



The Ohio Substance Abuse
Monitoring Network

**HEROIN ABUSE IN
MARIETTA/WASHINGTON COUNTY,
OHIO: A SPECIAL REPORT**



A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services

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A SPECIAL REPORT**

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

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EXECUTIVE SUMMARY

In July 2002, the Ohio Department of Alcohol and Drug Addiction Services requested the Ohio Substance Abuse Monitoring Network (OSAM) to conduct a special investigation on recent increases in heroin abuse in Marietta/Washington County, Ohio. The purpose of the investigation was to provide a preliminary epidemiologic description of heroin and other opioid abuse. The study focused on describing the recent increases in heroin abuse, the extent of the problem, characteristics of new heroin users, pathways to heroin abuse, heroin acquisition patterns and prevention/treatment needs.

Methods

In August and September 2002, OSAM researchers conducted six focus groups with drug abuse treatment professionals, law enforcement personnel, local judges and probation officers. In addition, 12 qualitative individual interviews were conducted with drug abuse providers, recovering heroin/drug users, law enforcement personnel, and parents of individuals involved in heroin abuse. The majority of the interviews and focus groups were audiotaped and transcribed verbatim for analysis.

In total, 44 people participated in the study: 32 in six focus groups and 12 in individual interviews. Seven drug abusers were interviewed, and five of these participants were recovering heroin users. The mean age of drug abusers interviewed was 24.9, ranging from 21 to 40.

Main Findings

Historical Background and Extent of Heroin Abuse. Although a small network of older heroin and other drug abusers has been operating in Marietta/Washington County for decades, participants suggested that the new wave of local heroin abuse began in the mid to late 1990s. *All participants strongly agreed that there is a major problem with heroin abuse in Marietta/Washington County.* Treatment professionals and law enforcement personnel independently estimated that there are about 200 people involved locally with heroin use at any given time. Preliminary findings indicate that the increase in heroin and other opioid abuse is not limited to Washington County and is regional in scope.

Overdoses related to heroin and other opioid abuse provide one indication of the extent of the problem. According to a local substance abuse treatment agency, there were 52 *non-fatal* overdoses related to heroin, other opioids and sedatives in Washington County between May 2002 and August 2002. Fifteen of these overdoses occurred in a two-week period. Depending on source, the number of heroin/opioid-related overdose deaths between May of 2001 and August 2002 ranges somewhere between 7 and 13 individuals. This is a dramatic number of drug-related deaths among a population thought otherwise to be at low risk for heroin abuse.

Characteristics of New Heroin Users. Most of the new heroin users in Marietta/Washington County are young people between 18 and 25 years of age, white and employed or in school. All participants reported that most of the new heroin users are men, but that young women are increasingly becoming involved. Treatment and law enforcement personnel emphasized that while the young heroin users they encounter come from families of all social strata, recently a surprising number have come from middle or upper-middle class backgrounds. This pattern in new heroin user characteristics is similar to the pattern documented by the OSAM network in virtually all urban areas of the state.

Most of the new heroin abusers begin administering the drug by snorting it. As such, many new heroin users do not identify themselves as “junkies” because they do not initially inject the drug. Eventually, however, many new heroin users move on to injection. Injecting heroin places people at substantial risk of infection with blood-borne pathogens through sharing injection equipment. One recovering heroin user reported he was infected with hepatitis C.

Many new heroin users in the region are comparatively unfamiliar with the consequences and risks associated with heroin use. This includes things like knowledge of what physical dependence means, methods to reduce the likelihood of overdoses from injection, and even what to do in case of overdoses. This may be one of the factors influencing the large number of heroin-related overdoses in the region.

Pathways to Heroin Use. Two main pathways to heroin use were identified. The first pathway is represented by new heroin users who were introduced to the drug while they were in other parts of the state, either while attending college or employed. The second pathway involves young people who were introduced to heroin in Marietta itself.

Previous drug use experience is also an important variable in understanding pathways to heroin abuse. Some new heroin abusers begin using the drug with fairly minimal previous drug use experience. For a variety of reasons, they try heroin, like the feelings and become dependent over time. Other new heroin users have extensive prior drug use experience with alcohol, marijuana, cocaine, hallucinogens, and/or pharmaceuticals, including opioids. Our data suggest that some new heroin abusers had become dependent on pharmaceutical opioids, such as Vicodin (hydrocodone), Percocet (oxycodone) and OxyContin (oxycodone time-release), prior to heroin use.

Reasons for Increases in Heroin Abuse: Heroin Availability. A new wave of heroin abuse began in many cities across the nation as well as in most urban areas in Ohio in the mid to late 1990s. Since that time, high purity heroin has increased in availability, partly as a result of heroin production in Colombia, South America. High purity heroin allows new users to snort the drug initially. To some extent, the new heroin epidemic in Marietta represents the expansion of the urban heroin trade into new, highly profitable rural markets.

At this stage of our study, it does not appear that drug dealers, *per se*, are bringing and selling heroin in Washington County. Rather, heroin appears to be sold locally by users themselves to support their habits. Sources of heroin mentioned include Columbus, Athens, Youngstown, Akron/Canton and Philadelphia, Pennsylvania. However, at least two participants indicated that Franklin County heroin dealers have dispatched “scouts” to Marietta presumably to assess the feasibility of expanding their distribution networks.

In addition to increases in the availability of heroin, participants offered several explanations for the large rise in the number of young people abusing heroin and other drugs. These include: 1) a lack of coping skills; 2) boredom; 3) unemployment; 4) self-medication of psychological problems; and 5) curiosity about the drug and its recent glamorization in the media.

Prevention and Treatment Needs. Treatment and law enforcement professionals emphasized that the increases in heroin abuse have exceeded the capacity of local resources to respond to the problem. All treatment personnel and parents stressed a need for more long-term treatment services for young heroin addicts. Largely through the work of concerned citizens, efforts are underway to finance a long-term residential facility for heroin and other drug abusers.

Participants believed that many people in the community were unaware of, or unwilling, to face the scope of the problem of heroin and other substance abuse in the area. Parents interviewed said they were totally unaware of heroin abuse in the region until their adult children became addicted. Treatment providers stated that they were amazed by the amount of “denial” or sheer lack of knowledge among many community members.

Most of the recovering drug abusers interviewed had long histories of adolescent drug use with a variety of mind-altering drugs, from alcohol and marijuana, to hallucinogens, pharmaceutical opioids and benzodiazepines, and cocaine. *Two alarming findings point out that many of the young people involved did not know the dangers associated with abuse of various drugs.* First, many people believe that pharmaceutical drugs are safer than “street” drugs. Apparently, many people believe that because a doctor can prescribe a drug means that that drug is less harmful than illicit drugs. Second, the recovering users reported being unaware of just how addictive and dangerous heroin is and how painful withdrawal from an opioid addiction can be. It is clear that increases in drug abuse prevention education are needed at all levels of the educational system.

