

The **O**hio **S**ubstance **A**buse  
**M**onitoring Network

January 2004 – June 2004

Meeting Nine  
June 4, 2004

# SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO



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

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In Collaboration with  
[Wright State University](#) & [The University of Akron](#)



**SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO**

**THE OHIO SUBSTANCE ABUSE MONITORING NETWORK**

**JUNE 2004**



**Ohio Department of Alcohol  
and Drug Addiction Services**

**Ohio Department of Alcohol and  
Drug Addiction Services  
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## Highlights of Statewide Drug Use Trends

January 2004 – June 2004

### Toledo:

Increases in heroin-related overdose cases reported among white college age youth. Continuing increases in pharmaceutical opioid abuse, especially among white suburban youth and young adults. Continuing increases in powdered cocaine availability and abuse.

### Cleveland:

First reports about street availability of a generic form of OxyContin®. Continuing reports about consistent availability and abuse of PCP among inner city youth and young adults. Heroin abuse increasing among white youth and young adults. Treatment providers report some increases in crack-cocaine abuse among adolescents.

### Akron:

Continuing reports about increases in locally-produced methamphetamine. Increasing heroin abuse among white youth and young adults. Continuing reports about increasing abuse of methadone tablets. Connection between initial pharmaceutical opioid abuse and subsequent heroin dependence.

### Dayton:

Methamphetamine remains a growing problem among diverse user populations, including white youth and young adults. Reports about new forms of administration ("hot railing"). Heroin abuse among white youth and young adults continues to be reported as a common trend. New reports about increasing abuse of methadone tablets. Powdered cocaine and crack cocaine remain a growing problem in the area and across the state.

### Youngstown:

Heroin availability and abuse increasing; treatment providers report increasing admissions for heroin abuse. Continuing reports about increasing abuse of methadone tablets. Powdered cocaine and crack-cocaine remain a growing problem in the area. Reports about a continuing problem of methamphetamine abuse, especially among white youth and young adults. Continuing reports of DXM abuse among high-school age youth.

### Athens:

First reports about possible increases in crack-cocaine abuse. New evidence about increases in heroin availability and abuse. New increases in methamphetamine abuse reported in the area. Continuing increase in availability of powdered cocaine. Similar to other areas of the state, Ecstasy abuse may be decreasing.

### Columbus:

Methamphetamine increasingly available and abused among white youth and young adults. Heroin remains a growing problem, especially among white high school and college age youth. Connection between pharmaceutical opioid abuse and subsequent heroin dependence. New reports about increasing availability and abuse of methadone tablets obtainable from pain clinics. Similar to other areas of the state, continuing reports about high availability of crack-cocaine.

### Cincinnati:

First reports about abuse of a generic form of OxyContin®. Heroin abuse increasing among white youth and young adults. Continuing increases in "street" availability of methadone tablets reported. Methamphetamine continues to increase in availability and abuse in the suburban areas. Connection between pharmaceutical opioid abuse and subsequent heroin dependence remains a common trend in the area as well as across the state.

## The Ohio Substance Abuse Monitoring Network

### Executive Summary January 2004 - June 2004

This Executive Summary reports highlights of the OSAM Network meeting held in Columbus, Ohio, June 4, 2004. The report is based on substance abuse trend data collected and analyzed by Regional Epidemiologists in Athens and surrounding counties (rural southeast), Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown, Ohio. Regional Epidemiologists interviewed active and recovering drug users, law enforcement personnel, and substance abuse treatment providers, and collected statistical data from law enforcement, county coroners' offices, and substance abuse treatment facilities to compile their regional drug trend reports. Scientists at Wright State University (WSU) and the University of Akron reviewed their findings and compiled this report.

#### Crack Cocaine

##### **Crack-Cocaine Availability and Abuse Remain High in Most Urban Areas of the State; Increases in Abuse Reported in the Rural Southeast.**

Availability of crack cocaine remains high in most urban areas of the state. For the first time, increases in availability and abuse of crack cocaine were reported in the rural Southeast. According to WSU researchers, crack-cocaine abuse remains a growing problem in several rural communities in Western Ohio. Similar to previous reporting periods, active drug users reported that crack cocaine, on average, sells for \$50-60 per gram and \$800 - \$850 per ounce. Some areas report prices as high as \$100 per gram. Crack-cocaine abuse among youth and young adults continues to be reported by drug users and law enforcement professionals across the state. Some increases in crack abuse among adolescents have been noted by treatment providers working in the Cleveland area. Smoking remains the most common method of administration, although crack injection continues to be occasionally reported by active and recovering drug users.

#### Cocaine HCL

##### **Availability of Powdered Cocaine Remains High; Continuing Increases of Abuse Reported Among Juveniles and Young Adults.**

Most areas of the state continue to report high availability of powdered cocaine, a trend first identified in January 2003. Reports about quality vary by area. According to drug users, prices remained similar to the previous reporting period; a gram typically sells for \$50-\$60. Active users, treatment providers, and law enforcement professionals across the state continue to report increases in powdered cocaine abuse among juveniles and young adults. Powdered cocaine is typically snorted. According to users from different areas of the state, lacing marijuana and tobacco cigarettes with powdered cocaine is fairly common among younger individuals. Speed-ball injection (mixing heroin and powdered cocaine) continues to be reported as increasingly common in most areas of the state.

## Heroin

### **Most Urban Areas of the State Continue to Report Increasing Availability of Heroin. For the First Time, Significant Increases Were Observed in the Rural Southeast.**

According to drug users, law enforcement professionals, and substance abuse treatment providers, heroin continues to be highly available in most urban areas of the state. In the current reporting period, significant increases in heroin availability and abuse were observed in the Rural Southeast. Reportedly, purity of the drug is fairly high. According to drug users from Dayton and Columbus, as well as Miami Valley Crime Lab professionals, most of the currently available heroin is brown or beige in color, and is typically sold in powder or rock form. Heroin prices vary across regions of the state. Active drug users from the Dayton area reported some possible decreases in prices—from \$160 to \$125 per gram. According to active users and treatment providers from across the state, white suburban youth and young adults continue to be the most prevalent groups of new heroin users. Toledo area emergency room personnel reported seeing significant increases in heroin related overdose cases among white youth between ages 18 and 24. New heroin users may start off snorting the drug, but many eventually transition to intravenous use.

## Other Opioids

### **Abuse of Pharmaceutical Opioids Remains a Growing Trend Across the State. Increasing Abuse of Methadone Tablets Reported in Most Areas of the State. Availability of Generic OxyContin® Was Reported for the First Time.**

Increasing availability and abuse of pharmaceutical opioids continues to be reported across the state. According to active and recovering drug users, substance abuse treatment providers, law enforcement professionals, and probation officers, Vicodin® (hydrocodone), Percocet® (oxycodone & acetaminophen), OxyContin® (oxycodone controlled-release), Darvocet® (propoxyphene & acetaminophen), Lortab® (hydrocodone & acetaminophen), and codeine are among the most frequently abused prescription analgesics. In the current reporting period, significant increases in availability and abuse of methadone tablets obtainable from pain clinics were reported in the Akron, Athens, Columbus, Dayton, and Youngstown areas. For the first time, reports about abuse of generic OxyContin® were obtained in the Cleveland and Cincinnati areas. Prices of prescription analgesics remain similar to previous reporting periods, OxyContin® typically sells for \$0.50 – \$1 per milligram, and hydrocodone sells between \$2 and \$7 per tablet. Methadose® (methadone) 10 mg tablets sell for \$5-\$10. According to active users and treatment providers, white adolescents and young adults continue to be the fastest growing group of new users. The connection between initial prescription opioid dependence and subsequent transition to heroin abuse continues to be reported as a widespread trend.

## Marijuana

### **Marijuana Remains Highly Available and Commonly Abused Across the State.**

Reportedly, availability of marijuana remains high across the state. Drug users and law enforcement professionals continue to report increasing quality of the drug. Similarly to previous reporting periods, 1/8 ounce of low grade marijuana, on average, sells for \$20, mid-grade for \$30, and high grade marijuana sells for \$50-60 per 1/8 ounce, Marijuana remains the primary illicit drug of abuse among adolescents.

## Methamphetamine and Other Stimulants

**Methamphetamine Availability and Abuse Continue to Increase in Most Urban Areas of the State. First Reports About Increases in Abuse Were Obtained in the Rural Southeast. Abuse of Prescription Stimulants Continues to Be Reported Among Juveniles and Young Adults.**

According to active users and law enforcement professionals, the availability and abuse of methamphetamine continue to increase in the Akron, Cincinnati, Columbus, Dayton, Toledo and Youngstown areas. For the first time, some increases in methamphetamine availability were reported in the rural Southeast. Participants reported local production of methamphetamine, as well as trafficking of higher quality methamphetamine. Reported average prices of high-quality methamphetamine (“ice,” “glass”) vary from \$100 to \$150 per gram across the state, and are comparable to the previous reporting period. Lower quality methamphetamine (“crank”) sells between \$35 and \$50 per gram. Active users reported increasing heterogeneity of the user population. However, white adolescents and young adults constitute one of the fastest growing groups of new methamphetamine users. Some of these users may get introduced to the drug at rave-type parties. According to active users, methamphetamine is typically snorted, smoked, or swallowed. Injection is reported less frequently. Active users in the Columbus and Dayton areas reported “hot railing,” described as inhaling crystal methamphetamine through the nose as it vaporizes when passing through a heated glass pipe.

Abuse of Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate) continues to be reported in most areas of the state. Reportedly, prescription stimulant abuse is especially common among some high school and college age individuals who will use the drug as a “study aid.”

## Depressants

**Benzodiazepine Abuse Remains Common Among Very Diverse Populations of Users. Dextromethorphan (DXM) Abuse Continues to Be Reported in the Youngstown Area.**

Most areas of the state continue to report that the illicit use of benzodiazepines, especially Xanax® (alprazolam), Valium® (diazepam), and Klonopin® (clonazepam) remains relatively common among very diverse populations of users. Benzodiazepines are commonly abused in combination with other substances to enhance or modify their effects. Abuse of over-the-counter medications containing DXM continues to be reported in the Youngstown area. Abuse is typically common among adolescents.

## Hallucinogens

**Fluctuating Availability of LSD Reported Across the State; Some Increases in Availability of Psilocybin Mushrooms Reported in Several Areas of the State.**

In the current reporting period, drug users continue to report fluctuation in availability of LSD. Reportedly, availability of psilocybin mushrooms is more consistent. According to active user reports from the Rural Southeast, some individuals grow their own psilocybin mushrooms. Similar to previous reporting periods, psilocybin mushrooms on average sell for \$25-35 per 1/8 ounce.

**Decreases in MDMA (Ecstasy) Abuse Continue to Be Reported in All Areas of the State, Except Toledo.**

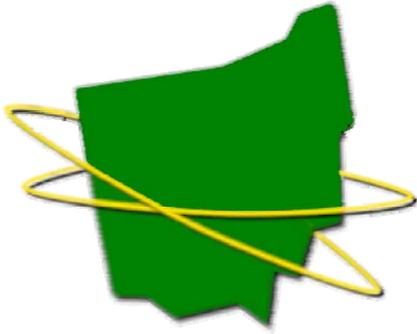
First reports about possible decreases in Ecstasy abuse were obtained in June 2003. In the current reporting period, drug users, substance abuse treatment providers, and law enforcement personnel from most areas of the state except Toledo, continue to report decreasing popularity of Ecstasy among its “traditional” users --white suburban youth and young adults who frequent raves and dance clubs. However, according to active user reports from the Dayton and Columbus areas, Ecstasy abuse remains common among younger users, some in their teen years. More experienced club drug users sometimes switch over to other drugs, including methamphetamine. Ecstasy prices continue to average \$20 per tablet.

**Continuing Increases in PCP (Phencyclidine) Availability and Abuse Reported in the Cleveland Area.**

In previous reporting periods, occasional cases of PCP abuse were reported in the Cincinnati, Dayton, Columbus, and Youngstown areas. A relatively consistent trend of PCP abuse continues to be seen in the Cuyahoga County area. Reportedly, PCP is typically used along with marijuana or tobacco cigarettes, and on average sells for \$10 per “dip” or “wet.” According to users and treatment providers from the Cleveland area, PCP is described as “an inner city drug” used predominately by adolescents and young adults.

Previous OSAM reports are available at: <http://www.odadas.state.oh.us>





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**Ohio Substance Abuse  
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June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN AKRON, OHIO**

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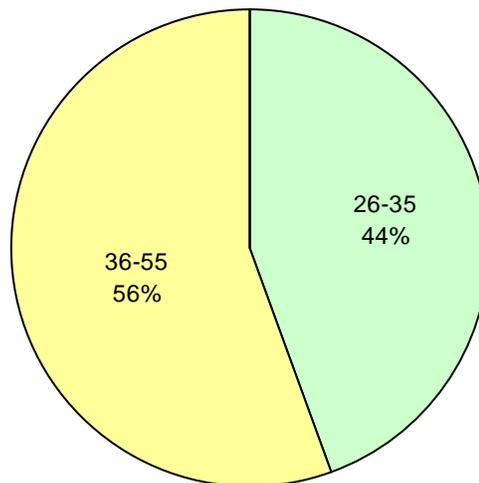
**A Report Prepared for the  
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**Qualitative Data Sources**

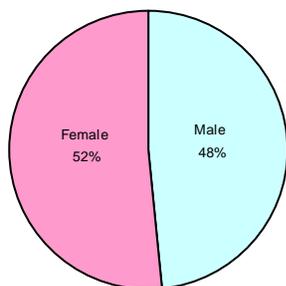
Focus Group	Participants	Type of Participants
4/5/04	6	Treatment Providers
4/8/04	5	AOD Counselors-Adult
4/8/04	5	Recovering Users/Detox
4/12/04	3	AOD Counselors-Juv.
4/13/04	4	Users-Methadone Maint.
4/13/04	4	Treatment Providers
<b>Total</b>	<b>Total</b>	
6	27	
<b>Interview</b>		
4/5/04	1	Law Enforcement
5/18/04	1	Law Enforcement
	<b>Total</b>	
	2	

**Age  
Active/Recovering Users**

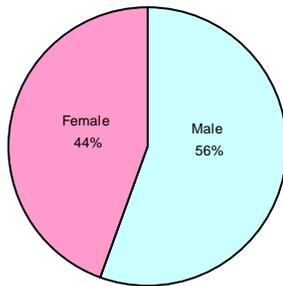


**Gender**

**All Participants**

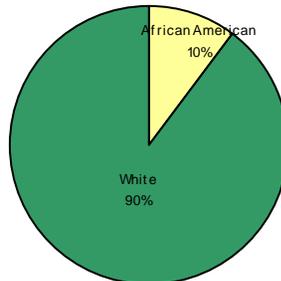


**Users**

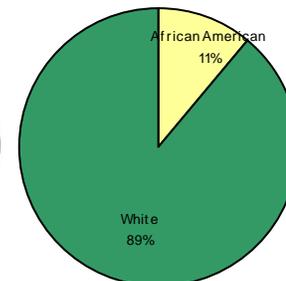


**Ethnicity**

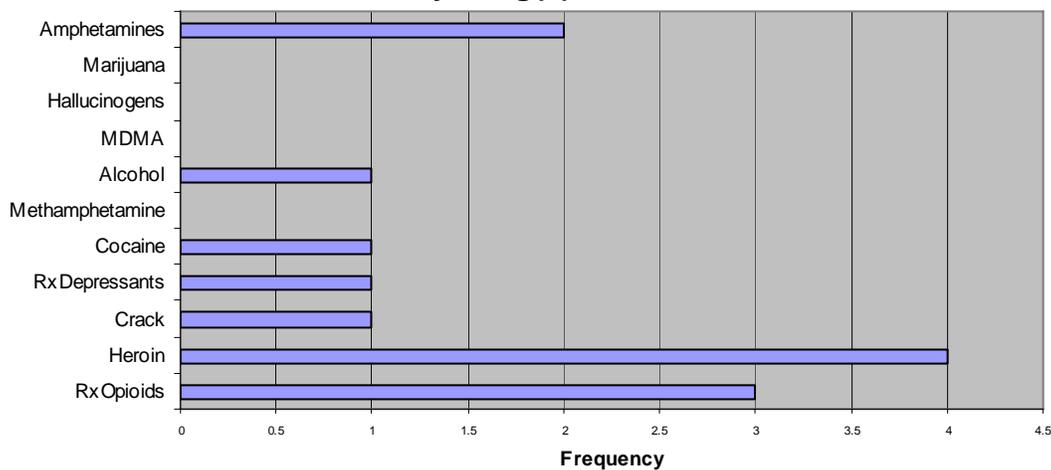
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



Since the beginning of the OSAM project, crack cocaine has consistently been reported as a problematic drug in the Summit and Stark County area. Its availability and cost have remained stable since 2001. Participants have consistently reported that all ages, ethnicities and both genders use crack cocaine. Smoking has remained the primary method of administration; however, beginning in 2002 there were reports of some injection use of crack.

### Current Trends



During this round, all groups reported that crack is available “everywhere” and that “Akron is a crack town.” Crack continues to be readily available in all urban centers.

Quality and purity of the drug varied. Both user and law enforcement respondents believed that competition contributed to lower street prices and higher quality over the past year.



Typical amounts reported by daily users were \$20 “pieces” with three for \$50 deals. Law enforcement reported a price of ½ ounce for \$600. Purity was estimated to be at 20%-30%. Users reported buying “eight-balls” for themselves because they felt that this enhanced their chances of getting higher quality crack.

Users, treatment providers and law enforcement personnel agreed that crack cocaine use is still focused on the lower socioeconomic groups. Users and law enforcement reported increasing numbers of teens who are selling crack.



Smoking remained the preferred way to administer crack, although injection drug users in a methadone maintenance program reported that injection of crack appeared to be on the increase.

Crack cocaine continued to be viewed by all respondents interviewed as a major health problem for those who became involved with it. Treatment providers noted the biomedical issues that arise with the use of crack. Users who were once resistant to seek treatment were now driven to it by physical problems related to crack use, notably cardiovascular and respiratory problems.

## Cocaine HCL



Reports of the availability of powdered cocaine in Stark and Summit Counties have varied throughout the OSAM project. Over the past two rounds, cost has remained stable.

## Current Trends

Respondents interviewed for this round of data collection reported stability in the availability of powdered cocaine. Quality was also described as stable, although variable depending on the source. Users reported that powdered cocaine is almost always cut by the time it is marketed in smaller quantities. According to users and law enforcement respondents this round, prices dropped slightly over the past six months. Ounces were available in the area for \$1100 to \$1600, an “eight-ball” (1/8<sup>th</sup> ounce) for \$150 to \$175, and a gram was reported to sell for \$50 to \$100.



Cocaine in the powder form was preferred by injection users for use in speedballs (heroin and cocaine) and also among young urban users for lacing marijuana joints or regular cigarettes. Law enforcement reported a concern that there is a reemergence of younger cocaine users in the area.

Treatment staff reported that powdered cocaine was rarely mentioned by incoming clients as a drug of choice. The few users who reported such use were generally early-middle to middle-aged individuals who were generally employed and often came from more affluent (thus, probably more “protected”) socio-economic circumstances. The cost of maintaining a daily powdered cocaine habit was mentioned as the factor that caused powder users to seek out the more concentrated crack form.

## Heroin



In the OSAM reports since June 2000, heroin has generally been available in Stark and Summit Counties, although in 2002 there were reports of occasional droughts. The price of heroin has consistently been reported to be \$20-\$30 a bag. Overall use in Stark and Summit Counties has reportedly increased, particularly among younger (under 30 years of age) users. Although injection use has been reported as the primary method of administration, younger new users are reportedly snorting and smoking heroin.

