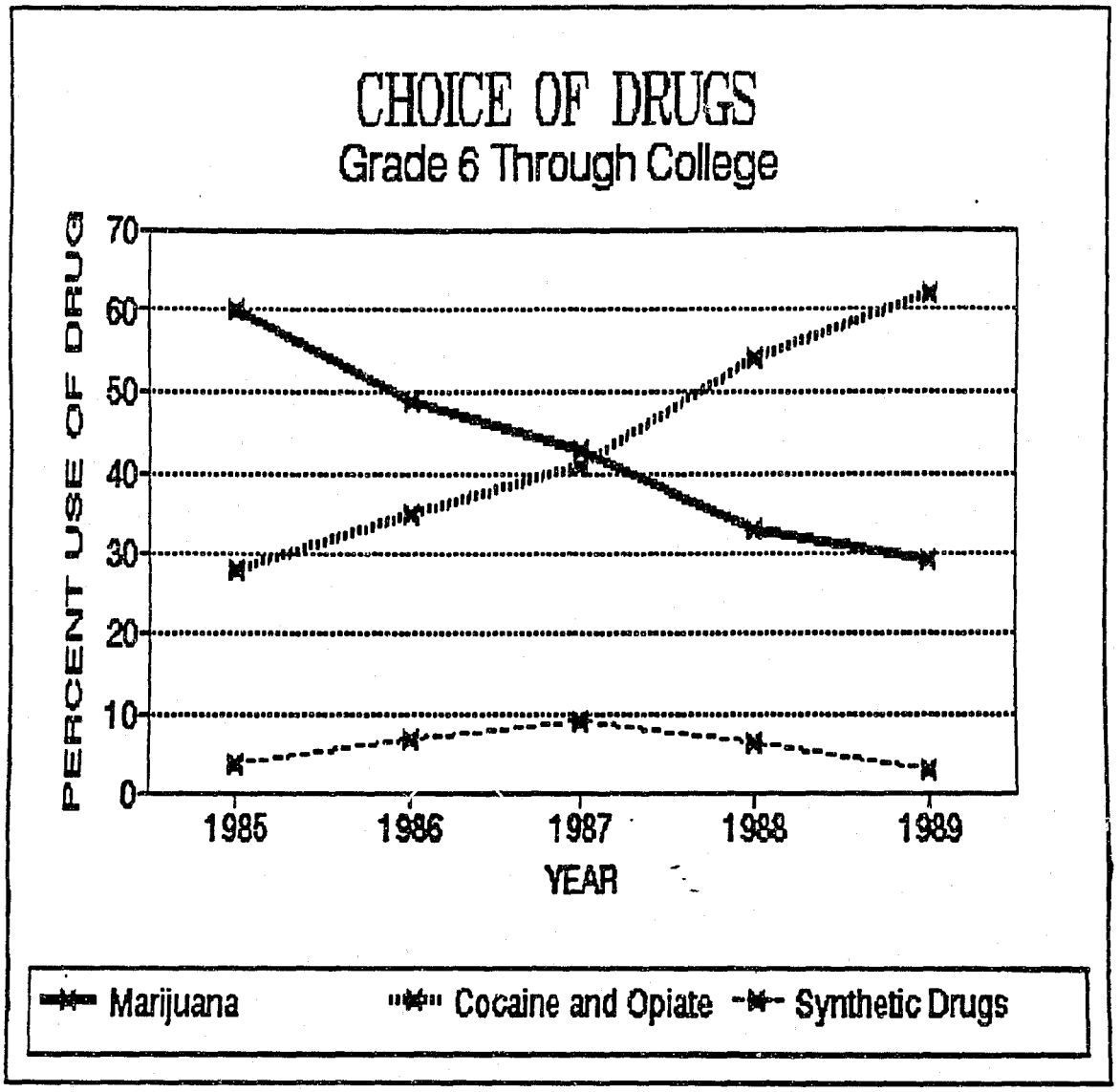
Cocaine only	32%
Heroin only	41%
Cocaine and heroin in combination	27%
Marijuana	--
PCP	--

Pretrial release urinalysis testing from January through May 1991 showed the following reactions:

Cocaine only	40.2%
Heroin only	14.6%
Cocaine and heroin in combination	45.2%

(Testing for the other drugs incomplete)

Among persons arrested in Maryland for drug offenses the following pattern emerges:



Among juveniles there is a different pattern of drug abuse.

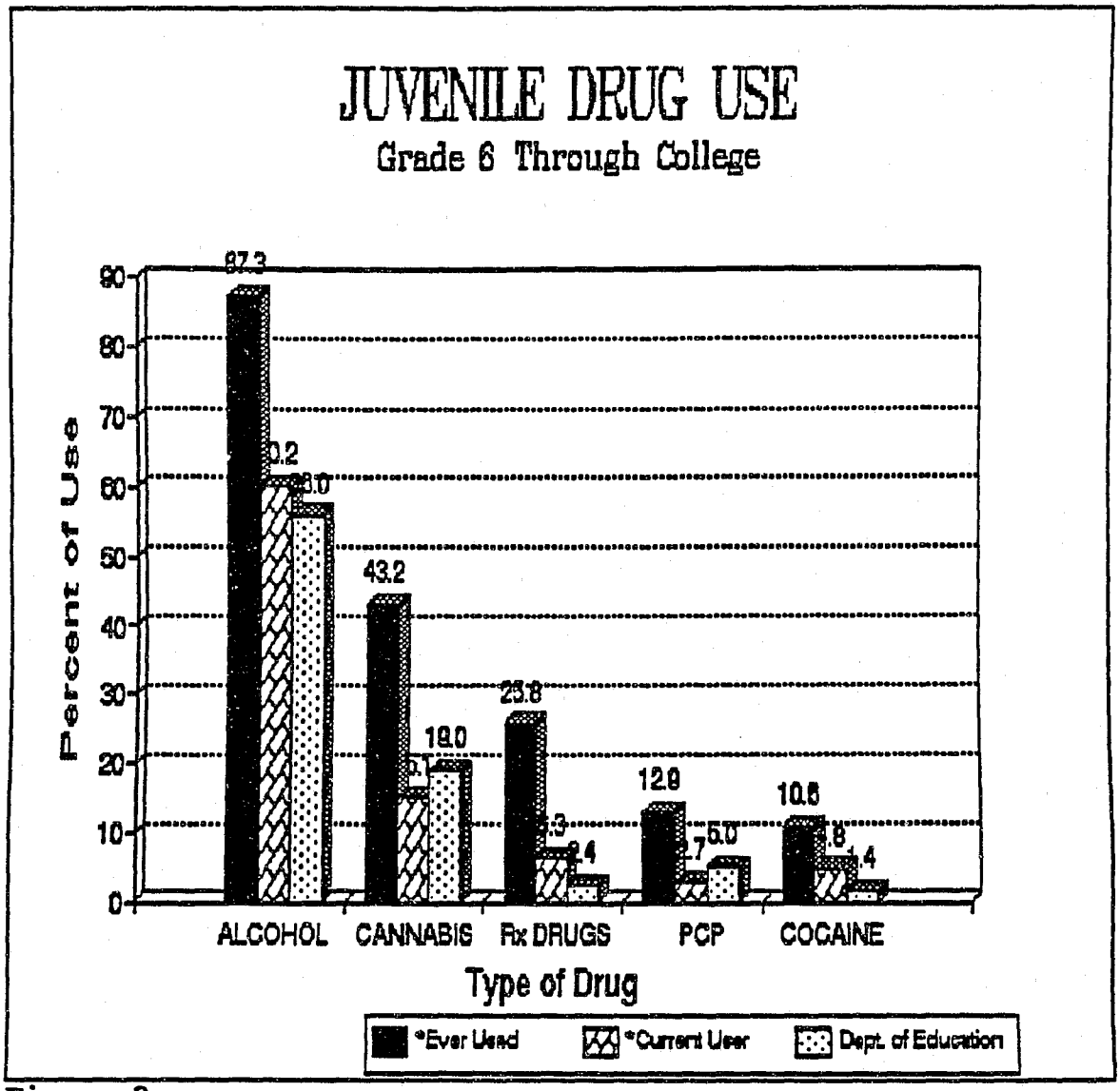
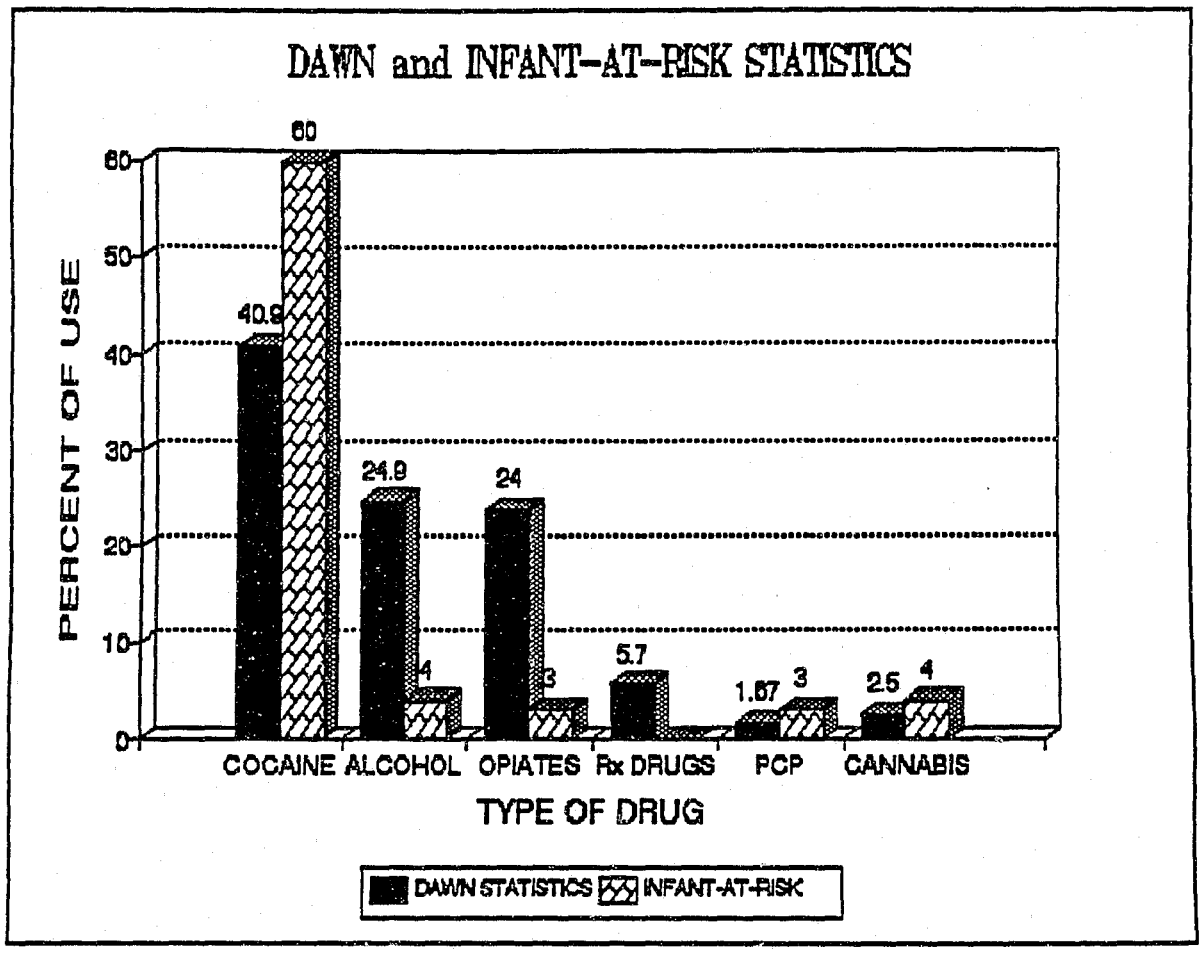


Figure 2

* 1988-89 Survey of Substance Abuse Among Maryland Adolescents

Catastrophic Health Effects of Drug Abuse. While all illegal and some pharmaceutical drugs are inherently dangerous, some have more disastrous consequences than others, resulting in health crisis, emergency medical treatment, drug addicted infants, or death. Data on emergency room admissions at selected hospitals in the Baltimore area (DAWN) and from Prince George's County Infant-At-Risk program follow:



Diversion of Pharmaceutical Drugs. The Chairman of the Maryland Governor's Prescription Drug Commission reported on February 27, 1991, that "virtually every...witness" who appeared before the commission

> "conceded that there is a serious problem (which has not been definitely quantified) of abuse, misuse and diversion of prescription drugs, that the resulting damage to society is pernicious and far-reaching, and that the profession has an obligation to cooperate in devising means for balancing the need for adequate pain relief...with the need for a program that will help to identify instances of abuse, misuse, and diversion of prescription drugs."

The term "diversion" is a catchword used to cover a variety of practices that divert legally produced pharmaceutical products into illegal channels. Among the more common practices are:

1. The provision by unscrupulous practitioners (most often medical doctors, pharmacists, nurses and veterinarians) of drugs or prescriptions for drugs to persons who either have no medically justified right to them or whose over use of a properly prescribed drug is in question. The first instance is clearly illegal, the second at least unethical. Practitioners in Maryland have been prosecuted for knowingly providing large quantities of drugs in the illicit market.

2. The acquisition by the patient-abusers of prescriptions from doctors, usually several at a time, for drugs. The doctor may act in good faith and plausibility, he may be an innocent dupe, he may be gullible, he may habitually, carelessly over-prescribe, or he may grasp what is happening and tacitly conspire with his patient.

3. The forgery of prescriptions.

4. Theft of drugs. Despite strict legal and business safeguards, drugs do get stolen at various points from manufacture to retail sale. The following is a chart of theft incidents in Maryland during 1990:

THEFT OF PRESCRIPTION DRUGS INCIDENTS IN MARYLAND 1990	
Night Break-in	29
Employee Theft	24
Armed Robbery	17
Customer Theft	9
Lost in Transit	8

The following is a list of the drugs that were stolen or lost in 1990 in Maryland.

DRUGS STOLEN OR LOST – 1990

DRUG TYPE	QUANTITY
NARCOTIC ANALGESICS	
Acetaminophen with Codeine	2,513 tabs
Oxycodone (Percocet, Percodan, Tylox)	28,837
Methadone (Dolophine)	896
Hydromorphone (Dilaudid)	4,204
Meperidine (Demerol)	2,216
Morphine Sulfate	11 10-mg vials
Morphine Sulfate	3,149 tabs
Codeine Cough Preparations	646 gallons 2 pints
Hydrocodone (Vicodin)	645
SUB-TOTAL	42,460 tabs 11 10-mg vials 646 gallons 2 pints
TRANQUILIZERS	
Alprazolam (Xanax)	30,788
Diazepam (Valium)	10,477
Lorazepam (Ativan)	2,605
Chlordiazepoxide (Librium)	250
SUB-TOTAL	44,120 tabs
STIMULANTS	
Methyphenidate (Ritalin)	8,433
Amphetamine	424
Phentermine (Ionamin, Fastin)	508
SUB-TOTAL	9,365

DRUGS STOLEN OR LOST – 1990

GRAND TOTAL	95,945 TABS 11 10-MG. VIALS 646 GALLONS 2 PINTS

TYPE OF THEFT/LOSS – 1990

Night Break-In	29
Employee Theft	24
Armed Robbery	17
Customer Theft	9
Lost in Transit	8
Other	3
TOTAL	90

The following is a list of pharmaceutical drugs for which Marylanders received emergency medical treatment in 1989:

Alprazolam
Amitriptyline (Amitid, an antidepressant)
d-Propoxyphene (Darvon, a narcotic analgesic)
Diazepam
Diphenhydramine (Benadryl, an antihistamine taken for its sedative side effects)
Lorazepam

Prescription drugs figure among the drugs for which Maryland students, through grade 12, are given disciplinary action. After alcohol, marijuana, and cocaine, prescription drugs are believed by campus security to be a favorite among college students. The University of Maryland's semi-annual survey of adolescents has well documented the popularity of pharmaceutical drugs among that group. More students surveyed admitted to having used prescription analgesics (25.8% of students) than other illegal drugs except marijuana.

DEA is responsible at the national level for licensing health professionals to dispense or handle controlled pharmaceuticals. Through its ARCOS program it keeps track of the legal movement of pharmaceuticals. The movement of pharmaceuticals into Maryland in 1989 compared with the national average, is as follows:

Hydromorphone (a narcotic analgesic, e.g. Dilaudid)

Maryland: 93 grams per 100,000 population, compared to U.S. average of 52. Maryland ranks second among states in the importation of hydromorphone.

Methylphenidate (a stimulant, e.g. Ritalin)

Maryland: 904 grams per 100,000 population, compared to U.S. average of 595. Maryland ranks sixth among states in the importation of methylphenidate.

Oxycodone (a narcotic analgesic, e.g. Percocet, Percodan)

Maryland: 1410 grams per 100,000 population compared U.S. average of 758. Maryland ranks fourth among states in the importation of oxycodone.

Marijuana Production. In addition to marijuana imported into the State, it is widely grown throughout Maryland. Although no reliable estimate of production in the State is possible at this time, it is doubtful that it is anything but slight compared to the major domestic sources: Hawaii, Missouri, Kentucky, and Tennessee, which accounted for sixty-two percent of the cultivated cannabis eradicated in 1989.

Domestic production, which accounts for 25 percent of the total U.S. supply, amounted to about 4,500 metric tons in 1988. In Maryland, approximately three and a quarter tons of marijuana were destroyed in 1990. If this amounted to only ten percent of Maryland's production, one could estimate generously (if without much confidence in the estimate) that Maryland contributed thirty-two and a half metric tons, or less than one percent of domestic production.

A marijuana eradication program was begun in 1983 in Maryland under the Maryland State Police. It was not until 1989, with the participation of the Maryland National Guard, that intensive aerial search was possible. Comparative eradication statistics follow:

ERADICATION STATISTICS 1989 - 1990 (Participation of the Maryland National Guard)		
	1989	1990
Counties in which found	12	20
Sites	36	117
Plots	127	316
Plants	2,229	2,886
% of which were Sinsemilla	651 (29%)	361 (12.5%)
Plants grown indoors	----	210
Arrests	16	51

ERADICATION STATISTICS 1983 - 1984 (Prior to Maryland National Guard Participation)		
	1983	1984
Counties in which found	15	12
Plants destroyed	1,631	1,086
% of which were Sinsemilla	0	107 (9.9%)
Arrests	25	10

In 1989 a total of 129,924,625 marijuana plants were destroyed in the United States. In that year Maryland ranks near the bottom, 44th among the 50 states, in number of plants destroyed.

