



Ohio Substance
Abuse Monitoring
Network

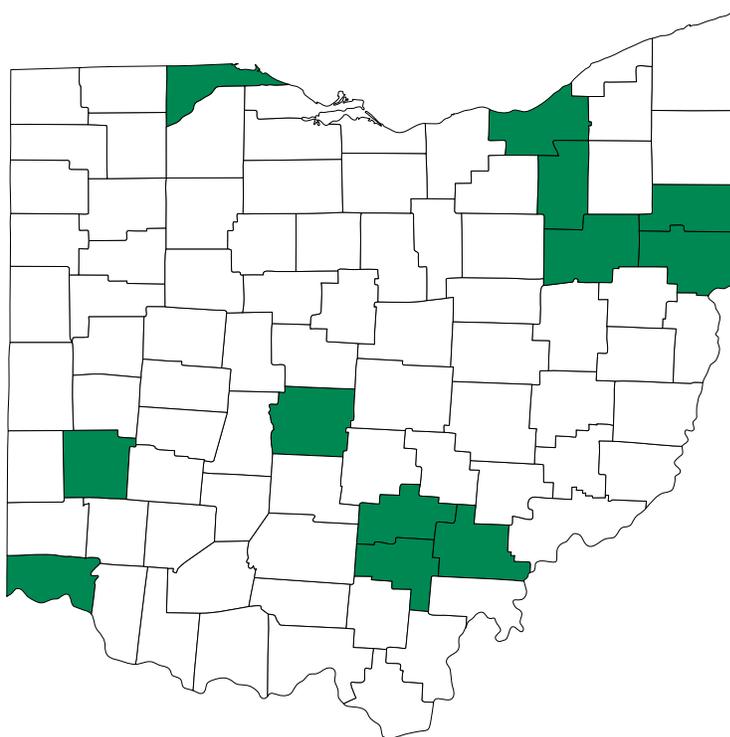


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Surveillance of Drug Abuse Trends in the State of Ohio



Center for Interventions, Treatment and
Addictions Research

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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

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OSAM-O-GRAM



Department of Alcohol &
Drug Addiction Services



Boonshoft
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Dateline: Ohio

June 2008 – January 2009

Toledo Area:

- Decreases in availability of crack and powdered cocaine;
- Increasing, moderate to high availability of heroin.
- Low, declining availability of methamphetamine.
- Users report high availability of OxyContin®.
- Users report high availability of benzodiazepines.
- Crime labs see increasing availability of piperazines in Ecstasy tablets.

Cleveland Area:

- Some users report declining availability of crack and powdered cocaine.
- High, increasing availability of heroin, of high purity.
- High availability of oxycodone, hydrocodone; crime lab notes high availability of Suboxone® and Subutex®.
- Low availability of methamphetamine.
- High availability of PCP.
- Crime labs see increasing availability of piperazines in Ecstasy tablets.

Columbus Area:

- High availability of crack; moderately high, declining availability of powdered cocaine.
- Declining, moderately high availability of heroin.
- Users report high availability of oxycodone and hydrocodone; increasing availability of Suboxone®.
- Moderate to high availability of benzodiazepines.
- Low availability of methamphetamine.
- Moderately high availability of Ecstasy, which is often composed of piperazines.

Akron Area:

- High to moderate, declining availability of crack and powdered cocaine.
- Moderate, perhaps increasing, availability of heroin.
- Moderate to high availability of pharmaceutical opioids.
- High, increasing availability of benzodiazepines.
- Low, decreasing availability of methamphetamine; Stark County crime lab notes increasing, moderate availability.
- Increasing, moderate to high availability of Ecstasy which is often composed of piperazines.

Dayton Area:

- Declining availability of crack and powdered cocaine. increasing reports of crack injection among heroin users.
- Increasing, high availability of heroin; increases in heroin-related treatment admissions.
- Users note overall high availability of pharmaceutical opioids; potential increases in Suboxone® and Subutex® availability; emerging reports of Opana® abuse.
- Moderate to high availability of benzodiazepines and Serquel®.
- Low, declining methamphetamine availability.
- Low to moderate availability of Ecstasy.

Youngstown Area:

- Some declines in availability of crack and powdered cocaine.
- Increasing, high availability of heroin.
- Increasing, high availability of hydrocodone and oxycodone.
- High, increasing availability of benzodiazepines.
- Low, declining availability of methamphetamine.
- Crime lab reports high, increasing availability of Ecstasy, often containing piperazines.