## Current Trends

Heroin was reported as available in both Stark and Summit Counties by all respondents, although “*the good stuff is in Cleveland.*” Closed networks of users were the primary distribution channels for heroin, although “street” sales were increasing. All respondents continued to mention a Cleveland-Akron/Canton link with the local heroin supply.

Users reported that the quality of heroin was generally high, especially compared to 5-10 years ago. In the Summit-Stark, area bags (approximately one dose) were selling for \$25-\$50, while the equivalent could be purchased in Cleveland for \$6-\$15. Bundles (10 bags) were reported to sell for \$50-\$60 in Cleveland, \$100-\$120 in Akron. Bricks (5 bundles/50 bags) were reported to be selling for \$200 in Akron-Canton and for \$150 in Cleveland.



As in the previous round, focus group participants reported the continued increase in heroin use in the Summit-Stark area. All groups reported new heroin addicts emerging as they are

finding heroin to be less expensive than OxyContin®.

## Other Opioids



As in previous rounds, opioids such as OxyContin® were described as available primarily through networks of users. Previous OSAM reports for the Summit and Stark County areas reported an increasing concern with Fentanyl abuse.

## Current Trends

Focus group participants in the Summit-Stark area indicated that OxyContin® (oxycodone controlled-release) continued to be the most frequently abused drug in this category. Lortab® (hydrocodone), Vicodin® (hydrocodone), Percocet® (oxycodone), Demerol® (meperidine), Darvocet® (propoxyphene), codeine and other painkillers were also being abused in the area. Methadone was also reported as being abused by opioid users. User and treatment provider groups explained the increased availability of pharmaceutical analgesics as a combination of factors, including diversion from “legitimate” prescriptions, pilferage, “doctor-shopping,” false claims of chronic pain and unscrupulous or naïve medical professionals were noted as the primary avenues by which these drugs became available to abusers. Recently, it has been reported by users that these drugs are available on the Internet. Prescriptions can be obtained, and the drugs delivered to one’s home, according to one user-respondent.



As in the previous round, OxyContin® was reported as available for \$.50-\$1.00 per milligram for a 40 milligram tablet. Treatment providers and law enforcement commented that the majority of abuse is by whites, primarily women. Since the drugs are legally prescribed, there is a resistance to treatment. Treatment providers also commented that OxyContin® is an experimental drug for teenagers in the area.

Health problems associated with taking large daily quantities (respondents in treatment reported sometimes taking 10-30 tablets per day) of pain medications that contain acetaminophen, aspirin and other ingredients were reiterated as in previous data collection periods.

Participants during this round reported hearing about some Fentanyl abuse in the area but limited to small subgroups. Focus group participants believed that the drug was usually diverted by patients of pain management clinics. Under the brand name Duragesic®, respondents reported it being sold in patches containing 100-200 milligrams of gel, with the smaller doses selling for \$50.

User groups believed that it is not a preferred drug among regular users of opiates, but that it was used sometimes when other drugs were not available. It was reported that users typically eat the gel. It is not easy or efficient to prepare the gel for intravenous use.

## Methamphetamine



Since June 2001, there have consistently been reports of methamphetamine production and use in Summit and Stark Counties (16 labs busted in 2001; 22 labs busted in 2002; 60 labs busted in 2003). Focus group participants have historically reported that methamphetamine was used among a tight network of users. This round, all focus groups (users, providers and law enforcement) reported a growing concern that there is a serious methamphetamine problem emerging in the area.

### Current Trends

During this round, a large increase in the availability and use of methamphetamine was reported. Users reported that the drug appears to be used primarily by whites, as a “party drug,” or by females as an appetite suppressant. As users develop serious habits, treatment providers reported knowing of clients who have set up home labs. One law enforcement officer commented:

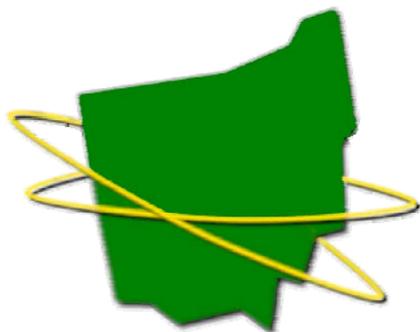


Meth will be 100 times worse than crack was in the 90s...it will be an epidemic.



According to law enforcement, there were 47 labs already busted this year. The smaller quantity production uses primarily the ephedrine reduction method. Larger quantity production uses the anhydrous method. Methamphetamine is “relatively cheap” to produce and this round there were reports of family production units. Those who have presented for treatment with a methamphetamine dependence diagnosis reported having had a difficult time, particularly in residential treatment, because of the lethargy and depression that ensued following detoxification. Users reported the price of methamphetamine as \$100 per gram.





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**SURVEILLANCE OF  
DRUG ABUSE TRENDS IN  
RURAL SOUTHEAST  
(ATHENS), OHIO**

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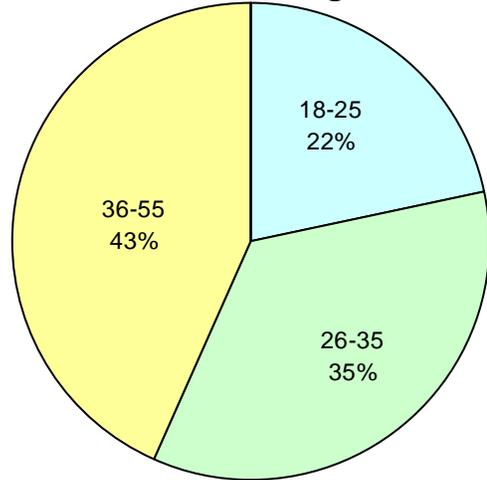
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**Qualitative**

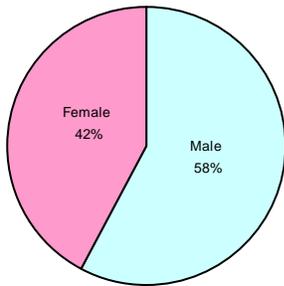
Focus Group	Participants	Type of Participants
3/31/04	8	Recovering Users
4/5/04	7	Recovering Users
4/20/04	11	Recovering Users
4/21/04	12	Recovering users
<b>Total</b>	<b>Total</b>	
4	38	
<b>Interview</b>		
3/20/04	1	Coroner
4/30/04	2	Treatment Providers
	<b>Total</b>	
	3	

**Age  
Active/Recovering Users**

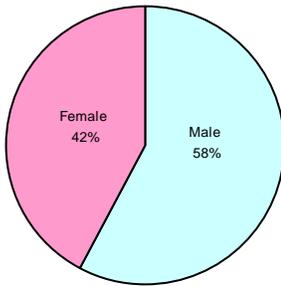


**Gender**

**All Participants**

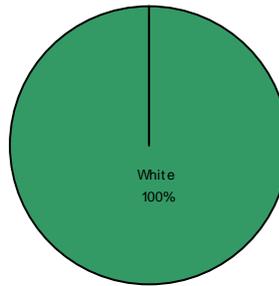


**Users**

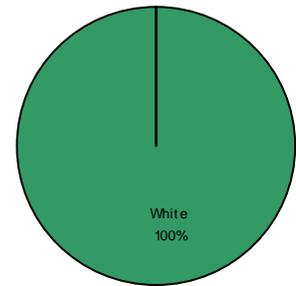


**Ethnicity**

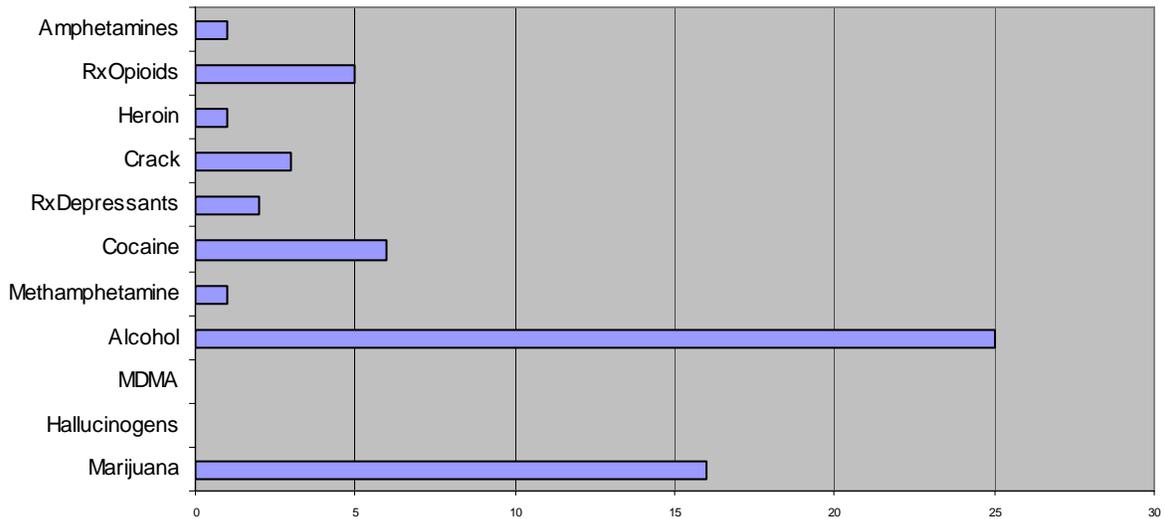
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



During the July through December 2003 reporting period, focus group participants indicated that crack cocaine had increased in availability in the past six months, with one individual noting that crack cocaine was now more available than powdered cocaine in Southeast Ohio. In late-2003, crack cocaine could be purchased for \$100 per gram. The most common method of administration was smoking.

### Current Trends

During the January through June 2004 reporting period, many participants indicated that crack cocaine had experienced a “*large increase*.” Some individuals indicated that the use of crack cocaine was “*exploding*” in the Parkersburg, West Virginia area, and that greater crack cocaine use was subsequently spreading west through Southeast Ohio and into Athens. Some participants believed that crack cocaine was now more available than powdered cocaine and stated that users prefer to have their “stuff rocked up” because this form provides a “*quicker and more intense buzz*.”



In Southeast Ohio, it was believed that crack cocaine could be purchased for approximately \$225 per 1/8 ounce. Most participants continued to believe that the most common method of administration was smoking.

In the opinion of this Regional Epidemiologist, the use of crack cocaine in Southeast Ohio has undergone a noteworthy transformation in the past year or two. Over a relatively short period of time, crack cocaine went from being labeled as a “*ghetto drug*” or “*something no one would admit doing*” to a drug that now seems to be used by a growing number of individuals. In past reporting cycles, it was not uncommon to have zero participants report using crack cocaine or know someone who used crack. This is clearly no longer the case. In the current reporting period, perhaps as many as 10 to 15% of focus group participants had used crack cocaine and almost all participants had friends or family members who had tried crack cocaine at least once.

Admissions data provided by the Southern Consortium for Rural Care indicated that, in the first three months of 2004, two individuals in southern Ohio had received in-patient treatment for crack cocaine. These two individuals were a 22-year-old female and a 29-year-old female.



Finally, as part of the focus group process, participants were posed the question “If you had to project into the future and predict which drugs would be most problematic in Southeast Ohio, which would you choose?” While heroin was the modal answer in most groups, a large number of participants answered “crack.”

## Cocaine HCL



During the July through December 2003 reporting period, participants reported that powdered cocaine was increasing in availability and described the increase as “*big*” and “*moderate*.” More frequent use of cocaine was particularly noted in younger groups. In late-2003, powdered cocaine sold for approximately \$50 - \$80 per gram.

### Current Trends

During the reporting period of January through June 2004, powdered cocaine was described as being “*really available*,” and one participant indicated that obtaining powdered cocaine in Southeast Ohio was now “...*like getting a loaf of bread*.” Most participants agreed that powdered cocaine was increasing in availability; however, there was some disagreement regarding the magnitude of increase. Some participants believed that the increase was “*large*” while others characterized it as a “*slight increase*.”



In the past reporting period, current and former users characterized the quality of powdered cocaine as very poor. Over the past one to two years, participants indicated that powdered cocaine purchased in Southeast Ohio was often “cut” or “stepped on” with a variety of materials, such as Equal®, Vitamin B12, baby laxatives, and many other products. However, during the current reporting period, focus group participants indicated that the quality of powdered cocaine in Southeast Ohio was now clearly improving. Many participants believed that there was much more competition among dealers of powdered cocaine (i.e., more individuals were selling cocaine) so dealers must now sell a better product or risk losing business. Participants also noted that many dealers who used to sell marijuana are now exclusively selling powdered cocaine.



Participants in the current reporting period indicated that powdered cocaine was selling for \$125-175 per eightball (1/8 ounce) or \$400 per quarter ounce (the latter cost being for higher quality cocaine).

Similar to past reporting periods, participants believed that most users were snorting powdered cocaine while a smaller number of individuals were “shooting” the drug.

It is worth noting that some participants believed that individuals who previously had been regular users of Ecstasy had recently switched to powdered cocaine. In Southeast Ohio, reports of Ecstasy during the past year have decreased considerably, possibly validating the perceived switch from Ecstasy to powdered cocaine.

## Heroin



During the July through December 2003 reporting period, very few focus group participants had any insight about heroin abuse in Southeast Ohio. The primary substance abuse treatment center in Athens indicated that they were seeing a greater number of individuals self-refer for treatment for heroin abuse. However, practitioners indicated that no individual who reported using heroin completed treatment and that most were presenting at the treatment center only because they recently had a “bad experience” with heroin or they had lost a friend to heroin. When asked to describe the “profile” of the average individual presenting at this treatment center for heroin, practitioners described recent heroin users as being male and less than 30 years of age.

### Current Trends

During the January through June 2004 reporting period, participants described heroin as “much more available.”



Respondents indicated that heroin was selling for \$30 - \$40 per “sack.” Heroin was believed to be much more expensive in communities in Southeast Ohio (e.g., the same “sack” of heroin in Columbus could reportedly be purchased for \$15).



Heroin use was believed to be growing fastest in younger persons (e.g., early 20s). Other focus group participants believed that “former users” were now beginning to use heroin again. Many participants thought that heroin use was “cyclical.” In the words of one participant, “Heroin may disappear for a few years, but it always tends to return.”

When asked to report on methods of administration, some focus group participants believed that men injected heroin while most women snorted. However, other participants expressed doubt about this perception and thought that men and women were equally likely to inject heroin.



At the end of several focus groups, participants were asked “If you had to project into the future and predict which drugs would be most problematic in Southeast Ohio, which would you choose?” To this question, the majority of participants answered “heroin.”

Admissions data provided by the Southern Consortium for Rural Care indicated that approximately four persons in southern Ohio had received in-patient treatment for heroin use during the first three months of 2004. These four individuals were a 27-year-old female, a 26-year-old female, a 21-year-old male, and a 30 year-old male. These descriptions are relatively consistent with those stated by practitioners at the primary alcohol or drug abuse treatment center in Athens, who described the typical heroin user as being less than 30 years of age.

## Other Opioids



During the July through December 2003 reporting period, active/former drug users and substance abuse treatment providers stated that OxyContin® (oxycodone controlled release) was increasing and described the increase as “large.” In late-2003, OxyContin® was still selling for approximately \$1 per milligram. The vast majority of current and former users knew one or more persons who, they believed, had died of OxyContin®-related overdoses in the past year. During the July through December 2003 reporting period, most users and practitioners indicated that Vicodin® (hydrocodone & acetaminophen), Percocet® (oxycodone & acetaminophen) and other opioids had increased in availability. When asked to indicate which opioids were available in Southeast Ohio, participants listed the following: Vicodin®, Percocet®, Darvocet® (propoxyphene & acetaminophen), and Lortab® (hydrocodone & acetaminophen). In late-2003, typical prices for the most commonly used opioids were \$3 to \$5 for one Vicodin®, and \$5 for one Percocet®. Current and former users indicated that opioids other than OxyContin® (e.g., Vicodin® and Percocet®) were used by “everyone” but were increasingly common in younger individuals.

## Current Trends

During the January through June 2004 reporting period, focus group participants characterized the use and availability of OxyContin® by saying “*Everybody’s using, everybody’s dying.*” In fact, 50% of focus group participants stated that they knew someone who died of an OxyContin® overdose.

In Southeast Ohio, OxyContin® can still be purchased for approximately \$1 per milligram, although purchases of larger doses are slightly less expensive (e.g., a 40 milligram OxyContin® can be purchased for \$30 or \$35).

Focus group participants indicated that most OxyContin® users were “snorting” but that some were “*mixing with cocaine to ‘speedball’ it.*”



When asked to identify new user groups of OxyContin®, several participants indicated that younger persons (e.g., teenagers) were now abusing OxyContin® and that young persons in “alternative schools” were especially abusing OxyContin® more often. Several other focus group participants also indicated that OxyContin® abuse was becoming increasingly more associated with prostitution in Southeast Ohio.

Data collected during the telephone interview with the Athens County Coroner provided somewhat discrepant information regarding the extent to which OxyContin® is responsible for fatal overdoses in Southeast Ohio. In fact, when asked about OxyContin® being responsible for many overdoses in Southeast Ohio, the Coroner stated “*There is more publicity than there are ODs.*” This statement seems to contradict those provided by most focus group participants who indicated that they knew several people who died as a result of OxyContin® abuse.

Data provided by the Southern Consortium for Rural Care (SCRC) also contradicted responses



provided by focus group participants. One SCRC employee indicated that, through the first three months of 2004, they had helped six people obtain treatment for OxyContin® dependence. These six individuals were a 34-year-old male, a 22-year-old female, a 21-year-old male, a 36-year-old male, a 34-year-old male, and a 23-year-old male (all of whom were from Athens County). The SCRC employee also noted that this number represented a decrease in the number of people in southern Ohio being treated for OxyContin® issues, stating “*Two years ago, this number would have been 20.*”

In the January through June 2004 reporting period, focus group practitioners reported that very little had changed in Southeast Ohio regarding availability, price, methods of administration, or user groups of Vicodin®, Percocet®, and other opioids. Based on information provided in past focus groups, the lack of any significant changes in use of other opioids would mean that other opioids were still widely available, that the most common methods of administration were snorting and eating, and that other opioids were being used by a wide-range of individuals (i.e., from high school through late adulthood).

Participants in the current cycle believed that opioids were overly-prescribed by physicians. For example, one participant noted that she had been prescribed Vicodin® for a sore throat. Another individual noted that he had recently participated in an out-patient treatment session in which a physician spoke to the group about drug use. To the surprise of many participants, the physician stated to the group that he had received “*2 to 3 hours of training on the prescription of opiates.*” For some active and former users, this suggested that many physicians in Southeast Ohio do not properly prescribe opiates such as Vicodin® and/or Percocet®.

OxyContin® is still approximately \$1 per milligram. Vicodin® is \$2 for a tablet containing 7.5mg of hydrocodone and \$1.50 for a tablet containing 5 mg of hydrocodone. Percocet® is approximately \$5 per tablet.

For the first time in approximately three years, focus group participants began to discuss the abuse of methadone in Southeast Ohio. The topic of methadone abuse almost always surfaced when participants were engaged in a discussion on heroin.



One user indicated that methadone use had increased significantly in the past two months. When asked why, the participants stated “*Cause of the methadone clinics in Parkersburg.*” Another participant indicated that more people are getting prescriptions for methadone and that they are selling their prescribed methadone to others.

An interview was conducted with the Athens County Coroner in an effort to identify substances that are most associated with drug overdoses in Athens County. In the opinion of the Coroner, most fatal overdoses were due to methadone. The Coroner indicated that when methadone is not taken as prescribed, it can lead to death through respiratory depression. The Coroner indicated that in the past two years he has seen three to five cases in which methadone was ruled as the primary cause of death. The Coroner did not believe that methadone-related fatalities were the result of recreational or illicit use. Instead, he believed that individuals who had been prescribed methadone did not take it as prescribed. He indicated that sometimes a methadone user believes that the effect of a previous dose of methadone has worn off; however, there is oftentimes a sufficient dosage available from the previous administration that, when combined with the next use, proves to be fatal.