Price and Purity of Drugs. Between June 1984 and May 1986 the Maryland State Police performed quantitative laboratory analysis on cocaine and heroin exhibits obtained by law enforcement agencies throughout the State. The exhibits contained wholesale as well as street-level samples. Statewide results are as follows:

AVERAGE PURITY		
	JUNE-DECEMBER 1984	JUNE-DECEMBER 1985
COCAINE	39.5%	44.1%
HEROIN	8.72%	5.51%

For purposes of comparison the average heroin purity at that time in Baltimore was 1.5 to 5% and in Washington, D.C. 8 to 17%.

DEA's Domestic Monitor Program (DMP) is a retail level heroin purchase program designed to provide intelligence relating to the drug. During federal fiscal year 1990 (CY October 1989 - September 1990) the DMP collected samples in ten metropolitan areas, including Baltimore. During the period January - June 1990, DEA purchased 168 exhibits, of which sixteen did not contain heroin. Of the 152 exhibits that did contain heroin the following average purities were found:

DMP CITY	AVERAGE PERCENT OF PURITY	AVERAGE COST (mg. pure heroin)
ATLANTA	7.15%	$11.70
BALTIMORE	*2.6%*	*$10.05*
CHICAGO	10.8%	$ 4.54
DETROIT	23.0%	$ 1.48
LOS ANGELES	15.5%	$ 1.21
MIAMI	5.3%	$ 4.56
NEW YORK	37.05%	$ 1.49
PHOENIX	22.15%	$ 0.99
SEATTLE	33.7%	$ 2.17
WASHINGTON, D.C.	31.1%	$ 3.24
NATIONAL AVERAGE	19.85%	$ 3.24

Of the 152 exhibits, signature analysis revealed the following information on the origins of the heroin:

ORIGIN	NO. OF EXHIBITS	AVERAGE PURITY
MEXICAN	46 (30%)	16.35%
SOUTHEAST ASIAN (SEA)	57 (37.5%)	31.05%
SOUTHWEST ASIAN (SWA)	11 (7%)	12.25%
UNKNOWN	38 (25%)	10.6%

In Baltimore, during the six month period, the DMP purchased eighteen exhibits with the following results:

* Purity range: Trace to 7.2%
* Average purity: 2.6%
* 2 exhibits were SEA
  1 exhibit was quinine
  1 exhibit was cocaine
  3 exhibits were mixed sugars
  11 exhibits were heroin, origin unknown

Adulterants are pharmacologically active substances remaining or added after the heroin conversion process is completed. Diluents are pharmacologically inactive substances added to increase bulk.

Nationally, the most common adulterants were quinine (33%), monoacetylmorphine (32%), procaine (11.5%), caffeine (10.5%), diphenhydramine (7.5%), and cocaine (7%).

The most common diluents were mannitol (66.5%), lactose (42%), and starch (25.5%).

Adulterants and diluents found in the eighteen heroin exhibits from Baltimore were as follows:

ADULTERANTS		DILUENTS	
Quinine	15 (83%)	Mannitol	17 (94%)
Cocaine	2 (11%)	Starch	10 (55.5%)
Lidocaine	1 (5.5%)	Sucrose	9 (50%)
Diphenhydramine	1 (5.5%)	Lactose	2 (11%)
Acetylcodeine	1 (5.5%)	Cellulose	1 (5.5%)
Caffeine	1 (5.5%)	Dextrose	1 (5.5%)
Nicotinamide	1 (5.5%)	Calcium carbonate	1 (5.5%)

DMP purchases were also made in Baltimore from October to December 1988, with the following results:

EXHIBIT NUMBER	EXHIBIT WEIGHT (grams)	PURITY (%)	PRICE PAID ($)	COST PER mg. PURE ($)	DRUG TYPE
1	0.9	9.6%	$ 90	$1.02	SWA
2	0.7	4.0%	$ 65	$2.50	SWA
3	0.9	8.2%	$ 90	$1.23	SWA
4	0.5	6.8%	$100	$3.03	SEA/4
5	1.6	7.2%	$120	$1.03	SWA
6	1.3	2.4%	$120	$3.87	(UNK)
7	0.9	9.5%	$120	$1.35	(UNK)
8	2.5	8.7%	$120	$0.54	SEA/4
9	0.9	9.6%	$100	$1.11	SEA/4
10	1.1	14.8%	$ 80	$0.50	SWA

Exhibits 1 through 6, 8 and 9 contained quinine, caffeine, a trace of cocaine and mannitol. Number 10 which was heroin base, contained phenobarbital, caffeine, acetaminophen, methaqualone, calcium carbonate, and mannitol.

The results of laboratory examination of other heroin samples obtained in Maryland under DEA's signature program are as follows:

SAMPLE ACQUIRED	PERCENT PURITY	TYPE	GRAM WEIGHT	VIOLATOR NATIONALITY
Langley Park	65.6%	UNK	28.3	Hispanic
Baltimore	2.9%	SEA #4	21.6	U.S.
Baltimore	75.7	SEA	1,669	Pakistani
Baltimore	28.2	SWA	166	Pakistani
Fort Meade	86.2	SEA #4	.18	U.S.
Baltimore	37.6	SWA	14.1	Pakistani
Lanham	78.4	SWA	99.8	UNK

SEA = South East Asia (Golden Triangle) Burma, Laos, Thailand
SWA = South West Asia (Golden Crescent) Afghanistan, Iran, Pakistan, Lebanon.

The Drug Analysis section of the laboratory division of the Baltimore City Police Department performed quantitative analysis on 525 heroin samples collected in Baltimore between August 1990 and January 1991. The average purity of 455 samples below twelve percent purity (considered the upper limit of street-level heroin) showed the average purity of street-level heroin in Baltimore City to be 5.3 percent. The distribution of samples was as follows:

PERCENTS	NUMBER OF SAMPLES
0 - 2%	20
2 - 4%	119
4 - 6%	169
6 - 8%	86
8 - 10%	39
10 - 12%	22
TOTAL	455

The average purity of 19 purchased samples was 5.6 percent; of 437 seized samples it was 5.5 percent. Those seized as a result of a search warrant (37 samples) averaged 5.4 percent, and 14 samples of recovered heroin averaged 4.5 percent purity.

The principal diluent found in the heroin samples was quinine, present in all but six of the 525 samples. In 143 of the samples quinine was found to be present with the adulterant acetylcodeine, a by-product of the synthesis of heroin morphine base.

Eighty-six (16%) of the samples were packaged with trade names or distinctive drawings.

DEA's Baltimore District office has reported the following prices of drugs in Baltimore at the street (or user) and wholesale levels:

DRUG	JAN 1989 $	JAN 1990 $	JAN 1991 $
HEROIN			
Street (gram)	$70 (2-4% pure)	$70 (2.5%)	$50 - $70
Wholesale (kg)	$150,000	$135,000	$120,000-160,000
COCAINE			
Street (gram)	$80-$100 (30-50%)	$80-$100	$80-$150 (15-20%)
Wholesale (kg)	$20,000-35,000 (85+)	$18,000 - $22,000 (85+)	$35,000
MARIJUANA			
Street (cig.)	$2	$2	$25/gram
Wholesale (lb)	$1,000-5,000	$1,000-5,000	$1,500
PCP			
Street (gram)	$10	$5	$400 (ounce)
Wholesale (lb)	$2,000	$2,000	$10,000 (gal.)
LSD (d.u.)	$2 - 5	$3 - 5	----
DILAUDID (4 mg)	$30-40	$45-65	$15

MARYLAND STATE POLICE CRIME LABORATORY ANALYSIS

OF DRUG PURITY

- SELECTED DRUGS-

1991	Cocaine	No. of Exhibits	Crack	No. of Exhibits
January	84%	(7)	83%	(8)
February	71%	(19)	87%	(21)
March	74%	(30)	88%	(26)
April	82%	(10)	85%	(4)
Average	78%	—	86%	

Comment: Number in parentheses is number of exhibits examined.

Montgomery County Crime Laboratory

1991	Cocaine	No. of Exhibits	Crack	No. of Exhibits
March	51%	(8)	75%	(15)
April	71%	(3)	73%	(6)
May	74%	(3)	78%	(10)

Total No. of Exhibits 45

Average Purity 74%

MARYLAND STATE POLICE CRIME LABORATORY

COCAINE AND CRACK ANALYSIS

JANUARY THROUGH APRIL 1991

County	No. of Exhibits	Purity
WESTERN MD		
Allegany	6	81%
Frederick	1	91%
Carroll	4	79%
NORTHEASTERN		
Harford	9	78%
Cecil	6	87%
BALTIMORE CITY	1	60%
METROPOLITAN AREA		
Baltimore County	6	77%
Prince George's	1	94%
Howard	1	78%
EASTERN SHORE		
Queen Anne	3	60%
Talbot	9	79%
Caroline	2	86%
Dorchester	3	93%
Wicomico	1	87%
Somerset	13	83%
Worcester	2	83%

C. Drug Trafficking in Maryland

1. International and Interstate Trafficking

The geography of Maryland is unique. The Chesapeake Bay divides the State into two parts and forms an extensive coastline and miles of waterways. This long shoreline makes the region extremely attractive for maritime smuggling and an ideal trans-shipment point for international smuggling on the East Coast. There is the potential for large amounts of smuggling to be taking place in the remote, rural areas of the eastern shore and southern Maryland, as well as in Baltimore, a busy port city that handles large international shipments. In addition, the main airport in the area, Baltimore-Washington International, is a potential entry point for drug smugglers.

However, police figures for drug interdictions and seizures do not reflect a volume of drugs moving through the State indicative of major international and interstate trafficking. The important Interstate 95 corridor runs through Maryland, carrying numerous vehicles north from Florida to Philadelphia and New York. Drugs are generally transported straight through to these major source cities and then distributed to other cities, such as Baltimore. Most evidence indicates that Baltimore and other regions of the State serve primarily as distribution points for drugs.

2. Trafficking Organizations and Sources of the Major Drugs

For the most part, drug trafficking organizations in the State appear to be divided along racial and ethnic lines. In fact, intelligence sources credit ethnic groups with controlling 90 percent of the drug distribution in the Baltimore metropolitan area. The following trends in the demographic makeup of traffickers and sources of the major drugs in Maryland are based on Drug Enforcement Administration "Baltimore Quarterly Trends in Traffic" reports during FY 1990 and perceptions of police officers throughout the State.

Heroin - Blacks, particularly Nigerians, appear to dominate the heroin trade in Baltimore City and the Washington metropolitan area. Also linked to heroin trafficking are the "New York Boys," a large number of separate New York-based heroin violators, that have taken advantage of Baltimore's large addict demand. New York City is the main point of entry for heroin in the U.S. and the main source city.

Cocaine - Various groups are associated with cocaine trafficking; however, Jamaicans, Hispanics, and Latin Americans (particularly Colombians and Venezuelans) control a large portion of the trade. Haitian migrant workers are known cocaine distributors on Maryland's Eastern Shore. New York, Philadelphia, Washington D.C., and Florida are the primary source areas for cocaine.

Crack/cocaine - Jamaicans and Dominicans from New York appear to be the principal suppliers of crack, particularly in the inner city areas. Jamaican traffickers also control the trade in western Maryland. The "New York Boys" organization has also been associated with crack/cocaine trafficking. New York, Philadelphia, and Washington D.C. are the primary source cities. Some crack/cocaine is processed locally.

Marijuana - Marijuana distribution in the State is dominated by whites; however, Jamaicans and Hispanics also influence the trade. Marijuana is grown in Maryland, but it is also shipped from various other locations including California, Texas, Florida, and Mexico.

PCP - The wholesale market is controlled by blacks and Hispanics in Washington D.C. and its suburbs. PCP sales in Washington had been controlled by dealers in the Southeast portion of the city; however, beginning in 1990, the market shifted to Southwest. PCP is not as abundant as at its peak in the 1980's due to buyer demand for crack/cocaine.

LSD - This drug is mostly associated with the white population of the State. Most of the LSD in the State comes from California. Availability increases in association with special events in the local area such as concert tours of the Grateful Dead. LSD has also been linked to a Satanic cult (composed mainly of juveniles) in Charles County.

3. Organizational Methods and Techniques

In general, drug organizations in the inner-city areas are sophisticated and structured in their operations. For example, groups that distribute heroin and crack/cocaine in Baltimore City and the metropolitan area are well organized. A drug trafficking organization may include some or all of the following persons:

* Supplier of the drug in the source city.

* Upper level dealers. They are usually well insulated and distant from actual dealing.

* Local, mid-level distributors. They receive drug supplies from out-of-state sources. Drugs are often kept in a "stash house." The mid-level distributor then gives the drugs to multiple runners.

* Street-level dealers/runners. They often operate in open air drug markets. Youths, not necessarily affiliated with gangs, are often used as runners for drug distribution.

* "Enforcers." They are used to protect the organization. They prevent runners from being robbed and protect the stash house.

In contrast to the sophisticated heroin and crack/cocaine drug organizations, the trafficking networks in the more rural areas of the State are smaller and less structured because of the lower volume of drug sales. Small scale dealers are usually local residents who maintain several sources of supply and have personal contact with their customers. They usually do not have runners to distribute drugs for them. There are also small groups of friends or associates who deal drugs as an aside to personal use. These groups will pool their money and travel to a source city to purchase drugs. The inconsistent patterns of distribution among friends and associates present a challenge to law enforcement.

Trafficking organizations have diverse methods of distributing drugs. These methods can be as basic as selling in an open air market or as sophisticated as making contacts via cellular phones and pagers. Some attempt to avoid police detection by varying their operating locations and schedules. Frequently drug dealers operate out of rented homes, using the names of female acquaintances or accomplices on the lease. A drug network may even change its source of supply on a daily basis, operating from three or four homes on the same street. Some traffickers distribute drugs from hotels or motels, often using two rooms for a single operation - one for distribution and one for the stash. Some organizations vary their schedules and have runners and other members working on rotating shifts. Drug couriers and distributors attempt to evade law enforcement by varying vehicles and using rental cars.

4. Dynamics of Drug Trafficking

Drug trafficking groups use all available means to perpetuate and expand their control and profits. Some give drugs to people who help them with their operations. Other groups use threat tactics to force people to cooperate with them and allow them to continue their operations. Drug dealers from out-of-state have been known to gain a foothold in the local area by forming relationships with local women and residing with them. Once a dealer has established himself in an area, he then brings other people into the organization and uses fear and intimidation to hold his ground.

5. Money Laundering

Drug trafficking organizations have a significant impact on the economy of the State because they attempt to conceal illegal profits from the sale of drugs by reinvesting the money in other illicit operations such as gambling and prostitution. They evade taxes or launder the money through legitimate businesses. They invest in property, houses, and small businesses such as stores, bars, restaurants, vending machine companies, and laundromats. Maryland laws governing money laundering and the proceeds from controlled dangerous substance offenses are clear. Article 297, of the Annotated Code of Maryland, states that property or money acquired from CDS offenses can be subject to forfeiture and seizure.

DRUG PROSPECTUS:

a law enforcement assessment of the drug problem in Maryland

PART IV

TABLES

PERSONS TREATED IN ALCOHOL AND DRUG ABUSE PROGRAMS
FY 1990 TOTALS

SEX AND RACE

White Male	45.6%	White	59.2%
White Female	13.6%	Black	39.2%
Black Male	30.3%	Male	77.3%
Black Female	8.9%	Female	22.7%
Other1.6%			

AGE GROUP

Under 12	.15%		
12 - 1	7.53%		
18 - 21	11.40%	21 and under	19.08%
22 - 30	37.79%	22 - 40	64.79%
31 - 40	27.00%	41 and over	14.25%
41 - 50	10.00%		
Over 50	4.25%		

DRUG MENTIONS

Alcohol	73.3%	Alcohol only	33.0%
		Alcohol and one drug	18.2%
		Alcohol and two drugs	22.1%
Cannabis	33.2%		
Cocaine	40.0%	Drugs only (one or more)	26.0%
Heroin	20.2%		
Amphetamine	1.2%	Total	99.3%
PCP/Hallucinogens	9.1%		
Synthetics	4.5%		
Downers (barbiturates, sedatives, tranquilizers)	3.5%	Alcohol Use	73.3%
		Drug Use	66.3%

NUMBER OF PERSONS TREATED DURING FY 1990 BY POPULATION

PLACE OF RESIDENCE	NUMBER TREATED	PERCENT OF TOTAL TREATED	TOTAL REGION POPULATION	PERCENT OF POPULATION TREATED
Metropolitan Area	28,932	40%	2,792,996	1.04%
Baltimore City	21,637	30%	736,014	2.94%
Western Maryland	7,687	11%	498,057	1.54%
Eastern Shore	5,529	7%	272,422	2.03%
Southern Maryland	5,096	7%	228,500	2.23%
Northeast Maryland	3,725	5%	253,479	1.47%
STATE TOTALS	72,606	100%	4,781,468	
STATE AVERAGE				1.875%

LEVEL OF EDUCATION

Less than 12 years	40.5%	
High school graduate	44.4%	59.5%
Some college	11.0%	have at least
College graduate	3.0%	high school
Post-graduate	1.0%	education

MARITAL STATUS

Never married	53.83%	
Married	22.79%	
Widowed	1.29%	
Divorced	12.08%	
Separated	9.98%	22.06%

EMPLOYMENT

	Totals	Excluding Baltimore*
Unemployed**	42.45%	37.8%
Employed full-time	51.90%	56.3%
Employed part-time	5.59%	5.8%

*Baltimore City has an unusually high number of unemployed (65.6%) and a correspondingly low rate of employed (29.8%).

**Maryland's unemployment rate in July 1990 was 4.5% ; Baltimore's was 7.5%; the national rate was 5.5%

SOURCE OF REFERRAL

Non-voluntary*	62.8%
Family or Friends	4.1%
School or Employer	3.98%
Health or Social Organization	17.5%
Self-Referral	11.6%

*The largest single cause for a non-voluntary referral is a DWI/DUI arrest.

NUMBER OF PRIOR ADMISSIONS TO TREATMENT

None	53.58%
One	24.79%
Two	10.35%
Three	5.38%
Four	2.43%
Five or More	3.31%

NUMBER OF ARRESTS IN 24 MONTHS PRIOR TO ADMISSION TO TREATMENT

None	26.7%
One	50.2%
Two	14.9%
Three	4.5%
Four	2.0%
Five or More	1.9%

The "Typical" Person Under Treatment

The "typical" person under treatment in Maryland is a white male between 22 and 30 years of age, who is employed full-time, has never been married, and is a high-school graduate. He is undergoing treatment involuntarily - most likely as a result of a DWI/DUI.

Prior to this treatment, he had been arrested at least once before. He drinks to excess and probably uses at least one other drug.