Conclusion and Recommendations

The study is based on a relatively small number of participants, so caution is needed in evaluating the preliminary findings. Despite this limitation, several important findings emerged.

First, there is without question a significant heroin and opioid abuse problem in Marietta/Washington County that is regional in scope and mirrors increases in heroin abuse in urban areas of Ohio. The extent of the problem is difficult to pinpoint, but most estimates suggest there are at least 200 people involved with heroin in the region at any given time. Given the relatively small population size, this is a very large number.

The population most affected by this new wave of heroin abuse consists of young adult (18-25), white men of middle class and affluent family backgrounds, although their female peers are joining them in increasing numbers. Some young people were introduced to heroin in Marietta, while others were introduced to the drug while living in other parts of the state. Some new heroin users may have developed physical dependence on pharmaceutical opioids, including OxyContin, before using heroin.

The vast majority of local new heroin/opioid abusers are unaware of the addictive properties of heroin and other opioids. Second, they are largely unaware of safer heroin injection practices. Given the risks of infection with blood-borne pathogens that are associated with illegal drug injection, risk-reduction information should be made widely available and distributed as soon as possible.

The rapid increase in heroin addiction in the past several years has overwhelmed the region's treatment and law enforcement resources. Several recommendations are offered from the findings of this research.

1. **Prevention activities need to be enhanced.** In addition to the abstinence and cessation messages directed at potential and/or recreational users, these should include community-focused information, helping a wide variety of people appreciate that the community is vulnerable to drug problems.
2. **For those experiencing problems, the scope of treatment services along with an increase in the availability of services should occur.** Existent services should be expanded, new service modalities provided and science-based therapeutic activities implemented.
3. **Law enforcement efforts aimed at reducing the supply of illegal drugs should be supported.** A planning process directed at engaging dedicated (full time) narcotics officers and the development of a multi-jurisdictional task force should be initiated.
4. **Health care providers at all levels should be trained about existing drug abuse patterns and routinely advised of emerging drug patterns in the area.** Education and training about drug diversion and effective management of pain and other suffering should be offered.

Acknowledgments

The authors sincerely thank the people of Marietta, Ohio, for their cooperation in this study. A rapid epidemiologic investigation such as this is extremely challenging and could not have been completed without the cooperation of all participants. We are sincerely grateful for this support and hope that this study will provide a step toward confronting the problem of heroin and other substance abuse in Southeast Ohio.

INTRODUCTION

In May of 2002, two brothers, both in their twenties, died tragically of heroin overdoses in the small city of Marietta, Ohio. These were not isolated deaths. Marietta and Washington County have recently experienced a rash of heroin-related overdose deaths among healthy, young adult men and women. Depending on sources, the number of such deaths roughly between May of 2001 and August 2002 roughly ranges somewhere between 7 and 13 individuals. This dramatic increase in heroin-related deaths among a population thought otherwise to be at low risk for heroin abuse prompted the Ohio Department of Alcohol and Drug Abuse Services (ODADAS) to request the Ohio Substance Abuse Monitoring Network (OSAM) to carry out a rapid epidemiologic investigation of heroin and other opioid drug abuse in Marietta and surrounding Washington County, Ohio.

The purpose of this report is to provide a preliminary epidemiologic description of heroin abuse in Marietta/Washington County. Data were collected from a variety of independent sources, including drug abuse treatment professionals, criminal justice/law enforcement personnel and substance abusers. The report describes the recent increases in heroin abuse, the extent of the problem both geographically and in terms of the number of people involved, characteristics of new heroin users, pathways to heroin abuse, heroin acquisition patterns and prevention/treatment needs.

BACKGROUND

Marietta is a beautiful city, rich in history that was founded in 1788 by 48 men comprising the Ohio Company of Associates, led by General Rufus Putnam. The city is located at the confluence of the Muskingum and Ohio rivers, and was the first organized settlement of the Northwest Territory. Most of the individuals involved in the original settlement of the town were veterans of the Revolutionary War. They named the new town "Marietta" after Marie Antoinette, who had supported the break-away republic during the war. The surrounding county is named after General George Washington. Due to its rich history, tourism plays an important role in the region's economy.

Marietta also has a long industrial and manufacturing history, due in large part to its location on the Ohio River. Earliest industries included boatbuilding, brick works, sawmills and iron. In 1860s, the discovery of oil in the region caused an economic boom. That legacy lives on in the form of several large chemical companies located in the region.

According to the 2000 census, 63,251 people lived in Washington County, 15,515 of whom live in Marietta, the county seat. The county is 97.3 percent white, 48.6 percent male and 51.4 percent female. The median age is 39.1 years, and median household income is estimated at \$33,426/year (for Ohio overall, the median income is

approximately \$36, 000). It is estimated that 12.3 percent of Washington County's population lives below the poverty line.

Marietta lies just across the Ohio River from Williamstown, Wood County, West Virginia. In fact, Marietta is connected to Williamstown by Interstate 77, which runs from Cleveland through Ohio, West Virginia, Virginia and North Carolina. Williamstown is part of the Marietta, Ohio, Metropolitan Statistical Area; according to 1990 census data, Williamstown has approximately 2,700 residents. The communities are indeed "sister cities," and residents of each move freely back and forth pursuing economic and social activities. Commerce between residents from Parkersburg, West Virginia, and Marietta is also quite common.

METHODS

The Ohio Department of Alcohol and Drug Addiction Services requested the OSAM network to conduct an exploratory investigation of heroin abuse in Marietta/Washington County in July 2002, and researchers began collecting data in August and September 2002. Individual qualitative interviews were conducted with drug abuse treatment providers, recovering heroin/drug users, law enforcement and criminal justice personnel and parents of individuals involved in heroin and other depressant abuse. Focus groups were conducted with drug abuse treatment administrators, the staff of one treatment facility, law enforcement personnel, local judges, and probation officers. The majority of the interviews and focus groups were audiotaped. The informed consent document used by the OSAM network was administered to all participants, and each person was offered a small stipend in compensation for his/her time. Every attempt was made in this report to protect the anonymity of the participants.

A semi-structured interview protocol was used as a general guide for the interviews that lasted about an hour on average. Each audiotape was transcribed verbatim by a member of the research team. Transcripts were verified and coded using Folios 4.2, a qualitative data management software that indexes all words and provides standard text retrieval functions. Research codes for pre-determined and emergent categories were generated to index segments of text that referred to specific themes and then summarized.

RESULTS

In total, 44 people participated in the study: 32 in six focus groups and 12 in individual interviews. (See Tables 1 and 2.) Seven drug abusers were interviewed, and five of these participants were recovering heroin users (Table 2). The mean age of drug abusers interviewed was 24.9, ranging from 21 to 40. All of the recovering heroin users interviewed were male.