## Marijuana



During the July through December 2003 reporting period, marijuana was described as being “*readily available*” and “*everywhere*” in Southeast Ohio. Focus group participants also indicated that the quality of marijuana in Southeast Ohio in late-2003 was very good. The price of marijuana varied by its quality, with high quality marijuana costing approximately \$75 per 1/8<sup>th</sup>, medium quality costing approximately \$45 per 1/8<sup>th</sup>, and lower quality marijuana costing roughly \$25 per 1/8<sup>th</sup>. When asked to describe new user groups, participants noted that younger adults were using marijuana regularly and indicated that marijuana was being used (and sold) by very young individuals (e.g., 7<sup>th</sup> and 8<sup>th</sup> grade or middle school students).

### Current Trends

During the current reporting period of January through June 2004, marijuana remains “*extremely available*.” In fact, one participant stated that “*In Southeast Ohio, marijuana is used regularly by 50% of the population and 75% use it socially*.” Perhaps more surprising than this statement was the large number of individuals in the focus group who agreed with this assertion.

Consistent with past focus groups, the quality of marijuana in Southeast Ohio remains very good. In fact, most focus group participants indicated that no one really purchases low-grade marijuana in Southeast Ohio because it is very easy to find marijuana that is of high quality.

High Quality Marijuana:	\$30 to \$50 per 1/8 <sup>th</sup> or \$400 per ounce
Medium Quality Marijuana:	\$25 per 1/8 <sup>th</sup> or \$250 per ounce
Low Quality Marijuana:	\$20 per 1/8 <sup>th</sup> or \$120 per ounce

An interesting development that emerged during the current reporting period is that more people are beginning to grow their own marijuana indoors. Reasons provided by focus group participants for growing marijuana indoors included: (1) better quality (which is becoming particularly important to dealers as competition in the sale of this drug increases); (2) constant access (availability less affected by dry seasons, etc); and (3) growers can avoid law enforcement “fly-overs.”



However, participants were also aware that the practice of growing marijuana indoors carried with it a greater number of negative repercussions, those being: (1) if one is caught with marijuana plants on his or her premises, it is easier for law enforcement and the judicial system to convict one on charges of possession and perhaps intent to distribute; and (2) it is becoming increasingly difficult to hide marijuana plants on one’s premises because law enforcement is using more sophisticated methods of detection.

### Other Notable Trends

#### LSD/Psilocybin Mushrooms

In the current reporting period, the availability of mushrooms was still considered to be spo-

radic. A major theme that emerged during the discussion of hallucinogens was the fact that more mushroom users are beginning to grow their own mushrooms. Individuals who grew mushrooms on their own were able to do so by purchasing “kits” on the Internet or from periodicals such as “High Times.” One focus group participant had recently been arrested for selling mushrooms and was very familiar with this topic. He indicated that individuals preferred growing their own mushrooms because they could (1) have year-round access to the product, and (2) grow mushrooms that were of higher quality. For example, he indicated that individuals were growing “*Oregon Mountain Top Psilocybin*” mushrooms as opposed to varieties grown outside or found in fields or pastures. However, and similar to the issue of growing marijuana, the downside of growing one’s own mushrooms was that--if they were found on one’s property--the legal implications were much more severe.

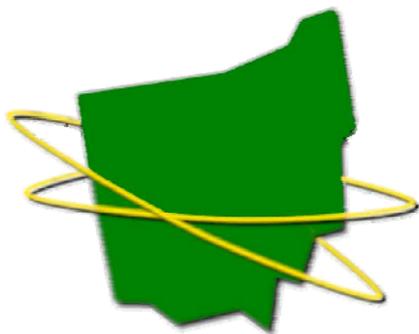
In the current cycle, participants indicated that LSD was harder to find and less preferred than mushrooms. LSD was available but not used as often or sought out as actively as mushrooms.

Mushrooms used by participants varied in quality, with higher quality mushrooms being those that were grown by participants and lower quality mushrooms being those found in fields or pastures.

Mushrooms were reported to sell for between \$150 - \$200 per ounce and LSD sells for between \$150 and \$200 for 100 “hits.”







The  
**Ohio Substance Abuse  
Monitoring Network**

January 2004 — June 2004

**Meeting Nine  
June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN CINCINNATI, OHIO**

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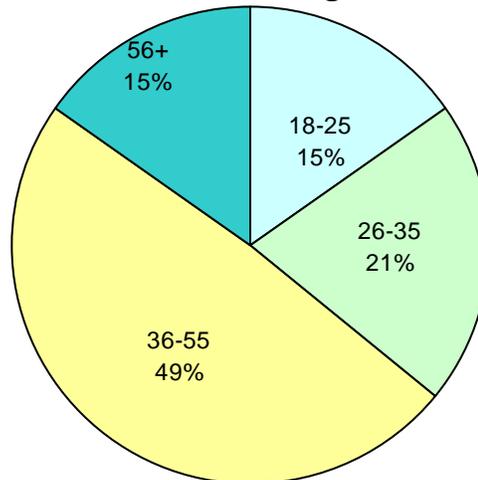
**A Report Prepared for the  
Ohio Department of Alcohol  
and Drug Addiction Services**

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**Qualitative**

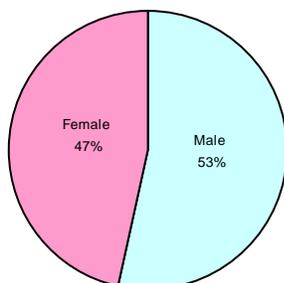
Focus Group	Participants	Type of Participants
5/11/04	6	Treatment Providers
5/13/04	6	Recovering Users
5/19/04	6	Health Educators/ Recovering
5/21/04	9	Recovering Users
5/25/04	8	Recovering Users
5/27/04	10	Active Users
<b>Total</b>	<b>Total</b>	
6	45	
<b>Interview</b>	<b>Total</b>	
	0	

**Age  
Active/Recovering Users**

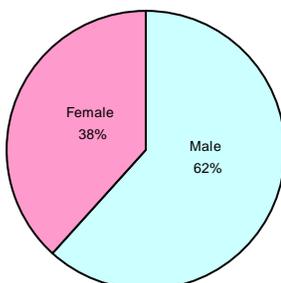


**Gender**

**All Participants**

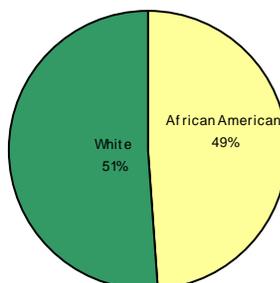


**Users**

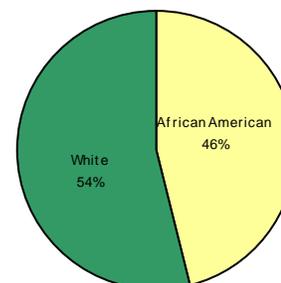


**Ethnicity**

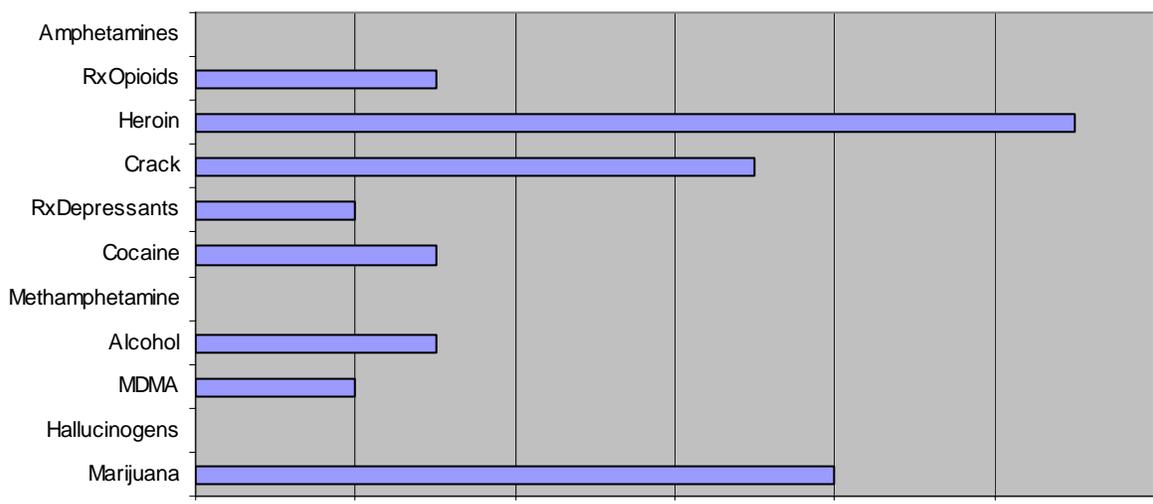
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Current Trends

Crack cocaine is reportedly readily available in Hamilton County, with an increase in availability noted to occur during the current reporting period. Depending on the area of the city, the availability was noted to be a slight or large increase over the last 6 months. A 58-year-old African-American male, current crack-cocaine user described the availability of crack cocaine as “24/7.” The observation noted by a 36-year-old African-American male, a recovering crack addict, was described this way: “(You) Can go right out the door and get some.”



Overall, participants reported a wide range in the quality of crack cocaine on the streets of Cincinnati. Additives described lowering the quality of crack included Vitamin B12 and baker’s yeast. Counterfeit crack cocaine, “fleece,” was reported as prevalent, being attributed to younger dealers looking to make enough money to purchase actual drug to sell.

The price for crack on the streets has remained relatively stable. The drug can be obtained for as little as \$2 a hit, with many users purchasing by price, not quantity of the drug.

Participants noted that crack-cocaine users are increasingly indiscriminate as to the lengths they will go to obtain the drug. A 54-year-old African-American male, a former crack user, noted:

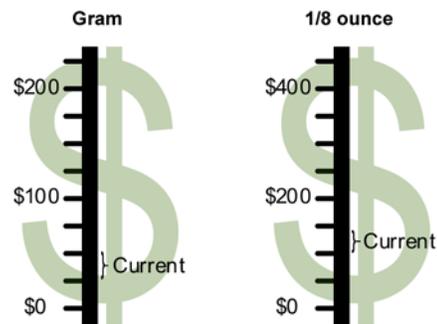


*You see people prostituting themselves for dope, for crack now too, that’s real common.*



Prices for various quantities of crack cocaine included 1 gram for \$30-50, an 8-ball (1/8 oz) for a range of \$50-70, and an ounce commanding in the range of \$500-600. Overall, the cost of buying crack in quantity decreased over this reporting period when compared to the second half of 2003.

Users of crack cocaine primarily smoke it in a pipe. Injecting the drug is seen; however, it is rare. Participants continue to describe lacing tobacco cigarettes and marijuana joints with crack cocaine.



The face on new users of crack cocaine is younger (11-17 years of age), primarily females, and predominantly African Americans. Younger individuals were also noted to be selling as well as using crack cocaine. Crack-cocaine use was noted as being attractive to the younger population due to its cheap price. The overall use of crack cocaine was described as being higher than the previous reporting period due to wide availability and low cost. It was also reported by several focus group participants that two new groups were observed to emerge over the last six months with regard to crack cocaine use: previous heroin addicts and older individuals in their 60’s and 70’s.

Several identified issues surrounding crack cocaine abuse deserve mention. The highly addictive qualities of the drug may cause the user to resort to desperate measures to obtain the

drug. The high obtained by crack-cocaine use causes the addicted individual to consistently chase it with increasing amounts of the drug. Money to obtain drug becomes an issue, leading the individual to use up available resources first, and then resorting to stealing or selling “services” to acquire more crack.

A 54-year-old African-American male, former cocaine addict, described one of the outstanding obstacles to getting treatment for crack addiction:

“ To get into treatment you need at least a minimum of \$20 bucks, which is not much, but if you’re on crack, you don’t have \$20 bucks...”

Rises in crime, gang activity, and homicides were all attributed to crack abuse in the city. A decline in family and the community were likewise related to increased crack use. These issues may deserve future exploration to determine the extent of the value of this information.

## Cocaine HCL

### Current Trends

Powdered cocaine (cocaine HCl) is readily available in the Cincinnati region, with a reported marginal increase in availability over the last 6 months. Participants described the availability as “out there same way as alcohol or marijuana” and “24/7.”



The quality of powdered cocaine available on the street overall has remained relatively stable, with reports of high quality unless the product had been “stepped on” to stretch it. Some of the substances described as being used to increase the bulk of the cocaine included milk sugar, sodium bicarbonate, baby laxative, and quinine.

The costs of powdered cocaine on the street varied depending on the area of the city or with how well the buyer knew the seller.



As one participant, a 32-year-old African-American male, former drug dealer, stated “(cost varies) depending on where you are in the food chain.”

The cost for a gram of powdered cocaine ranged from \$60-100 around the city. Likewise, the price for an 8-ball (1/8 ounce) varied between \$75-275. For a kilogram of cocaine, the price varied from \$15,000-18,000, up to \$25,000. If an individual was willing to transport the drug across state lines, the reward was free kilos of cocaine or cash.

This was described by the former drug dealer in this manner:

“ See what they would do...say for instance they give you 10 keys [kilograms] to run, you could probably make 1-2 off of that, so you’re really only running 8 or 9 is what they’re doin’...or if you want they’d give you cash.”

Snorting and injecting powdered cocaine (dissolved in liquid) are described as primary routes of administration. Participants in several focus groups described the practice of smoking tobacco and marijuana cigarettes mixed with powdered cocaine (“candy sticks”). Mixing (and injecting) cocaine powder with heroin, “speedballs” is still practiced by users. New users of powdered cocaine include younger individuals, ranging from age 13-14 years, up to 25 years of age. An increase in cocaine use among women in general, and both college-age students and middle-aged (40’s) individuals of both sexes was noted to occur over the past six months.



## Heroin

### Current Trends

The availability of heroin noticeably increased over the last 6-month period according to all focus group participants. Heroin was described by one participant as easy to obtain as “dog food.” In addition to an increase in availability of heroin, regions of the city traditionally known to be places to acquire the drug have expanded and now encompass new territories, increasing what is referred to as “heroin row.”



An African-American male, former poly drug user, confirmed the expansion as “[Heroin] Used to be one section, now it’s everywhere.”

This report was confirmed by several participants from different focus groups. Reports of “Black tar heroin” being leaked into the community from Hispanic immigrants were described by several participants in different groups. The quality of heroin available was reported as high, and slightly increased over the previous reporting period.



The cost for heroin remained relatively stable over the last 6 months, presumably due to steady supplies of the drug available. As little as \$5-10 will buy a “bag” of heroin, and many users buy heroin by a dollar amount rather than quantity. Prices for a gram of heroin ranged from \$175-250, with ½ gram typically selling for \$90. Heroin was reported as coming into the city from the East coast as “finger rolls,” (compressed heroin in rolls approximating the size of a roll of nickels). The product is further broken up prior to street sale if received in this manner.



The primary route of administration of heroin remains injection, but snorting and smoking is also popular. A trend noted among younger users is “skin-popping,” most likely the result of perception that this will not lead to addiction if the drug doesn’t go directly into the bloodstream. The trend toward younger new users applies to heroin as well, with kids as young as 13-14-years-old experimenting with heroin. The trend towards more white vs. African American users that emerged in the last reporting period continues this time around as well. There appears to be no noticeable difference in gender, with equal numbers of males and females using heroin.



Overdose of heroin continues to be a problem, especially among the young users who don’t fully recognize the implications of dose vs. response with the drug. Increased availability of Black Tar heroin will involve watching these case numbers closely.

## Other Opioids

### Current Trends

OxyContin® availability was noted to be slightly increased overall in the Cincinnati region in the last 6 months. As far as pharmaceutical diversion to the streets, OxyContin® leads the other opioids in both desirability and availability. Increased use pushed up the price



of OxyContin®, with the cost moving upwards to \$1 per milligram of drug. A 40 milligram tablet of OxyContin® was reported as costing between \$20-40 and 80 milligram OxyContin® could be obtained for \$50-80. The cost of immediate release oxycodone tablets ranged from \$3-7 for 5 milligrams and \$5-10 for 10 milligram tablets. While oxycodone, either immediate or sustained release may be swallowed whole, it is also crushed and snorted, chewed, or injected by users. OxyContin® remains the “pill” of choice on the street, and is noted to be both used by heroin users and create new heroin users, a factor that driven by economics and drug tolerance.

The introduction of an 80 milligram generic OxyContin® by TEVA Pharmaceuticals in late March changed the landscape of abuse of this higher strength extended release oxycodone product. The Cincinnati Drug and Poison Information Center (DPIC) received more than 200 calls between early April and the end of June for information that would identify these tablets. The majority of these calls (65%) came into the DPIC from the Cincinnati and northern Kentucky areas, with the remaining from the Toledo (20%) and Akron (15%) regions of the state. The generic version of 80 milligram OxyContin® was diverted to the street from pharmacies within 24 hours of the arrival to the city. The generic 80 milligram OxyContin® was reported to command a price approximating half of its branded version on the street (\$0.50/mg).

Diversion from the Methadone clinic in Cincinnati was not cited as a source for extra methadone on the street. Fewer of the 40 milligram methadone wafers were noted during this reporting period, but tablets and liquid methadone were readily available for individuals seeking the drug. There was a noted increase in price to obtain methadone; however, from \$0.50/milligram six months ago, to \$1/milligram this period, regardless of whether the formulation was liquid or tablet.

Morphine tablets, especially the sustained release (SR) morphine, were noted to be accessible, but not as popular nor as available as OxyContin® tablets to users. When available, the 60 milligram SR tablets could be obtained for around \$10-15/tablet, and the 100 milligram SR tabs could be purchased for \$40/tablet.

Other opioids frequently encountered as a result of pharmaceutical diversion include Vicodin®, Lorcet®, and Lortab®, products containing varying amounts of hydrocodone and acetaminophen. Vicodin®, Lorcet®, and Lortab® are all purchased according to the hydrocodone content in the tablet. Users frequently mistake the acetaminophen content in the tablets as the narcotic constituent, most likely because it composes a higher milligram amount in the tablets. Prices (based on hydrocodone content) vary from \$2-3 for a 5 milligram tablet, \$5-7 for a 7.5 milligram tablet, and \$7-8 for a 10 milligram tablet. Lorcet® and Lortab® tablets were found to cost similar to Vicodin® tablets, again dependent on hydrocodone content.

Less expensive than the past reporting period. Prices most likely reflect the easy availability of these tablets on the street.

Other opioids reported as available on the street in much smaller numbers include the following: Dilaudid® (hydromorphone) tablets; (\$40 per 4 milligram tablet), Darvocet®, a combination of propoxyphene and acetaminophen (\$1/tablet), and fentanyl extracted from Duragesic® patches that may be obtained for as little as \$3-4/patch.

Pharmaceuticals were generally ingested as intact tablets, or crushed and then either snorted or injected directly into a vein. The process of crushing then injecting tablets remains a dangerous drug abuse practice that has led to limb amputations, strokes, heart attacks, and pulmonary emboli in both inexperienced and experienced drug users. Patches containing the drug fentanyl were more likely to be cut open, with the contents ingested rather than being smoked or injected.



New users of pharmaceutical narcotics were reported to be more likely female rather than male, and as young as 13-14 years of age, or upwards to 30-40-year-old housewives. An overall increase in abuse of prescription narcotics was noted to occur in the last 6 months. As a result of the legal status of these drugs, an overall pervading perception by participants was that these are seen as less of an addiction problem than other more illicit drugs. One participant, a 25-year-old female, former crack and ecstasy user, complained that “A person that uses pills is red-flagged as a “No Narcotics” patient when admitted to a hospital” and doesn’t receive narcotics for pain control as a result. The issue of prescription narcotic abuse carries a double edge that is not likely to change anytime in the foreseeable future.