SEX AND RACE BY COUNTY PERCENTAGE -- FY 1990

	WHITE MALE	WHITE FEMALE	BLACK MALE	BLACK FEMALE	OTHER MALE	OTHER FEMALE
WESTERN MARYLAND	71.5	17.3	8.3	2.4	.5	0.0
Garrett	87.1	11.9	1.0	0.0	0.0	0.0
Allegany	74.9	18.1	5.4	1.4	.1	----
Washington	70.4	17.2	9.0	2.6	.7	----
Frederick	64.3	17.0	13.5	4.6	.6	----
Carroll	76.3	17.0	5.3	.8	.6	----
NORTHEASTERN	72.2	17.0	7.9	1.8	1.0	.1
Harford	71.0	16.5	9.1	2.3	.9	.2
Cecil	73.4	17.6	6.6	1.3	1.1	----
BALTIMORE CITY	18.3	6.5	55.8	18.7	.5	.1
METROPOLITAN AREA	54.4	17.7	19.8	5.3	2.4	.3
Baltimore County	59.8	19.5	16.0	3.8	.8	.2
Montgomery	48.7	16.2	19.1	7.3	8.2	.6
Prince George's	37.9	12.6	37.6	10.0	1.6	.2
Howard	59.6	22.2	13.9	3.1	.8	.3
Anne Arundel	65.8	18.2	12.6	2.4	.8	.2
SOUTHERN	62.0	16.0	18.7	7.6	.5	.2
Charles	61.4	14.9	20.2	2.7	.7	.2
Calvert	64.5	14.2	18.9	2.0	.2	.1
St. Mary's	60.2	18.9	17.1	2.9	.7	.2
EASTERN SHORE	51.2	14.5	27.0	6.5	.8	.1
Kent	53.1	9.5	30.6	6.1	.7	----
Queen Anne's	61.8	18.0	14.4	5.5	.2	.2
Talbot	49.2	18.3	27.7	4.5	.2	.2
Caroline	62.5	14.3	19.7	2.9	.5	----
Dorchester	37.7	11.1	37.9	12.1	1.0	.1
Wicomico	45.8	17.1	27.9	8.3	.7	.1
Somerset	42.1	13.1	35.0	8.4	1.2	.2
Worcester	57.1	14.6	22.7	3.9	1.6	.1
STATE AVERAGE	54.9	14.8	22.9	7.0	1.0	.1

PERSONS TREATED -- RACE AS PERCENT OF POPULATION BY COUNTY

	PERSONS TREATED		POPULATION	
	WHITE PERCENT	BLACK PERCENT	WHITE PERCENT	BLACK PERCENT
WESTERN MARYLAND	88.8	10.7	95.9	3.2
Garrett	99.0	1.0	99.4	0.4
Allegany	93.0	6.9	97.3	2.0
Washington	87.6	11.6	92.9	6.0
Frederick	81.3	18.1	93.1	5.3
Carroll	93.3	6.1	96.7	2.4
NORTHEASTERN	89.2	9.7	91.9	6.5
Harford	87.5	11.4	89.3	8.5
Cecil	91.0	7.9	94.5	4.5
BALTIMORE CITY	24.8	74.5	39.1	59.2
METROPOLITAN AREA	72.1	25.2	74.7	19.8
Baltimore County	79.3	19.8	84.9	12.4
Montgomery	64.9	26.4	76.7	12.2
Prince George's	50.5	47.6	43.1	50.7
Howard	81.8	17.0	83.2	11.8
Anne Arundel	84.0	15.0	85.7	11.8
SOUTHERN	78.0	26.3	82.4	15.8
Charles	76.3	22.9	79.3	18.2
Calvert	78.7	20.9	83.4	15.7
St. Mary's	79.1	20.0	84.4	13.5
EASTERN SHORE	65.7	33.5	77.2	21.9
Kent	62.6	36.7	78.9	19.8
Queen Anne's	79.8	19.9	88.1	11.3
Talbot	67.5	32.2	81.3	18.0
Caroline	76.8	22.6	82.7	16.5
Dorchester	48.8	50.0	71.3	27.9
Wicomico	62.9	36.2	76.4	22.3
Somerset	55.2	43.4	60.9	38.2
Worcester	71.7	26.6	77.8	21.3
STATE AVERAGE	59.2	39.2	71.0	24.9

AGE AT ADMISSION BY COUNTY PERCENTAGE -- PERSONS TREATED DURING FY 1990

	UNDER 12	12-17	18-21	22-30	31-40	41-50	OVER 50
WESTERN MARYLAND	.1	11.0	11.8	36.7	25.2	9.7	5.3
Garrett	0.0	8.3	8.6	41.3	23.4	10.2	8.3
Allegany	.3	7.8	7.0	33.8	28.6	12.5	10.0
Washington	.1	15.1	11.0	37.0	24.6	8.8	3.5
Frederick	----	8.4	13.5	39.2	24.3	9.9	4.7
Carroll	----	13.0	15.8	36.9	23.4	7.9	3.0
NORTHEASTERN	.1	5.8	13.4	40.5	25.7	9.7	4.8
Harford	----	4.0	11.6	41.6	28.0	10.1	4.7
Cecil	.1	7.7	15.2	39.3	23.5	9.3	4.9
BALTIMORE CITY	.2	5.7	7.3	32.8	37.4	11.8	4.8
METROPOLITAN AREA	.2	6.4	9.8	40.3	23.8	9.2	4.3
Baltimore County	.1	5.8	8.8	38.1	32.3	9.8	5.0
Montgomery	.2	4.4	8.2	42.6	32.6	7.9	4.1
Prince George's	.4	5.2	10.0	41.3	28.5	9.7	4.8
Howard	.2	10.6	11.5	40.3	24.9	9.1	3.3
Anne Arundel	.2	6.1	10.7	39.4	29.5	9.8	4.3
SOUTHERN	.1	8.4	13.8	38.9	24.0	9.8	4.3
Charles	----	9.4	13.3	39.5	24.5	9.2	4.1
Calvert	.1	4.7	14.6	38.5	24.8	11.1	6.2
St. Mary's	.2	11.1	13.6	38.7	22.8	9.1	4.4
EASTERN SHORE	.2	7.9	12.3	37.6	25.9	9.5	6.3
Kent	----	5.4	13.2	41.7	26.1	8.2	5.4
Queen Anne's	----	13.1	13.2	34.9	22.1	10.1	6.6
Talbot	----	13.7	12.6	34.1	24.7	8.0	6.9
Caroline	.2	7.3	16.6	35.8	24.8	8.6	6.7
Dorchester	.1	6.0	12.3	41.2	24.1	9.9	6.4
Wicomico	.3	7.8	10.6	36.6	30.9	9.2	4.6
Somerset	1.0	6.3	10.8	35.2	27.0	11.7	8.0
Worcester	----	4.2	9.3	41.8	28.0	10.2	6.5
STATE AVERAGE	.2	7.5	11.4	37.8	27.0	10.0	4.3

DRUGS BY COUNTY OF RESIDENCE BY PERCENTAGE OF PERSONS TREATED

	ALCOHOL			MARIJUANA			COCAINE		
	1988	1989	1990	1988	1989	1990	1988	1989	1990
WESTERN MARYLAND									
Garrett	93.2	96.7	96.0	15.0	8.8	20.6	3.1	3.3	8.3
Allegany	95.4	96.7	96.1	35.7	37.1	41.6	11.7	16.0	15.6
Washington	90.2	87.6	90.0	42.4	38.2	37.7	21.1	20.7	22.8
Frederick	85.2	84.8	84.9	33.4	32.8	31.4	21.0	30.5	36.7
Carroll	88.8	90.5	89.7	46.1	41.6	42.2	17.9	24.1	25.9
NORTHEASTERN									
Harford	82.8	86.1	88.4	39.2	33.8	39.3	23.0	25.6	29.0
Cecil	94.1	92.6	94.1	36.0	38.3	40.7	14.8	23.4	24.0
BALTO. CITY	59.5	57.7	53.0	27.7	27.3	28.3	38.9	45.7	51.3
METROPOLITAN AREA									
Balto. Co.	73.8	73.8	74.5	33.6	32.2	33.7	27.4	32.6	33.6
Montgomery	86.8	88.6	83.6	30.5	25.6	28.1	30.1	38.3	41.0
Prince George's	64.9	61.4	64.9	38.5	37.9	35.2	39.7	50.4	50.0
Howard	86.7	86.6	86.4	34.5	33.1	39.4	24.3	27.4	29.1
Anne Arundel	86.7	83.7	84.0	44.5	39.4	39.9	31.4	33.8	35.3
SOUTHERN									
Charles	80.6	80.0	82.8	38.7	40.3	39.0	21.2	28.0	31.7
Calvert	87.0	89.4	91.8	26.7	26.8	23.9	15.7	21.3	22.6
St. Mary's	87.3	88.3	90.2	46.2	41.2	33.1	21.4	28.7	29.9
EASTERN SHORE									
Kent	82.9	81.4	82.5	35.9	33.9	42.1	23.8	32.6	34.9
Queen Anne's	89.7	88.6	90.6	41.4	39.0	38.8	22.2	27.8	31.2
Talbot	93.8	93.6	93.3	32.3	35.5	40.9	24.2	31.1	34.1
Caroline	90.3	92.2	94.7	32.4	33.6	38.7	11.9	13.7	19.9
Dorchester	93.1	90.1	87.8	32.2	31.1	33.3	24.1	28.9	40.1
Wicomico	88.1	86.1	86.1	41.6	42.0	45.4	24.2	32.0	35.1
Somerset	90.7	92.2	89.6	44.9	45.8	45.5	16.7	32.9	35.3
Worcester	88.3	87.3	89.5	36.3	31.4	31.5	21.7	22.2	22.6
STATE AVERAGE	74.9	74.3	73.3	33.5	32.3	33.2	31.0	37.3	40.0

DRUGS BY COUNTY OF RESIDENCE BY PERCENTAGE OF PERSONS TREATED

	HEROIN			AMPHETAMINES			PCP/HALLUCINOGENS		
	1988	1989	1990	1988	1989	1990	1988	1989	1990
WESTERN MARYLAND									
Garrett	0.0	0.0	.7	.8	1.3	0.0	3.4	2.0	2.3
Allegany	0.0	1.3	1.7	6.3	5.0	6.1	4.7	4.9	5.6
Washington	3.0	2.6	2.0	4.5	3.2	2.7	7.7	8.0	6.1
Frederick	3.9	2.6	2.2	2.1	1.7	1.7	17.1	13.1	11.3
Carroll	2.6	2.7	2.9	2.4	2.4	.8	13.0	12.6	9.7
NORTHEASTERN									
Harford	8.8	9.0	7.4	3.6	2.0	2.1	4.8	3.3	3.9
Cecil	1.8	2.5	2.1	9.0	7.6	5.5	2.2	3.1	2.5
BALTO. CITY	43.3	45.6	49.9	.6	.5	.4	3.6	4.0	3.1
METROPOLITAN AREA									
Balto. Co.	17.2	18.3	18.8	1.6	1.2	1.0	11.3	11.1	8.7
Montgomery	4.7	6.1	8.0	2.1	1.1	1.0	15.2	11.9	10.7
Prince George's	11.2	11.6	11.3	1.1	1.1	1.1	33.5	30.0	21.5
Howard	6.4	5.3	4.9	1.6	1.4	1.0	15.9	16.6	16.2
Anne Arundel	8.7	7.4	8.5	2.6	1.9	1.7	20.1	20.9	17.1
SOUTHERN									
Charles	2.3	1.6	2.2	1.5	1.1	.8	30.3	27.6	21.4
Calvert	1.3	1.3	1.3	.5	.9	.3	19.4	16.9	12.6
St. Mary's	1.0	1.5	1.4	6.4	3.6	2.9	23.0	15.7	9.6
EASTERN SHORE									
Kent	1.9	1.3	2.3	4.5	1.8	1.1	1.1	2.0	1.4
Queen Anne's	3.5	1.3	1.7	5.2	3.2	2.2	7.3	11.1	8.1
Talbot	3.4	3.4	3.6	2.9	1.4	1.6	4.5	4.6	5.3
Caroline	1.4	2.2	1.8	4.6	2.0	2.5	4.4	3.2	3.1
Dorchester	1.5	1.2	1.2	1.2	1.2	1.2	1.7	3.7	2.1
Wicomico	6.4	4.4	3.6	2.3	1.8	1.5	4.2	4.4	5.3
Somerset	2.2	3.3	4.2	5.9	4.0	1.6	5.6	3.3	3.4
Worcester	3.5	2.2	1.8	1.3	.7	1.1	3.5	2.7	3.9
STATE AVERAGE	18.6	18.7	20.2	1.9	1.4	1.2	12.3	11.7	9.1

DRUGS BY COUNTY OF RESIDENCE BY PERCENTAGE OF PERSONS TREATED

	MARIJUANA			COCAINE			HEROIN		
	1985	1986	1987	1985	1986	1987	1985	1986	1987
WESTERN MARYLAND									
Garrett	35.6	54.8	54.9	8.9	12.3	23.5	2.2	5.5	0.0
Allegany	60.5	50.5	47.2	11.9	13.4	16.1	2.4	1.4	1.2
Washington	45.4	47.6	47.5	19.5	21.2	25.0	2.4	3.1	5.8
Frederick	39.3	43.9	41.0	15.4	19.7	22.0	7.0	3.6	4.0
Carroll	47.7	50.0	48.1	17.7	15.4	20.2	3.2	2.5	2.5
NORTHEASTERN									
Harford	39.9	45.1	41.0	15.8	20.9	25.2	17.6	11.3	9.9
Cecil	48.6	53.4	47.0	8.9	7.5	14.9	2.5	2.7	3.6
BALTO. CITY	25.8	27.5	25.6	24.2	25.4	28.9	37.3	36.0	35.1
METROPOLITAN AREA									
Balto. Co.	34.2	34.2	32.1	18.2	20.4	24.3	18.8	19.4	17.6
Montgomery	33.9	35.0	33.5	26.4	27.9	29.4	8.2	7.1	6.6
Prince George's	34.3	33.1	30.3	20.2	21.5	24.7	13.2	11.7	11.2
Howard	39.9	45.1	41.0	15.8	20.9	25.2	17.6	11.3	9.9
Anne Arundel	38.6	35.1	33.6	19.8	20.7	25.1	10.3	10.0	11.5
SOUTHERN									
Charles	37.2	37.5	36.1	16.3	21.1	22.4	4.8	2.9	1.7
Calvert	38.2	41.5	39.0	17.4	20.6	21.7	6.6	3.9	3.2
St. Mary's	47.6	45.5	37.5	16.6	14.7	22.3	3.4	2.4	2.0
EASTERN SHORE									
Kent	63.3	58.3	65.4	15.6	19.0	20.6	2.2	3.6	0.0
Queen Anne's	43.6	47.1	46.7	12.9	16.7	24.0	10.9	3.9	2.7
Talbot	44.4	52.7	48.5	22.2	25.7	33.6	13.3	8.1	6.7
Caroline	42.3	42.4	50.0	16.7	11.8	20.3	10.3	1.2	4.7
Dorchester	51.8	61.0	55.1	17.6	20.7	34.1	4.7	2.4	4.3
Wicomico	40.9	45.3	44.5	14.3	18.1	28.7	6.9	7.5	6.2
Somerset	55.3	74.7	67.0	15.9	5.6	9.7	4.5	2.8	4.9
Worcester	40.5	49.4	53.0	26.6	22.6	25.4	2.9	5.5	3.9
TOTALS	43.1	45.9	44.6	17.2	18.6	23.5	8.5	7.0	6.5

DRUGS BY COUNTY OF RESIDENCE
BY PERCENTAGE OF PERSONS TREATED

	AMPHETAMINES			HALLUCINOGENS		
	1985	1986	1987	1985	1986	1987
WESTERN MARYLAND						
Garrett	8.9	11.0	2.0	6.7	13.7	13.7
Allegany	11.4	13.4	9.7	2.9	6.0	11.7
Washington	13.8	10.2	6.5	7.5	5.8	8.1
Frederick	11.9	7.5	4.0	16.5	18.6	21.2
Carroll	9.7	8.0	2.7	10.7	13.3	15.7
NORTHEASTERN						
Harford	9.5	7.7	6.0	4.2	8.5	8.7
Cecil	28.3	25.9	22.2	4.8	4.0	4.3
BALTO. CITY	1.0	0.7	0.6	2.4	2.6	3.0
METROPOLITAN AREA						
Balto. Co.	3.9	2.5	2.2	7.6	8.9	11.2
Montgomery	3.8	4.3	2.7	17.2	17.7	18.5
Prince George's	3.0	1.9	1.2	23.4	26.9	28.4
Howard	5.2	4.4	1.8	15.1	17.3	15.6
Anne Arundel	6.4	5.1	2.3	16.2	19.9	21.2
SOUTHERN						
Charles	6.5	4.9	2.1	25.0	28.8	35.5
Calvert	7.9	2.8	1.3	23.4	24.8	27.7
St. Mary's	8.5	8.7	8.4	11.9	17.4	55.0
EASTERN SHORE						
Kent	12.2	14.3	3.7	4.4	1.2	6.5
Queen Anne's	10.9	19.6	8.7	14.9	6.9	14.7
Talbot	11.1	8.1	3.7	3.3	2.7	6.0
Caroline	17.9	30.6	12.8	6.4	7.0	6.0
Dorchester	12.9	4.9	1.6	7.0	9.8	4.3
Wicomico	13.3	6.8	4.3	7.6	9.5	5.4
Somerset	8.3	12.0	9.0	6.8	1.4	3.5
Worcester	6.9	3.0	0.6	4.6	7.9	8.8
TOTALS	9.7	9.1	5.0	10.4	11.7	14.8

MENTIONS OF DRUGS BY REGION*

BY COUNTY OF RESIDENCE BY PERCENTAGE OF PERSONS TREATED – FY 1990

	MARIJUANA	COCAINE	PCP/ HALLUCINOGENS	HEROIN
WESTERN MARYLAND	34.8	21.9	8.9	--
NORTHEASTERN MARYLAND	40.0	26.5	--	4.8
BALTIMORE CITY	28.3	51.3		49.9
METROPOLITAN AREA	35.3	44.9	18.3	
SOUTHERN MARYLAND	32.0	28.1	14.5	--
EASTERN SHORE	39.5	31.7	4.1	--

*The phrase "mentions of drugs" refers to the frequency that drug categories are cited by persons in treatment. A poly drug user may mention up to three categories of drugs on a drug treatment form (i.e. alcohol, marijuana, and cocaine).