Table 1: Focus Groups

Type of Focus Group	Date of Focus Group	Number of Participants
Substance Abuse Treatment Administrators	8/2002	3
Law Enforcement/Criminal Justice personnel	8/2002	5
Treatment Staff	9/19/2002	5
Washington County/Marietta Judges	8/2002	4
Washington County Detectives	8/2002	6
Washington County Road Officers and Supervisors	8/2002	9
Total Participants		32

Table 2: Individual Interviews

Role of Participant	Age (if applicable)	Gender	Date of Interview
Recovering Drug User	40	Male	9/10/2002
Recovering Heroin User	24	Male	9/20/2002
Staff Member of Social Service Agency	N/A	Female	9/20/2002
Physician	N/A	Male	9/19/2002
Substance Abuse Counselor	N/A	Female	9/19/2002
Recovering Drug User	23	Female	9/19/2002
Recovering Heroin User	21	Male	9/19/2002
Recovering Heroin User	21	Male	9/19/2002
Parent of Heroin User	N/A	Female	9/20/2002
Recovering Heroin User	21	Male	9/20/2002
Parent of Heroin User	N/A	Female	9/20/2002
Incarcerated Heroin User	24	Male	8/2002
Total Participants			12

OSAM staff also attended a meeting of “Turning Point,” a community advocacy group organized in response to increases in heroin abuse. In addition, a staff member attended an open Narcotics Anonymous meeting.

The New Heroin Epidemic in Marietta

Many participants told us that alcohol and marijuana are the most commonly abused drugs in the region, and it is important to understand the recent increases in heroin use in the overall context of substance abuse in the region. For example, participants explained that historically, heroin, crack-cocaine and powdered cocaine have been abused by a relatively small number of people in the region for decades. These drug users were described as people with long-standing histories of drug abuse, mostly over 30 years of age, who have operated in small networks to obtain and use the drugs. One participant reported that her middle-age son, who grew up in Marietta, has been in prison for decades for drug-related charges. She also described an outdoor neighborhood location that has been known for some years as a place where young people congregate to “party.”

What is new in Marietta/Washington County is the relatively recent, substantial increases in heroin and other opioid abuse. *All participants strongly agreed that there is a major problem with heroin abuse in Marietta and Washington County.* Law enforcement personnel, treatment providers and recovering users all reported that heroin was readily available, relatively inexpensive in the area and widely abused. A health professional stated:

Interviewer: What has been your sense with opioid dependence, particularly heroin, in the past couple of years? What have you seen?

Health Provider: Far worse than any place I’ve ever worked in my life.

Increases in the use of heroin and other opioids in Marietta should also be characterized in the broader context of drug use trends in the state, and even nationally. For example, according to the Substance Abuse and Mental Health Services Administration, between 1993 and 1999, admissions to drug abuse treatment for heroin addiction increased 11 percent throughout the United States. Some states experienced increases in excess of 200 percent (SAMHSA 2002). This new wave of heroin abuse has been influenced by the increased availability of high purity heroin, some of which is being produced in Colombia, South America. The comparatively higher purity heroin (sometimes reaching 80 percent or more) enables new users to begin use by snorting the drug. In addition, higher purity heroin is available at a comparatively low cost.

In Ohio, the first statewide OSAM network report produced in January 2000, identified increases in heroin abuse in all major urban areas of the state, except Cincinnati (Wright State University 2000). Increases in heroin use were found particularly, but not exclusively, among working- and middle-class, young white people, often from suburban areas. This same pattern in new heroin user characteristics is

found on a national level. As such, urban areas in the nation and in Ohio have been experiencing a major heroin epidemic for some time.

Large increases in the abuse of heroin in small, rural cities like Marietta is new and is cause for significant concern. Similar to characteristics of new heroin users in urban areas of Ohio, the majority of new users in Washington County are typically white, 18-25, and often come from middle-class and even upper middle-class family backgrounds.

Emergence of the New Heroin Epidemic in Marietta

According to participants, increases in the use of heroin and other opioids in Marietta/Washington County began somewhere between two and eight years ago. Treatment professionals suggested that a growing interest in heroin began in the mid-1990s, possibly related to increases in the availability of diverted opioid medications. One recovering user claimed that pharmaceutical opioids were becoming popular during his senior year in high school, 1996, and that OxyContin (oxycodone time-release) became very popular and easily obtained between 1998 and 1999. Although it is virtually impossible to document the exact time the new heroin epidemic began in Marietta, we feel confident that it began somewhere in the mid- to late 1990s.

Extent of the Heroin Problem

Most participants suggested that although the majority of new heroin users is found in Marietta, some new heroin users also live in smaller, outlying towns in Washington County, such as Belpre. In addition, increases in heroin use are apparently not limited to Washington County and extend throughout much of the mid-Ohio Valley region. (The regional extent of increases in heroin abuse is an issue that requires further research.) In the summer of 2002, a privately operated methadone clinic was established in Parkersburg, West Virginia, only 15 miles from Marietta, and some recovering heroin users from Washington County were reportedly attending this clinic. Law enforcement and treatment personnel are encountering heroin abuse throughout the region and in multiple counties. Interestingly, some localities or nearby small towns may “specialize” in particular drugs. County detectives and other officers are able to describe fairly confidently where one is most likely to find heroin, crack-cocaine, methamphetamine and “pills.”

Estimates of the number of heroin abusers vary, although it is clear that the number has grown significantly in the past several years. Overdoses related to heroin and other opioids provide one indication of the extent of the problem. According to a local substance abuse treatment agency, there were 52 *non-fatal* overdoses related to heroin, other opioids and sedatives in Washington County between May 2002 and August 2002. Fifteen of these overdoses occurred in a two-week period. In addition, of illegal drug-related deaths between August 2001 and August 2002, 62 percent involved heroin and the remaining 38 percent involved other opioids (e.g., Fentanyl, OxyContin, Vicodin, and Percocet) and sedatives.

Treatment professionals estimated that some 200 late adolescents/young adults in Washington County are experimenting with, or dependent on, heroin. Law enforcement personnel also suggested there are about 200 people involved locally with heroin at any given time. One participant suggested that there are approximately two to three thousand individuals abusing prescription opioid medications in Washington County, and another 1,200 abusing heroin. (This observation is offered to provide some context.) This treatment professional estimated that there are five to seven hundred heroin abusers in Marietta itself. When asked to estimate how many people in Marietta were abusing heroin, a health professional responded: "Some days I think everybody is!" Treatment professionals believed that the increases in heroin use were associated with increased availability of the drug. As stated in a focus group:

Participant 1: There's always been a problem [with heroin] and always will be.