## Methamphetamine

### Current Trends

The availability of methamphetamine (meth) in the city is variable, with regional differences reported. Overall, all participants noted an increase in the availability of meth regardless of region. Prevalence is still noted to be primarily in the suburbs, with availability slowly increasing within the city limits.

A number of news reports in the past 6 months point to the increasing problem of meth abuse on communities where it is prevalent. The Hamilton County Sheriff’s department, in a news release dated January 29, 2004, reported a vehicular pursuit that ended with two young white males in custody. Both were pursued as a result of warrants for possession and manufacturing of methamphetamine. In Union Township (March 2004), 9 arrests were made in methamphetamine-related incidents over a one-week period. In one incident, 3 males (19, 23, 33 years of age) were arrested on charges of illegal assembly or possession of chemicals for the manufacture of drugs after attempting to purchase large amounts of Sudafed®. Another pair, a 22-year-old male, and 18-year-old female attempted to shoplift large amounts of Sudafed® from a store, and were charged with similar offenses. Four individuals, 3 males (21, 38, and 42) and one female, age 31, were arrested after purchasing large amounts of Sudafed® from the a local store (Community Press, March 17, 2004).



Another growing problem associated with methamphetamine manufacture is the children that are removed from the homes when methamphetamine labs are busted up. Several recent arti-

cles discussed some of the issues. In an article entitled “Meth takes toll on Children” (The Sunday Sun, March 14, 2004), Children’s Protective Services removed 50 children from homes where methamphetamine labs had been in operation in Clermont County. Chances that these children are reunited with their parents are slim, draining the counties’ resources in trying to care for these children. Clermont County had 36 children in protective custody in March due to meth labs, and was facing an estimated cost of \$438,000 to place them in foster homes. The children, once removed, are not reunited with any possessions from the home, including the clothes they are removed in due to contamination from chemicals used in the manufacture of methamphetamine. The article discussed kits that are distributed to case workers to protect their car seats, masks to protect the worker, and gloves to wear when handling the children. The need is obviously there to go to such measures too. In an article entitled “After Arrests, Meth Suspect’s Children Left for Adoption” the caption was “Caseworker Gets High Just Driving Kids Away From Home” (Channel Cincinnati online, accessed May 19, 2004).

The number of methamphetamine labs being discovered and dismantled continues to grow in epidemic proportions across the state of Ohio, with Summit and Clermont counties reported to have the highest numbers of labs busted up. The majority of these clandestine labs are being found in rural and suburb areas, but several recent busts in and around the city indicate that the labs are moving closer to the inner city. Mobile methamphetamine labs continue to create dangerous and unpredictable situations on the highways, for both law enforcement and citizens traveling the same stretch of road. The instability of the chemicals used to manufacture methamphetamine makes any lab bust a precarious situation for law enforcement as a rule.



The cost of methamphetamine on the street is reportedly \$90-100/gram. New users were reported as “high school” age, primarily White, with no noticeable gender differences.

Several participants noted that chronic methamphetamine users (they had contact with or knowledge of) were more likely to suffer from various dermal disorders, with peeling skin, open bleeding sores, or pock marks on their skin from picking at it. In addition, chronic methamphetamine users were described as having lost weight, hair, and teeth over time as they continue to use methamphetamine. Predominantly cited as being a drug that was smoked, methamphetamine was also abused by snorting, or injecting.



## Other Notable Trends

### MDMA/Ecstasy

A large increase in the availability of ecstasy was reported to occur over the last 6-month period. The tablets sold varied in design geographically around the city, and powder was described as being available for purchase as well. The powder was considered more desirable since it was less likely to have been adulterated with other drugs.



A 29-year-old White male and former ecstasy user, explained why the powder was more highly sought after over the tablet form:



*“Something you don’t see, the pills are always cut with something...you never know, cause a lot of them are cut with things, there’s heroin in some, there’s speed in some, a lot of ketamine in some, and a lot of it...some of it’s just nothin’...the pure ecstasy won’t press into a pill so ya have to cut it in order to make it a pill...I could get pure ecstasy in powder form and snort it...”*



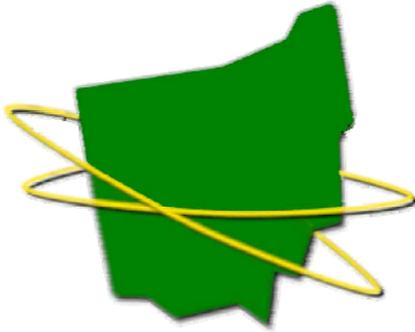
Another former ecstasy user, a 35-year-old White male, added that “You can even drink it” to the above participants’ disclosure.



The cost of ecstasy reportedly decreased slightly over the last six months from \$20-35/tablet to \$10-30/tablet. A jar containing approximately 100 ecstasy tablets was reportedly selling in the range of \$800-1,200. Ecstasy powder could be purchased for \$20-30 for 1/10gram. If powder was purchased, it was noted that it was sold as powder, and not pressed into tablet form for resale on the street. Several participants stated that ecstasy tablets were pressed in Canada and transported to the US.

There were no noted differences between male and female users of ecstasy cited during this reporting period, mirroring previous reports. The trend toward younger people accounting for the majority of use continues, with users as young as 12 years reported as new users. One participant, a 25-year-old female, reported a noted increase in users of Hispanic origin using ecstasy over the last six months. This may need further monitoring to determine if it is a new trend.





The  
**Ohio Substance Abuse  
Monitoring Network**

January 2004 — June 2004

**Meeting Nine  
June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN CLEVELAND, OHIO**

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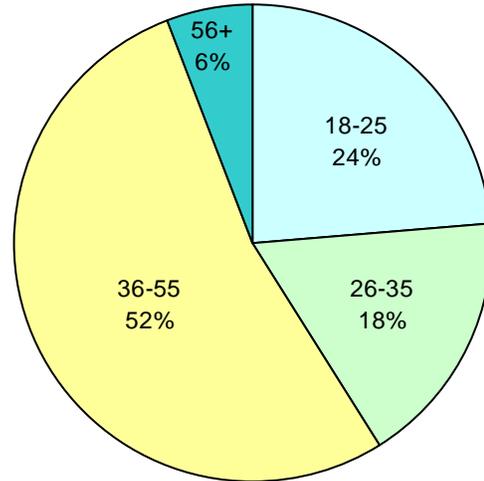
**A Report Prepared for the  
Ohio Department of Alcohol  
and Drug Addiction Services**

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**Qualitative**

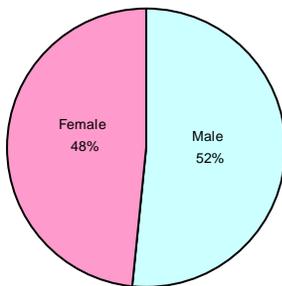
Focus Group	Participants	Type of Participants
4/7/04	8	Active Users
4/7/04	3	Treatment Providers
4/12/04	3	Treatment Providers
4/15/04	4	Treatment Providers
4/26/04	9	Recovering Users
<b>Total</b>	<b>Total</b>	
5	27	
<b>Interview</b>		
4/15/04	1	Law Enforcement
	<b>Total</b>	
	1	

**Age  
Active/Recovering Users**

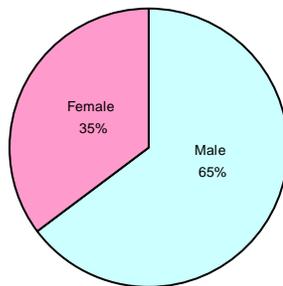


**Gender**

**All Participants**

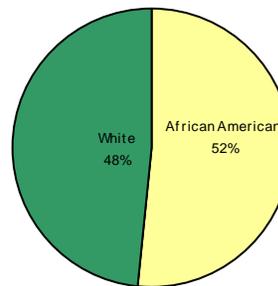


**Users**

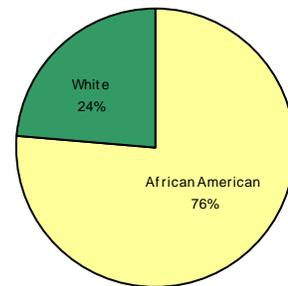


**Ethnicity**

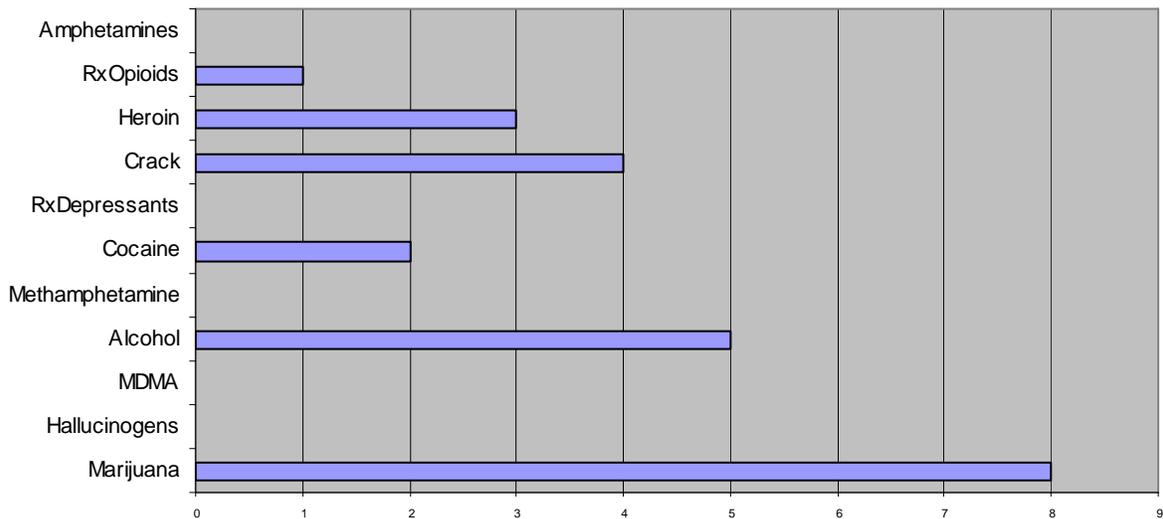
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



Since the beginning of the Ohio Substance Abuse Monitoring (OSAM) project, crack cocaine has consistently been reported to be the primary drug problem in the Cuyahoga County area. Crack cocaine has been readily available and the cost has remained the same at \$20 per rock. While smoking has been the commonly reported method of administration there have been reports since January 2002 of some injection use.

### Current Trends

According to most drug user groups and law enforcement, the availability of crack cocaine in the area remains high. As one user commented:

“ It’s everywhere...easier to get than milk...people come up to you on the street asking if you want to buy (crack). ”

Crack cocaine runs the gamut from being of poor quality to being of good quality and varies from dealer to dealer and neighborhood to neighborhood. User groups reported that much of the current crack in the area is poor with man-made chemicals added to “*stretch it out good.*” Law enforcement officers reported that the crack in the area is about 70% cocaine, depending on the dealer.

Participants reported that typical size rocks were selling for \$20 and “crumbs” or “shakes” were available for as little as \$3. One user reported that crack was available at any cost with dealers asking, “*How much money you got?*” While smoking remains the primary way of using crack, there were reports by user groups of individuals breaking down crack cocaine for injection use. Overall, focus group participants reported no change in the crack scene over the past six months, commenting that “*everyone does it.*”



Providers reported an increase in teens who were using crack and being referred for treatment. Treatment was seen as difficult for teens since they use anything, and this makes it difficult to determine a primary diagnosis. Users and providers commented that using crack is not as stigmatized as it used to be. This may be influencing the more widespread use of crack.

## Cocaine HCL



Powdered cocaine has consistently been reported as less available than crack cocaine in the Cuyahoga County area. Since June 2002 the cost has remained stable. Snorting has been the most common method of administration although increased injection use has been reported in previous reports.

### Current Trends

Consistent with previous reports, powdered cocaine was reported to be available in both the city and the suburbs according to the user groups and law enforcement. The availability was

reported as being within networks only and not on street corners or other open markets as is the case with crack cocaine. A law enforcement officer reported that powdered cocaine availability has remained stable over the past year and is more readily available in the suburbs than in Cleveland.

The price of powdered cocaine remained stable during this round with a gram of cocaine in the area still selling for \$50-\$80. Users reported that *“the more you buy, the cheaper it gets.”* All focus groups agreed that powdered cocaine users tend to be those who have more to spend. User groups reported that the drug tends to be used by middle-class white users, but sold by African-American dealers.



The powdered cocaine currently available was reported by users to be “cut more.” Users described knowledge of some who are becoming very ill from the chemical additives used to cut the cocaine. They believe powdered cocaine in the area is being produced by “lab coats,” professionals who are using new kinds of additives possibly kerosene and codeine. One user commented:

“ There is more “lab coke” running the streets than Columbian coke. ”

All focus group participants indicated that the route of administration for powdered cocaine remains primarily snorting although some users reported injection use or smoking powdered cocaine primarily when mixed with marijuana. Since the availability of powdered cocaine was not as high, user groups reported hearing of individuals who will break down crack with white vinegar in order to inject it.



Provider and user groups reported a concern that Cleveland high school youth, both girls and boys, are using powdered cocaine mixed with marijuana, especially in clubs. A female treatment provider indicated, *“in general our population is getting much younger.”* Provider groups commented that the use of powdered cocaine leads to use of crack in almost all clients.

## Heroin



Since June 2002, participants have consistently reported an increase in availability, greater purity and lower cost of heroin. Although intravenous use remained the most common method of administration, there is a new emerging group of young users who began by snorting heroin.

### Current Trends

Consistent with previous reports, heroin continued to be readily available, particularly on the West side of Cleveland as reported by all focus groups. Availability was usually through networks, although in some neighborhoods heroin was available on street corners or in high schools.



User groups reported a “huge increase” in the use of heroin while law enforcement described heroin use as “picking up slowly.” Heroin is “at least as available as crack” commented one female treatment provider. The cost of heroin according to users was (as in the previous round) \$20 a bag on the East side of Cleveland and \$10-\$15 on the West side. According to users, the “better” heroin was on the East side but is now carried to the West side. Users reported that Mexican and Dominican dealers are selling uncut tar. One user stated:

“ . . . the biggest supplier of heroin to us is these Mexican boys, you know what I am saying, these Dominicans and they ain’t showin’ up with heroin no more, they are showin’ up with their tar, you know what I’m saying, and that ain’t nothing but raw uncut dog food . . . ”

Most people were reported to be either snorting or injecting heroin. After a discussion of ways heroin was administered, a male treatment provider said:

“ Users begin snorting because they think it’s safe but then get addicted and start injecting. ”

Users reported seeing “a younger crowd” now using heroin. While crack is seen as a drug associated with crime, heroin is seen as a drug associated with illness.

## Other Opioids



Over the past year, OxyContin® emerged as a serious problem in Cuyahoga County. By the end of 2003, some OxyContin® users shifted to heroin due to the decreasing availability of OxyContin® in the county.

## Current Trends

Participants this round once again indicated that prescription opioids were difficult to get in Cleveland suggesting that you “need a connection” to get these drugs. However, in this round there was a reported increase in the overall availability of prescription opioids in the area, describing this as “the pill movement.” One user stated:

“ Everybody is popping pills. Since I am popping pills that is a prescription medicine I am getting a high that is not as hurtin’ me.... ”

During this round there were reports of generic OxyContin® in the area. Users reported that the generic drugs were not as potent.



Users reported seeing OxyContin®, Percocet® (oxycodone and acetaminophen), Vicodin® (hydrocodone and acetaminophen) and Darvocet® (propoxyphene and acetaminophen) available but only through known sources. A law enforcement officer commented that he was not seeing the pills out on the streets.

Users typically report the cost of \$.50-\$1.00 per milligram. Providers commented on teens in treatment who report OxyContin® is available

for \$10 and \$15 and generally not a primary drug of choice. Focus group participants reported these drugs were taken by swallowing them, but some individuals were breaking them down and injecting them.

## Methamphetamine



Previous rounds have not indicated a problem with methamphetamine in the Cuyahoga County area.

### Current Trends

Getting methamphetamine in Cuyahoga County still requires a connection. A law enforcement officer reported that methamphetamine is primarily being produced in Summit and Ashtabula Counties and has not emerged as a serious concern in this area. User groups reported that the labs are located far outside the city and that methamphetamine is used primarily by young users who already have an injection drug problem or by young users who are already smoking crack cocaine. Treatment providers reported seeing methamphetamine problems in clients who have recently been on the West coast and that methamphetamine rarely appears to be a primary drug of choice.

## Other Notable Trends

### MDMA/Ecstasy



While previous reports indicated Ecstasy was used mostly by whites, this round focus groups reported that it had “crossed over” into the Latino communities and was now part of the hip-hop scene.

This round, users reported that Ecstasy is becoming less easy to find in the Cuyahoga County area. Ecstasy was available for \$20-\$30 per tablet and generally named after cars such as “Mercedes” or “Mitsubishi.” Provider focus groups reported that Ecstasy is being used in gay clubs and in bathhouses. The most common way to use Ecstasy is by swallowing.

Prior reports indicated that treatment does not appear to be available for those using primarily Ecstasy. Providers participating in this round echoed this impression.

### PCP

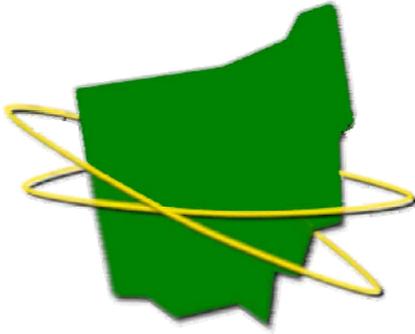
This round echoed the previous OSAM rounds indicating an increase in the availability of PCP in the Cuyahoga County area.

Participants in this round reported that PCP continues to be very available in the Cuyahoga County area, at \$10 a dip. Generally used along with marijuana, participants reported that primarily African Americans are using “wet.” PCP was described as “an inner city drug” used pre-

dominately by teenagers through those in their late 20s.

Treatment providers reported PCP use this round linked to mental health problems, including suicide attempts and “crazy” behavior (psychotic episodes).