LOCATIONS OF LARGEST PERCENTAGE OF MENTIONS OF DRUGS – FY 1990

ALCOHOL

Allegany	96.1
Garrett	96.0
Caroline	94.7
Cecil	94.1
Talbot	93.3

AMPHETAMINES

Allegany	6.1
Cecil	5.5
St. Mary's	2.9
Washington	2.7
Caroline	2.5

MARIJUANA

Somerset	45.5
Wicomico	45.4
Carroll	42.2
Kent	42.2
Allegany	41.6

PCP/HALLUCINOGENS

Prince George's	21.5
Charles	21.4
Anne Arundel	17.1
Howard	16.2
Calvert	12.6

COCAINE

Baltimore City	51.3
Prince George's	50.0
Montgomery	41.0
Frederick	36.7
Anne Arundel and Somerset	35.3

DEPRESSANTS

Baltimore County	6.0
Allegany	5.6
Somerset	4.8
Wicomico	4.1
Anne Arundel	3.8

HEROIN

Baltimore City	49.9
Baltimore County	18.8
Prince George's	11.3
Anne Arundel	8.5
Montgomery	8.0

SYNTHETICS

Baltimore County	8.5
Baltimore City	6.7
Anne Arundel	4.5
Montgomery	4.1
Harford	3.7

PERSONS TREATED BY PLACE OF RESIDENCE

FISCAL YEAR	1988	1989	1990
WESTERN MARYLAND	(5,754)	(6,991)	(7,687)
Garrett	353	306	301
Allegany	762	717	716
Washington	1,456	1,890	2,249
Frederick	1,734	2,359	2,484
Carroll	1,449	1,719	1,937
NORTHEASTERN	(2,800)	(3,289)	(3,725)
Harford	1,637	1,904	2,231
Cecil	1,163	1,385	1,494
BALTIMORE CITY	19,477	19,860	21,637
METROPOLITAN AREA	(25,426)	(27,805)	(28,932)
Baltimore County	7,460	8,155	8,398
Montgomery	4,805	5,349	5,760
Prince George's	7,711	8,031	8,081
Howard	1,291	1,527	1,685
Anne Arundel	4,159	4,743	5,008
SOUTHERN	(3,875)	(4,225)	(5,096)
Charles	1,633	1,776	2,064
Calvert	1,345	1,381	1,620
St. Mary's	897	1,068	1,412
EASTERN SHORE	(5,220)	(5,342)	(5,529)
Kent	463	457	439
Queen Anne's	573	597	596
Talbot	594	563	645
Caroline	636	593	604
Dorchester	581	679	663
Wicomico	1,365	1,327	1,292
Somerset	408	450	499
Worcester	600	676	791

LEVEL OF EDUCATION - PERCENTAGE - FY 1990

	LESS THAN 12 YEARS	HIGH SCHOOL GRADUATE	SOME COLLEGE	COLLEGE GRADUATE	POST GRAD
WESTERN MARYLAND	40.0	47.0	9.65	2.5	.8
Garrett	N O T	A V A I L A B L E			
Allegany	33.4	50.7	11.4	2.8	1.7
Washington	45.3	44.0	8.1	2.1	.5
Frederick	40.5	45.4	10.6	2.9	.6
Carroll	40.8	47.9	8.5	2.1	.7
NORTHEASTERN	41.1	45.5	10.3	2.5	.5
Harford	36.7	48.1	11.2	3.3	.7
Cecil	45.5	43.0	9.3	1.8	.4
BALTIMORE CITY	49.5	36.1	11.6	2.2	.6
METROPOLITAN AREA	32.4	43.2	16.5	5.7	2.0
Baltimore County	33.4	43.8	16.2	4.8	1.8
Montgomery	27.6	42.1	19.2	8.6	2.5
Prince George's	33.9	46.0	14.6	4.4	7.1
Howard	29.2	40.7	19.3	7.1	3.7
Anne Arundel	37.7	43.4	13.3	4.0	1.5
SOUTHERN	37.0	50.0	9.3	2.5	1.0
Charles	40.8	49.7	7.1	1.7	.7
Calvert	32.9	53.9	9.0	3.6	.7
St. Mary's	37.8	46.4	11.8	2.3	1.6
EASTERN SHORE	43.4	44.6	8.9	2.3	.8
Kent	39.7	49.4	8.8	1.1	.9
Queen Anne's	45.8	44.3	6.4	2.5	1.0
Talbot	45.6	40.5	9.8	3.8	.5
Caroline	43.8	47.4	6.2	2.4	.2
Dorchester	46.1	46.4	6.3	1.0	.1
Wicomico	41.3	44.1	10.9	2.3	1.4
Somerset	51.5	38.0	8.6	1.4	.6
Worcester	33.4	47.0	14.5	3.9	1.3
STATE AVERAGE	40.5	44.4	11.0	3.0	2.0

MARITAL STATUS -- FY 1990

	NEVER MARRIED	MARRIED	WIDOWED	DIVORCED	SEPARATED
WESTERN MARYLAND	51.2	23.5	1.07	13.9	10.3
Garrett					
Allegany	39.6	25.9	1.5	18.8	14.2
Washington	54.2	22.3	.6	14.2	8.8
Frederick	55.5	22.1	1.4	12.1	9.0
Carroll	55.8	23.7	.8	10.6	9.0
NORTHEASTERN	48.5	26.0	1.2	13.3	11.2
Harford	49.2	26.6	.9	12.1	11.2
Cecil	47.8	25.5	1.1	14.5	11.2
BALTIMORE CITY	60.8	15.0	1.7	10.1	12.3
METROPOLITAN AREA	53.9	23.7	1.1	12.1	9.1
Baltimore County	48.8	26.0	1.4	12.9	10.9
Montgomery	56.5	22.1	1.0	12.0	8.4
Prince George's	55.9	24.0	1.3	10.1	8.7
Howard	57.9	21.6	1.2	11.8	7.5
Anne Arundel	50.5	24.8	.8	13.6	10.2
SOUTHERN	53.3	26.8	1.4	10.9	7.4
Charles	55.6	25.7	1.4	10.2	7.1
Calvert	50.2	28.8	1.5	11.4	7.9
St. Mary's	54.2	26.0	1.3	11.1	7.2
EASTERN SHORE	55.3	21.7	1.2	12.2	9.6
Kent	54.0	22.2	1.4	13.8	8.6
Queen Anne's	54.0	27.6	1.3	10.2	6.8
Talbot	61.1	19.5	.5	8.6	10.4
Caroline	54.9	24.1	1.3	9.1	10.6
Dorchester	60.2	16.6	1.5	10.5	11.1
Wicomico	51.9	22.5	.9	12.9	11.7
Somerset	51.1	21.3	1.4	16.6	9.6
Worcester	55.0	20.2	1.1	15.6	7.9
STATE AVERAGE	53.83	22.79	1.29	12.08	9.98

EMPLOYMENT -- FY 1990

	UNEMPLOYED	EMPLOYED FULL-TIME	EMPLOYED PART-TIME
WESTERN MARYLAND	44.3	49.1	6.6
Garrett			
Allegany	56.8	37.2	6.0
Washington	48.2	46.1	5.7
Frederick	38.1	54.4	7.6
Carroll	34.1	58.8	7.2
NORTHEASTERN	35.9	60.4	3.8
Harford	30.9	65.9	3.2
Cecil	40.8	54.8	4.4
BALTIMORE CITY	65.6	29.8	4.4
METROPOLITAN AREA	37.2	56.7	6.0
Baltimore County	39.2	55.6	5.1
Montgomery	39.1	57.0	3.8
Prince George's	37.6	57.1	5.2
Howard	33.2	57.2	9.6
Anne Arundel	37.0	56.8	6.3
SOUTHERN	31.0	62.7	6.1
Charles	32.1	61.5	6.3
Calvert	25.7	69.6	4.6
St. Mary's	35.2	57.1	7.5
EASTERN SHORE	40.7	52.7	6.6
Kent	38.5	55.8	5.5
Queen Anne's	37.8	52.7	9.5
Talbot	36.8	54.6	8.8
Caroline	31.4	61.1	7.5
Dorchester	50.6	46.4	2.9
Wicomico	42.9	51.5	5.4
Somerset	55.4	39.1	5.5
Worcester	32.5	60.1	7.4
STATE AVERAGE	42.5	51.9	5.6

SOURCE OF REFERRAL -- FY 1990

	NON-VOLUNTARY	FAMILY/ FRIENDS	SCHOOL OR EMPLOYER	HEALTH OR SOCIAL ORGANIZATION	SELF-REFERRAL
WESTERN MARYLAND	61.3	3.9	3.3	18.0	9.3
Garrett					
Allegany	54.6	2.4	1.5	34.3	7.2
Washington	70.5	1.3	4.7	13.8	7.6
Frederick	50.3	8.0	4.3	23.7	13.7
Carroll	69.9	3.7	2.8	16.9	6.7
NORTHEASTERN	73.5	3.0	1.7	13.5	8.4
Harford	73.3	3.9	2.0	13.3	7.5
Cecil	73.6	2.0	.4	13.7	9.3
BALTIMORE CITY	45.9	4.7	4.3	23.3	21.7
METROPOLITAN AREA	56.4	5.8	4.1	20.4	13.4
Baltimore County	50.8	6.5	5.9	20.2	16.5
Montgomery	53.7	5.2	1.5	27.0	12.5
Prince George's	59.6	6.0	4.8	16.6	12.9
Howard	59.2	5.7	4.6	18.4	12.1
Anne Arundel	58.5	5.6	3.6	19.6	12.8
SOUTHERN	73.5	5.3	7.3	11.9	6.9
Charles	77.0	4.1	2.2	10.6	6.1
Calvert	83.2	4.0	1.4	7.0	4.4
St. Mary's	60.4	7.7	3.7	18.1	10.1
EASTERN SHORE	66.8	2.3	3.2	18.1	9.7
Kent	70.3	2.0	.9	19.0	7.9
Queen Anne's	66.8	2.6	3.1	16.9	10.6
Talbot	65.0	1.1	5.0	20.6	8.4
Caroline	73.8	1.3	3.0	19.1	2.9
Dorchester	69.0	.3	2.5	19.3	8.8
Wicomico	56.5	4.6	4.2	19.1	15.6
Somerset	63.0	4.9	3.3	17.6	11.2
Worcester	69.6	1.8	3.7	13.3	12.1
STATE AVERAGE	62.8	4.1	4.0	17.5	11.6

NUMBER OF PRIOR ADMISSIONS -- PERSONS TREATED DURING FY 1990

	NONE	ONE	TWO	THREE	FOUR	FIVE OR MORE
WESTERN MARYLAND	48.8	26.3	12.0	6.9	3.0	2.9
Garrett						
Allegany	33.6	28.4	13.6	11.6	6.3	6.5
Washington	53.4	27.2	11.1	5.4	2.0	.9
Frederick	53.5	24.2	12.7	5.0	2.4	2.2
Carroll	54.7	25.6	10.6	5.6	1.4	2.0
NORTHEASTERN	53.0	25.0	9.7	5.9	2.7	3.5
Harford	54.3	26.2	9.8	4.7	2.2	2.7
Cecil	51.7	24.0	9.6	7.1	3.2	4.3
BALTIMORE CITY	42.8	23.2	13.5	8.2	4.6	7.6
METROPOLITAN AREA	57.0	22.9	9.7	4.7	2.2	3.4
Baltimore County	55.0	22.5	10.4	5.4	2.8	3.9
Montgomery	59.8	20.4	9.3	5.1	2.1	3.3
Prince George's	54.6	25.4	10.2	4.9	2.4	2.6
Howard	57.5	25.1	9.3	3.7	1.6	2.8
Anne Arundel	58.0	21.2	9.6	4.5	2.1	4.5
SOUTHERN	61.2	25.0	8.8	2.9	1.1	.97
Charles	61.3	25.0	8.8	2.8	1.1	.9
Calvert	61.2	24.5	9.2	3.4	.9	.8
St. Mary's	61.0	25.7	8.3	2.6	1.3	1.2
EASTERN SHORE	58.7	26.3	8.4	3.7	1.2	1.5
Kent	60.3	25.2	8.6	3.6	1.4	.9
Queen Anne's	58.0	29.6	7.6	2.8	.8	1.2
Talbot	53.2	28.6	9.9	4.7	1.8	1.8
Caroline	68.1	22.0	6.4	2.4	.2	1.0
Dorchester	54.5	28.6	8.8	5.5	1.0	1.5
Wicomico	53.8	27.8	9.8	3.7	1.7	3.1
Somerset	61.8	24.1	7.8	2.7	1.6	2.0
Worcester	60.8	24.6	8.6	4.2	1.1	.8
STATE AVERAGE	53.6	24.8	10.4	5.38	2.43	3.31

NUMBER OF ARRESTS IN 24 MONTHS PRIOR TO ADMISSION - PERSONS TREATED FY 1990

	NONE	ONE	TWO	THREE	FOUR	FIVE OR MORE
WESTERN MARYLAND	25.3	48.4	17.2	5.2	1.6	2.3
Garrett						
Allegany	25.6	47.2	18.4	6.0	1.5	1.3
Washington	26.7	49.8	16.0	4.1	1.3	2.1
Frederick	30.6	46.1	16.5	4.2	1.2	1.5
Carroll	18.5	50.6	17.8	6.4	2.3	4.4
NORTHEASTERN	18.2	56.3	16.6	4.8	2.1	2.0
Harford	19.4	58.7	15.0	3.8	1.6	1.5
Cecil	17.0	53.8	18.2	5.8	2.6	2.6
BALTIMORE CITY	40.5	36.9	13.2	5.0	2.1	2.4
METROPOLITAN AREA	31.7	45.0	14.6	4.9	1.6	2.1
Baltimore County	36.1	44.0	12.5	4.1	1.4	1.8
Montgomery	30.9	46.6	14.6	4.2	1.6	2.0
Prince George's	35.6	43.0	14.1	4.2	1.5	1.6
Howard	28.5	45.9	15.5	5.8	1.6	2.6
Anne Arundel	27.6	45.3	16.3	6.1	2.2	2.5
SOUTHERN	20.0	59.6	13.5	4.5	3.7	1.2
Charles	20.8	58.0	14.0	4.5	1.3	1.4
Calvert	11.4	67.8	13.7	4.5	1.8	.9
St. Mary's	28.0	52.9	13.0	4.4	.6	1.2
EASTERN SHORE	24.9	55.4	14.5	2.9	.9	1.4
Kent	22.2	57.4	16.1	2.0	.7	1.6
Queen Anne's	22.5	56.9	14.7	2.3	2.0	1.7
Talbot	24.5	55.6	14.1	3.6	.9	1.2
Caroline	17.3	62.7	14.3	2.8	1.3	1.6
Dorchester	23.1	56.9	15.3	2.8	.4	1.5
Wicomico	34.9	48.1	12.3	2.7	.5	1.5
Somerset	37.2	43.4	14.3	3.1	1.0	1.0
Worcester	17.5	62.5	15.0	3.7	.5	.9
STATE AVERAGE	26.7	50.2	14.9	4.5	2.0	1.9

PRICES OF SELECTED DRUGS IN BALTIMORE

	COCAINE		HEROIN		MARIJUANA	
	GRAM	OUNCE	GRAM	OUNCE	GRAM	OUNCE
DATE	$ (15-30% PURITY)	$ ---	$ (2-4% PURITY)	$ (60-70% PURITY)	$ ---	$ ---
DEC, 1988	80-100	1,200-2,100	70	10,000	--	100-175
JUN, 1989	80-100	500-1,500	50-70	10,000	--	100-175
DEC, 1989	80-100	900-1,600	70	5,000-6,000	--	100-175
JUN, 1990	80-100	1,000-1,500	70	6,000-8,000	--	100-150
DEC, 1990	80-150	1,200-1,600	50-70	6,000-8,000	25	100-150
MAR, 1991	80-150	1,000-2,200	50-70	6,000-8,000	25	100-200
SOURCE: DEA BALTIMORE QUARTERLY REPORTS						

PURITY OF HEROIN
PURCHASED OR SEIZED BY DEA – 1989

HEROIN			
DATE (1989)	LOCATION MARYLAND	AMOUNT (GRAMS)	PURITY %
9/9	BALTIMORE	21.5	14.0
9/15	"	23.7	3.3
9/19	"	23.1	3.5
9/19	"	24.9	7.6
9/21	"	24.7	3.5
9/26	"	47.3	88.0
9/26	"	47.0	88.0
9/27	"	27.3	15.0
9/28	"	26.7	15.0
9/28	"	24.5	10.0
9/28	"	27.5	6.9
10/9	"	23.3	70.0
10/17	"	35.9	7.8
10/19	"	24.7	9.6
10/25	"	51.8	67.0
10/25	"	23.6	8.0
10/26	"	26.4	9.0
11/2	"	--	89.0
11/5	"	127.0	87.0
11/15	"	24.8	11.0
11/16	"	29.7	14.0

COMMENT 1: 1 Gram = 0.035 ounce
1 Ounce = 28.350 grams

COMMENT 2: Traditionally, street-level heroin has been 3 to 5 percent pure. During the 1980's, the situation changed dramatically, and street-level heroin of up to 20 percent was encountered in Baltimore. Heroin 87 percent or more pure is presumably uncut, import quality.