Interviewer: Always been a problem. Has there been a change in the problem? I mean we hear a lot about heroin, but is this, do you perceive this as a real change in your patient population?

Participant 2: [Heroin] seems to be more easily available.

Participant 3: Oh I do.

Participant 1: I don't think actually there's much difference in it [heroin], I think it's just more readily available. We've had heroin addicts on our unit since we opened 21 years ago.

Interviewer: Uhuh. Okay.

Participant 1: I think that the drug of choice changes depending upon the availability.

Recovering heroin users had a difficult time estimating the number of people in the area who are using heroin, in part because they are in recovery and not active in the scene. However, one recovering user estimated that he personally knew about 35-50 people using heroin, some in their twenties, but a few as young as 15. He claimed that the number of people using heroin has been falling off in response to the recent overdose deaths. The parents of a recovering user have opened their home to young people in recovery to provide them support and a safe place. They noted a core group of about ten young adults in recovery.

In sum, it is difficult to provide an accurate estimate of the number of people in Marietta/Washington County currently using heroin. However, it is clear from participants' observations and statements that a significant number of individuals are involved with heroin—most likely about 200 people or more at any given time. If this estimate is correct, the region has experienced a ten-fold increase in heroin abuse in

the past several years. For a small, rural city like Marietta, this number of heroin users is extremely high.

Characteristics of New Heroin Users

Most of the new heroin users in Marietta/Washington County are young people between 18 and 25 years of age, white and employed or in school. Two recovering heroin users said they knew people as young as 15 who had experimented with heroin. Treatment providers emphasized that while the young heroin users they treat come from families of all social strata, recently a surprising number have come from relatively affluent backgrounds. Law enforcement officials also noted that a significant number of new heroin users come from “nice” families. A health provider was extremely concerned about the number of young adults seeking treatment for heroin addiction. He said, “What has been really scary to me has been the young, late high school/early college, young twenties jumping into the heroin.” A judge took the researchers on a tour of Marietta readily pointing out the homes that lost young people to drugs.

All participants reported that most of the young adults using heroin are men, but that there have always been some young women involved. A health professional reported that while he does see more young men than young women, the percentage of young women using heroin seems to be increasing. The percentage of young women involved may soon reach 50 percent. A member of the research team attended a meeting of Narcotic Anonymous and observed that out of the 13 people in attendance, five were young women. It was, of course, not possible to determine if all five women were recovering heroin users. Before the meeting began, however, one young woman discussed driving to Parkersburg, West Virginia, to attend the methadone clinic there.

A history of multiple drug abuse is another prominent characteristic of the young people involved in heroin use. Four of the seven recovering drug users interviewed reported substantial histories of substance abuse extending back to early adolescence, beginning with alcohol and marijuana and progressing through cocaine, hallucinogens, prescription drugs (both opioid analgesics and benzodiazepines), and finally heroin. Another individual reported a similar progression but started using drugs later, during his senior year in high school. Treatment personnel also reported that most of their clients are poly-substance abusers. The following exchange took place in a focus group interview:

Participant 1: I think heroin’s like alcohol, you very rarely find somebody who does nothing but heroin.

Interviewer: Okay. Yeah.

Participant 2: Cause they’ll use other things when they can’t get it, or whatever.

Interviewer: Yeah, so people using the benzos to sort of mitigate the withdrawal.

Participant 2: Whatever they can get.

Participant 1: Whatever they can get their hand on, long as they got a drug.

According to all participants, most of the young, new heroin abusers begin administering the drug by snorting it. Smoking it appears to be less common. As such, many new heroin users do not identify themselves as “junkies” because they do not initially inject the drug. Eventually, however, many new heroin users move on to injection as a means of administering the drug. Resorting to injection is often motivated by increases in tolerance to snorting heroin, changes in the drug’s purity and concomitant increases in cost. Initially, comparatively smaller amounts of heroin can be injected to provide the desired effects and minimization of withdrawal symptoms. Of course, some new heroin users never snort the drug and move directly to injection.

Injecting heroin places people at substantial risk of infection with blood-borne pathogens, including HIV, hepatitis B and hepatitis C, through sharing of needles and other injection equipment. One recovering heroin user recently discovered he was infected with hepatitis C, presumably through sharing injection equipment.

It is important to emphasize that given the relatively small network of older, experienced heroin users in Washington County, young, new users do not generally have access to what may be called a “subcultural knowledge base” related to heroin use. When asked why he thought that heroin had become so prevalent among his peers, a recovering user responded:

I don’t know, I guess, maybe there’s just been less talked about it, you know? I know that when I was growing up - I talked to a guy, and he said, you know, at a meeting one time, when [he] was growing up, back in the sixties, seventies, you did every single drug, but everyone knew, you didn’t do heroin. Because heroin was the “death drug.” And I think, you know, for so long, you know, it’s been like, well, yeah, heroin’s bad, but you know, I, I know when I was growing up I never heard about how sick you can get, or how you know, really addictive it would be.

Many new heroin users in the region are comparatively unfamiliar with the consequences and risks associated with heroin use. This includes things like knowledge of what physical dependence means, methods to reduce the likelihood of overdoses from injection, and even what to do in case of overdoses. This may be one of the factors influencing the large number of heroin-related overdoses in the region.

In sum, while there has been a small number of older heroin injectors within the region for some time, the new users involved in the current wave of heroin abuse in Marietta and Washington County are young, white, 18-25 years-old, and most often are high school graduates. Many have some college experience or report that they are on their way to college. Most are men, but young women are increasingly becoming involved. The majority has apparently come from middle class or upper middle class

families. They tend to have histories of abuse a number of substances and to belong to peer networks that participate in drug and alcohol abuse. In addition, most lack knowledge of the consequences and risks associated with heroin use. Finally, although many new users begin by snorting heroin, most people move to injection, thereby increasing their risk of infection with blood-borne pathogens.

Pathways to Heroin Abuse

All the recovering heroin users explained that they were introduced to the drug by members of their peer networks. Two main pathways to heroin use were identified. The first pathway is represented by new heroin users who were introduced to the drug while they were in other parts of the state, either while attending college or employed. However, heroin users who were introduced to the drug while in college also eventually obtained and used the drug in Marietta. For example, one young man with minimal drug use experience tried heroin while in college, partly in response to depression he was experiencing. He explained, "I was depressed, and my next door neighbor was doing heroin, but I never, never knew that, and I told him what happened, and he told me he had something that would make me feel better, so I snorted it." After becoming dependent on heroin, he was able to stop using it one summer on his own. However, he began using it again after he had transferred to another university. In this case, his first dealer contacted him by cell phone and encouraged him to begin using heroin again. He maintained a \$200/day heroin habit for about a year without even his four roommates' knowledge. To support his habit, he sold cocaine, but rarely used it. During this time, he maintained a 3.0 or better grade point average. He got into drug abuse treatment after he injected heroin for the first time. Beginning to inject the drug was something he told himself he would never do and was a sign that he needed help.