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# **SURVEILLANCE OF DRUG ABUSE TRENDS IN COLUMBUS, OHIO**

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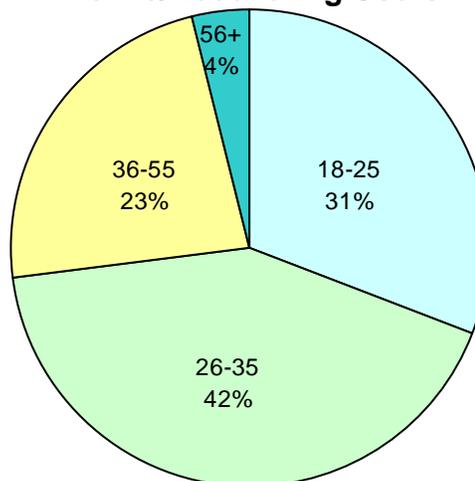
**A Report Prepared for the  
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**Qualitative**

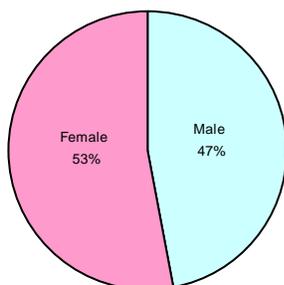
Focus Group	Participants	Type of Participants
3/10/04	8	Active Users
3/25/04	6	Recovering Users
4/5/04	6	Recovering Users
4/22/04	7	Active Users
5/25/04	7	Treatment Providers
<b>Total</b>	<b>Total</b>	
5	34	
<b>Interview</b>		
	<b>Total</b>	
	0	

**Age  
Active/Recovering Users**

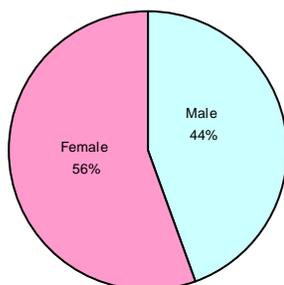


**Gender**

**All Participants**

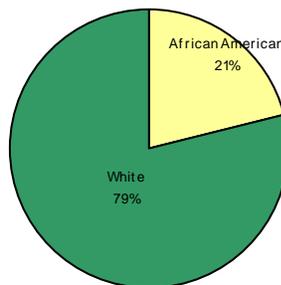


**Users**

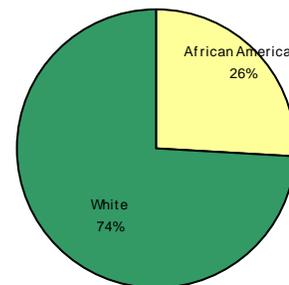


**Ethnicity**

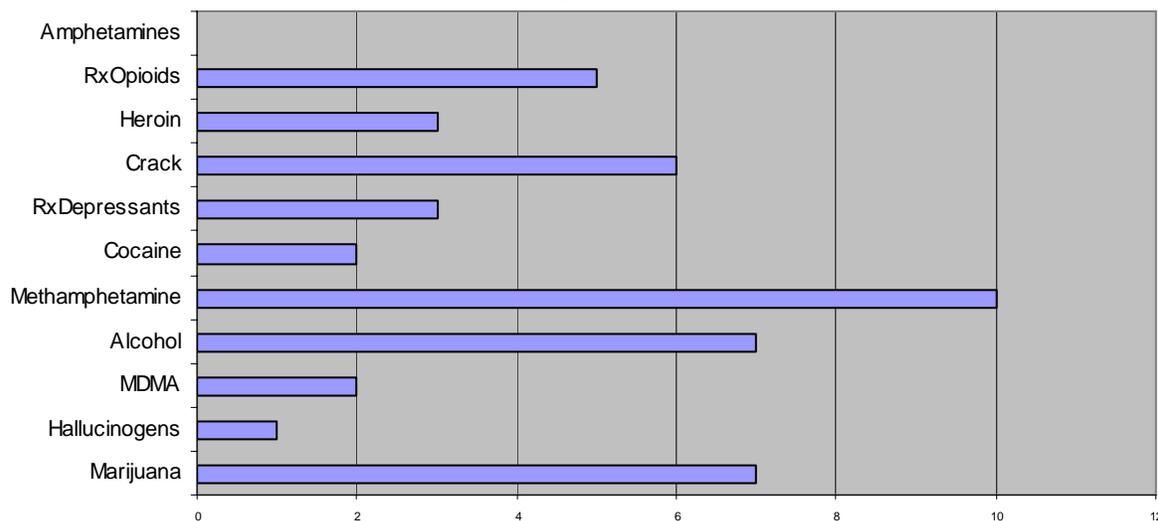
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



Crack cocaine has consistently been reported as the most prominent illicit drug problem in the Columbus area, especially among the poor African-American population. OSAM participants have stated that in some areas crack cocaine is readily available on street corners in Columbus. In January of 2004, active users reported that crack-cocaine use was increasing among younger (mid-20s) individuals, though treatment providers maintained that crack was still highly stigmatized among college students.

### Current Trends

In this round of interviews, active users, recovering users, and treatment providers continue to report that crack-cocaine is widely and easily available in Columbus and other parts of Franklin County. According to a representative of the Columbus Department of Health, admissions to outpatient treatment centers with a primary diagnosis of cocaine addiction increased by 2% from 2000 to 2003. In March of 2004, the *Columbus Dispatch* reported that 16 arrests were made and 8 ounces of crack cocaine were seized in a drug sweep on the city's east side. In April of 2004, the same paper reported a crack-cocaine-related homicide in Franklinton.

According to one focus group participant, a 51-year-old African-American man in recovery for crack-cocaine dependence, *"I think it's easier [to purchase crack cocaine]...Heck yea...I could leave here and I wouldn't have to go that far, I could buy it...actually almost walking distance."* A 45-year-old African-American woman, recovering marijuana and crack cocaine user, stated that crack is on *"every street corner."* Active users characterized crack users as *"poor like homeless black people," "minorities,"* and *"old white rednecks."* Treatment providers agreed that crack was viewed as *"lowest of the low,"* and is highly stigmatized among student and gay populations. About the gay community, one provider said: *"these are not people who shop at K-Mart"* as an explanation for why they won't use crack. A treatment provider who works with Columbus-area adolescents stated that crack use is more likely to occur among young people in certain areas of the city:

*"But um, one thing we find with our clients, adolescents of course, they're not as mobile as adults tend to be, demographically, where they live in the city, and their socioeconomic status, that tends to play a role in that, too. If you happen to live in a neighborhood where, you know, there's ten crack dealers on the corner...so you know, it's availability, what's close, what can I get, um, but I wouldn't say it's, um, over the last six months to a year, has greatly increased or greatly decreased. Um, it's still not one of the major things bringing kids into treatment, but I mean, it's still there."*

A treatment provider who administers Intensive Outpatient Treatment Programs (IOP's) stated: *"for IOP's where...a lot of your um, crack dependent, cocaine dependent um, clients will...fit that level of care...we've had to close down intakes three times last year because the three IOP's were full."* Though some recovering users reported that crack is being used by younger age groups in suburban and rural areas, an African-American recovering crack-cocaine user stated:

“ Most of the people that I deal with are the same people...but um every once in a while I run into new people...you know what I mean? You can tell they been, they been out there for a while. ”

Active and recovering users reported that the quality of crack cocaine is highly variable, depending on who is selling, who is buying, and where and when the purchase is made. One 28-year-old white man, who stated that he had “a couple blow outs” with crack in the preceding month, said: “Sometimes it lays you up, sometimes you’re just like man that really sucked...I want my money back.” A focus group participant who was recovering from crack-cocaine addiction stated:

“ It just depends on the neighborhood or who you affiliate with...a lot of people, um if they’re greedy about money they blow it up, that means they add more soda to it... that means the quality of it is very poor...now if they don’t use that much soda then they got high quality crack cocaine. ”

Prices were reported to range from \$90 to \$130 per “eightball” (1/8 ounce), a decrease from prices reported in the last round.



## Cocaine HCL



Powdered cocaine has remained readily available in the Columbus area. In 2002-2003 the price of powdered cocaine dropped from around \$100 a gram to \$50 a gram or even less. Like crack cocaine, the quality of powdered cocaine has been reported as highly variable in the past. In January 2004, young active users reported that powdered cocaine was becoming more available in the rave/club scene, and that its social acceptability with college-age users was also increasing.

## Current Trends



According to both users and treatment providers, cocaine HCL remains highly available, though less prevalent than crack cocaine. According to treatment providers, cocaine HCL is still associated with more affluent users. Younger users and recovering users again reported increased use among younger groups.



Though one group of older recovering users (ages 35-52) reported that cocaine HCL was increasingly rare on the street, young active users (ages 21-30), other recovering users and treatment providers reported that cocaine was still readily available, especially among particular crowds. According to one 23-year-old white woman, whose primary drug of choice is methamphetamine:

“ In the past six months [powdered cocaine has] been more available...it just wasn’t on a radar like most people I knew like just, dealt with speed...or weed maybe and that’s it...sorta dumped the coke for, for that...but I’ve seen it, it’s been more around like past six months. ”

A treatment provider who works with the Columbus gay community reported about abuse of powdered cocaine:

“It’s still around and I would agree...that it’s usually people who have more resources available...especially among some older gay men I talk to...I guess because it’s more expensive, with having a bit more class to it.”

As reported by active and recovering users, the quality of cocaine HCL is variable by location, buyer and source. According to some recovering women users, cocaine HCL is likely to be of higher quality than crack because the clientele are more selective:

According to one active user, a 21-year-old white male who had used a wide variety of club drugs, the quality of cocaine HCL in Columbus is not good compared to other areas of the country. He said that when he “moved here [to Columbus] it was like...dirty people ran through it...the stuff around here is just really cut...”

Participant 1: it’s a rich man’s high so therefore the quality is gonna be good, right, it’s gonna be an excellent quality.  
Participant 2: if you’re a dealer and you’re buying the cocaine you want the best quality that way you can...cut it more...if you get really, really good cocaine you can blow it up more.

Treatment providers reported that powdered cocaine is still seen as a “luxury drug,” though used regularly by college students and the gay community. One provider, who works primarily with college students, referred to the persistent phenomenon of the “coke room” and said: Young active users agreed that powdered cocaine is more popular among “younger college

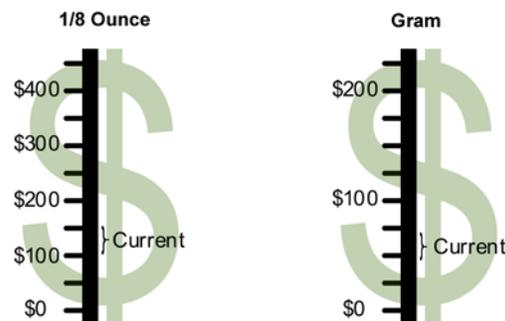
“Yeah, I would say that, you know, cocaine is prevalent, powder cocaine’s prevalent at parties, um, it’s kind of, you know, take it here or there. Um, I don’t see a real trend and, an increase in use. Um, it’s kind of this, it’s, it’s definitely still a kind of glamour, glamorized drug.”



people,” because, according to a 23-year-old white woman, “it’s like one of the first experimentation powders, ya know...the first powder drug I’ve ever done was cocaine.” A group of recovering users, consisting mostly of African-American women, reported that powdered cocaine was increasingly popular with younger people, including those who sell crack:

Participant 1: a lot of young kids are doing that...because they don’t think it’s as dangerous as the crack cocaine...so a lot of the kids...around about thirteen, fourteen, fifteen years old...  
Participant 2: there are a lot of drug dealers, they toot cocaine and sell crack.

According to focus groups of active and recovering users, prices for cocaine HCL remain relatively low by historical standards (\$40-60 per gram, \$110-150 per eightball) but are still too high for some groups of users to easily afford. Treatment providers who work with clients referred by the criminal justice system reported that cocaine HCL prices place it beyond reach of many users in their



programs. In addition, one group of young active users described cocaine HCL prices as “kinda high” and stated that a price of \$60 per gram is “taxed.”

## Heroin



Since June 2001, heroin abuse has been reported as increasing in Columbus, especially among young whites in suburban areas. A high unmet demand for treatment was also reported in January 2004. While not as prevalent as crack or cocaine HCL, heroin has been previously reported as readily available in Columbus.

### Current Trends

In this round, treatment providers continued to report that heroin use is increasing among younger individuals, including adolescents. Recovering users corroborated this, reporting more young heroin users in treatment programs.



Heroin was reported by active users, recovering users, and treatment providers as widely available across all areas of Columbus, though sometimes requiring more effort to find. A 27-year-old white man, who actively uses heroin, stated:

“ Well I can pretty much find it whenever, I mean if I have a car or vehicle, I can, I can almost guarantee I can find it...well a lot of it's not having a car, it's like I know where it is and, having no wheels though...if I had a car I'd be probably a junkie again...that just helps with anything, it's spread out. ”

A treatment provider who works with adolescent drug abusers reported:

“ [Heroin is] very available, I mean if, like...all demographics, it's not just lower income folks, or minorities... I usually ask the kids when they come in, you know, what can you get at your high school and...you can get it anywhere, it's very accessible. ”

Young active users experienced in heroin reported the quality to be variable. One 23-year-old white woman claimed that her roommates were heroin users, and stated:

“ [According to the people I live with it's not good lately...it's always cut and it comes out really light brown compared to, like, the darker brown's supposedly is more potent... or they don't, they're always complaining or like bitching about how it's cut and it never gets 'em high.... ”

Most heroin sold in Columbus is brown powder, though two users reported recently purchasing black tar heroin. Heroin is normally sold in twenty dollar amounts, about .1 gram, enough for 1-3 shots. One of these users stated that the black tar was more potent and could yield 4 “fat shots.”

In this round of interviews, recovering users and treatment providers again reported increases in numbers of young heroin users. A 35-year-old white man, dependent on prescription opioids, said:



“ I came into rehab back in 1991 and mostly like eighty percent, seventy percent alcohol...now you go into detox and it's like seventy percent heroin...you got young kids with tracks and stuff, it is amazing. ”

A treatment provider who works with adolescent drug users stated:

“ [There has been] a surge of heroin abuse or dependence, and as I said, younger and younger ages. We have had some twelve and thirteen year olds addicted, I mean, pretty heavily addicted, not just experimenting, partying, so there's definitely been a surge in that. ”

Treatment providers, recovering users, and active users all mentioned the continuing phenomenon of individuals becoming addicted to prescription opioids and later transitioning to heroin use. According to one 35-year-old man, who is recovering from opioid abuse, but has never used heroin:



“ That's why the population of heroin addicts in detox is where it is today, I bet it's sixty to seventy percent's on heroin and shooting up, from the adolescents to the one I'm in right now, because they can't afford to get the pills, and mostly it's because of uh money. ”

A treatment provider who works for a large methadone program also reported that individuals with legitimate pain issues become addicted to pain medication, and: “...the physician that's treating them panics and stops filling their opiate prescription so they start using street drugs and eventually end up on heroin.”

## Other Opioids



Prescription opioids such as OxyContin® (oxycodone controlled-release), Vicodin® (hydrocodone), and Percocet® (oxycodone & acetaminophen) have previously been reported as popular in Columbus by users and treatment providers. In January 2004, there were reports of increasing opioid use by younger individuals and continuing reports of prescription analgesics as a pathway to heroin abuse. The Franklin County coroner's office reported an increase in deaths from prescription medication overdoses from 2000-2003. The number of prescription-drug abusers at local treatment centers more than doubled, from 60 to 128, in the same period (Columbus Dispatch). According to a 2003 survey by the Safe and Drug-Free Schools Consortium (funded by the Columbus Medical Association Foundation, US Department of Justice, and United Way) an increased illegal use of prescription drugs was reported by Franklin County high school students. This increase was attributed to the popularity of OxyContin® and Vicodin® (Columbus Dispatch).

## Current Trends

OxyContin® was reported by users and providers as being available in Columbus, though not as readily as Percocet® or Vicodin®. Some users reported that abuse of methadone tablets and wafers is increasingly common as well. According to one group of recovering users, most of whom were prescription drug abusers: “everybody from us to your house wife next door...is taking pills.” A recovering woman user remarked on the ease of obtaining opioids through legitimate medical channels:

“ Doctors are so, so quick to just pass you off a prescription...I've been in the emergency room so many times I couldn't even count and faked my back hurting or headache...and they'll give you vicodin like that. ”

As noted above, providers and users continued to report prescription opioids as a pathway to heroin injection. Providers also reported increases in polysubstance abuse and opioid admissions. A 35-year-old recovering opioid abuser reported that prescription analgesics are extremely popular among certain types of manual laborers:

“ Almost every roofer I know...does pain pills on the job...because of what they can perform then.... I could double my, what I could do in a day by having those [tablets]...because my... own endorphins wouldn't give me the will power to put on what I could put on when I doubled it. ”

A clinical service provider also stated that most of the opioid abusers he encountered were workers on disability seeking to maintain their prescriptions.



OxyContin® was reported by users as popular but expensive (about \$1 per milligram, or \$20-80 per tablet, depending on the dose) compared to Vicodin® and Percocet® (\$2-10 per tablet) and therefore not as prevalent. Popularly known as “hillbilly heroin,” it has acquired a reputation as a dangerous drug. Users reported hearing of many deaths associated with OxyContin® overdose. According to one recovering user:

“ There's a lot a danger in taking oxys, that's why a lot of people don't really do it...so they, I think a lot of people turn to like the xanax and...percocets and...vicodins and stuff like that that's not as dangerous... ”

Users and service providers reported that prescription opioids are popular across many demographic groups, including middle-class whites who do not perceive them to be as “dirty” or dangerous as illicit drugs. Prescription drugs or “pharmies”, in general, were also reported by active users to be preferred by some ex-heroin and crack addicts who didn’t want to take further risks with illicit drugs.

## Methamphetamine



In previous OSAM rounds, active and recovering users have reported methamphetamine to be increasing in availability and popularity among young, mostly white individuals and those frequenting clubs and raves. Treatment providers, on the other hand, have reported few individuals seeking treatment for methamphetamine. Methamphetamine has been reported as expensive (\$40-80 ½ gram) and less available than cocaine HCL and crack cocaine. In January of 2004, five Columbus-area individuals were convicted for production and distribution of methamphetamine, the result of a police investigation in which 18 clandestine methamphetamine labs were seized (NBC4).

### Current Trends



In this round, active and recovering users reported that experienced club drug users are continuing to switch from ecstasy and other “club drugs” to methamphetamine. One treatment provider reported a marked increase of methamphetamine use in Columbus’s gay community.

Recovering and active users reported that methamphetamine is readily available and increasingly popular in Columbus, but not always easily obtained. A 23-year-old white woman, recovering from prescription drug abuse with significant experience using ecstasy, methamphetamine, and “club drugs,” stated:

“ I don't think it's as easy as other drugs...but ya know with any drug if you, if you really want it you can find it...I mean it's not, it's not like it's on every street corner like crack...”

Participants in a focus group involving young active users offered similar observations. A 24-year-old white man, a regular methamphetamine user, stated: “it's hard to get but it's always on, ya know what I mean?”

Active and recovering users reported that methamphetamine is increasingly prevalent among experienced drug users in the party and club scene. A 23-year-old white woman, whose preferred drug was methamphetamine, reported: “there are a lot more people using it now though...there are way more people using it now than last year.” Some active and recovering users reported using methamphetamine after becoming bored with ecstasy and other “club drugs.” According to a 24-year-old white woman who was recovering from prescription analgesic abuse, “Meth comes later, with being in the scene longer.” Treatment providers serving the Columbus gay community also reported that methamphetamine is replacing other “club drugs.”



“ With um, methamphetamine, it's just easier, it's one stop, so people don't necessarily have to have the Ecstasy and then a bump of K or whatever, to kind of uh, rejuvenate their buzz or whatever, they would just stay on the crystal meth. ”

Users reported that prices for methamphetamine were highly variable, ranging from \$35-\$200 per gram. This was attributed to varying quality and demand. Methamphetamine is often categorized according to its quality: the term “crank” designates the lowest quality, associated with small-scale producers in rural areas, while “glass” or “ice” refers to higher-quality methamphetamine which is usually imported from outside the Midwest. One white woman, a recovering user, reported:

“ I've gotten a gram of crank for like thirty-five dollars... just because, ya know, it was...quality is so...shitty...where as glass I've paid a hundred dollars a gram, and that was cheap. ”

A focus group consisting primarily of young (21-30) active users of methamphetamine reported prices up to \$200 per gram.

Smoking and snorting continue to be common methods of administration. However, some active methamphetamine users reported a new mode of administration referred to as “hot railing,” which was described as inhaling crystal methamphetamine through the nose as it vaporizes while passing through a heated glass pipe.



## Other Notable Trends

### MDMA/Ecstasy

In this round of interviews, ecstasy was reported by both recovering and active users as readily available, especially in certain social settings. Recovering users in one focus group reported that there was a “high demand [for ecstasy], you can get it anywhere you



go,” that it was “really, really easy to get” and “it’s up there with the cocaine and crack” especially on campus and in strip clubs. A participant in a focus group for young active users, a 28-year-old African-American man who uses methamphetamine and MDMA, reported: “it’s decently convenient to get still, it’s just kinda hard to actually come across like the different forms of powder ecstasy that might be really good....”