PURITY OF COCAINE
PURCHASED OR SEIZED BY DEA – 1989

COCAINE			
DATE (1989)	LOCATION MARYLAND	AMOUNT (GRAMS)	PURITY %
9/9	BALTIMORE	24.4	78
9/15	EASTON	24.0	73
9/29	"	183.4	87
(FROM THIS SEIZURE THREE EXHIBITS WERE ANALYZED)			90
			91
10/3	BALTIMORE	122.3	85
10/17	"	142.1	62
10/26	"	52.6	73
10/26	"	118.6	71
10/30	"	23.1	65
11/2	PIKESVILLE SEIZURE	148.0	55
		278.0	53
		278.0	51
11/2	BALTIMORE COUNTY	29.4	48
11/14	BALTIMORE	51.85	55
11/17	"	186.0	10
11/20	"	81.2	79
11/20	"	24.0	87
CRACK			
9/20	SALISBURY	27.0	94
10/30	BALTIMORE	29.3	92

POLICE SURVEY

DRUG OF CHOICE (SELECT FIRST THROUGH SIXTH CHOICE)				
DRUG	MENTIONS			TOTAL MENTIONS
	FIRST	SECOND	=	1 - 6
Cocaine	61	20	81	83
Marijuana	21	47	67	87
Heroin	1 (BALTO. CITY)	1		21
PCP		8		62
Pharmaceuticals		2		45
LSD				54

SEX

Male	69%
Female	31%

RACE

Black	43.5%
White	43.0%
Hispanic	6.2%
Asian	2.3%
Other	5.0%

AGE

Under 12	2.4%
12 - 17	12.0%
18 - 21	27.1%
22 - 30	34.4%
31 - 40	15.2%
41 - 50	6.3%
Over 50	2.6%

INCOME

Less Than $20,000	53.6%
$20,000 - $30,000	14.3%
$30,000 - $40,000	10.8%
$40,000 - $50,000	6.5%
$50,000 - $60,000	9.5%
Over $60,000	5.3%

POLICE SURVEY

ESTIMATES (PERCENTAGE) OF POPULATION OF REGULAR-BASIS DRUG USERS

Less Than 1%	3 Jurisdictions	70 Persons
2 - 5%	10 "	6,576 "
6 - 10%	21 "	138,805 "
11 - 20%	19 "	187,748 "
21 - 30%	8 "	50,786 "
More Than 30%	7 "	137,242 "
		521,227 "

OR

11% of State Population

DRUG ARRESTS

	1986	1987	1988	1989	1990
Opium/Cocaine	7,205	10,200	16,446	22,590 (62%)	18,641 (64%)
Marijuana	9,773	10,682	9,948	10,409 (29%)	7,669 (27%)
Synthetic	1,378	2,239	1,979	1,455	1,116
Other	1,752	1,832	1,890	1,716	1,506
Total	20,108	24,952	30,263	36,170	28,932
Percent of All Arrests	9.2%	10.8%	12.3%	13.6%	11.0%
TOTAL ARREST COMPARISON					
Juvenile	38,955	38,470,	38,285	37,258	37,450
Adult	180,902	192,331	208,231	228,867	226,605
Total	219,857	230,801	246,516	266,125	264,055

1990
ARRESTS BY SEX AND RACE FOR DRUG ABUSE VIOLATION

MALE	FEMALE	WHITE	BLACK	OTHER
24,503	4,429	10,707	18,112	113

1990
ARRESTS BY AGE

	DRUG ABUSE	DUI
17 and Under	2,864	332
18 - 21	6,291	3,521
22 - 29	10,503	10,851
30 - 39	7,219	10,211
40 - 49	1,726	4,600
50 and Over	329	2,617
Total	28,932	32,132

ARRESTS FOR DRUG LAW VIOLATIONS BY REGION – 1988-1990

	1988	1989	1990
WESTERN MARYLAND	1,741	2,021	1,494
Garrett	56	75	99
Allegany	123	128	72
Washington	497	393	375
Frederick	784	1,073	750
Carroll	281	352	198
NORTHEASTERN	831	1,002	1,112
Harford	402	329	249
Cecil	429	673	863
BALTIMORE CITY	13,459	15,745	13,139
METROPOLITAN AREA	11,266	13,001	9,315
Baltimore County	2,229	2,595	1,886
Montgomery	2,329	2,893	1,694
Prince George's	4,148	4,197	3,040
Howard	854	1,157	958
Anne Arundel	1,706	2,159	1,737
SOUTHERN	1,446	1,657	1,355
Charles	882	853	800
Calvert	318	398	266
St. Mary's	246	406	289
EASTERN SHORE	1,351	2,105	1,411
Kent	101	89	61
Queen Anne's	58	141	112
Talbot	106	135	153
Caroline	67	89	46
Dorchester	170	282	276
Wicomico	264	458	177
Somerset	24	45	61
Worcester	561	866	525
STATEWIDE AGENCIES	169	639	1,106
STATE TOTAL	30,263	36,170	28,932

NUMBER OF LAW ENFORCEMENT EMPLOYEES
SWORN PERSONS – 1989-1990

	1989	1990
Western Maryland	767	825
Northeast	554	584
Baltimore City	3,218	3,198
Metropolitan Area	6,328	6,619
Southern Maryland	347	379
Eastern Shore	717	725
Statewide*	695	698
TOTAL	12,626	13,028

* Maryland Alcohol Tax Enforcement Unit, Maryland Park Services, Maryland Toll Facilities, Natural Resources Police, State Fire Marshal, and Maryland State Police (units such as Narcotics Division, Criminal Investigations, etc.).

ALCOHOL AND DRUG-RELATED VEHICULAR CRASHES IN MARYLAND BY COUNTY 1985 - 1989						
COUNTY	1985	1986	1987	1988	1989	TOTAL
Allegany	206 (1.6)	224 (1.7)	237 (1.8)	217 (1.8)	200 (1.7)	1,084 (1.7)
Anne Arundel	1,214 (9.2)	1,206 (9.0)	1,289 (9.7)	1,194 (9.8)	1,050 (9.0)	5,953 (9.3)
Baltimore	2,144 (16.2)	2,082 (15.5)	1.917 (14.4)	1,798 (14.8)	1,656 (14.2)	9,597 (14.9)
Calvert	122 (0.9)	168 (1.3)	151 (1.1)	153 (1.3)	134 (1.2)	728 1.1)
Caroline	81 (0.6)	87 (0.6)	85 (0.6)	76 (0.6)	77 (0.7)	406 (0.6)
Carroll	223 (1.7)	249 (1.9)	238 (1.8)	256 (2.1)	251 (2.2)	1,217 (1.9)
Cecil	247 (1.9)	296 (2.2)	268 (2.0)	280 (2.3)	313 (2.7)	1,404 (2.2)
Charles	351 (2.6)	372 (2.8)	422 (3.2)	407 (3.3)	391 (3.4)	1,943 (3.0)
Dorchester	121 (0.9)	124 (0.9)	137 (1.0)	97 (0.8)	92 (0.8)	571 (0.9)
Frederick	449 (3.4)	444 (3.3)	444 (3.3)	429 (3.5)	359 (3.1)	2,125 (3.3)
Garrett	121 (0.9)	93 (0.7)	102 (0.8)	112 (0.9)	92 (0.8)	520 (0.8)
Harford	525 (4.0)	520 (3.9)	526 (3.9)	521 (4.3)	482 (4.1)	2,574 (4.0)
Howard	358 (2.7)	414 (3.1)	379 (2.8)	375 (3.1)	357 (3.1)	1,883 (2.9)
Kent	42 (0.3)	84 (0.6)	72 (0.5)	51 (0.4)	50 (0.4)	299 (0.5)
Montgomery	1,438 (10.9)	1,480 (11.0)	1,526 (11.4)	1,301 (10.7)	1,295 (11.1)	7,040 (10.9)
Prince George's	2,228 (16.8)	2,207 (16.5)	2,320 (17.4)	1,936 (15.9)	1,857 (16.0)	10,548 (16.4)
Queen Anne's	99 (0.7)	91 (0.7)	77 (0.6)	98 (0.8)	103 (0.9)	468 (0.7)

ALCOHOL AND DRUG-RELATED VEHICULAR CRASHES IN MARYLAND BY COUNTY
1985 - 1989

COUNTY	1985	1986	1987	1988	1989	TOTAL
St. Mary's	210 (1.6)	266 (2.0)	234 (1.8)	223 (1.8)	239 (2.1)	1,172 (1.8)
Somerset	75 (0.6)	66 (0.5)	81 (0.6)	53 (0.4)	76 (0.6)	350 (0.5)
Talbot	120 (0.9)	113 (0.8)	107 (0.8)	91 (0.7)	97 (0.8)	528 (0.8)
Washington	431 (3.3)	426 (3.2)	413 (3.1)	382 (3.1)	437 (3.8)	2,089 (3.2)
Wicomico	208 (1.6)	231 (1.7)	248 (1.9)	240 (2.0)	250 (2.2)	1,177 (1.8)
Worcester	265 (2.0)	262 (2.0)	274 (2.1)	212 (1.7)	219 (1.9)	1,232 (1.9)
Baltimore City	1,975 (14.9)	1,893 (14.1)	1,788 (13.4)	1,668 (13.7)	1,548 (13.3)	8,872 (13.8)
STATE TOTAL	13,253	13,398	13,335	12,170	11,624	63,780

DRUG-CAUSED DEATHS IN MARYLAND

	1990		JAN - MAR, 1991	
BY SEX AND RACE	**NUMBER**	**%**	**NUMBER**	**%**
White Males	88	33.4	--	--
Non-White Males	98	37.2	--	--
White Females	40	15.2	--	--
Non-White Females	37	14.0	--	--
TOTAL	263	99.8	--	--
BY SEX				
Male	186	70.7	36	71
Female	77	29.2	15	29
TOTAL	263	99.9	51	100
BY RACE				
White	128	48.6	26	51
Black	132	50.1	25	49
Other	3	1.1		
TOTAL	263	99.8	51	100

DRUG-CAUSED DEATHS IN MARYLAND

BY AGE

JANUARY - MARCH 1991

Under 15	0
15 - 24	5
25 - 34	27
35 - 44	15
45 - 54	3
Over 54	0
Unknown	1
TOTAL	51

Cocaine was responsible for 10% of drug-caused deaths in the January through March, 1991 period. All other drugs were responsible for 90%.

DRUG-CAUSED DEATHS IN MARYLAND BY REGION

	1990	JAN - MAR, 1991
WESTERN MARYLAND	11 (4.2%)	2 (3.9%)
Garrett	--	--
Allegany	--	--
Washington	4	1
Frederick	4	1
Carroll	3	--
NORTHEASTERN	2 (0.8%)	0 (0%)
Harford	1	--
Cecil	1	--
BALTIMORE CITY	148 (56%)	31 (60.8%)
METROPOLITAN AREA	92 (35%)	16 (31.4%)
Baltimore County	35	8
Montgomery	20	1
Prince George's	19	7
Howard	6	--
Anne Arundel	12	--
SOUTHERN	4 (2.0%)	1 (1.9)
Charles	4	1
Calvert	--	--
St. Mary's	1	--
EASTERN SHORE	5 (2.0%)	1 (1.9%)
Kent	1	--
Queen Anne's	1	--
Talbot	--	--
Caroline	--	--
Dorchester	1	--
Wicomico	2	1
Somerset	--	--
Worcester	--	--
STATE TOTAL	263	51

PERCENT OF MARYLAND ADOLESCENTS
WHO CURRENTLY OR FREQUENTLY USE DRUGS OR ALCOHOL -- 1988-1989

	6TH GRADE	8TH GRADE	10TH GRADE	12TH GRADE
Current* Drug Use	5.5	11.4	19.5	22.8
Frequent** Drug Use	2.4	3.9	7.1	8.8
Current Alcohol Use	9.5	27.2	50.5	60.2
Frequent Alcohol Use	1.2	4.1	9.4	13.5
Current Alcohol and Drug Use	2.3	7.9	16.8	20.0
Frequent Alcohol and Drug Use	0.3	1.2	3.5	4.4
*At least once a month				
**At least several times a week				

FREQUENCY OF USE BY SUBSTANCE
12TH GRADE -- 1988-89

	EVER USED (%)	CURRENT USE (%)	FREQUENT USE (%)
Alcohol	87.3	60.2	13.5
Amphetamines	15.6	3.7	1.4
Barbiturates	5.8	1.6	0.5
Cocaine HCl	10.6	3.1	0.7
Crack Cocaine	6.1	1.7	0.6
Designer Drugs	2.6	0.9	0.6
Hallucinogens	10.0	3.9	0.9
Heroin	1.9	0.9	0.3
Inhalants	10.9	2.3	0.7
Marijuana/Hashish	43.2	15.1	5.7
Methamphetamine	11.7	2.2	0.9
PCP	12.9	2.7	0.8
Prescription Analgesics	25.8	6.3	1.9
Steroids	3.1	1.7	0.7
Tranquilizers	5.8	1.7	0.4

CURRENT USE BY SEX -- 12TH GRADE -- 1988-89

	MALE %	FEMALE %
Alcohol	62.0	59.0
Amphetamines	4.2	3.3
Barbiturates	2.5	0.8
Cocaine HCl	4.7	1.4
Crack Cocaine	2.4	1.0
Designer Drugs	1.2	0.6
Hallucinogens	5.8	2.2
Heroin	1.3	0.3
Inhalants	3.0	1.6
Marijuana/Hashish	18.1	12.0
Methamphetamines	2.8	1.8
PCP	3.8	1.7
Prescription Analgesics	4.9	7.6
Steroids	2.4	0.7
[illegible]quilizers	1.8	1.4

CURRENT USE BY RACE/ETHNICITY -- 1988-1989

	6TH GRADE (%)	8TH GRADE (%)	10TH GRADE (%)	12TH GRADE (%)
White	5.6	13.6	24.2	27.5
Black	4.9	8.1	10.9	14.6
Hispanic	8.6	12.1	28.0	20.6
Oriental	2.9	4.7	8.7	18.5

PERCENTAGES OF MARYLAND ADOLESCENTS CURRENTLY USING ANY DRUG BY SUBDIVIDISION, 1984-85, 1986-87, AND 1988-89 SURVEYS

SUBDIVISION	6TH GRADE			8TH GRADE			10TH GRADE			12TH GRADE		
	1984-85	1986-87	1988-89	1984-85	1986-87	1988-89	1984-85	1986-87	1988-89	1984-85	1986-87	1988-89
Allegany County	--	--	--	10.0	14.7	16.6	25.5	13.6	30.3	31.4	19.4	31.2
Baltimore County	--	--	--	16.8	--	13.9	33.8	25.5	32.1	41.5	30.7	30.9
Calvert County	--	--	3.4	12.7	10.4	13.3	29.5	23.4	11.0	34.4	24.1	17.6
Caroline County	--	--	3.9	14.6	11.4	17.0	23.5	15.0	18.6	24.9	30.0	17.4
Carroll County	--	--	--	10.3	8.6	18.0	25.8	26.0	26.4	39.2	32.0	24.5
Cecil County	--	--	8.8	--	21.1	17.0	--	31.0	25.4	--	27.4	34.2
Charles County	--	--	11.7	11.4	10.8	20.6	32.1	20.1	16.9	26.0	22.6	23.1
Dorchester County	--	--	4.7	--	--	16.5	--	--	13.5	--	--	18.6
Frederick County	--	--	8.3	12.5	16.5	16.7	21.4	26.4	14.4	33.9	27.3	21.3
Garrett County	--	--	8.4	7.4	12.9	13.8	22.2	28.8	25.0	24.7	26.3	23.5
Harford County	--	--	6.0	13.3	16.2	15.3	29.9	20.8	25.4	35.6	36.1	34.9
Howard County	--	--	6.0	6.8	13.1	5.6	21.1	18.0	18.0	30.1	24.8	22.7
Kent County	--	--	4.2	--	--	16.7	--	--	23.5	--	--	33.3
Montgomery County	--	--	3.9	8.7	9.1	10.0	22.5	9.8	11.8	22.5	15.0	16.1
Prince George's County	--	--	4.1	6.8	12.6	6.8	20.5	14.9	12.9	36.7	13.5	14.4
St. Mary's County	--	--	2.0	12.5	11.7	15.3	23.6	21.5	15.5	27.7	25.7	15.7
Somerset County	--	--	8.8	10.6	9.1	15.3	19.4	12.5	24.5	28.6	28.1	26.9
Talbot County	--	--	4.0	--	--	9.1	--	--	27.0	--	--	35.8
Washington County	--	--	14.8	12.3	11.0	17.8	21.1	24.1	24.7	27.1	25.2	29.5
Wicomico County	--	--	4.7	--	--	10.5	--	--	20.8	--	--	33.1
Worcester County	--	--	--	15.0	9.5	--	25.4	15.9	19.1	38.5	30.8	25.3
Queen Anne's County	--	--	6.3	14.2	16.4	15.3	28.3	24.5	30.8	30.8	32.1	20.8
Baltimore City	--	--	--	18.4	16.6	8.1	34.8	16.5	16.8	33.6	20.3	26.4

PERCENTAGES OF MARYLAND ADOLESCENTS FREQUENTLY USING ANY DRUG BY SUBDIVIDISION--1988-89 SURVEY				
SUBDIVISION	6TH GRADE	8TH GRADE	10TH GRADE	12TH GRADE
Allegany County	--	5.7	11.4	15.6
Baltimore County	--	4.0	11.5	11.2
Calvert County	0.5	4.0	1.7	5.5
Caroline County	2.4	2.8	4.8	5.2
Carroll County	--	6.5	11.3	6.9
Cecil County	3.8	5.1	14.1	14.0
Charles County	5.4	12.2	5.2	5.9
Dorchester County	1.6	9.2	9.0	11.6
Frederick County	2.1	3.2	3.6	6.6
Garrett County	2.1	2.8	8.0	14.8
Harford County	3.3	6.7	8.9	18.2
Howard County	2.7	1.2	7.2	7.6
Kent County	2.1	7.4	9.6	10.2
Montgomery County	2.3	3.4	3.1	5.0
Prince George's County	1.5	1.9	3.5	5.4
St. Mary's County	1.4	6.6	7.7	5.0
Somerset County	2.9	4.9	7.6	6.9
Talbot County	1.0	5.5	6.4	4.5
Washington County	7.8	5.3	9.0	14.1
Wicomico County	0.6	2.1	8.5	16.6
Worcester County	--	--	4.4	9.3
Queen Anne's County	2.1	2.7	13.7	9.2
Baltimore City	--	3.8	9.4	13.6

ACCESS TO SUBSTANCES BY MARYLAND ADOLESCENTS CURRENTLY USING TEN SUBSTANCE - 1988-89 SURVEY					
6TH GRADE	PROBABLY IMPOSSIBLE	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
Cigarettes	2.9	1.6	2.2	29.9	63.4
Smokeless tobacco	15.1	0.0	10.1	17.5	53.3
Alcoholic beverages	7.6	9.9	10.6	19.4	52.4
Marijuana	1.7	22.2	8.6	23.7	43.8
Crack cocaine	8.6	0.0	31.1	16.1	44.2
Any other form of cocaine	12.3	29.2	14.2	6.9	37.4
PCP	7.4	21.4	9.5	14.2	47.5
Heroin	0.0	30.3	0.0	22.7	47.0
Methamphetamines (crank)	13.9	10.9	31.9	9.8	33.5
8TH GRADE					
Cigarettes	0.5	0.9	1.0	14.8	82.8
Smokeless tobacco	1.2	1.6	4.0	18.5	74.7
Alcoholic beverages	3.0	4.5	12.6	27.1	52.9
Marijuana	7.3	3.5	10.8	26.6	51.8
Crack cocaine	6.4	3.1	9.5	22.5	58.5
Any other form of cocaine	7.6	9.7	9.4	29.2	44.2
PCP	3.9	9.2	30.4	23.3	33.2
Heroin	11.0	11.6	13.2	31.1	33.0
Methamphetamines (crank)	6.3	3.7	27.7	24.4	37.9
10TH GRADE					
Cigarettes	0.2	0.3	0.1	1.6	97.8
Smokeless tobacco	0.7	0.0	0.4	6.8	92.1
Alcoholic beverages	1.1	1.9	8.3	40.5	48.2
Marijuana	0.5	0.5	4.8	33.2	60.9
Crack cocaine	3.1	0.6	10.4	19.0	66.8
Any other form of cocaine	1.4	7.3	6.5	27.0	57.8
PCP	5.2	2.4	16.5	32.6	43.3
Heroin	8.3	17.8	9.0	8.9	56.0
Methamphetamines (crank)	7.7	17.0	17.4	20.4	37.5
12TH GRADE					
Cigarettes	4.3	1.2	0.5	5.3	88.7
Smokeless tobacco	0.7	0.0	3.0	3.3	93.0
Alcoholic beverages	0.8	1.6	5.1	45.1	47.4
Marijuana	1.2	1.7	6.4	35.3	55.4
Crack cocaine	0.0	3.5	20.0	29.8	46.6
Any other form of cocaine	1.1	4.6	13.0	26.0	55.3
PCP	4.2	2.9	19.5	39.9	33.5
Heroin	3.5	18.9	4.0	24.3	49.3
Methamphetamines (crank)	6.1	5.7	27.5	25.4	35.3

CURRENT USE IN SUCCESSIVE SURVEYS
12TH GRADE

	1984-85 %	1986-87 %	1988-89 %
Alcohol	66.0	56.0	60.2
Amphetamines	9.8	5.4	3.7
Barbiturates	5.4	1.2	1.6
Cocaine	10.7	5.0	3.3
Hallucinogens	5.7	3.0	3.9
Heroin	3.2	0.9	0.9
Inhalants	--	2.0	2.3
Marijuana/Hashish	30.0	17.1	15.1
Methamphetamines	9.7	--	2.2
PCP	5.7	3	2.7
Tranquilizers	6.4	1.8	1.7

RANKING OF REGIONS BY 12TH GRADERS FREQUENTLY USING ALCOHOL OR DRUGS

WESTERN MARYLAND	***11.6%**
Garrett	14.8%
Allegany	15.5%
Washington	14.1%
Frederick	6.6%
Carroll	6.9%
NORTHEASTERN	***16.1%**
Harford	18.2%
Cecil	14.0%
BALTIMORE CITY	***13.6%**
METROPOLITAN AREA	*** 7.3%**
Baltimore County	11.2%
Montgomery	5.0%
Prince George's	5.4%
Howard	7.6%
Anne Arundel	N.A.
SOUTHERN	*** 5.5%**
Charles	5.9%
Calvert	5.5%
St. Mary's	5.0%
EASTERN SHORE	*** 9.2%**
Kent	10.2%
Queen Anne's	9.2%
Talbot	4.5%
Caroline	5.2%
Dorchester	11.6%
Wicomico	16.6%
Somerset	6.9%
Worcester	9.3%

* Denotes average of all counties within the region.