Cincinnati Area:

- Some declines in availability of crack and powdered cocaine.
- Moderately high, perhaps increasing, availability of heroin.
- Moderately high availability of pharmaceutical opioids; emerging reports of Opana® abuse; increases in street availability of Suboxone®.
- Low availability of methamphetamine.
- Moderately high availability of benzodiazepines.
- Moderately high availability of Ecstasy; increasing availability of piperazines.

Athens Area:

- Decreases in availability of crack and powdered cocaine.
- Increasing, high availability of heroin; increases in heroin-related treatment admissions.
- Moderate to high availability of pharmaceutical opioids; increase in street availability of Suboxone®; emerging reports of Opana® abuse.
- Low, declining availability of methamphetamine.
- Moderate to high availability of Adderall® and Ritalin®; high availability of benzodiazepines.
- Moderate availability of Ecstasy, increasing availability of piperazines.

OSAM-O-GRAMS report key findings of the Ohio Substance Abuse Monitoring (OSAM) Network. Regional Epidemiologists located throughout the state use qualitative and quantitative data to provide semiannual reports of substance abuse trends. The OSAM Network is funded by the Ohio Department of Alcohol and Drug Addiction Services by contract to Wright State University and by subcontract to Kent State University. This OSAM-O-GRAM is based on the January 2009 OSAM Network meeting.

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Ohio

Department of Alcohol &
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WRIGHT STATE UNIVERSITY

Dateline: Ohio

June 2008 – January 2009

The Ohio Substance Abuse Monitoring Network (OSAM)

Executive Summary

Ohio Department of Alcohol and Drug Addiction Services

This Executive Summary presents findings from the OSAM meeting held in Columbus, Ohio, on January 23, 2009. It is based on data collected from June 2008 to January 2009 in Athens (rural southeast), Akron/Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional Epidemiologists interviewed active and recovering drug users, substance abuse treatment providers, and law enforcement personnel, and collected statistical data to enhance their drug trend reports. Crime labs in Columbus, Cincinnati, Cleveland, Dayton, Toledo, and Canton, as well as those of the Bureau of Criminal Identification and Investigation (BCI&I) in Richfield (covering Cleveland, Akron and Youngstown), London (southern and central Ohio), and Bowling Green (northwest Ohio) provided additional data on drug availability and purity indicators. Researchers at Wright State University reviewed reports and compiled this summary of major findings.

Crack Cocaine

- **Decreases in crack cocaine availability and quality were noted in most regions. Users noted increased prices of the drug. Reports of crack cocaine injection increased in Toledo, Columbus and Dayton.**

Users, treatment providers, and law enforcement professionals indicated decreased availability of crack cocaine in most areas of the state, except Columbus. Previously, crack availability was rated 10 (on a 0 to 10 scale) in all regions, but it decreased to 7-10 in the second half of 2008. Crime lab professionals in Cincinnati, Columbus, Canton and BCI&I Bowling Green also reported decreases in crack cases. As a result of decreased availability, users in Toledo, Dayton, and Athens reported being offered heroin instead of crack cocaine by their dealers. Users noted poor, declining quality of crack, and reported increased sales of counterfeit crack cocaine (“dummies” or “fleece”). However, most crime labs reported moderate to high purity of crack cocaine. Increases in crack cocaine prices were reported in several regions of the state with a gram selling for \$60-\$100. Prices for 1/8 ounce (“8-balls”) ranged from \$125-\$200, but sold for upwards of \$250 in Athens. In the prior reporting period, crack sold for \$25-\$70 per gram in most areas of the state. According to participants, crack cocaine user groups

remain diverse, but some increases were noted among younger users (aged 12-15) and whites, particularly females. Use by Hispanics was noted in Cincinnati and Dayton. Crack cocaine is typically smoked; however, crack injection among heroin users was reported in all regions, and increases in injection behavior were reported in Toledo, Columbus, and Dayton. This is the first time since 1999 that the OSAM Network has indicated a decrease in the availability of crack cocaine.