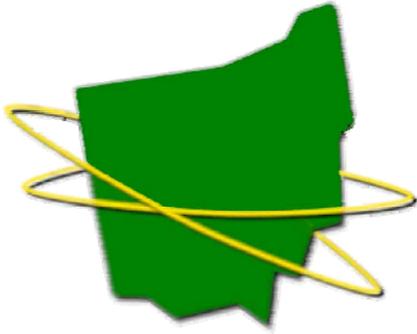
Though all groups reported ecstasy as readily available, there were some conflicting messages about the use of ecstasy in the Columbus area. Some recovering users reported that ecstasy was being used casually and recreationally by people who wouldn’t use other drugs, including middle class couples. The 28-year-old African-American man, quoted above, stated that people who wouldn’t use methamphetamine would use ecstasy:

“Especially on campus when you have a lot of your kids that are moving here from other cities and stuff...they’ll think a little bit more about glass than they would about ecstasy which is why they’re, they’re doing a lot more pills.”

However, treatment providers continued to report that ecstasy use was decreasing due to negative publicity and education.

Prices reported for ecstasy were variable. Some recovering users reported that ecstasy tablets could now be purchased for \$15 to \$20 a tablet, but active users reported prices ranging from \$20 to \$30, with some people paying as much as \$40.





The  
**Ohio Substance Abuse  
Monitoring Network**

January 2004 — June 2004

**Meeting Nine  
June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN DAYTON, OHIO**

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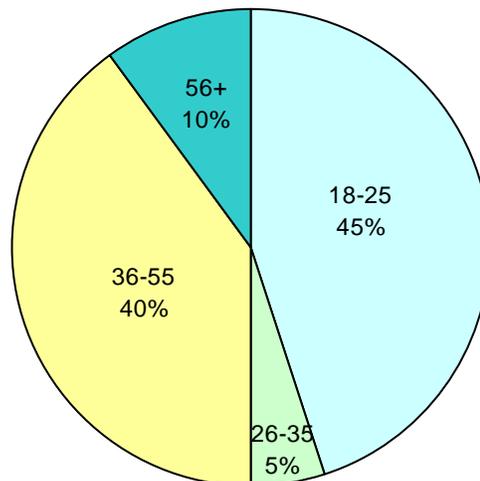
**A Report Prepared for the  
Ohio Department of Alcohol  
and Drug Addiction Services**

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**Qualitative Data Sources**

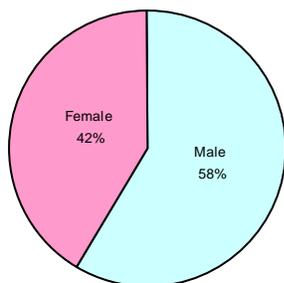
Focus Group	Participants	Type of Participants
2/26/04	6	Active Users
3/17/04	6	Active Users
4/02/04	6	Active Users
4/27/04	3	Crime Lab Professionals
5/05/04	6	Treatment Providers
5/20/04	7	Probation Officers
<b>Total</b>	<b>Total</b>	
6	34	
<b>Interview</b>		
4/21/04	1	Recovering heroin user
4/21/04	1	Recovering heroin user
	<b>Total</b>	
	2	

**Age  
Active/Recovering Users**

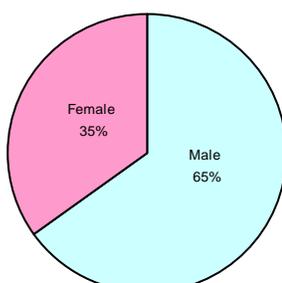


**Gender**

**All Participants**

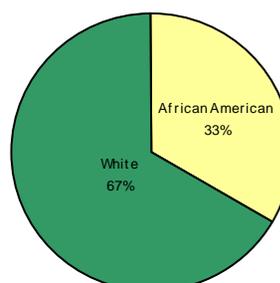


**Users**

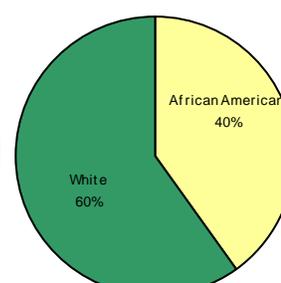


**Ethnicity**

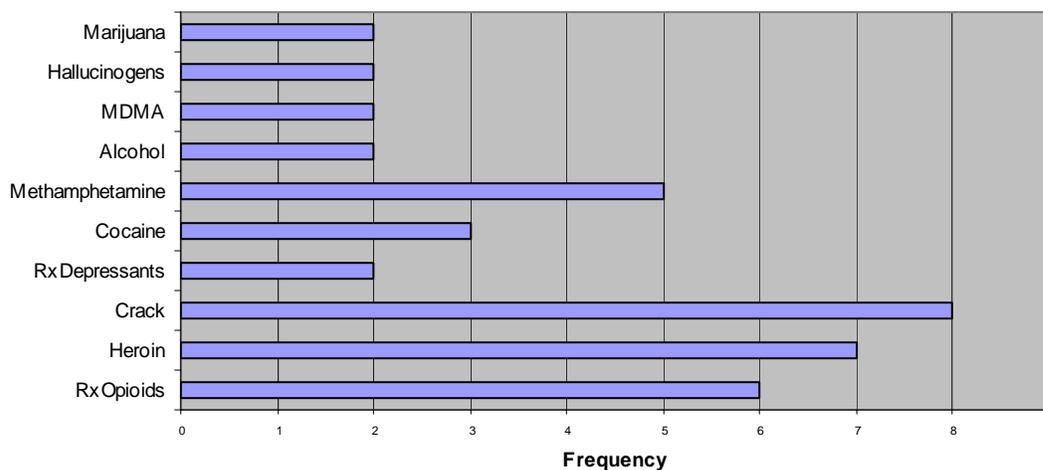
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



Since January 1999 when the OSAM Network first began monitoring drug trends in the state, crack-cocaine abuse in the Dayton area has remained at relatively high levels. Since January 2000, participants have been reporting about an emerging user population consisting of middle-aged and older men from suburban communities. Since January 2001, an increase in juveniles and young adults abusing crack cocaine has been reported. In January 2003, some evidence was obtained about an emerging trend of crack-cocaine abuse among the local Hispanic population.

### Current Trends

Drug users, probation officers and treatment providers agreed that the availability of crack cocaine continues at high levels. Drug users pointed out that crack continues to be extremely easy to access and reported that on a scale from 0 (no availability) to 10 (high availability), they would place crack cocaine at 10. A 46-year-old white woman who abused prescription drugs and crack cocaine described it in the following way:

“ You can ride down the street and they would knock on my window, and show me who had the biggest rock, ya know what I'm saying, I mean it's like they would come to you, you wouldn't have to go to them. That's an everyday thing...”

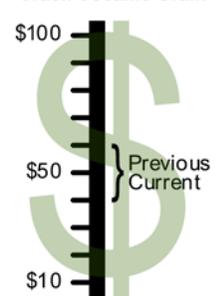
Crack Cocaine Availability



Most active users believed that the quality of the drug continued to decrease, but this perception most likely was influenced by increasing tolerance to the drug. Crime lab professionals, on the other hand, reported that most of the crack cocaine that they test, even small amounts and residues on crack pipes, is of fairly high purity.

Active users reported that a gram of crack cocaine on average sells for \$50, 1/8 ounce may sell for as low as \$90, but an average price is around \$110. An ounce of crack cocaine sells for around \$850. The prices were similar to the previous reporting periods.

Crack Cocaine Gram



Crack continues to be a highly stigmatized drug. Some young users described it as a “ghetto” drug, more commonly abused by African Americans and people of lower socioeconomic status. However, other focus group participants reported seeing an increasing diversity of the user population. For example, a 40-year-old white man, who abused crack cocaine but considered methamphetamine his current drug of choice, pointed out, “It was a connotation when it first came out that it was a ghetto drug, but I've sold to doctors, lawyers... people that you would never believe.” Some treatment agencies observed an increase of crack use among whites. Crack use among young individuals who may get initiated to crack in their teen years, continues to be reported by active users and probation officers. According to probation officers, the majority of the crack users that they see are individuals in their 20s.



Smoking remains the most common method of administration. However, crack injection continues to be occasionally reported by users. For example, a 35-year-old African-American

woman, who has been using heroin for about 9 years, reported that she preferred to inject heroin together with cocaine (speedball); on some occasions, however, she would inject crack cocaine instead of powdered cocaine:

“ If I have powder cocaine and ya know it’s not that good then I can get some alright crack and melt that down and that’s much better or I’ll mix ‘em both together ya know.”

Lacing marijuana with crack cocaine (“primo”) continues to be reported by active users. Reportedly, this form of administration is more common among younger users and may be perceived as less stigmatizing. A 35-year-old African-America woman, heroin user, observed, “They think that’s different, ya know if you don’t hit the stem if you just put it in your weed or something, they think you’re not a crack head.”

Media reports this period continue to corroborate the high levels of crack abuse in the area. Between February and June 2004, Dayton Daily News reported three cases related to crack-cocaine trafficking and/or abuse (DDN, 03/13/04; 04/08/04; 05/21/04). WHIOTV reported one case of crack-cocaine trafficking (whiotv.com, 06/01/04). One of the recent cases involved a 74-year-old suburban man who was arrested for purchasing crack cocaine. Reportedly, he became involved in crack-cocaine “scene” in relation to his dating partner, a young woman who abused crack cocaine (DDN, 05/21/04).

## Cocaine HCL



Since June 2000, the OSAM Network began reporting some increases in powdered cocaine abuse. In 2002, decreasing prices and increasing availability of the drug were reported in the area. In 2003, reports about powdered-cocaine abuse continued to increase, especially among suburban youth in their late teens and early 20s.

### Current Trends

According to active user reports, powdered cocaine continues to be highly available. Active and recovering users agreed that on the scale from 0 (no availability) to 10 (high availability), they would rate availability of powdered cocaine at the level of 8 or 9. According to the inner-city users, powdered cocaine is highly available, but the availability is somewhat lower compared to crack cocaine.

The prices continue to be reported at \$50 per gram and as low as \$650 per ounce (Figure 1). Some young suburban users reported that they buy powdered cocaine for \$80 per gram. According to most users, it is a significant decrease compared to couple of years ago.

Most active users believed the quality of the drug continued to decrease. According to many, the decreasing price of powdered cocaine was an indication that the quality of the drug has also been decreasing. A 47-year-old African-American man, heroin user, commented, “The quality



ain't nothing...any time you go buy an ounce for \$650, a gram for \$50 or something, ya know it's crazy, it's ridiculous, man." However, crime lab professionals reported that the purity of the drug is typically fairly high.



According to some users, cocaine has traditionally been considered a suburban drug. A 47-year-old African-American man who used heroin and OxyContin® pointed out, "Cocaine has never been a ghetto drug anyway, it's always been a suburban drug cause couldn't afford it in the ghetto." However, due to decreasing prices, powdered cocaine now is becoming accessible to more diverse user groups.



Reportedly, powdered cocaine abuse is increasing among young individuals both from suburban and from inner city communities. A 22-year-old white man, recovering heroin user, commented: "High school kids, college kids, uh, they love the cocaine because they can stay up all night, drink on it and party..." Both young and more experienced heroin injectors agreed that speedball (powdered cocaine and heroin) injections are increasingly common. A 35-year-old African American woman who has been using heroin for about 9 years, but currently preferred speedball injections, commented:

“ Even if I'm sick from the heroin, if I don't have my cocaine... I still will stay sick until I try and try and try to get some cocaine to go with it [heroin]... I love to do it, speedball.... ”

A 22-year-old white man, recovering from heroin abuse, pointed out that among his peers speedball injections are very common, and about 30-40% of all heroin using people that he knows started injecting a mixture of heroin and cocaine. User reports were corroborated by crime lab professionals who indicated that a larger proportion of syringes that they test in their lab have traces of both heroin and powdered cocaine in them.

Some users related this increase in speedball injections to high availability of relatively inexpensive powdered cocaine. A 35-year-old woman who injected heroin and cocaine, commented: "it's [powdered cocaine] almost a gift to ya if you buy heroin." Furthermore, others believed that this increase is due to the decreasing quality of heroin. A 47-year-old African-American man, who considered heroin his drug of choice, pointed out:

“ It's almost a necessity because the drug[heroin] is so bad, ya know, and if you really ain't putting the cocaine with the boy [heroin], you ain't getting exactly what you need, and what you looking for out of it 'cause the boy is garbage. ”

Other heroin users believed that mixing powdered cocaine with their heroin would keep their heroin habit under control. A 75-year-old African-American male heroin user commented: "They try to wash it out with the cocaine so they won't get hooked so bad..."

Between February and June, 2004, Dayton Daily News reported six cases of powdered cocaine trafficking and/or possession in the area (02/04/04; 03/13/04; 03/24/04; 04/08/04; 05/14/04; 05/26/04). The most significant case involved trafficking of 9kg of powdered cocaine (05/26/04). WHIOTV reported two cases of powdered cocaine trafficking (05/07/04; 05/19/04). The most recent case involved arrest of individuals accused of selling powdered cocaine to suburban high school students (05/19/04).

In summary, similar trends identified in the previous reporting periods regarding cocaine use continue this round. Powdered cocaine is typically easily accessible to very diverse user groups; abuse continues to be common among high-school age youth and young adults. However, adult treatment providers do not see significant increases in powdered cocaine abuse among their clients.

## Heroin



In June 2000, the OSAM Network in Dayton started reporting increases in heroin availability and abuse. The fastest growing population of heroin users was described as white suburban youth in their late teens and early 20s.

### Current Trends

For the current reporting period, eight heroin users were interviewed. Some of them have used heroin for a long time, others were “novices” to the heroin scene. The majority of the participants reported increasing availability of heroin. Some users commented that heroin is becoming as accessible as crack cocaine. Furthermore, a 35-year-old African-American woman who has used heroin for about 9 years commented:

“ You can get it anywhere, ya know. You used to have to go over to the apartment complex on the West side, now you can go on the East side, you can go Downtown Dayton, and get it right there at the bus stop, ya know. ”

A 22-year old white man, recovering from heroin dependence, estimated that on a scale from 0 to 10, heroin availability must be around 9 or even 10. Another group of drug users, most of whom considered methamphetamine or marijuana their drug of choice, believed heroin availability is at the level of 7-8 on the scale from 0 to 10.

The majority of the white suburban users would have to come down to the inner city area to find heroin. Even though many regular users typically have their preferred dealers whom they have to contact by phone or go to their house, street sales are also extremely common. A 22-year-old white male who is currently recovering from heroin dependence, described his experience of going to the area where heroin dealing is common:

“ They’re knocking on my windows asking me... they’re whistling at you, as soon as you pull down there. ‘Cause once you see a white guy and a girl down on that street... You pull into a gas station, you got four or five guys coming up and asking you. ”



The users pointed out that they mostly see dark brown, light brown or whitish heroin available on the streets. Crime lab professionals corroborated these reports and pointed out that cur-

rently heroin is darker in color compared to about 6 or 12 months ago. Often it will be sold in a rock form, but it may also be powdered and put in capsules. A couple of long-term heroin users mentioned that they also see black tar heroin, or “gum ball” as some of them call it, although to a much lesser extent. Others, typically younger heroin users, however, said that have never seen or heard about black tar heroin.



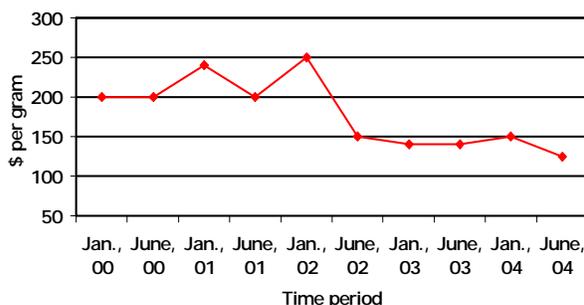
The majority of long term heroin users complained about the decreasing quality and purity of heroin. These reports, however, were contradicted by less experienced heroin users who believed that the purity of the drug was very high. For example, a 22-year-old white man, who abused heroin for about one year before he went into treatment, believed that available heroin must be at least 70% pure. Crime lab professionals also indicated that the quality of heroin that they test in their labs is very high, sometimes reaching 80%.



Prices of heroin were also perceived as decreasing by some users (Figure 2). Some heroin users reported that a gram may sell around \$125 or more, ½ gram may sell for \$75, which was perceived as a high price. Typically, users buy smaller quantities, “caps” or “capsules” which cost \$20 each. However, one can get a “discount” when buying several of these “caps.”

White young individuals continue to be one of the most prevalent groups of new heroin users. A 22-year-old white man who lived in a suburban community and started using heroin when he was 21, pointed out, “All my friends did it, ‘cause I was the last one to do it out all of my friends.”

Change in average price for a gram of heroin



A connection between initial prescription analgesic and subsequent heroin abuse was reported by users and probation officers. A 19-year-old white man who at the time of the interview was in treatment and was finishing high school, explained that he first snorted OxyContin® before he got introduced to heroin.

“ I turned seventeen years old... And my friend introduced me to heroin. I was at my buddy’s, and he’s like, “Hey, you wanna try something?” and I’m like, “What?” He’s like, “It’s just like Oxy.” And I was like, “What is it?” And he’s like, he showed me this little capsule and it was brown, and I was like, “Man, that ain’t gonna get us high.” He’s like “Yeah, it will dude, I’m telling you...” He told me it was heroin, I’m like uh, at first I was kinda scared... And my friend busted out two lines and then it looked like he was having a good time.... And I was like... I knew not to do it, but I blocked it out, and I was like, “Yeah, I’m gonna do it.” ”

A 49-year-old white man who first became prescribed OxyContin® for a work related injury and then eventually switched to heroin, commented in a similar way, “Mostly everybody I know started on Oxy’s and then turned to heroin.”



Increase in speedball (heroin and powdered cocaine) injections was reported by crime lab professionals and active and recovering users (see powdered cocaine section).

According to users and probation officers, many new users start off snorting heroin. However, the majority switch to IV injection. Some younger users may try “skin popping” before they transition to intravenous use. A 22-year-old white man who transitioned from snorting OxyContin® to intravenous heroin use, commented:

“ So then after snorting it for a little while, then I started shooting it, muscle popping it, not in the arm yet, I still hadn’t veined it... I went to muscle popping it. ‘Cause that’s where you just put it in your muscle and it takes like twenty minutes to hit ya... I was too scared, I didn’t wanna do it [intravenous injection].”

Even though some users reported that they have tried smoking heroin, this mode of administration was perceived as being uncommon.

Between February and June, 2004, Dayton Daily News reported two cases of heroin possession and/or abuse in the area (03/24/04; 05/07/04).

In summary, heroin continues to be highly available in the area. Some users reported possible decreases in prices. According to the crime lab professionals, the purity of the drug is typically fairly high. White suburban youth and young adults continue to be the most prevalent groups of new heroin users. The connection between initial prescription analgesic abuse and subsequent transition to intravenous heroin use continues to be reported as a very common trend.

## Other Opioids



Since June 2000, the OSAM Network in the Dayton area started reporting increasing diversion and abuse of OxyContin® (oxycodone controlled-release) and other pharmaceutical opioids. Abuse was increasingly common among white youth and young adults. Since June 2003, some decreases in availability of OxyContin® were reported in the area. Abuse and availability of other prescription opioids, especially Vicodin® (hydrocodone) remained high.

## Current Trends

Active users and crime lab professionals reported that availability of prescription analgesics continues to be very high. These reports were corroborated by treatment providers and probation officers who continue to see high rates of prescription analgesic abuse among their clients. Reportedly, Vicodin®, OxyContin® and to a lesser extent Percocet® (oxycodone & acetaminophen) continue to be the most commonly available and sought after prescription analgesics. However, treatment providers, crime lab professionals, probation officers and some active users believed that availability of OxyContin® has decreased somewhat compared to a couple of years ago. Instead, various sources started reporting increasing availability of methadone tablets and wafers. Some users believed that methadone tablets are currently more easily available than OxyContin® tablets. A crime lab professional commented: “it just seemed like all the sudden like every case had methadone in it, yea, and they’re the tablets which we didn’t used to see, we used to see the liquid stuff.” Some occasional abuse of fentanyl patches (Duragesic®) was also reported by active users. Crime lab professionals reported seeing occasional street availability of Ultram® (tramadol) or Ultracet®



(tramadol & acetaminophen). However, more experienced users are typically little interested in tramadol tablets.