RANKING OF REGIONS BY 12TH GRADERS FREQUENTLY USING DRUGS

Northeastern Maryland	16.1%
Baltimore City	13.6%
Western Maryland	11.6%
Eastern Shore	9.2%
Metropolitan Area	7.3%
Southern Maryland	5.47%

RANKING OF REGIONS BY JUVENILE VIOLATORS

DESCENDING ORDER OF MAGNITUDE OF PROBLEM						
RANKING BY % OF ALCOHOL PROBLEM	Metro-politan Area	Western Maryland	Eastern Shore	North-eastern Maryland	Southern Maryland	Baltimore City
RANKING BY % OF DRUG PROBLEM	Metro-politan Area	Baltimore City	Western Maryland	Eastern Shore	Southern Maryland	North-eastern Maryland
RANKING BY % OF VIOLATORS UNDER 18	Metro-politan Area	Baltimore City	Western Maryland	Eastern Shore	Southern Maryland	North-eastern Maryland

REPORTED ALCOHOL AND NARCOTICS VIOLATIONS BY JUVENILES
JULY 1, 1988 - JUNE 30, 1989

COUNTY	ALCOHOL VIOLATIONS	% OF STATE	DRUG VIOLATIONS	% OF STATE	TOTAL POPULATION UNDER 18	% OF VIOLATORS UNDER 18
WESTERN MARYLAND	695	29.0	168	5.3	124,022	0.7
Garrett	30	1.3	2	0.1	7,620	0.4
Allegany	99	4.1	4	0.1	16,365	0.6
Washington	249	10.4	28	0.9	27,536	1.0
Frederick	192	8.0	89	2.8	39,731	0.7
Carroll	125	5.2	45	1.4	32,770	0.5
NORTHEASTERN	153	6.4	87	2.8	68,290	0.4
Harford	95	4.0	68	2.2	48,782	0.3
Cecil	58	2.4	29	0.6	19,508	0.4
BALTIMORE CITY	63	2.6	1,109	35.4	179,869	0.7
METROPOLITAN AREA	1,043	43.7	1,348	42.9	331,615	0.7
Baltimore County	253	10.6	227	7.2	151,162	0.3
Montgomery	356	14.9	249	7.9	178,244	0.3
Prince George's	84	3.5	652	20.8	177,945	0.4
Howard	200	8.4	57	1.8	48,482	0.5
Anne Arundel	150	6.3	163	5.2	105,188	0.3
SOUTHERN	144	6.0	137	4.4	74,120	0.4
Charles	106	4.4	88	2.8	29,756	0.7
Calvert	21	0.9	33	1.1	14,600	0.4
St. Mary's	17	0.7	16	0.5	29,764	0.1
EASTERN SHORE	231	9.6	131	4.2	63,130	0.6
Kent	9	0.4	7	0.2	3,805	0.4
Queen Anne's	42	1.8	18	0.6	8,341	0.7
Talbot	58	2.4	12	0.4	6,433	1.1
Caroline	29	1.2	8	0.3	7,100	0.5
Dorchester	14	0.6	28	0.9	6,917	0.6
Wicomico	34	1.4	41	1.3	18,110	0.4
Somerset	1	0.0	1	0.0	4,727	0.0
Worcester	44	1.8	16	0.5	7,697	0.8
OTHER*	65	2.7	157	5.0	32,195	0.1
STATE TOTAL	2,394	100%	3,137	100%	1,162,241	--

*County unknown or out of state

REPORTED ALCOHOL AND NARCOTICS VIOLATIONS BY JUVENILES
JULY 1, 1989 - JUNE 30, 1990

COUNTY	ALCOHOL VIOLATIONS	% OF STATE	DRUG VIOLATIONS	% OF STATE	TOTAL POPULATION UNDER 18	% OF VIOLATORS UNDER 18
WESTERN MARYLAND	322	24.4	145	4.5	124,022	0.4
Garrett	15	0.7	1	0.0	7,620	0.2
Allegany	93	4.6	6	0.2	16,365	0.6
Washington	185	9.2	25	0.8	27,536	0.8
Frederick	101	5.0	68	2.1	39,731	0.4
Carroll	98	4.9	45	1.4	32,770	0.4
NORTHEASTERN	141	7.0	88	2.8	68,290	0.3
Harford	82	4.1	57	1.8	48,782	0.3
Cecil	59	2.9	31	1.0	19,508	0.5
BALTIMORE CITY	65	3.2	1,228	38.1	179,869	0.7
METROPOLITAN AREA	835	41.6	1,228	38.1	331,615	0.6
Baltimore County	207	10.3	252	7.8	151,162	0.3
Montgomery	299	14.9	236	7.3	178,244	0.3
Prince George's	98	4.9	475	14.8	177,945	0.3
Howard	107	5.3	71	2.2	48,482	0.4
Anne Arundel	124	6.2	194	6.0	105,188	0.3
SOUTHERN	127	6.3	64	1.9	74,120	0.3
Charles	96	4.8	32	1.0	29,756	0.4
Calvert	22	1.1	8	0.2	14,600	0.2
St. Mary's	9	0.4	24	0.7	29,764	0.1
EASTERN SHORE	187	9.2	150	14.5	63,130	0.5
Kent	15	0.7	15	0.5	3,805	0.8
Queen Anne's	14	0.7	15	0.5	8,341	0.2
Talbot	41	2.0	15	0.5	6,433	0.9
Caroline	22	1.1	7	0.2	7,100	0.4
Dorchester	7	0.3	28	0.9	6,917	0.5
Wicomico	64	3.2	51	1.6	18,110	0.6
Somerset	6	0.3	8	0.2	4,727	0.3
Worcester	18	0.9	11	0.3	7,697	0.4
OTHER*	155	7.7	316	9.8	321,195	0.1
STATE TOTAL	2,002	100%	3,219	100%	1,162,241	--

*County unknown or out of state

MARYLAND STATE DEPARTMENT OF EDUCATION
DISCIPLINARY ACTION (SUSPENSIONS AND EXPULSIONS)
SCHOOL YEAR: 1989-1990 – SUMMARY

Total Enrollment	698,806	
Total Offenses (Suspensions)	79,668	
Total Unduplicated Count of Students Suspended	48,454	6.9% of Enrollment
Total Number of Expulsions as a Disposition of Suspensions	1,126	

Total of Disciplinary Action for Alcohol and Drug Offenses

Expulsions		(Data not Collected)
Alcohol Offenses	485	54% } of Alcohol/Drug
Drug Offenses	415	46% } Disciplinary Action
Suspensions	900	1.8% of Disciplinary Action Taken

Please note the discrepancy between the figure of 776 Disciplinary Actions (Suspensions and Expulsions) in Chart 1 and the figure of 900 Suspensions alone in Chart 2. The Maryland State Department of Education has recognized this, pointing out that the collection of Suspension Data by Type of Drug is a new reporting system for local school systems necessitating intricate revision of current data collective requirements. Subsequent annual data by drug type will show a higher correllation with State suspension data presented in Chart 2.

MARYLAND DEPARTMENT OF EDUCATION
SUSPENSION DATA BY REGION

DESCENDING ORDER OF MAGNITUDE OF PROBLEM						
RANKING BY % OF ALCOHOL SUSPENSIONS	North-eastern Maryland	Southern Maryland	Metro-politan Area	Western Maryland	Eastern Shore	Baltimore City
RANKING BY % OF DRUG SUSPENSIONS	North-eastern Maryland	Metro-politan Area	Eastern Shore	Western Maryland	Southern Maryland	Baltimore City
RANKING BY % OF TOTAL SUSPENSIONS	North-eastern Maryland	Western Maryland	Metro-politan Area	Eastern Shore	Baltimore City	Southern Maryland

DISCIPLINARY ACTION
MARYLAND PUBLIC SCHOOLS THROUGH GRADE 12
SCHOOL YEAR – 1989-1990

SUBSTANCE	POSSESSION/USE	DISTRIBUTION	TOTAL	% OF TOTAL
Alcohol	400	35	435	56.0
Cannabis	128	21	149	19.0
Hallucinogens	27	12	39	5.0
Stimulants	10	4	14	1.8
Cocaine	10	1	11	1.4
Opiates	4	1	5	0.6
Depressants	2	3	5	0.6
Look Alike	18	6	24	3.1
Combination	12	1	13	1.6
Paraphernalia	36	--	36	4.6
Other Drugs	38	7	45	5.8
TOTAL	685	91	776	99.5

SUSPENSION DATA BY REGION

	TOTAL ALCOHOL OR DRUG	%	NO. OF ALCOHOL	%	NO. OF DRUG	%	TOTAL SUSPEN-SIONS
WESTERN MARYLAND		3.4		1.8		1.6	
Garrett	4	1.0	4	1.0	0	0.0	415
Allegany	22	2.8	10	1.3	12	1.6	746
Washington	27	4.1	9	1.4	18	2.7	656
Frederick	77	5.0	45	2.9	32	2.1	1,537
Carroll	35	3.9	20	2.2	15	1.7	900
NORTHEASTERN		4.5		2.3		2.1	
Harford	67	4.4	26	1.7	41	2.7	1,515
Cecil	55	4.5	36	3.0	19	1.6	1,212
BALTIMORE CITY	48	0.4	10	0.1	38	0.3	12,167
METROPOLITAN AREA		3.6		2.2		1.4	
Baltimore County	110	1.6	43	0.6	67	1.0	6,916
Montgomery	100	4.3	58	2.5	42	1.8	2,306
Prince George's	55	0.9	32	0.5	23	0.4	6,392
Howard	78	9.3	52	6.2	26	3.1	835
Anne Arundel	98	1.9	52	1.0	46	.9	5,121
SOUTHERN		3.7		1.0		0.2	
Charles	25	1.4	20	1.1	5	0.3	1,767
Calvert	3	0.7	3	0.7	--	0.0	407
St. Mary's	20	1.6	16	1.3	4	0.3	1,276
EASTERN SHORE		2.7		1.9		0.7	
Kent	11	8.7	11	8.7	--	0.0	127
Queen Anne's	3	0.7	2	0.5	1	0.2	420
Talbot	19	4.5	6	1.4	13	3.1	422
Caroline	7	1.4	3	0.6	4	0.8	492
Dorchester	8	1.3	7	1.1	1	0.2	633
Wicomico	11	0.9	8	0.7	3	0.3	1,155
Somerset	6	0.9	6	0.9	--	0.0	671
Worcester	11	3.00	6	1.6	5	1.4	366

SUSPENSION DATA BY COUNTY
MARYLAND PUBLIC SCHOOLS THROUGH GRADE 12
SCHOOL YEAR 1989-1990

COUNTY	TOTAL SUSPENSIONS	ALCOHOL AND DRUG SUSPENSIONS							
		TOTAL DRUG AND ALCOHOL	ALCOHOL	DRUG	WHITE	BLACK	OTHER	MALE	FEMALE
Allegany	746	22	10	--	10	--	--	5	5
			--	12	12	--	--	10	2
Anne Arundel	5,121	98	52	--	51	1	--	26	26
			--	46	37	9	--	33	13
Baltimore City	12,167	48	10	--	1	9	--	9	1
			--	38	8	30	--	32	6
Baltimore County	6,916	110	43	--	41	2	--	29	14
			--	67	58	8	1 (Asian)	54	13
Calvert	407	3	3	--	3	--	--	1	2
			--	0	--	--	--	--	--
Caroline	492	7	3	--	2	1	--	3	--
			--	4	3	1	--	2	2
Carroll	900	35	20	--	20	--	--	9	11
			--	15	15	--	--	8	7
Cecil	1,212	55	36	--	34	2	--	20	16
			--	19	19	--	--	10	9
Charles	1,767	25	20	--	14	6	--	17	3
			--	5	5	--	--	5	--
Dorchester	633	8	7	--	3	4	--	4	3
			--	1	1	--	--	1	--1

SUSPENSION DATA BY COUNTY
MARYLAND PUBLIC SCHOOLS THROUGH GRADE 12
SCHOOL YEAR 1989-1990

COUNTY	TOTAL SUSPENSIONS	ALCOHOL AND DRUG SUSPENSIONS							
		TOTAL DRUG AND ALCOHOL	ALCOHOL	DRUG	WHITE	BLACK	OTHER	MALE	FEMALE
Frederick	1,537	77	45	--	37	6	2 (Hispanic)	24	21
			--	32	30	1	1 (Asian)	18	24
Garrett	415	4	4	--	4	--	--	2	2
			--	0	--	--	--	--	--
Harford	1,515	67	26	--	25	1	--	14	12
			--	41	36	4	1 (Asian)	35	6
Howard	835	78	52	--	43	5	4 (3 Asian, 1 Hispanic)	34	18
			--	26	23	3	--	21	5
Kent	127	11	11	--	10	1	--	10	1
			--	0	--	--	--	--	--
Montgomery	2,306	100	58	--	41	5	12 (5 Asian, 7 Hispanic)	41	17
			--	42	31	6	5 (1 Asian, 4 Hispanic)	27	15
Prince George's	6,392	55	32	--	18	14	--	17	15
			--	23	6	17	--	18	5
Queen Anne's	420	3	2	--	2	--	--	1	1
			--	1	1	--	--	1	--

SUSPENSION DATA BY COUNTY
MARYLAND PUBLIC SCHOOLS THROUGH GRADE 12
SCHOOL YEAR 1989-1990

COUNTY	TOTAL SUSPENSIONS	ALCOHOL AND DRUG SUSPENSIONS							
		TOTAL DRUG AND ALCOHOL	ALCOHOL	DRUG	WHITE	BLACK	OTHER	MALE	FEMALE
St. Mary's	1,276	20	16	--	15	1	--	8	8
			--	4	3	1	--	3	1
Somerset	671	6	6	--	3	3	--	4	2
			--	0	--	--	--	--	--
Talbot	422	19	6	--	4	2	--	4	2
			--	13	10	3	--	9	4
Washington	656	27	9	--	9	--	--	9	--
			--	18	18	--	--	14	4
Wicomico	1,155	11	8	--	6	2	--	3	5
			--	3	2	1	--	3	--
Worcester	366	11	6	--	3	3	--	3	3
			--	5	5	--	--	5	--
TOTALS	48,454	900	485 (54%)	415 (46%)	722 (80%)	152 (17%)	26 (12 Asian, 14 Hispanic) (3%)	606 (67%)	294 (33%)

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT
INFANT AT RISK PROGRAM

CALENDAR YEAR	TOTAL NO. REFERRALS	FOR SUBSTANCE ABUSE	% FOR SUBSTANCE ABUSE
1983 (3 MONTHS)	50	UNKNOWN	
1984	343	UNKNOWN	
1985	515	UNKNOWN	
1986	606	77 (10 Months)	16
1987	737	194	26
1988	747	284	38
1989	1,022	469	46
1990	1,278	439	34

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT
INFANT AT RISK PROGRAM
1990 SUBSTANCE ABUSE

Total Number of Referrals	1,278
Number of Substance Abuse Referrals	439 (34% of total)
Type of Substance Abuse	
Crack Cocaine	60%
Poly Drugs*	26%
Alcohol	4%
Marijuana	4%
PCP	3%
Opiates	2%
Heroin	1%

*Usually a combination of two of the top three abused substances.

Race	
Black	83%
White	16%
Other	1%
Age of Mother	
Less than 21	12%
21 - 35	87%
Older than 35	1%

MONTGOMERY COUNTY
INFANT AT RISK PROGRAM

YEAR	TOTAL NO. OF REFERRALS	FOR SUBSTANCE ABUSE	% FOR SUBSTANCE ABUSE
FY 1990 July 1, 1989 to June 30, 1990	102	26	25
FY 1991 June 30, 1990 to March, 1991	126	40	31

BY AGE OF ALL REFERRALS				
AGE GROUP	FY 1990		FY 1991	
Younger than 20		25 (25.5%)		41 (33.9%)
Younger than 15	5		6	
15 - 19	20		35	
20 - 34		65 (66%)		66 (54.5%)
20 - 24	25		24	
25 - 29	22		28	
30 - 34	18		14	
Older than 34		8 (8%)		14 (11.6%)
35 - 39	5		10	
40 - 44	2		3	
45 +	1		1	
Unknown		4		5
BY RACE OF ALL REFERRALS				
RACE	FY 1990		FY 1991	
White	37	36.6%	47	38.2%
Black	48	47.5%	53	43.0%
Hispanic	14	13.8%	17	13.8%
Asian	3	3%	6	4.8%
Unknown	1		3	
TOTAL	102		126	

The program managers state that cocaine is the drug most often encountered by the program.