The second pathway involves young people who were introduced to heroin in Marietta itself. In the following excerpt, a 21-year-old recovering user recounts how he was introduced to heroin in Marietta:

Interviewer: How and when did you get introduced to heroin?

Participant: I got introduced to heroin probably about 14 months ago. I tried it once for the first time, I snorted it the first time and, you know.

Interviewer: Who were you with, where were you, what was that all about?

Participant: I was actually with my best friend, at his house.

Interviewer: Yeah?

Participant: And one of my buddies, one of my other buddies that were friends with both of us had it, and he came over there, and I got it off of him, and, like, since that day I was just hooked.

When asked how and why he began injecting heroin, this same participant responded:

I was just around some kinda like the wrong crowd at the time, people I didn't really know that well, and, like, I saw them doin' it and they just said how great it was and stuff and I tried it for the first time, and, like, I've probably [only] snorted heroin since then probably like five times.

In addition to the location in which young people are introduced to heroin, previous drug use experience is also an important variable in understanding pathways to heroin abuse. Some new heroin users begin using the drug with fairly minimal previous drug use experience. For a variety of reasons, they try heroin, like the feelings and become dependent over time. When asked if his patients had extensive drug use experience before initiating heroin use, a health professional stated that many of his new patients have "jumped right into heroin." For example, one recovering heroin user explained, "I was brought up in a really good family, good values, morals, um, it wasn't until the first time I had a drink, I think I was 16, then I started smoking a little bit of pot when I was about 17 or 18 just hangin' out with the crowd. That's what they were doin', so I decided to do it." He was introduced to heroin for the first time while away in college.

Other new heroin users have extensive prior drug use experience with alcohol, marijuana, cocaine, hallucinogens, benzodiazepines and/or pharmaceuticals, including opioids. Our data suggest that some new heroin abusers had become dependent on pharmaceutical opioids, such as Vicodin (hydrocodone), Percocet (oxycodone) and OxyContin, prior to heroin use. They turned to heroin some time after they had developed physical dependence on these analgesics, often because of the high cost of the drugs and difficulty obtaining them regularly. As OxyContin and other drugs attracted more public scrutiny, the drugs became harder to obtain and more expensive than heroin.

In some cases, initial use of pharmaceutical opioids was apparently for legitimate medical conditions. For example, several participants described young men on a high school soccer team who began using pharmaceutical opioids for injuries. They often shared their prescriptions with friends, and over time, some became dependent on these analgesics before beginning to use heroin. As reported by the OSAM network, this pattern of initial use of pharmaceutical opioids preceding the use of heroin has been documented in other parts of the state (Wright State University 2002). It is an extremely important problem and emphasizes that prevention education should focus on heroin as well as pharmaceutical opioids and prescription medications in general.

To summarize, the young people abusing heroin in Marietta and Washington County are likely to be members of peer networks in which drug abuse is generally condoned and is a group practice. Washington County residents have been introduced to heroin both locally and while attending college or working in other parts of the state. Somehow, heroin as a primary drug of abuse was introduced to this peer culture,

perhaps in some cases through people who had turned to heroin after becoming addicted to opioid medications. Since OxyContin and similar drugs have become more expensive and more difficult to obtain, some individuals may have turned to heroin as a cheaper and more readily available means to dealing with withdrawal symptoms. Other individuals moved rather directly to heroin use with minimal prior drug use experience.

Heroin Availability

An important factor influencing the rise in new heroin users is the increase in availability of the drug in Ohio. In fact, several treatment providers attributed the increase in heroin use solely to increases in the availability of the drug, claiming that the real issue was chemical dependency, not the chemical itself. Treatment providers, law enforcement personnel and a recovering user reported that approximately five years ago, a core group of Marietta high school students developed contacts with heroin dealers in Philadelphia and began making trips between Philadelphia and Marietta to bring the drug into the region. One recovering user said that the heroin from Philadelphia was of very high purity and may have contributed to some of the overdose deaths. Here, young people who were experienced using lower purity heroin might have injected larger doses of high purity heroin from Philadelphia and overdosed. There is no way to corroborate this observation. Other young adults, some away at college, made contacts with heroin dealers in Columbus or Athens, Ohio. They then began making the relatively short drive to obtain the drug for their own use and to sell in Marietta to support their drug habits. Law enforcement officials, treatment professionals and even active users also believed that most of the heroin in the area comes from Columbus, and that most of it up to now has been brought in by the young users themselves. Youngstown and Akron/Canton were also indicated as additional sites of distribution.

One recovering heroin user made an astute observation about the cyclical relationship between increases in the availability of heroin in Marietta and the increase in abuse. Because the drug is available, inexpensive and popular, it is easy to sell in town. This encourages addicted users to bring heroin into the region to sell the drug to support their habits, thus increasing the availability of the drug. He said:

I don't think Marietta has a lot of dealers. I think that Marietta has a lot of *addicts* that deal. Meaning they go to Columbus, or they go to Athens, or Philly, or wherever they go. And they, you know, need a gram a day for themselves, so they pick up five, they sell three, and keep two for themselves and, you know, since the [number of addicts] have risen, the amount of drugs in the town has risen.

Reasons for the New Wave of Heroin Abuse

Several general factors have apparently contributed to the recent heroin problem in Marietta/Washington County. On a general level, the majority of urban centers in Ohio have been experiencing increases in heroin abuse among 18-25 year-old young

people, primarily white, for at least the past three years. This is partly a result of tremendous increases in the availability of high purity heroin, some of which is being produced in Colombia, South America. In Marietta, as elsewhere, there have always been networks of youth who experimented with drugs, but who lack general knowledge of the risks and consequences associated with the use of heroin and/or pharmaceutical opioids. Some youth may have initially become dependent on pharmaceutical opioids locally before beginning to use heroin. In addition, among young people attending colleges and universities in urban areas, some were introduced to heroin and brought their drug use patterns back to Marietta. Heroin supply routes from urban areas such as Columbus and Athens made it relatively easy for youth involved with heroin to bring the drug to Marietta for use and sale. At this stage of our study, it does not appear that drug dealers, *per se*, are bringing and selling heroin in Washington County. Rather, heroin appears to be sold locally by users themselves to support their habits. However, at least two participants indicated that Franklin County heroin dealers have dispatched “scouts” to Marietta presumably to assess the feasibility of expanding their distribution networks.