OxyContin® continues to sell for about \$.50-\$1 per milligram. Methadose® (methadone) 10 mg tablets sell for \$5. Methadose® (methadone) 40mg wafers sell for \$20. Vicodin ES (containing 7.5 mg of oxycodone) sells for \$2-\$5 per tablet. Percocet® tablets containing 5mg of oxycodone sell for \$3-\$5. Duragesic® patches (25mcg/hr of fentanyl) sell for \$15.



Abuse of prescription analgesics continues to be more common among the white population. Active users, treatment providers and probation officers talked about the diversity of the user population—middle-aged women, “a lot of nurses,” individuals in their late 20s and 30s and also much older who became introduced to prescription analgesics because of certain medical conditions. However, white suburban youth and young adults continue to be one of the fastest growing user groups.



A 19-year-old white man who first used OxyContin® and then transitioned to intravenous heroin use, commented: “I was sixteen when I first done OxyContin, and OxyContin is like heroin.... it’s like the same high.... and I started using those, I did those for about a half year....” Another participant, a 22-year-old white man who first started using OxyContin® and then transitioned to intravenous heroin use, explained that he used to steal OxyContin® tablets from his mother and sell them to his friends at school.

Typically prescription opioids are administered orally, or in some cases intranasally. Injection is less common. Oftentimes users take prescription analgesics along with benzodiazepines, alcohol or marijuana. A 22-year-old white man recovering from heroin dependence commented:

“ It all depends say if I was going to work or something, I would just take the Lortabs, they had Lortabs, too, and the Oxys, and then if I just wanted to sit at home, I would mix a few Xanax bars or Xanies with a couple Somas and about three or four Vicodins, and I’d be drinkin’ a beer, smokin’ pot.... ”

Crime lab professionals reported that it is very typical for them to see prescription analgesics, especially Vicodin® and benzodiazepines (such as Klonopin®, Xanax®) in one case.

Dayton Daily News reported three cases of prescription forging and/or trafficking of prescription drugs in the area (02/21/04; 04/24/04; 05/07/04). One case involved an area man who was accused of stealing 2,000 doses of OxyContin® (04/24/04; 05/14/04).

In summary, even though some participants reported potentially decreasing availability of OxyContin®, other prescription analgesics, especially Vicodin® and Methadose® (methadone) are easily obtainable on the streets. Abuse is common among very diverse populations of users, but white suburban youth and young adults are one of the fastest growing groups of new users.

## Methamphetamine



In January 2001, law enforcement personnel started reporting increases in methamphetamine manufacturing labs in the area. Between June 2001 and June 2002, participant reports suggested fluctuation in methamphetamine availability and abuse. However, since January 2003, the OSAM Network began receiving consistent reports about significant increases in methamphetamine availability and abuse in the Dayton area.

### Current Trends

Of all active users who participated in the focus groups, five considered methamphetamine to be their drug of choice. Four users represented a group of young suburban individuals who experimented with various club drugs. One individual represented a group that is typically described as white males of “lower socioeconomic status” who are involved in drug manufacturing. All active users agreed that the availability of the drug is fairly high and continues to increase. On a scale from 0 to 10, availability of the drug was rated at the level of 8.



Dayton Daily News reported three cases of methamphetamine manufacturing in the area (03/02/04; 04/09/04; 05/06/04). A trafficking case was reported by the National Drug Intelligence Center (Narcotics Digest Weekly, Vol. 3, No. 10, March 9, 2004). The case involved a 32-year-old area man arrested for trafficking 11 pounds of crystal methamphetamine and other drugs.

Participants described two distinct types of methamphetamine available in the area. Young white suburban users believed that they were using high quality methamphetamine which they referred to as “crystal methamphetamine.” They described it in the following way, *“it looks like a little piece of glass... you flick it and it breaks like glass, it can be anywhere from pink to blue to clear.”* According to them, lower quality methamphetamine was referred to as “crank,” and was typically used by *“a bunch of red necks and hillbillies who don’t have access to the good stuff.”* Young users believed that higher quality methamphetamine comes from outside the state, while lower grade methamphetamine is manufactured locally. Reportedly, this higher quality methamphetamine typically sells for \$150 per gram. According to young suburban users, prices of low quality methamphetamine are comparable to those of powdered cocaine, around \$50-60 per gram.



On the other hand, a 40-year-old white man who described himself as both a manufacturer and user of methamphetamine, believed that he was able to produce a fairly high quality methamphetamine. He talked about two distinct types of the drug, a lower quality drug that had a yellow color and a better quality methamphetamine that was white in color. He typically sold in higher quantities and had a non-using individual who worked for him as a “middle-man.” Most of his clients bought a “month” supply of methamphetamine and paid about \$35 per gram for the better quality drug.

These user reports were corroborated by crime lab professionals. They continue to see a steady increase in methamphetamine manufacturing labs. However, methamphetamine that is produced in these local labs is of lower quality. If they get a case of higher quality drug, they typically assume that it must be brought to the area from outside the state.

Young suburban users classified methamphetamine users on the basis of whether they used “crank” or “crystal methamphetamine.” A 20-year-old white man and a 23-year-old white woman, who experimented with most of the drugs, put it in the following way:

“ Participant 2: There’s two different user groups for the same drug that the media tries to put it under... it’s two different drugs really.  
Participant 4: You got the dirty and you got the clean...”

They classified themselves as users of the “clean” drug; individuals of lower socioeconomic status residing on the East side of Dayton were classified as users of the “dirty” drug.



According to active users, methamphetamine continues to be popular among ravers. Even though many methamphetamine users may have first experimented with ecstasy and other club drugs, methamphetamine use may be looked “down” upon if compared to ecstasy use. A 25-year-old white man and a 22-year-old white woman who experimented with various drugs discussed it in the following way:

“ Participant 5: You definitely get your segregated [groups].... Rollers [ecstasy users] don’t like tweakers [methamphetamine users], and tweakers hate candy kids [ecstasy users]....  
Participant 1: You’ll find people lying that they’re doing it [methamphetamine], because people look down on you for it.”



Methamphetamine use was reported among middle-aged individuals of “professional” backgrounds. According to the 40-year-old white man who was a methamphetamine user and manufacturer, the drug is gaining popularity among crack and powdered cocaine users. Even though methamphetamine was described as primarily a “white” drug, some abuse among African American individuals was reported by young white suburban users.



Snorting and smoking continue to be common modes of administration. However, according to some users snorting may be uncomfortable sometimes because of the “burning” sensation in the nose. Instead, users reported that oral ingestion is increasingly common. A 20-year-old white man, club drug user, commented: “*but the new rave nowadays is eating it, capping it, capping meth, oh yea it’s a whole new experience, when you digest crystal meth.*” Users believed that when they administer methamphetamine orally they get a more controlled high that lasts longer than when one smokes or snorts the drug.



Participants reported a new mode of administration “hot railing,” which was described as inhaling crystal methamphetamine that turns into vapor when passing through a heated glass pipe. A 23-year-old white woman, who abused methamphetamine and powdered cocaine, explained:

“ A hot rail is when you lay a line out and you heat up a piece of glass to the point where it’s red; put the other end to your nose and the hot end towards glass and it melts it and turns it into vapor as it goes up the tube... you snort it up as powder and blow it out as smoke.”

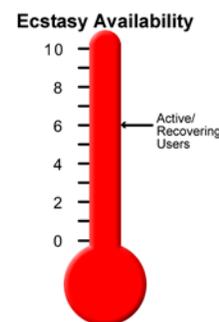
Increases in methamphetamine abuse were corroborated by adult probation officers. However, treatment providers have not started reporting increases in methamphetamine abuse among adult clients.

In summary, the availability and abuse of methamphetamine continue to increase in the area. Participants reported local production of methamphetamine as well as trafficking cases of a higher quality methamphetamine. Active users discussed the heterogeneity of the user population.

## Other Notable Trends

### MDMA/Ecstasy

According to active users and crime lab professionals, ecstasy remains available, but its popularity and abuse continue to decrease. Some users rated its availability at the level of 6 (on a scale from 0=low availability to 10=high availability).



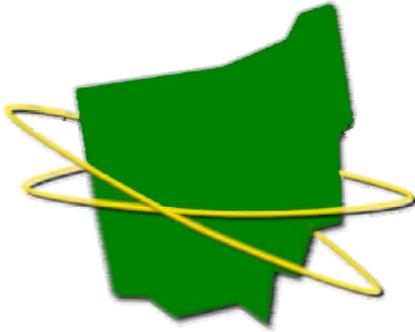
Active users believed the quality of the drug has been poor. Some believed that the drug may often contain DXM (dextromethorphan). Crime lab professionals, on the other hand, commented that most of the times ecstasy tablets test out positive as MDMA or MDA (3,4-methylenedioxyamphetamine). In recent months, they started seeing more cases where ecstasy tablets contain MDE (3,4-methylenedioxy-N-ethylamphetamine). However, effects of MDMA and MDE are similar and hard to distinguish. In previous reporting periods users reported that some ecstasy tablets may contain heroin. Crime lab professionals have never seen such cases and believed that such perception might be related to the fact that some ecstasy tablets may contain DXM which might have relaxing and depressant effects that to some extent might resemble heroin.

Ecstasy tablets continue to sell for \$20 on average, a “stack” of 10 tablets may sell for \$110-\$120.



Typical ecstasy users continue to be white youth and young adults who frequent raves and night clubs. According to young suburban users, the majority of whom were part of the rave scene, ecstasy is still commonly used at the rave-type parties, but is more popular among the younger generation of ravers. Ecstasy use continues to be reported among African-American youth, typically as part of the night club scene. Some reports about older users experimenting with ecstasy have been obtained. For example, a 48-year-old white man who abused crack cocaine, OxyContin®, and Xanax®, commented on his experience with ecstasy in the following way, “I did five hits of that stuff, and it didn’t do nothing to me.” When used outside of its traditional venues, ecstasy continues to have a reputation as a “sex” drug. A 46-year-old white woman who used crack cocaine and prescription analgesics, commented:

“My nephew is only twenty-three and he’s like, “I love it [ecstasy].” I said, “What does it do to ya?” He says “It makes you wanna have sex.” I guess that’s what the purpose of it is, right?”



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2004 — June 2004

**Meeting Nine  
June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN TOLEDO, OHIO**

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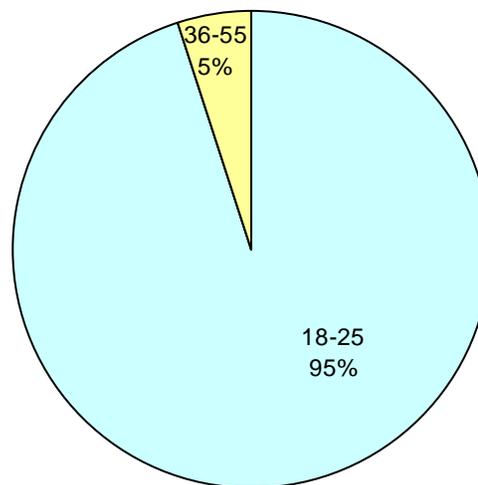
**A Report Prepared for the  
Ohio Department of Alcohol  
and Drug Addiction Services**

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**Qualitative Data Sources**

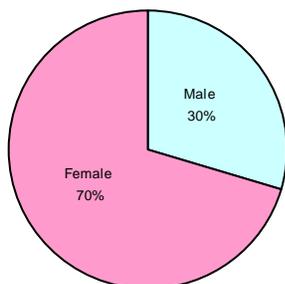
Focus Group	Participants	Type of Participants
4/03/04	7	ER Workers
4/26/04	4	Active Drug Users
4/28/04	7	Active User in Family
4/30/04	4	Active Users
5/24/04	4	Active Users
5/26/04	4	Active Users
5/27/04	4	Active Users
5/28/04	4	Active Users
<b>Total</b>	<b>Total</b>	
8	38	
<b>Interview</b>		
4/18/04	1	Prof. Treatment Worker
4/21/04	1	Prof. Treatment Worker
4/25/04	1	Prof. Treatment Worker
	<b>Total</b>	
	3	

**Age  
Active/Recovering Users**

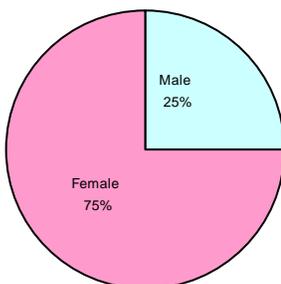


**Gender**

**All Participants**

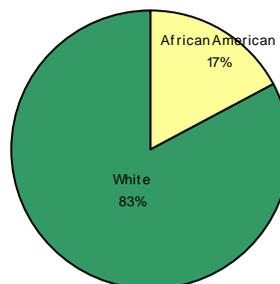


**Users**

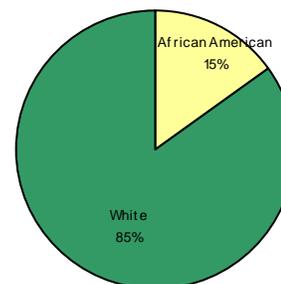


**Ethnicity**

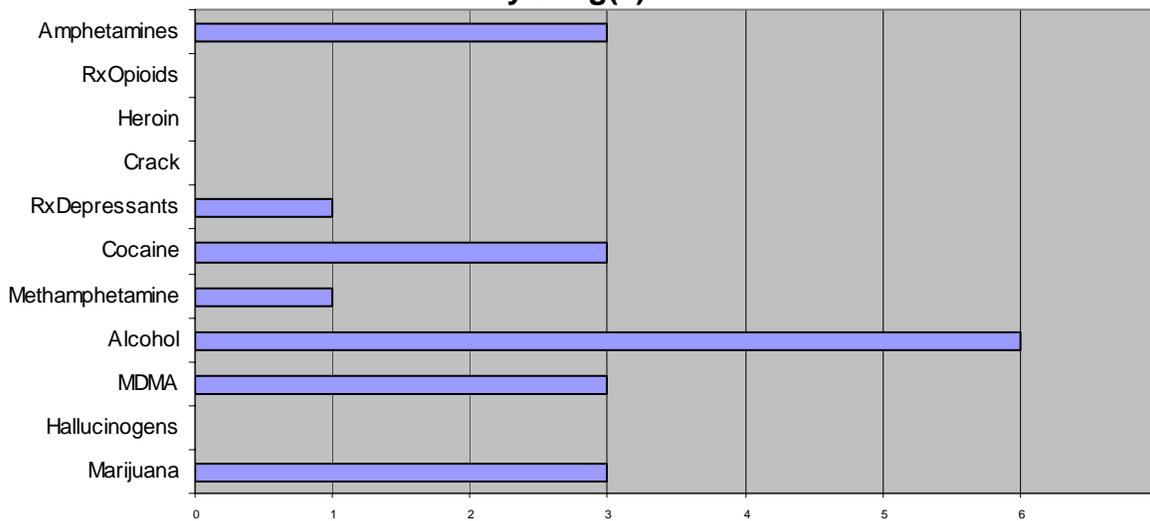
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Current Trends

Crack cocaine is reported as having leveled off, but use remains high in various downtown areas (old west end) of Toledo. According to focus group participants, crack-cocaine is readily available and costs anywhere between \$10 and \$20 per rock. The quality of crack-cocaine is seen as good as long as you know where to get it.

Crack-cocaine users are described as primarily young African-American men between the ages of 18 and 25.

## Cocaine HCL

### Current Trends

A steady increase in powdered cocaine abuse is reported. The availability of powdered cocaine continues to be high. For example, one white 39-year-old participant stated her husband used powdered cocaine, and put the family into \$50,000 worth of debt.

The price of powdered cocaine is reported to be approximately \$100 per 1/8-ounce. Several group members reported that the quality of the drug has decreased over the last six months. A 40-year-old African American woman, who had a family member who is actively using, commented, *“I think that the greed of the dealers is the reason why purity has gone down.”*



According to several group members, powdered cocaine abuse is most commonly seen in *“Caucasians between the ages of 18-40ish, generally males among the older users and both men and women among the younger crowd.”* Newer users seen over the last six months include younger individuals of higher socioeconomic status, some as young as 8<sup>th</sup> grade through high school. This was corroborated by three individuals. As one female participant from Ottawa Hills stated:



*“I see people using cocaine like it was any other more common drug like cigarettes or marijuana even in high school. Most people I know have started using cocaine over the last year. People that I associate with use it all the time. I have seen users since my beginning year of college. I think that everyone say they won't do it until it is in front of them.”*

Most of the reported users snort powdered cocaine or occasionally smoke it mixed with marijuana. Injection was less common among the participants we spoke with and was reported by only one active user. Overall, availability and use of powdered cocaine is perceived to have increased in Toledo. Juveniles as young as 8<sup>th</sup> grade and young adults reportedly make up the fastest growing group of users.



## Heroin

### Current Trends



According to some focus group participants, heroin use overall is perceived as decreasing in Lucas county; however, it is significant to note that according to emergency room personnel, rates of heroin overdose are increasing among the college age population (18-24 year olds), as reported by the increase in emergency room overdose visits. Reports from other focus group participants were at variance with those of the E.R. personnel. Heroin is perceived as being difficult to obtain; however, white suburban females and African-American adolescent males are considered among the fastest growing groups of new heroin users.

According to several active users it is difficult to find heroin in Lucas County “...*you really need to know who to ask.*” According to active users, heroin is typically sold in the inner-city and may be slowly finding its way into the suburbs. According to one group member “...*it seems less available in suburban areas.*”



## Other Opioids

### Current Trends

The most significant finding from all groups involved the escalating abuse and availability of synthetic opioids including, *Vicodin®*, *Percocet®*, *Darvocet®* and *OxyContin®*. According to treatment professionals, the prescription analgesic that has increased in popularity the most over the last six months in *OxyContin®* (oxycodone controlled release). According to active drug users *Vicodin®* (hydrocodone) and *Percocet®* (oxycodone & acetaminophen) remain the most easily accessible prescription analgesics. According to one female group member:



““ My cousin was getting 100 pills of *Vicodin* or sometimes *Percocet* online for \$25-\$50. But buying them off the street he has gotten 2-3 for \$10. ””

According to group members, the users of prescription analgesics are primarily middle to upper class white young men and women aged 18-25 years. Abuse of *OxyContin®*, *Vicodin®*, and *Percocet®* is also reported as being common among athletes at the college level as well as among high school students. These reports were also corroborated by addiction professionals. According to some active user reports and the reports of addiction professionals, prescription analgesic abuse has become more widespread over the last six months. It is also significant to note that it is common among users to take prescription analgesics in combination with alcohol in order to get “more bang for the buck” due to the synergistic effect of the medication when combined with alcohol.

## Methamphetamine

### Current Trends

 Methamphetamine availability is perceived to be on the rise as confirmed by emergency room personnel and several group members. It is more associated with white middle to upper class, higher socioeconomic groups, and may sometimes be used in combination with ecstasy. It is also seen as increasing in popularity among high-school age students.

According to treatment providers, it is commonly used in the gay club scene as well as among 18-24-year-old females as a measure of weight control. Overall, availability of methamphetamine is perceived to be increasing in the area.