DAWN – TOTAL MENTIONS – BALTIMORE – 1990
(18 Emergency Rooms in the Baltimore Area Participating)

SEX AND RACE			
SEX/RACE	NUMBER	SUBTOTAL	TOTAL
WHITE MALE	1,700	3,166	9,719
WHITE FEMALE	1,466		
BLACK MALE	4,287	6,493	
BLACK FEMALE	2,206		
OTHER MALE*	41	60	
OTHER FEMALE*	19		

AGE GROUP	
AGE	NUMBER
6 - 17	558
MALE	200
FEMALE	358
18 - 29	3,480
MALE	1,950
FEMALE	1,530
30 +	5,727
MALE	3,901
FEMALE	1,826
TOTAL	9,890**

*Includes Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, and other racial/ethnic groups.

**Includes mentions from episodes for which sex, race/ethnicity or age was unknown or not reported.

DAWN – DRUG CATEGORY

DRUG	NO. OF MENTIONS	PERCENT OF 1 - 7	PERCENT OF 1 - 8
1. Alcohol	1,842	24.92	18.62
2. Cannabis	186	2.51	1.88
3. Cocaine	3,023	40.90	30.56
4. Opiates	1,778	24.05	17.97
5. Amphetamines	10	0.13	.10
6. Hallucinogens	124	1.67	1.25
7. Depressants	428	5.79	4.32
TOTAL 1 - 7	7,391	99.97	
8. Other/Unknown	2,500		25.27
TOTAL 1 - 8	9,891		99.97

NOTE: Baltimore only: rank may not be true indicators of preference, since toxicity of drugs varies.

1. Includes alcohol in combination.

2. Includes marijuana and hashish.

3. Includes cocaine (all forms).

4. Includes codeine combinations, propoxyphene, diphenydramine, heroin and morphine.

5. Includes methamphetamine, speed.

6. Includes hallucinogens, PCP and LSD.

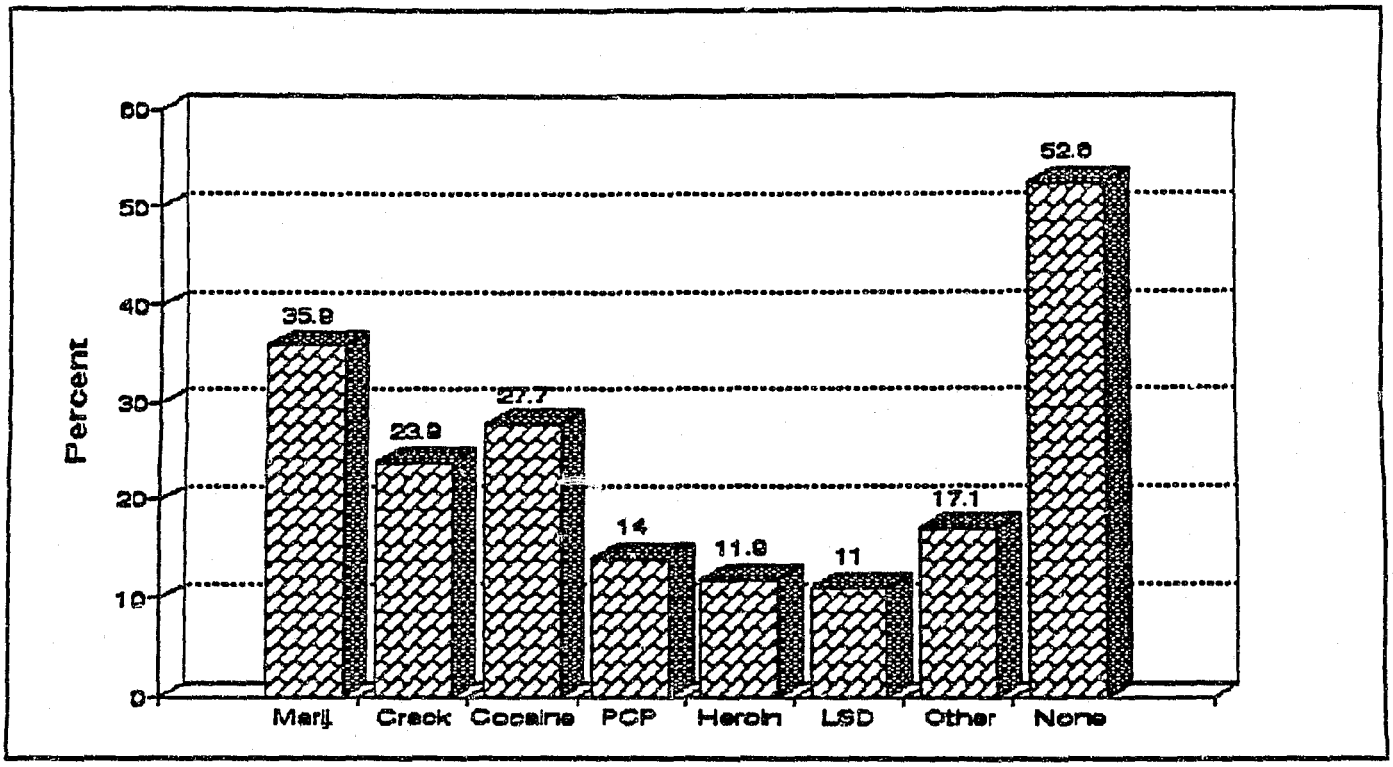
7. Includes alprazolam, amitriptyline, diazepam, lorazepam, and other barbiturates, tranquilizers, sedatives and antipsychotics.

8. Includes unknown drugs, over the counter drugs, non-narcotic analgesics such as aspirin and acetaminophen, and all other drugs.

HOUSEHOLD SURVEY

Do you think any of the following drugs are being sold in your neighborhood?

Categories	Frequency	Percentage
marijuana	374	35.9
crack	249	23.9
cocaine	288	27.7
PCP	146	14.0
heroin	124	11.9
LSD	114	11.0
other illegal drugs*	178	17.1
none	548	52.6



*Eighteen respondents listed the following other illegal drugs that they believed were being sold in their neighborhoods (frequency of response is listed in parentheses if more than one): barbiturates (2), dilaudid, ice (4), methamphetamines, painkillers, pills (2), prescription drugs, quaaludes (2), rock, tranquilizers, valium, and alcohol being sold to minors. One hundred-sixty respondents stated that they believe drugs are being sold in their neighborhoods, but they do not know which ones.

MARIJUANA ERADICATION

	1989			1990		
	SITES	PLOTS	PLANTS	SITES	PLOTS	PLANTS
WESTERN MARYLAND			734			410
Garrett	--	--	--	1	1	2
Allegany	--	--	--	6	14	111
Washington	4	19	419	4	5	34
Frederick	1	7	152	6	16	224
Carroll	3	8	163	1	1	39
NORTHEASTERN			852			561
Harford	5	11	328	24	60	448
Cecil	4	32	524	10	42	113
BALTIMORE CITY	--	--	--	--	--	--
METROPOLITAN AREA			285			1,428
Baltimore County	6	16	95	22	62	697
Montgomery	--	--	--	5	7	89
Prince George's	--	--	--	9	20	454
Howard	2	8	66	3	4	10
Anne Arundel	6	14	124	3	7	178
SOUTHERN						104
Charles	--	--	--	--	--	--
Calvert	--	--	--	5	6	91
St. Mary's	--	--	--	3	5	13
EASTERN SHORE			358			285
Kent	1	1	25	4	11	87
Queen Anne's	--	--	--	1	1	42
Talbot	1	1	61	--	--	--
Caroline	--	--	--	1	3	18
Dorchester	--	--	--	--	--	--
Wicomico	2	9	244	2	8	91
Somerset	--	--	--	1	3	31
Worcester	1	1	28	1	1	16
PENNSYLVANIA BORDER	--	--	--	5	38	98
TOTALS	36	127	2,229	117	316	2,886

INTENSIVE SUPERVISION OF HIGH-RISK DRUG OFFENDERS

High-risk drug offender parolees and probationers in Prince George's County and Baltimore City are subjected to intensive supervision that includes frequent, obligatory urinalysis.

PRINCE GEORGE'S COUNTY		
	JUL 1-SEP 30, 1990	JAN 1-MAR 31, 1991
No. of Offenders	90	81
No. of Urine Specimens	905	576
No. Negative	762	541
No. Positive	98	35 *
Drugs in Positives		
Cocaine	59	32
Heroin	11	--
Marijuana	6	--
PCP	22	2
Other	29 (Alcohol 10; Methadone 19)	1 (Prescription Codeine)
*The 35 positive specimens came from 20 offenders (or 25%) of the 81 in the program.		
BALTIMORE CITY		
	OCT 1-DEC 31, 1990	JAN 1-MAR 31, 1991
No. of Offenders	89	32
No. of Urine Specimens	?	196
No. Negative	?	160
No. Positive	37	36*
Drugs in Positives		
Cocaine	12	24
Heroin	15	22
Marijuana	--	5
PCP	--	--
Other	10 (Cocaine and Heroin)	
*The 36 positive specimens came from 13 offenders (or 41%) of the 32 in the program.		

LOWER EASTERN SHORE JAIL REHABILITATION PROGRAM

Jail inmates on the lower Eastern Shore of Maryland attending the facility's rehabilitation program can be broken down as follows:

GROUP	JUL 1 - SEP 30, 1990		OCT 1 - DEC 31, 1990		JAN 1 - MAR 31, 1991	
Male	281	70.6%	230	76%	339	88%
Female	117	29.4%	71	24%	47	12%
Total	398		301		386	
Black	128	32.1%	124	41%	242	63%
White	270	67.8%	177	59%	144	37%
Total	398		301		386	
Treatment for Alcohol	159	39.9%	150	49.8%	173	45%
Treatment for Drugs	239	60%	151	50.2%	213	55%
Total	398		301		386	

An examination under DEA's Heroin Signature Program of heroin exhibits seized and purchased in Maryland during 1988 revealed:

HEROIN SAMPLES EXAMINED BY DEA'S SIGNATURE PROGRAM – 1988

SAMPLE ACQUIRED	PERCENT PURITY	TYPE	GRAM WEIGHT	VIOLATOR NATIONALITY
Langley Park	65.6	Unknown	28.3	Hispanic
Baltimore	2.9	SEA #4	21.6	U.S.
Baltimore	75.7	SEA	1,669	Pakistani
Baltimore	28.2	SWA	166	Pakistani
Fort Meade	86.2	SEA #4	.18	U.S.
Baltimore	37.6	SWA	14.1	Pakistani
Lanham	78.4	SWA	99.8	Unknown

SEA - South East Asia (Golden Triangle) Burma, Laos, Thailand.

SWA - South West Asia (Golden Crescent) Afghanistan, Iran, Pakistan, Lebanon.

Although the sampling is too small to be statistically reliable, it does show that both Southeast and Southwest Asian heroin are available in Maryland.

ALCOHOL-CAUSED DEATHS IN MARYLAND – 1990

BY SEX AND RACE	NUMBER	PERCENT
Male	37	70
Female	16	30
Total	53	100%
White	21	40
Black	31	58
Other	1	2
Total	53	100%

BY MARITAL STATUS	NUMBER	% WHERE KNOWN	%INCLUDING UNKNOWN
Single	12	46	23
Married	13	50	25
Divorced	1	4	2
Unknown	27	--	50
Total	53	100%	100%

BY AGE	
Under 15	0
15 - 24	4
25 - 34	29
35 - 44	14
45 - 54	3
55 - 64	2
65 +	1
Total	53

ALCOHOL-CAUSED DEATHS IN MARYLAND BY REGION – 1990

REGION	NUMBER	PERCENT
WESTERN MARYLAND	1	1.9
Washington	1	
NORTHEASTERN	0	0
BALTIMORE CITY	36	68.0
METROPOLITAN AREA	13	24.5
Baltimore County	5	
Montgomery	3	
Prince George's	3	
Howard	2	
SOUTHERN MARYLAND	1	1.9
Charles	1	
EASTERN SHORE	2	3.7
Kent	1	
Queen Anne's	1	
STATE TOTAL	53	100%

Notice that 92.5% of the alcohol deaths in Maryland in 1990 took place in Baltimore or in the Baltimore-Washington metropolitan areas.

DRUG ENFORCEMENT COORDINATING SYSTEM (DECS) ASSESSMENT

DRUG INVESTIGATIONS CONDUCTED IN THE
BALTIMORE METROPOLITAN AREA
JULY - DECEMBER 1990

BY DRUG		
Marijuana		13%
Cocaine Powder	47%	60%
Crack Cocaine	13%	
Heroin		14%
PCP		4%
LSD		< 1%
Prescription		8%
Methamphetamine		< 1%
BY AGE		
18 - 27		40%
28 - 37		41%
38 - 47		14%
> 47		5%
BY RACE		
Black		45%
White		53%
Other		2%
BY SEX		
Male		79/5
Female		21%

UNIVERSITY OF MARYLAND SHOCK TRAUMA CENTER
ALCOHOL AND OTHER DRUG USE IN VEHICULAR CRASH VICTIMS

AMONG 2,179 VICTIMS -- 1988 - 1989
PERCENT POSITIVE

TYPE OF CRASH	ALCOHOL	AMPHETAMINE	BARBITURATE	COCAINE	METHADONE	OPIATE	PCP
Car/Truck Driver (N = 1,276)	33.9	0.4	2.2	7.1	0.2	3.5	3.0
Passenger (N = 440)	36.8	0.3	0.7	7.3	0.3	2.9	3.4
Motorcyclist (N = 217)	52.3	--	0.9	12.0	0.5	3.6	8.8
Pedestrian (N = 246)	45.5	--	0.8	8.2	--	5.3	1.4

(READ: Among 1,276 car or truck drivers, 33.9% tested positive for alcohol, etc.)

NOTE: Testing for marijuana is not routine in clinical centers.

UNIVERSITY OF MARYLAND SHOCK TRAUMA CENTER
ALCOHOL USE IN VEHICULAR CRASH VICTIMS
1981 - 1990

Tests Performed on Victims Over 14 YOA		10,184
Percent of Victims Tested		95%
Patient Population		
Male		75%
White		80%
From Baltimore		20%
Other Areas of Maryland		80%
Vehicular Injury Groups		
Automobile	37 - 43%	(Range by Year of All Patients Treated at Center
Motorcycle	6 - 13%	
Pedestrian	4 - 7%	
Tested Positive		39%
15 - 17 YOA		19%
18 - 20		41%
21 - 40		47%
40 +		235

OBSERVATIONS:

- Throughout the period, there was a significantly higher blood alcohol rate among victims 21 - 40 YOA.
- Significant decrease in blood alcohol the first 8½ years leveled off or increased the last year and a half.

UNIVERSITY OF MARYLAND SHOCK TRAUMA CENTER
MARIJUANA AND ALCOHOL USE IMMEDIATELY PRIOR TO CRASH*
1985 - 1986

TYPES OF TRAUMA	MARIJUANA			ALCOHOL		
	NO. TESTED	NO. POSITIVE	% POSITIVE	NO. TESTED	NO. POSITIVE	% POSITIVE
Vehicular Crashes	692	234	34	680	249	37
Other Trauma	331	121	37	326	79	24
TOTAL	1,023	355	35	1,006	328	33

COMBINED USE

TYPE OF TRAUMA	NO DRUG	MARIJUANA ONLY	ALCOHOL ONLY	BOTH	TOTAL
Automobile	264	85	91	92	532
Motorcycle	28	11	18	17	74
Pedestrian	30	10	17	14	71
Other	172	78	36	43	329
TOTAL	494	184	162	166	1,006
% OF TOTAL PATIENTS	49.1	18.3	16.1	16.5	100%

AGE GROUP	MARIJUANA			ALCOHOL		
	NO. TESTED	NO. POSITIVE	% POSITIVE	NO. TESTED	NO. POSITIVE	% POSITIVE
< 30 YOA	597	248	41.5	585	215	36.8
> 30 YOA	426	107	25.1	421	113	26.8
TOTAL	1,023	355	35	1,006	328	33
SEX						
Male	735	274	37.3	722	268	37.1
Female	288	81	28.1	284	60	21.1

*Soderstrom CA, Trifillis AL, Shankar BS, et al: Marijuana and Alcohol Use Among 1,023 Trauma Patients: A Prospective Study. Arch Surg 1988; 123: 733-737.

BALTIMORE CITY DRUG ARRESTS

YEAR	TOTAL DRUG ARRESTS (PRIMARY OFFENSE ONLY)	TOTAL DRUG ARRESTS (INCLUDES DRUG AS LESSER OFFENSE)
1978	4,534	--
1979	4.947	--
1980	6,294	--
1981	7,473	--
1982	9,126	--
1983	9,359	--
1984	9,325	--
1985	9,645	--
1986	9,394	11,404
1987	11,873	14,447
1988	13,420	15,985
1989	15,716	18,462
1990	13,128	15,667
JAN-MAR 1991	3,452	4,139

BALTIMORE CITY DRUG ARRESTS
BY SEX, RACE, AGE
JANUARY - MARCH, 1991

AGE	W/M	W/F	N/W/M	N/W/F	TOTAL	%
6 - 17	42	7	309	26	384	11.12
18 - 21	71	24	587	38	720	20.86
22 - 29	134	35	833	159	1,161	33.63
30 - 39	117	28	589	132	866	25.09
40 - 49	31	5	204	28	268	7.76
50 - 59	8	--	36	2	46	1.33
60 +	1	--	5	1	7	0.2
TOTAL	404	99	2,563	386	3,452	99.99

RACE/SEX	ADULT	JUVENILE	TOTAL	%
W/M	362	42	404	11.7
W/F	92	7	99	2.9
N/W/M	2,254	309	2,563	74.2
N/W/F	360	26	386	11.2
TOTAL	3,068 (88.9%)	389 (11.1%)	3,452	100%
SEX				
Male	2,616	351	2,967	86
Female	452	33	485	14
TOTAL	3,068	384	3,452	100%
RACE				
N/W	2,616	335	2,949	85
W	454	49	503	15
TOTAL	3,068	384	3,452	100%

W = WHITE NW = NON-WHITE M = MALE F = FEMALE

BALTIMORE CITY DRUG ARRESTS
BY DRUG
JANUARY - MARCH, 1991

Heroin	888
Cocaine	1,828
PCP	13
All Other	723
TOTAL	3,452

DRUG	1989	1990	INCREASE/ DECREASE	JAN - APR 1991
Heroin	3,684	3,560	(-3%)	1,186
Cocaine Powder	6,956	5,856	(-16%)	2,171
Cocaine Crack	335	614	(+83%)	373
PCP	346	144	(-58%)	45

DRUG-RELATED HOMICIDES
BALTIMORE CITY
1988 - APRIL 30, 1991

TYPE	CY 1988	1989	1990	JAN 1 - APR 30, 1991
Total Homicides	234	262	305	103
Drug-Related	111	109	136	46
% Drug-Related	47.4%	41.6%	44.6%	44.7%

DRUG-RELATED HOMICIDES
BALTIMORE CITY
BY SEX, RACE AND AGE

SEX/RACE/AGE	1990	JAN 1 - APR 30, 1991
Black Males	124	39
Black Females	11	3
White Males	1	4
White Females	--	--
Oldest B/M	48 YOA	35
Youngest B/M	15	15
Oldest B/F	31	47
Youngest B/F	17	11 months
Oldest W/M	42	82
Youngest W/M	--	23

U.S. CUSTOMS SEIZURES – BALTIMORE
1985 - MAY 9, 1991

DRUG	1985	1986	1987	1988	1989	1990*	JAN - MAY 5, 1991
Marijuana	2,786.8 k (39)	117.39 k (29)	71.15 k (21)	8,749.7 k (19)	18.65 k (40)	263.26 k (20)	25.85 k (14)
Cocaine	106.5 g (6)	3.08 k (2)	16.24 k (2)	13.12 k (6)	7.5 g (2)	250.39 k (8)	175 g (4)
Heroin	2.91 k (4)	5.56 k (6)	93.3 g (3)	4.44 k (2)	499 g (3)	8.09 k (3)	1.165 k (3)
Hashish	191.4 g (9)	250 g (1)	1 g (1)	551 g (2)	9.8 g (4)	30.3 k (2)	--
Liquid Hashish	25.18 k (3)	2.18 k (2)	--	--	2.12 k (4)	--	--
Pharmaceuticals	--	49,000 Valium Pills (2)	--	2,007 Pills (4)	150 Valium Pills (2)	--	--

Note: The figures in parentheses represents the number of seizures.