Participants in the study offered several explanations for the large increase in the number of young people abusing heroin and other drugs. These include: 1) a lack of coping skills; 2) boredom; 3) unemployment; 4) self-medication of psychological problems; and 5) curiosity about the drug and its recent glamorization in the media. In addition, several participants suggested that the over-prescribing of addictive medications both causes addiction and creates an atmosphere in which the use of chemicals to solve problems is condoned.

An employee of a social service agency in Washington County noted an increase in substance abuse, especially heroin, and pointed to economic conditions in the region as one cause.

Interviewer: Do you see more people coming in with sort of the material needs that are younger than you had before or anything like that?

Participant: Yes. Definitely.

Interviewer: Okay. Can you tell me a little more about that? What are you seeing in terms of, uh, are these young women, young men, young couples?

Participant: Young couples ... that are out here working for \$5.15 an hour, trying to make ends meet. And then they really get aggravated. And I think that's why a lot of them turn to drugs and alcohol.

In contrast, a health professional had a differing opinion as to why more young people are abusing heroin. He discounted the idea that regional economic troubles are driving people to substance abuse. Instead, he believed that profound changes in the region's culture in the past 12 years has created a climate in which many young people are now leading “dysfunctional” lifestyles and are either unwilling or unable to cope with

life problems. He said:

Participant: I think the other part of it has been an increase in really uh, really dysfunctional lifestyles. Not a very politically correct statement, but folks living really unproductive lifestyles. Multiple partners, in and out of relationships, children by various persons, no work histories, on entitlement programs, I mean, I think that that whole under-culture that has developed that has really, has definitely increased in this area. And I think that it has promoted a lot of the substance use also.

Interviewer: You see any increase too in distress, sort of general distress, especially among young people?

Participant: I've seen, I mean, in my opinion as a young person, I've seen a lot less willingness to cope with things, than I would I would anticipate. Things that I, the things that I see in my office, I see in the emergency room, are things that the patient has ready solutions for if they if they can stop, sit back, and make some productive choices for themselves. Um, a lot of them are self-induced problems that people have brought on themselves, and they are looking for a very quick fix to get out of that problem.

Other participants reported that many of the young users were turning to heroin to deal with early trauma, stress, pressures to achieve, or even diagnosable mental illness. Parents noted that their adult children had struggled with depression. A treatment professional noted:

Participant: A lot of them were high achievers. And I'm, I'm a little curious as to whether uh, the emphasis that's placed on achievement the, pressures of that, uh, were relieved by the use of these types of substances.

Interviewer: Oh, how interesting.

Participant: Uh, and that here this was uh, "Man I don't have to think about those kind –" 'Cause here we got, many of these kids were college bound, uh, parents who probably, uh were promoting achievement, an' uh, recognizing that. And maybe kids who didn't see themselves being able to make the grade with that were, uh, were running out of energy to it. An' this [heroin] felt good, you know.

The recovering heroin users offered somewhat different explanations for the increases in heroin abuse, noting that drug use in general was a common activity within their peer and friendship networks, and that it was the most common way of dealing with the boredom of small town life. One participant stated:

You know, I've tried just about everything. I don't know why really tryin' them if it's just to see what it's like or, but it's kinda like, you know, when I first started doin'

it, like drugs, it's just like you mean I'd have fun every once in a while, but then it kinda changed into more of a, you know, I'd wake up that's what I looked forward to in the day, you know, that's just the only thing I'd think about.

Another participant felt that life in Marietta was boring for young people and that boredom led to drug experimentation.

Interviewer: What is your impression, having been once in the midst of it, um, in general would you say that substance abuse is a big problem in this area?

Participant: Oh, yeah.

Interviewer: Yeah?

Participant: It's a huge problem. Um, And one of the reason I think it is that way is there's really nothing for the young people to do..., you know, there really just isn't, there's nothing for them to do, they're bored, and there's nothing to do. So why not, let's just get drunk, or you know, let's try this or try that. But, yeah, it's a really big problem.

Another recovering user stated:

And I shouldn't drink, and I shouldn't really do any drugs, but it's just like that's my way of life, that's the only thing I've known, that's been my lifestyle for so many years.... It's just like, I wouldn't know what to do. I don't know what to do with my time if I'm not ... [using drugs].

Additionally, several participants were critical of a perceived willingness on the part of local physicians to prescribe drugs with abuse potential. Treatment providers were concerned that some physicians were over-treating pain with opioid medications, such as hydrocodone and oxycodone. One participant, while addressing the issue of poly-substance abuse, stated: "I don't think anybody uses only one substance anymore--thanks to doctors and everybody else." A parent, speaking of her son's struggles with depression and anxiety that preceded his heroin addiction, stated: "And I think, and then he couldn't sleep, and became a really bad, that became a big issue. 'Cause he couldn't sleep. ... Drug dealers come in white coats sometimes." The following exchange occurred in a focus group:

Participant 1: I think the doctors are too liberal to prescribe uh, stronger pain medication.

Participant 2: But you know, even in our training here at the hospital, it kinda goes in fads. Right now, the thing is, treat pain before it gets big ... People are not supposed to hurt. When my grandmother died of cancer, you couldn't get her any morphine. Now they're askin' if you want it, and they'll

give you a pump so you can pump it your – It's just a fad, to treat pain now.
... It's offered to you before you even ask for it.

Participant 3: Because I think a lot of people got hooked on it. I mean, I can see where people get started on these things, and maybe get hooked on them, before they know what happened.

Participant 1: One thing our doctors are kind of considerate and try to alleviate the pain before it gets there. So they start out with Vicodin and Percocet before, I don't know, it was ibuprofen.

Participant 2: Mmhmm. Or a hot shower.

A health professional expressed surprise at the ease at which OxyContin was prescribed when he first moved to the area:

It's hard for me to say, um, you know, when I worked, when I was working in another part of Ohio, ... two years before, OxyContin was something used for terminal pain, uh cancer patients. I mean it was something that if you were on OxyContin, you knew, you could assume that somebody had a really terrible disease and probably wasn't gonna be around much longer. I came down here, and OxyContin was used for back pain; it was used for a lot of less severe pain syndromes. Which I was, which raised my eyebrows when I came down here.

Although some participants believed that some people became addicted to opioid medications when used as prescribed, most of the criticism aimed at the use of powerful drugs to treat relatively minor pain or anxiety seemed to be based on the notion that it helps to create a general atmosphere which condones the use of drugs to solve life problems. Some people who become dependent on pharmaceutical opioids are at substantial risk for heroin use. The question of appropriate prescription of pain medications is a national-level problem.

Our initial study can provide only the most preliminary understanding of the underlying reasons for the recent increases in heroin abuse and addiction in Marietta/Washington County. In part, it represents the expansion of the urban heroin trade into new, highly profitable rural markets. Study participants suggested the reasons include self-medication, poor living and coping skills, boredom, curiosity, attempts to deal with stress and pressure to succeed in life and cultural orientation to seek various chemicals to solve problems. It is important to note, however, that most of the participants indicated that experimentation with drugs was already part of Marietta youth culture before OxyContin and heroin became available.