### Other Notable Trends

#### MDMA/Ecstasy

 Focus group participants reported an increase in the availability and use of Ecstasy. Often claimed to be popular at parties among middle to upper class whites, ecstasy sells for \$25-\$35 a tablet. However, the quality or purity of each tablet has recently decreased. For example, one female participant noted taking a “double-stack” of Ecstasy that contained something other than Ecstasy in it. According to one active user of Ecstasy:

“ I see ecstasy use on the rise especially in conjunction with other drug use, including alcohol. ”

 One interesting concern with ecstasy use is the problem of unsafe sexual practices and its resulting consequences. As stated by one female participant, “My friend had an unplanned pregnancy from an X-related hook-up.” Several others knew close friends who contracted a sexually transmitted disease while under the influence of ecstasy. This problem extends into the gay community as well. “Party-n-Play” or “P-n-P” is a common occurrence where people take the drugs for sexual purposes. One group member said:

“ ...some will only do things while on the drug in order to handle things better, or they will do things they would never do if they were not on the drug. ”

#### Gamma-Hydroxybutyrate (GHB)

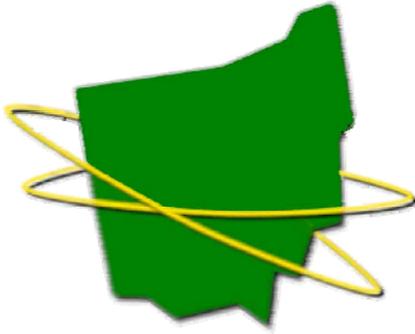
Within Lucas County, the use of GHB seems to be increasing within the gay community and the college student population. The drug is often used by males aged 18-24 years of either homosexual or heterosexual preference who may slip GHB into an unknowing person’s drink. One focus group participant commented:

“ Once I set my drink down, I never pick back up. I know what goes on. I see it done all the time, but it is not going to happen to me. I am smarter than that. ”

## Ketamine (Special K)



Ketamine, or “Special K,” is increasing in popularity within the surrounding areas of Toledo, Ohio. As stated by one individual, with the remaining participants agreeing with the comment, “*Special K is one of the biggest and dangerous drugs in the club scene right now.*” Typical users are most often white, but Latinos and African Americans should not be excluded. The population of users is reported to be both males and females aged 18-30 years.



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2004 — June 2004

**Meeting Nine  
June 4, 2004**

# **SURVEILLANCE OF DRUG ABUSE TRENDS IN YOUNGSTOWN, OHIO**

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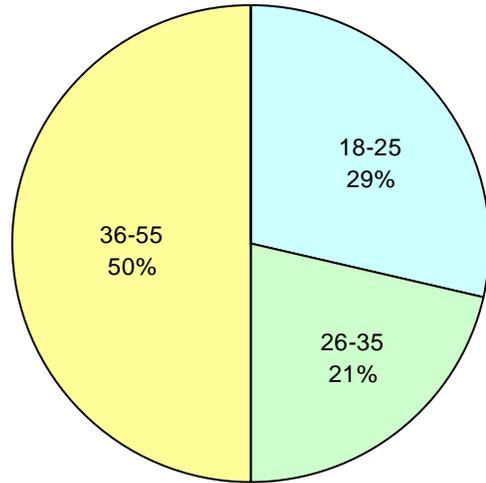
**A Report Prepared for the  
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**Qualitative**

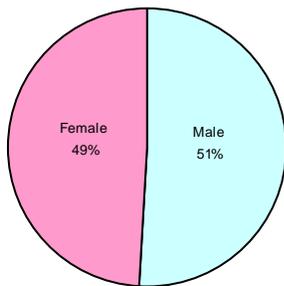
Focus Group	Participants	Type of Participants
3/27/04	10	Recovering Users
4/1/04	5	Treatment Providers
4/1/04	8	Recovering Users
4/2/04	10	Recovering Users
4/8/04	9	Treatment Providers
4/13/04	2	Law Enforcement
<b>Total</b>	<b>Total</b>	
6	52	
<b>Interview</b>		
4/14/04	1	Ohio Pharmacy Agent
4/15/04	1	Law Enforcement
4/19/04	1	Law Enforcement
	<b>Total</b>	
	3	

**Age  
Active/Recovering Users**

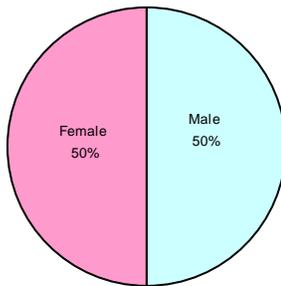


**Gender**

**All Participants**

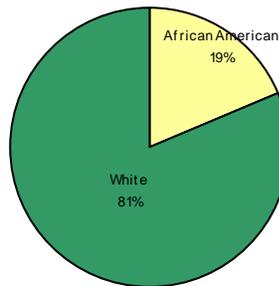


**Users**

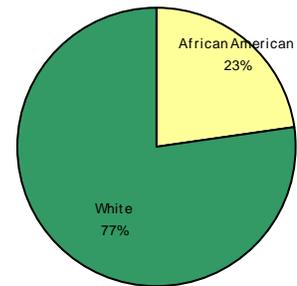


**Ethnicity**

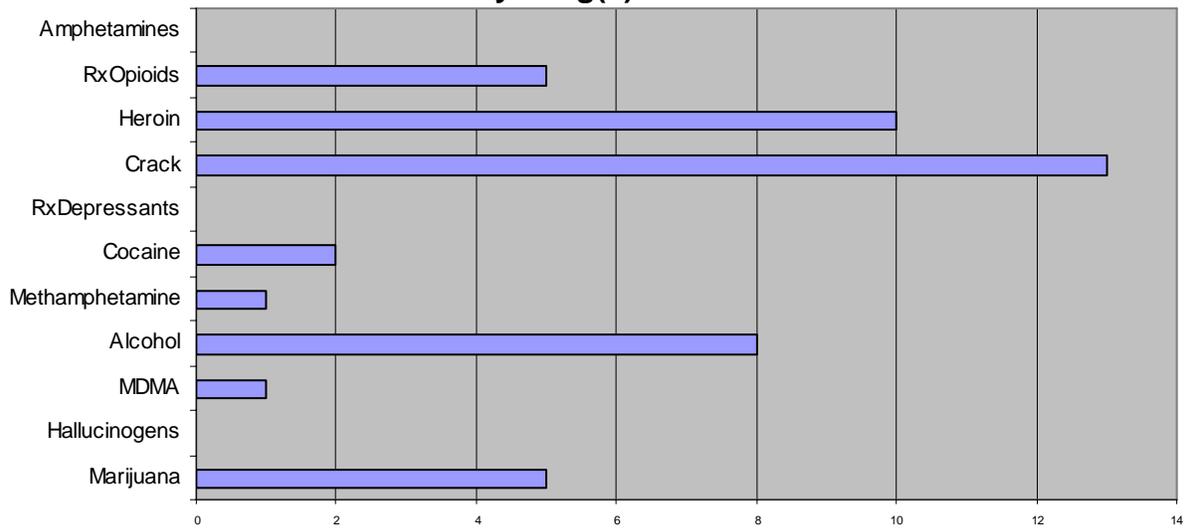
**All Participants**



**Users**



**Primary Drug(s) of Abuse**



Note: Participants were asked to report what they considered their primary drug(s) of abuse. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine



The past five years have seen consistent reports about use of crack cocaine in urban areas such as Youngstown. While prices have fluctuated throughout the past five years, generally, the availability and quality of crack cocaine in the area remained high.

### Current Trends

Focus group participants in this round reported that crack cocaine is easily available in Mahoning County, particularly in the East Liverpool area. In previous reports, crack cocaine was available on the east end of East Liverpool; however, in this round, participants reported crack cocaine is now available throughout the city. Law enforcement participants speculated that the spread of crack cocaine throughout East Liverpool might be due to the current reduced police force. User groups reported an increase in abandoned houses being used as crack houses near downtown East Liverpool. User groups also reported availability of crack cocaine in the very rural areas of Salineville and Wellsville coming through a Steubenville connection.



In Columbiana County user groups reported that crack cocaine is available but not easily, with users indicating it is easier to obtain powder and to “rock it up yourself.” The availability of crack cocaine in the Youngstown area was described as increasing, with more crack houses emerging on all sides of Youngstown. Several homes on the east side of Youngstown were described as hosting Puerto Rican dealers. Even with arrests of Detroit-based dealers, the availability of crack cocaine in the area appears untouched. A law enforcement officer commented:

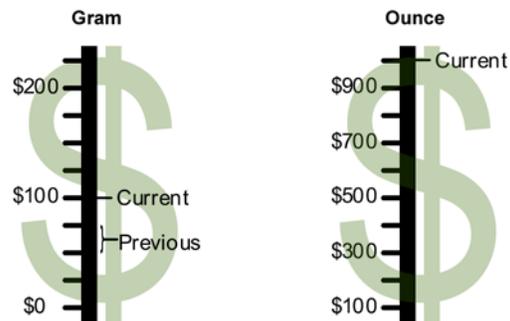


“...there’s always someone standing in line to take over the job (dealing crack).”

In the January and June 2003 reports, participants indicated that the crack cocaine was of poor quality. In the January 2004 report, providers, users, and law enforcement stated that crack cocaine was “good...or pure right now.” During this round, the quality of crack cocaine in the area was described once again as good.



As in the previous round, crack cocaine in the area was available in \$10 or \$20 rocks, with \$20 rocks the most commonly mentioned. Law enforcement reported that crack cocaine is available in the area for \$100 a gram and \$1000 an ounce. One officer spoke of people not selling bagged up rocks but rather making rocks...



“They’ve cooked in the microwave in a cup...and sometimes you actually see it with the imprint of the cup at the bottom...and when you pull up they have one big chunk and they ‘shave’ you off a piece, whatever you ask for, \$10 or \$20...that makes it easier to carry and it’s just laziness.”

The main route of administration for crack cocaine continued to be smoking, with some injection users using lemon juice or vinegar to break it down. Law enforcement officers reported that automotive stores in the area were forced to move air pressure tire gauges behind the counter, since these items were being shoplifted by crack cocaine users for use as pipes.

Crack-cocaine users in the area were reported by all focus groups as coming from all ages and ethnic backgrounds. As in previous rounds, there were reports of older crack-cocaine users (over 65 years of age) who were using with female prostitutes. Treatment providers reported seeing increasing numbers of women referred for crack-cocaine treatment, with several commenting on young mothers being referred. As in previous rounds, there were reports of professionals using crack cocaine and people turning to crack cocaine to cope with poverty and unemployment.

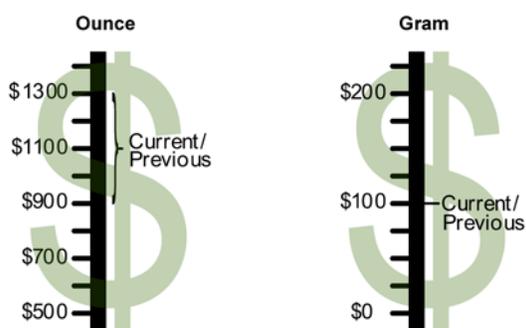
## Cocaine HCL



In the last two rounds of data collection, the cost of powdered cocaine had decreased slightly, but in this round the price remained stable. Since June 2001, an increase in use of powder cocaine by younger users has consistently been reported, and this was reiterated during the current round of data collection. Since the beginning of the OSAM project, the predominant mode of administration has consistently been snorting.

## Current Trends

Law enforcement, treatment providers and users reported availability of powdered cocaine in both Mahoning and Columbiana Counties, particularly in the Youngstown area. Participants from all groups reported that availability fluctuated depending on the number of supplier arrests and sentencing. There was no change in the quality of powdered cocaine reported during this round.



As in 2003, prices were reported by law enforcement officials at approximately \$100 per gram. Current quantity prices quoted by law enforcement participants were \$900 to \$1,100 per ounce in Mahoning County and \$1,000 to \$1,300 per ounce in Columbiana County. Cocaine was reported to be coming into the area from Pittsburgh, Akron, and Columbus.

Similar to previous reports, focus groups described snorting, smoking, and some injection use as routes of administration for cocaine. Law enforcement officers reported that the most common use of powdered cocaine is for conversion to crack.

As in previous reports, focus group participants reported that white users are more commonly snorting cocaine while African-American users are more commonly converting it to rock form. Younger users were once again reported by all focus groups, with users in their early 20s



snorting cocaine in bars, particularly in the Youngstown area.

Treatment providers reported that use of powdered cocaine is seen as recreational, often used at home or in bars. Therefore, without real consequences, it is difficult to get some clients to go for treatment. One powdered cocaine user commented:

“ I am not addicted. I am not like those ‘crackheads’. ”

## Heroin



Since June 2001, participants in Mahoning County have reported significant increases in heroin availability; however, Columbiana County participants have reported only slight increases. Cost has consistently been reported at \$20 per “bag.” Over the last year, the heroin has been reported as more pure than in the past. Participants since 2001 have reported new users ranging in age from 18 to their early 20s. Injection, snorting and smoking have all been reported as routes of administration.

### Current Trends

Heroin was, as in previous rounds, reported as available in the area. Heroin was reported as available in East Liverpool, Salineville, Wellsville, and very available in Youngstown. A major increase in the availability of heroin in the suburban areas of Youngstown was reported by user groups. An increase in the visibility of heroin use was reported by users in New Springfield (rural area) and Boardman/Canfield/Poland (suburban affluent area). The heroin in East Liverpool was reported by users to be coming from New Jersey. Law enforcement officers reported that the heroin available in Mahoning County is coming from New York and the heroin in Columbiana County primarily from Pittsburgh. With the decreasing availability of OxyContin®, heroin use was reported by some users as steadily increasing. Batches of Mexican heroin coming from Cleveland were reported by users. Users reported increasing cases of heroin overdoses, indicating a possible increase in purity.



The price of heroin was described as \$20 per bag or bundle (bags of 10) for \$200. The price of “Mexican tar” was reported by user groups to be \$250 per gram although the price varied geographically. A seizure of ¼ of a kilo of heroin at a Greyhound bus station was reported by law enforcement, with the heroin very pure and not yet cut. Quality overall was reported as varied, depending on the source.



Younger users are experimenting with snorting heroin, but moving quickly to injecting. Younger users were also reported in this round as starting with OxyContin® and moving to heroin use. Law enforcement officers reported hearing of suburban high school students as young as 16 using heroin. Treatment providers reported a sizable increase in heroin users referred for treatment in Columbiana County.

## Other Opioids



Since June 2000, the OSAM Network in the Dayton area started reporting increasing diversion and abuse of OxyContin® (oxycodone controlled-release) and other pharmaceutical opioids. Abuse was increasingly common among white youth and young adults. Since June 2003, some decreases in availability of OxyContin® were reported in the area. Abuse and availability of other prescription opioids, especially Vicodin® (hydrocodone) remained high. Reports of Fentanyl use in Mahoning and Columbiana Counties began in January 2002. The price range for Fentanyl was \$20 to \$30 per patch.

### Current Trends



Across all groups, participants indicated that OxyContin® remained available in all areas of Mahoning and Columbiana Counties with use described as rampant. Focus group participants commented that, with arrests in East Liverpool, users were going to Steubenville and Youngstown to get OxyContin®. OxyContin® availability was also reported in Salineville and Wellsville. One officer described “tightening up on pharmacies” leading to a shift from OxyContin® to Vicodin® (hydrocodone & acetaminophen) prescriptions. In this round, OxyContin® was reported as available in area high schools. Students were reported as stealing prescription medications from their parents. Vicodin®, Percocet® (oxycodone & acetaminophen), and Percodan® (oxycodone & aspirin) were reported as still available throughout the area, with less availability of Tylenol® 3 and 4 (codeine & acetaminophen).

An officer described a problem with scams to obtain OxyContin®:

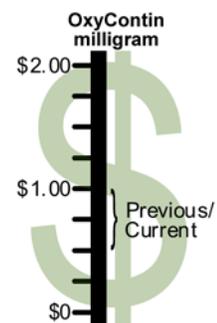
“ We refuse to take any type of theft report on a drug... a lot of people call here to report them stolen and then they go to their doctors and say, ‘My drugs were stolen...Here’s the police report’.”

Law enforcement officers reported that methadone is becoming more available as physicians are switching prescriptions from OxyContin® to methadone. There were reports of methadone being found in the area packed in little plastic bags, in both wafer and tablet form. One officer described:

“ Part of the problem...any doctor can hang out a shingle and say it’s a pain clinic with no special training or expertise...and sometimes it’s all prescriptions.”

Ultram® (tramadol) was reported by law enforcement to be readily available through physicians, and therefore, has “no street value.” Law enforcement officers reported that users could get a one year prescription for Ultram® by tampering with “scripts.” Law enforcement in the area also indicated seeing “a lot” of Tussionex® (hydrocodone & chlorpheniramine) being sold for \$100 per ounce. One officer noted, “...people are sipping it (Tussionex®) like whiskey.”

Prices during this round were consistent with previous rounds. OxyContin® varied in price by area but is often available in 20mg for \$15-\$20, 40mg for \$25-\$40, 80mg for \$40-\$50 and 160mg for \$100. One user described OxyContin® as “the rich man’s heroin.” Vicodin® was





reported as available for \$10 per one tablet containing 5mg of hydrocodone. With methadone available for about 10% of the cost of OxyContin®, law enforcement predictions were that the area would see less OxyContin® over time.

During this round of interviews treatment providers, substance users, and law enforcement officials reported limited Fentanyl availability in Mahoning and Columbiana Counties. Officers reported knowledge of drug injectors using Fentanyl.

Law enforcement reported that some people using Fentanyl patches were showing up in emergency rooms in serious condition since they “got bad advice” not realizing the strength of the patches. Three deaths were reported during this round. Users indicated that patches were available from cancer patients and nursing homes, particularly from a source in Pittsburgh. Wearing or eating the gel was the primary mode of administration of Fentanyl.

## Methamphetamine



January 2003 was the first report of methamphetamine use in Mahoning or Columbiana Counties. Methamphetamine abuse was reported again this round, although users reported “hearing that it is around but not seeing it.” Although the information available about methamphetamine use in this area has been limited, the typical user reportedly is white and in his/her 20s to 30s.

### Current Trends

Focus groups during this round reported methamphetamine use in the area as relatively rare. However, there were two overdose cases described by law enforcement. The price reported by local users as \$150 per gram. Users described 19-21-year-olds experimenting with methamphetamine for weight loss. One user stated:



“ Once you use you are on top of the world. It changes your life. You don't know where you've been or what you've done. You get a buzz for 12 hours. ”

Users described going for long periods of time, sometimes up to 30 days, without sleeping. Officers said that you can tell methamphetamine users coming down the street because they are so hyperactive.

Law enforcement reported finding a lab in a motor lodge in East Liverpool that was relatively sophisticated. One officer commented:

“ Everything can be purchased at [a local store] to make it...ice tea jugs with little flowers on them, 3 or 4 of them, 3 or 4 of those little funnels, all from [a local store]. ”

Law enforcement corroborated a statement made by a 44-year-old methamphetamine user:

“Columbiana County better grab a’ hold of their skirt because they’re in for it. If they’re starting to cook down here, it’s because they got run out from up north and they’re here because all the stores don’t know them and they’re buying their chemicals, there’s all kinds of fertilizers down here that they can get their hands on too, so I can tell you right now, Columbiana County’s in for it. The thieving is going to go up, and they will see a drastic change in the stealing...with any ‘meth-head’. If there’s two (labs) there’s thirty.”

The method of administration for methamphetamine was described as “all” of them: injection, eating, smoking, and snorting.

## Other Notable Trends

### Dextromethorphan (DXM)



In the last reporting period, an increase in abuse of over-the-counter medications containing DXM was reported in the area. During this round, college students reported an increase in the use of “skittles”- multiple doses of Coricidin® Cough and Cold Medicine containing DXM. Youth are said to be taking 10-60 tablets at a time. Law enforcement confirmed that there is increased shoplifting of cold medicines in area grocery stores and pharmacies.

### MDMA/Ecstasy



Columbiana County young adults interviewed during this round again stated that Ecstasy and “Special K” (ketamine) were available. Although Columbiana County users reported urban availability of ketamine was slight, some users indicated an increase in rural areas. Law enforcement reported a veterinarian’s office had been recently robbed of ketamine. Users and law enforcement indicated Ecstasy was available for \$15-\$20 per dose particularly in bars. Users described “club drugs” as coming from Arizona.