* 1.305 kilograms of opium sent by mail from Malaysia to Rockville was also seized.

k = kilogram

g = gram

CORRECTIONAL POPULATION
MARYLAND - 1988

Jail	7,486
Prison	14,084
Parole	9,225
Probation	78,619
TOTAL UNDER CORRECTION	109,362
TOTAL ADULT POPULATION	3,476,000 (ESTIMATE)
TOTAL POPULATION UNDER CORRECTION AS A PERCENT OF TOTAL ADULT POPULATION	
Maryland	3.2%
U.S.	2.0%

NUMBER OF MARYLAND JAILS, BY SIZE OF THEIR AVERAGE DAILY POPULATION JUNE 30, 1988

Number of Jails	Number of Inmates
10	Fewer than 50
19	50 - 249
3	250 - 499
2	500 - 999
1	1,000 or More
Total 35	

POPULATION OF MARYLAND JAILS BY RACE AND SEX JUNE 30, 1988

There were 35 local jails in Maryland on June 30, 1988, operating at 95% capacity and housing 7,486 inmates. The inmates could be grouped as follows:

Total Jail Population		7,486
POPULATION	NUMBER	PERCENT OF JAIL POPULATION
White Male	2,500	33%
White Female	199	3%
Black Male	4,264	57%
Black Female	385	5%
Hispanic Male	102	1%
Hispanic Female	5	--
Other Male	31	0.4%
Other Female	--	--
TOTAL	7,486	99.4%
SEX		
Male	6,897	92%
Female	589	8%
TOTAL	7,486	100%
RACE		
Black	4,649	62.1%
White	2,699	36.05%
Hispanic	107	1.43%
Other	31	.41%
TOTAL	7,486	99.99%

7,486 is 0.22% of Maryland's estimated population of 3,476,000 at that time.

NATIONAL AVERAGES

White	63%	Male	87%
Black	36%	Female	13%

MARYLAND PRISONS -- PRISONERS UNDER STATE OR FEDERAL JURISDICTION

1987	13,291
1988	14,084
December 31, 1988	14,276
OF WHICH:	
White	3,861 (27%)
Black	10,383
Other	17
Not Known	20

ARRESTS -- 1988

Total Arrests in U.S.	10,149,896
Drug	850,034 (8.4%)
Of WHICH:	
Male	718,229
Female	131,805
Total Offenses Charged	13,812,300
Drug	1,155,200 (8%)
Total Arrests in Maryland	195,564
Alcohol-Related Offenses	38,043 (19.5%)
DUI	27,620
Drunk and Disorderly	5,039

CONVICTED OFFENDERS -- 1986
(Federal Offense)

BY CHARACTERISTICS:

AREA	TOTAL CONVICTED DEFEN-DANTS	MALE %	WHITE %	BLACK %	OTHER %	AGE 16 TO 20 %	21 TO 30 %	31 TO 40 %	OVER 40 %	EM-PLOYED AT ARREST %	PRIOR CONVIC-TIONS		KNOWN DRUG HIS-TORY %
											YES %	NO %	
Mary-land	1,083	85.7	50.6	47.2	2.2	4.7	40.7	29.6	25.0	59.3	79.0	21.0	35.0
United States	48,813	83.4	73.4	23.5	3.1	4.6	35.4	32.1	27.9	58.8	76.7	23.3	23.5

BY MOST SERIOUS OFFENSE CHARGED:

AREA	TOTAL CONVICTED DEFENDANTS	VIOLENT CRIME %	FRAUD %	OTHER PROPERTY %	DRUG OFFENSES %	REGULATORY %	OTHER PUBLIC ORDER %	TOTAL %
Maryland	1,080	6.3	15.0	5.3	39.2	2.9	31.4	100
United States	43,290	5.3	24.2	9.0	28.1	3.8	29.5	100

Source: Compendium of Federal Justice Statistics, 1986

PRINCE GEORGE'S COUNTY
INTENSIVE SUPERVISION OF HIGH-RISK DRUG OFFENDERS (DLE-89-005)
JULY 1 - SEPTEMBER 30, 1990

<table>
<tr><td rowspan="3">90 Parolees</td><td colspan="3">905 Urine Specimens</td></tr>
<tr><td>762 Negative</td><td colspan="2">127 Positive, Adjusted to 98</td></tr>
<tr><td>59 - Cocaine
22 - PCP

11 - Opiates Only) No
6 - Marijuana Only) Other

98 (11%) Positive</td><td>10 specimens tested for alcohol only

19 specimens tested for methadone only</td><td>adjustment</td></tr>
</table>

JANUARY 1 - MARCH 31, 1991

<table>
<tr><td rowspan="3">81 Parolees</td><td>576 Urine Specimens</td></tr>
<tr><td>35 (6%) Positive</td></tr>
<tr><td>32 - Cocaine
2 - PCP
1 -Codeine/Prescription</td></tr>
</table>

DEPARTMENT OF CORRECTIONS INTENSIVE SUPERVISION OF
HIGH-RISK DRUG OFFENDERS IN BALTIMORE CITY AREA
OCTOBER 1 - DECEMBER 31, 1990

89 Offenders Randomly Selected for Urinalysis				
37 (41.6%) POSITIVE				
Cocaine Only	12	32%	Cocaine in 22 samples	46.8%
Opiates Only	15	40%		
Cocaine and Opiates Mixed	10	27%	Opiates in 25 samples	53.2%
	37			

JANUARY 1 - MARCH 31, 1991

Despite the high frequency of contact, 13 offenders (40%) of those under supervision have tested positive for a CDS. 32 offenders have been subjected to urinalysis with 36 specimens showing positive.

Cocaine	24	67%
Opiates	22	61%
Marijuana	5	14%

13 of the total number of positives contained cocaine and an opiate. 2 also contained marijuana. Urine results indicate PCP not a drug of choice for this population. Of 196 urine samples taken, none tested positive for PCP. Cocaine, heroin, PCP and marijuana are the only drug screens employed in this testing.

PRE-TRIAL RELEASE URINALYSIS TESTING – BALTIMORE

DRUG	JUL, 1990 Tested 480 POSITIVE 176	JAN, 1991* Tested 196 POSITIVE 64	FEB, 1991* Tested 158 POSITIVE 54	MAR, 1991* Tested 125 POSITIVE 52	APR, 1991* Tested 218 POSITIVE 69	MAY, 1991 Tested 420 POSITIVE 152
Cocaine Only	38	21	23	26	19	54
Cocaine Combo	66	26	21	19	42	69
Total	104	47	44	45	61	123
Opiates Only	20	11	7	7	8	19
Opiate Combo	55	25	22	19	42	68
Total	75	36	29	26	50	87
Marijuana Only	32	**	--	--	--	--
Marijuana Combo	50	**	--	--	--	--
Total	82	**	--	--	--	--
PCP Only	1	2	--	--	--	2
PCP Combo	2	1	--	--	--	2
Total	3	3	--	--	--	4
Benzodiazepine Only	9	3	1	--	--	5
Benzo Combo	8	4	6	--	--	8
Total	17	7	7	--	--	13
Propoxyphene Only	--	--	--	--	--	--
Propoxy Combo	1	--	--	--	--	2
Total	1	--	--	--	--	2

* Testing Curtailed for budgetary reasons.

** Marijuana not tested for in 1991.

Comment: By far, the most frequently encountered combination was cocaine and opiates.

METPATH Laboratories

During the period February, March, April, 1991 (a representative period), Metpath analyzed 1,595 urine samples from the District of Columbia and Virginia and Maryland surrounding areas. All were private companies, except for the District of Columbia public school system.

Of the 1,595 samples, 85 samples (or 5.33%) tested positive. Of these, most were positive for marijuana and cocaine, with some for PCP (4 samples), opiates, and one for amphetamines.

Metpath commented that while marijuana and cocaine were consistently at the top, there had been a steady, noticeable drop in PCP positives.

STATISTICS ON THE MOST RECENT 100,000 SPECIMENS TESTED BY NATIONAL CENTER FOR FORENSIC SCIENCE FOR JOB RELATED PURPOSES JUNE 1991

Number of specimens tested confirmed positive: 100,000 (4.61%)

DRUG	PERCENT OF ALL SAMPLES	PERCENT OF POSITIVE SAMPLES
*Cannabinoids	1.5%	31.6%
*Cocaine	1.4%	30.4%
*Opiates	.8%	17.2%
*Phencyclidine	.3%	6.5%
*Amphetamines	.2%	3.7%
Benzodiazepines	.1%	2.5%
Barbiturates	.1%	1.4%
Propoxyphene	.03%	.7%
Methadone	.03%	.7%

*All specimens are not tested for the above drugs; therefore, the incidence of some drugs may be under-reported. The majority of clients request that their specimens be assayed for the NIDA 5 drug panel: amphetamines, cannabinoids, cocaine, opiates, and phencyclidine.

MARYLAND STATE POLICE

HIGHWAY DRUG INTERDICTION

SEIZURES

CALENDAR YEAR	INCIDENTS NO.	ARRESTS NO.	MARIJUANA (LBS.)	COCAINE (LBS.)	HEROIN (GMS)
1984	1	3	9	0	0
1985	6	13	66.6	5.9	0
1986	22	40	830.9	53.8	0
1987	12	21	52.8	2.2	1
1988	39	72	157.4	14	81.9
1989	121	229	1,821.2*	49.4	187.6
1990	136	266	125.6	40.7	296.6

*Includes one seizure of 1,038 lbs. on October 25, 1989.

COMMENT: Generally, increasing figures over time reflect increasing MSP interdiction activity and effectiveness. They do not necessarily reflect increased trafficker activity, nor are these statistics, by themselves, a reliable indicator of trafficking patterns.

MARYLAND STATE POLICE

DRUG MONITORING PROGRAM

Between June, 1984 and May, 1986, the Maryland State Police (MSP) performed quantitative laboratory analysis on cocaine and heroin exhibits obtained by the MSP and by law enforcement agencies throughout the State.

* The exhibits were obtained either by purchase or by seizure of the drugs.

* An exhibit represents one or more samples taken from a seizure or purchase.

* The total weight represents the total weight of all exhibits of a given drug during the period cited.

* The average weight is the total weight divided by the number of exhibits.

* The average purity is the average pure amount of drug found in the number of exhibits.

* Time periods covered are June through December, 1984; January through December, 1985; and January through May, 1986.

Tabulated results of the analysis follow.

STATEWIDE

DRUG	JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
	NO. OF EXHIBITS	TOTAL WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	TOTAL WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	TOTAL WEIGHT (GRAMS)	AVERAGE PURITY
Cocaine	260	3,567.49	39.5	941	22,239.86	44.1	1,201	25,807.37	--
Heroin	58	532.4	8.72	115	348.69	5.51*	173	881.09	--

*For comparative purposes, at that time, the average heroin purity in Baltimore was 1.5 to 5%, and in Washington, D.C. was 8 - 17%.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM

REGION/ COUNTY		JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
		NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
Western Maryland	C	22	6.92	35.5	61	6.95	45.9	83		
	H	0			0			0		
Garrett	C	1	1.2	25.3	7	10.64*	40.6	8	--	--
	H	0			0			0		
Allegany	C	1	0.5	40.2	6	5.54	58.3	7	--	--
	H	0			0			0		
Washington	C	7	20.9	36.8	12	6.67**	42.6	19	--	--
	H	0			0			0		
Frederick	C	8	7.4	34.9	17	6.84	43.9	25	--	--
	H	0			0			0		
Carroll	C	5	4.6	40.4	19	5.05	44.2	24	--	--
	H	0			0			0		

* One seizure accounted for six grams.
** One seizure by the Hagerstown P.D. accounted for 44 grams, with a purity of 71.3%.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM

REGION/ COUNTY		JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
		NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
North-east	C	32	14.9	50.3	53	23.17	44.7	85		
	H	4	0.4	1.2	12	1.76	1.7	16		
Harford	C	13	10.8	61.1	41*	21.7	46.8	54		
	H	4	0.4	1.2	12**	1.76	1.7	16		
Cecil	C	19	19	39.4	12	24.63***	42.6****	31		
	H	0			0			0		

* Most seizures of cocaine in Harford County were made on Interstate I-95 as a result of the activation of the Drug Intercept Program. Seizures on I-95 averaged 100.03 grams with an average purity of 69.6%, ranging as high as 94.5%.

** Heroin seizures centered on the Aberdeen area.

*** One seizure accounted for 281.4 grams of cocaine.

**** One exhibit was analyzed at 95%.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM

REGION/ COUNTY	JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
Baltimore City C	11	5.8	29.3	8	143.9	52.7	19		
Baltimore City H	1	1.0	1.21	0			1		

COMMENTS:

1. The Baltimore City P.D. did not participate in the drug monitoring program.

2. Three of the exhibits in 1985 were from seizures made by the Baltimore Harbor Tunnel Toll Facilities Police. Five were from seizures made by the MSP within Baltimore City limits.

3. The seizures made by the Harbor Tunnel Police amounted to 988.1 grams and had an average purity of 80.6%. The cocaine seized by the MSP averaged 36.6%.

4. The Baltimore City P.D. provided the following average street percentages: cocaine 20 - 30%; heroin 5 %.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM

REGION/ COUNTY		JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
		NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	TOTAL WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
Metropolitan Area	C	172	20.54	45.5	769	20.67	43.2	941		
	H	50	13.74	15.9	100	7.78	10.6	149		
Baltimore County	C	51	13.3	41.2	114	12.04	37.9	165		
	H	1	31.4	3	0					
Montgomery	C	2	47.4	48.3	157	65.24*	50*	159		
	H	0			11	3.66	16.6**	11		
Prince George's ***	C	77	17.2	42.3	423	17.16	45.1	500		
	H	43	6.9	9.4	84	3.3	11.2	127		
Howard	C	23	8.2	49.2	22	5.21	37.5	45		
	H	1	2.3	35.1	0			1		
Anne Arundel	C	19	16.6	46.6	53	3.68	45.7	72		
	H	5	28.1	16.2	5	0.82	4.1	10		

* Nine exhibits averaged 84.9% and accounted for 80% of the total weight of all 157 exhibits submitted.

** One exhibit was analyzed at 78.8% pure.

*** About 48% of all exhibits submitted to this program were contributed by Prince George's County. Both heroin and cocaine were found uncut.

*** The Anne Arundel County P.D. did not participate in the program. Contributions were made, principally, by the Annapolis P.D. and the MSP.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM

REGION/ COUNTY		JUNE - DECEMBER, 1984			JANUARY - DECEMBER, 1985			JANUARY - MAY, 1986		
		NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
Southern Maryland	C	11	2.6	33.3	32	6.92	40.7	43		
	H	0			0			0		
Charles	C	7	4.1	17.7	21	9.14	34.5	28		
	H	0			0			0		
Calvert	C	4	1.1	48.9	11	4.7	46.8	15		
	H	0			0			0		
St. Mary's	C	0			0			0		
	H	0			0			0		

REGION/ COUNTY		JUNE – DECEMBER, 1984			JANUARY – DECEMBER, 1985			JANUARY – MAY, 1986		
		NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY	NO. OF EXHIBITS	AVERAGE WEIGHT (GRAMS)	AVERAGE PURITY
Eastern Shore	C	12	4.23	37.6	23	4.38	37.54	35		
	H	3	1.57	1.8	3	1.77	1.7	6		
Kent	C	1	0.7	19.2	0			1		
	H	0			0			0		
Queen Anne's	C	0			2	1	8.6	2		
	H	1	Trace	1.6	0			1		
Talbot	C	0			9	10.33	48.5*	9		
	H	0			1	0.5	1.3	1		
Caroline	C	1	1.5	30.2	0			1		
	H	0			0			0		
Dorchester	C	1	1.8	34.4	0			1		
	H	0			1**	2.5	2.7	1		
Wicomico	C	9***	12.9	66.6	7	2.01	32.3	16		
	H	2	4.7	2.1	1	2.3	1	3		
Somerset	C	0			4	3.85	39.3	4		
	H	0			0			0		
Worcester	C	0			4	3.85	39.3	4		
	H	0			0			0		

* Included one exhibit analyzed at 90.5%.

** Before this seizure, it was believed that heroin on the Eastern Shore was largely confined to Salisbury, Wicomico County.

*** One seizure of 90% pure cocaine increased the average purity.

COMMENT: The Ocean City police department laboratory and thirty police departments on the Eastern Shore that submit their exhibits to the Ocean City lab did not participate in the Drug Monitoring Program.

MARYLAND STATE POLICE
DRUG MONITORING PROGRAM
ADULTERANTS

The Montgomery County Police Department laboratory has isolated the most commonly used adulterants, or cutting agents, as follows:

COCAINE

		Exhibits Found
1.	Inositol	58
2.	Mannitol	31
3.	Mannitol-Inositol	19
4.	Inositol-Lactose	8
5.	Lactose	7
6.	Inositol-Caffeine	6
7.,8.,9.	Mannitol with Lactose, Glucose or Caffeine	2 Each

(8 other agents or combinations detected one each)

HEROIN

1.	Quinine-Lactose	4
2.	Quinine-Mannitol	3
3.	Lactose	1
4.	Quinine	1
5.	Quinine-Mannitol-Lactose	1
6.	Mannitol-Lactose	1