Treatment and Prevention Needs

It became clear from all of the professionals interviewed that the increases in heroin abuse have exceeded the capacity of local resources to respond to the problem.

All treatment personnel and parents stressed a need for more long-term treatment services for young heroin addicts. Largely through the work of concerned citizens participating in Turning Point, efforts are underway to finance a long-term residential facility for male heroin and other drug abusers.

Professionals interviewed noted that detoxification services were available in Marietta, but except for a hospital outpatient program and one outpatient service agency, there is no long-term follow-up care available in the region. As a result, many of the young people affected had been through detoxification several times, but have been unable to stop using heroin. Said one treatment administrator:

Participant: Right now it's very clear, at least to us, that we probably have a young population, 18 to 24, uh in which there are significant heroin problems.

Interviewer: MMhmm.

Participant: An' uh, these are repeaters. People who've been through detox, uh, a couple times, or at least attempted detox a couple of times. Generally they start to feel better and go AMA [against medical advice].

One parent noted her surprise when she discovered the lack of availability of long-term care in the region.

Interviewer: What was your experience trying to obtain services for him?

Participant: It worked... for getting him in the hospital [for detoxification]. I guess, I guess, my thing ... was that I didn't realize that that's really not, I mean, that gets them clean, but that makes them more vulnerable then ever. Makes them easier, I think, makes them even easier to fall back into the pattern. You know, and there's never really anything other than... they get out of there, and they set them up with meetings or counseling or something, but not really any long-term or anything. And you know, and every time they are being discharged and the insurance, ... the doctors and everybody puts them out, its like they have a good support system at home, and you know, they should be able to be taken care of, but I don't know if you got [an adult child]. You can't handcuff yourself to them and stay with them all the time. If you're a working parent, you can't.

When asked what was needed to improve the situation for young heroin addicts in the region, a treatment provider stated:

Participant: Yes. I wish there was something more. My, my goal is, is to have a free-standing detox with, you know, a limited residential/day treatment. I would really love to do a day treatment for these folks, the structured learning, because, and it needs to be heroin, cocaine specific because with all due respect to my brethren, detoxing from alcohol is a lot

different than detoxing from heroin.... And there's not enough people that are familiar with heroin treatment, you know, counseling. And there's a lot of people who don't want to do it, because it's time intensive. The normal length of stay is twelve to eighteen months. And I mean, you have 90 to 120 days that are just support, mainly support, keeping them clean, giving them some ideas about how to stay away from people, or how to say no, and get involved in 12-Step, and all that sort of thing. And then you can't really do any real work on issues, anger, codependency, which is really big with these folks, they just worry about everybody. Um, you can't do any real work with that until their brains are a little bit more [clear], and if you can keep them clean for 90 to 120 days, you got a chance. If you can't keep them clean, you're just back to square one.

Interviewer: To keep them clean for 90 to 120 days, you need what?

Participant: You need, you need some sort of a structured program. Day treatment, a structured program, and maybe for the first two weeks or so, or maybe the first ten days after detox, I mean, five to seven days detox, followed by 10 days of residential, so they can get mind and soul going a little bit in the right direction, and then followed by some intensive outpatient day treatment, along with individual counseling. And along with 12-Step support groups, that sort of thing.

All treatment providers noted that young adult men constitute the group most affected by the current wave of heroin addiction in the region, but there are fewer financial and treatment resources available for that group than for other groups, such as pregnant women, women with children or juveniles.

Participant 1: But part of the difficulty that we have is not just the fact that the money's decreasing, but the money is getting more targeted.

Interviewer: Uhuh.

Participant 1: And one of the problems that ... [one] agency had last year was that so much of the money was targeted, that you have to fit this particular criteria to access this particular line of money.

Participant 2: For example, pregnant women.

Participant 1: And that's okay, I agree that that kids involved with child welfare should get treatment but to tie it to that and then to have a lot of paperwork associated with that ... Money set aside for women, money set aside for kids, uh, these are all groups that need it, but the compartmentalizing, the simultaneous reduction of the funding, and the compartmentalizing of the funding, has really made it difficult.

Participant 2: And these people [new heroin users] don't fit that at all.

Participant 1: And, the biggest, these are single young males.

Community Attitudes

Participants believed that many people in the community were unwilling to face, or unaware of, the scope of the problem of heroin and other substance abuse in the area. Indeed, both parents interviewed told us that they were totally unaware of heroin abuse in the region until their adult children became addicted. Treatment providers stated that they were amazed by the amount of "denial" or sheer lack of knowledge on the part of the community.

Participant 1: That's like I say it's a lack of education ... If we ignore it long enough it'll go away.

Participant 2: They got their blinders on.

Participant 1: I can almost guarantee that if you go to our middle school or junior high school or high school here, and they will tell you there is not a drug problem in this area.

A health provider stated:

I think that folks around here are much more close-minded about the type of problems that are that are affecting the community. It is very difficult to get any community support for drug treatment We are one of the few counties in Ohio that does not have any type of mental health levy, and it is consistently voted down by a very high very high margin. [A new levy did not pass the November 2002 vote]. The flavor here is that this community does not want to acknowledge the significant problems that are here. And there's numerous examples of that.

When a recovering heroin user was asked what he would like to say to community leaders, he responded:

I'd like to say, "Guys, you need to put more funding into this, and I'm so sick and tired of, you know, all our levies for mental health and drug and alcohol abuse just getting passed to the wayside, 'cause it's not [seen as] an important issue."

Another issue that emerged is an apparent lack of communication between law enforcement and community members. Some participants believed that regional law enforcement officials are ignoring the issue of heroin abuse. One parent stated:

A father had said a lot of the people ... believe that the law's just willing to sit back and more or ... less let them kill themselves off, it's like, you know, just let the

situation take care of itself. Which I don't think it will 'cause there's just new ones that fall into the pattern. ... And I don't, I don't think surely that they'd be so callous and cruel like that, but there isn't anything really being done. ... I just don't – I don't know, it just doesn't seem like there's anything, anything being done.

On the other hand, detectives and road patrol officers reported feeling overwhelmed by their policing duties, which are not limited to narcotics investigations. Detectives interviewed pointed out that within the region, there are no detectives dedicated to narcotics investigations. Road patrol police officers noted that they come in contact with narcotics cases in the course of their other policing duties, such as traffic stops and responses to medical emergencies. Other law enforcement officials and probation officers pointed out that changes in sentencing laws, lax probation enforcement, delays in crime lab analyses of seized substances, along with the time it takes to indict and try an alleged offender, hurt their creditability and their ability to enforce drug laws in their jurisdictions. Moreover, they defined the problem as a regional one that would ideally involve the collaboration of area departments and law enforcement agencies. To address these issues, many of the law enforcement officials called for the establishment of a regional, inter-jurisdictional task force dedicated to the enforcement of narcotics laws and the investigation of alleged narcotic distribution. The hiring and deployment of dedicated narcotics officers was repeatedly stated as a way of diminishing supply-side problems such as the ready availability of drugs.

Prevention Education

All participants in this special investigation claimed that substance abuse is a serious community health issue in Marietta and Washington County. Most of the recovering drug abusers we talked to had long histories of adolescent experimentation with a variety of mind-altering drugs, from alcohol and marijuana, to hallucinogens, pharmaceutical opioids and benzodiazepines, cocaine and heroin. Clearly, more drug prevention education is needed. *Two alarming findings point out that many of the young people involved did not know the dangers associated with abuse of various drugs.* First, many people seem to believe that pharmaceutical drugs are safer than “street” drugs. Apparently, many people believe that because a doctor can prescribe a drug means that that drug is less harmful than illicit drugs. One parent said of her son's abuse of OxyContin: “It was [supposedly] non-addictive, it was a pain killer. It was non-addictive, he could not sleep. And he searched out drugs that would help him sleep, and that's been the cycle.”

Second, the recovering users we talked to reported being unaware of just how addictive and dangerous heroin is and how painful withdrawal from an opioid addiction can be. As one recovering user commented:

Interviewer: What did you know about it [heroin]?

Participant: I knew it was addicting, and I knew it was a downer ... You know, when I was in high school and stuff, it was like, when I think of a junkie

shooting up all that you... you think bad of 'em. ... I knew, it was a dangerous drug but you know I didn't know, I didn't know really how addicting it could be and stuff, because I've done coke before and I heard it's addicting ... [but] I was never physically addicted to anything. Like I'd smoke pot every day for the longest time, but if I did go without it, you know, I'd want to get high, but it's not like I just feel like I was dyin', you know, not like withdrawal, not like withdrawal from heroin at all.

It is clear that increases in drug abuse prevention education are needed at all levels of the educational system. In addition, some form of general drug education is needed for members of the community at large.

In sum, three issues emerged from our interviews concerning treatment and prevention needs in Marietta and Washington County. First, all participants agreed that more long-term treatment resources for young people dependent on heroin and/or other opioids are desperately needed. Currently, many heroin users who go through detoxification return almost immediately to a drug using social network and quickly return to heroin use.

Second, many participants believe that community attitudes toward the problem of substance abuse need to be changed. In particular, they perceive that the community at large refuses to acknowledge the scope or even the existence of the problem, thus thwarting efforts to increase treatment and prevention resources in the region. Hence, community-level education is needed.

Third, drug abuse prevention education is urgently needed for young people at risk. As noted by the recovering heroin users themselves, many of Marietta's young adults do not know how dangerous and addicting heroin can be. Moreover, many recovering users reported being unaware of the consequences and risks associated with the use pharmaceutical opioids and benzodiazepines. Drug abuse prevention education needs to be honest and factual, and presented at all levels of primary and secondary education. This is a relatively low-cost intervention that should be implemented immediately.

Conclusions

We emphasize the limitations of this report. It is based on a relatively small number of participants. In particular, only five heroin users were interviewed, none of whom were women. In addition, all heroin users interviewed were in (some form of) recovery. It is important for the OSAM network to continue monitoring heroin and other opioid abuse trends Marietta/Washington County and the Southeast, Ohio, region in the future. Although the findings are preliminary, several important findings emerged.

First, there is without question a significant heroin and opioid abuse problem in Marietta/Washington County. The extent of the problem is difficult to pinpoint, but most

estimates suggest there are at least 200 people involved with heroin in the region at any given time. Given the relatively small population size, this is a very high number. Second, there is very preliminary evidence that the new heroin problem is not limited to Washington County and is regional in nature.

The population most affected by this wave of heroin abuse consists of young adult (18-25) white men of middle class and affluent family backgrounds, although their female peers are joining them in increasing numbers. Some young people were introduced to heroin in Marietta, while others were introduced to the drug while living in other parts of the state. Although specific reasons for abusing heroin and other drugs varies from individual to individual, the recovering users we talked to belonged to peer networks in which drug abuse was common. It may have been that opioid pharmaceuticals, in particular OxyContin, were introduced to these networks of youth, and a number of young people developed physical dependence. As OxyContin and other pharmaceutical opioids became more expensive and difficult to get, many turned to heroin to deal with painful withdrawal symptoms. Once heroin had been introduced to these networks, many young people apparently began abusing heroin without developing an addiction to other opioid drugs. The rapid increase in heroin addiction in the past few years has overwhelmed the region's treatment and law enforcement resources.

The vast majority of local new heroin/opioid abusers are naïve in several senses. First, they are unaware of the addictive properties of heroin and other opioids. They simply do not realize the consequences involved with dependence on these substances. Second, they are largely unaware of heroin injection practices. Given the risks of infection with blood-borne pathogens that are associated with illegal drug injection, risk-reduction information should be made widely available and distributed as soon as possible.

Recommendations

Several recommendations are offered from the findings of this research.

1. **Prevention activities need to be enhanced.** In addition to the abstinence and cessation messages directed at potential and/or recreational users, these should include community-focused information, helping a wide variety of people appreciate that the community is vulnerable to drug problems.
2. **For those experiencing problems, the scope of treatment services along with an increase in the availability of services should occur.** Existent services should be expanded, new service modalities provided, and science-based therapeutic activities implemented.
3. **Law enforcement efforts aimed at reducing the supply of illegal drugs should be supported.** A planning process directed at engaging dedicated (full

time) narcotics officers and the development of a multi-jurisdictional task force should be initiated.

4. **Health care providers at all levels should be trained about existing drug abuse patterns and routinely advised of emerging drug patterns in the area.** Education and training about drug diversion and effective management of pain and other suffering should be offered.

References

- Substance Abuse and Mental Health Services Administration (SAMHSA)
2002 The DASIS Report: Heroin Treatment Admissions Increase: 1993-1999.
URL: <http://www.samhsa.gov/oas/2k2/HeroinTX.cfm>.
- Wright State University
2000 Surveillance of Drug Trends in the State of Ohio: June 1999 – January
2000. Ohio Department of Alcohol and Drug Addiction Services, Columbus,
Ohio. URL: <http://www.odadas.state.oh.us/>.
- 2002 Surveillance of Drug Trends in the State of Ohio: January 2002 – June
2002. Ohio Department of Alcohol and Drug Addiction Services, Columbus,
Ohio. URL: <http://www.odadas.state.oh.us/>.