Powdered Cocaine

- **Moderate but decreasing availability of powdered cocaine was reported by users and crime lab professionals. Users reported poor quality and increased prices.**

Powdered cocaine availability was rated moderate and decreasing across the state, with Toledo, Cleveland, and Youngstown users reporting availability as low as 2-4 (on a 0 to 10 scale). Most crime labs reported moderate availability and decreased number of cases since the last reporting period. Users in all regions reported low, decreased quality of the drug. Crime labs generally reported moderate levels of purity (30% - 60%), with the exception of labs in Dayton (high, 60%+) and Canton-Stark (low, 10%-30%). Users reported increased prices of \$50-\$70 per gram, to upwards of \$100 in Athens, Cleveland, Dayton, and Cincinnati. An “8-ball” of powdered cocaine was priced at \$120-\$150, and prices of up to \$300 were reported in Cleveland, Dayton, and Athens. In the prior reporting period, powdered cocaine sold for \$30-\$80 per gram in most areas of the state. Intranasal inhalation is the most common mode of administration. Increases in injection behavior were reported in Dayton and Toledo. Powdered cocaine is sometimes used in combination with alcohol, heroin (“speedball”), marijuana, and benzodiazepines. Powdered cocaine was typically used by whites aged 20-40, young African-American crack dealers, and Hispanics. Its use among gay males was noted in Columbus and Cincinnati. This is the first time since 2003 that the OSAM Network has observed statewide decreases in availability and increases in prices of powdered cocaine.

Heroin

- Most regions of the state reported increasing availability of heroin. Substantial increases in heroin-related treatment admissions were noted in the Dayton and Athens areas.

According to users and crime lab professionals, heroin availability was high or moderately high and increasing in all regions of the state, except Columbus, where availability of heroin declined from high to moderate in the second half of 2008.

According to users, due to recent decreases in cocaine availability, some dealers switched to selling heroin instead of crack. As in the prior reporting period, powder heroin that varied in color from tan to brown was the predominant type in most regions of the state. Black tar was also available across the state, and it was the most commonly seen form of heroin in the Columbus and Athens areas. Crime labs reported moderate to high purity of heroin. Prices typically averaged \$60-\$65 per ½ gram or \$90-\$120 per gram in Dayton, Columbus, Toledo, and Youngstown, and between \$120-\$180 per gram in Akron and Cincinnati. Injection remained the most common route of administration in most areas of the state, and intranasal inhalation was typical among new, less experienced users.

Heroin was commonly used with powdered cocaine, pharmaceutical opioids, and benzodiazepines. Several areas of the state noted increases in heroin use, especially among young whites. Treatment providers in Athens and Dayton indicated substantial rise in heroin-related treatment admissions.

Pharmaceutical Opioids

- Emerging reports of Opana® (oxycodone) diversion and abuse were noted in Athens, Cincinnati, and Dayton. Several areas of the state noted increases in street availability of Suboxone® and Subutex®.

Users, treatment providers, and crime lab specialists in most regions of the state reported moderate to high street availability of hydrocodone and oxycodone-containing products, such as Vicodin® (hydrocodone and acetaminophen), Percocet® (oxycodone and acetaminophen) and OxyContin® (oxycodone, extended-release). There was a significant decline in availability of methadone wafers, but availability of methadone tablets was moderate in most regions of the state. Availability of Duragesic® (fentanyl transdermal system) and Dilaudid® (hydromorphone) was generally low. Emerging reports of street availability of Opana® (oxycodone) were noted by Regional Epidemiologists in Athens, Cincinnati, and Dayton. Crime lab data suggested its low availability in most regions of the state. Availability of Suboxone® (buprenorphine and naloxone) was generally low to moderate, but some increases were reported in Athens, Dayton, Cincinnati, and Columbus. Users and crime lab professionals in several regions of the state noted potential increases in street availability of Subutex® (buprenorphine).

Most pharmaceutical opioids, including Vicodin®, Percocet®, methadone tablets, and OxyContin®, continue to sell for about \$0.50-\$1 per milligram of opioid content. Suboxone® prices may range from \$5 to \$30 for an 8-milligram tablet.

Pharmaceutical opioids are typically taken orally or crushed and then inhaled intranasally. However, several areas of the state noted increasing reports of injection use of OxyContin®. Treatment providers in Dayton and users in Athens noted the first reports about injection use of Suboxone® and Subutex®, although these findings will have to be verified in the future OSAM Network reports. Illicit use of pharmaceutical opioids remains widespread. Although use has been reportedly more common among whites than other racial groups, several regions of the state noted increasing use by African Americans.

Benzodiazepines

- Xanax® and other benzodiazepines remain easily available in most regions of the state.

Cleveland and Columbus users noted moderate availability of Xanax® (alprazolam), but users from other areas of the state reported its availability as high, as did crime labs in Canton-Stark County, Cleveland, Dayton, and BCI & I Richfield and London. Most crime labs reported moderate to high availability of other benzodiazepines (e.g., clonazepam, diazepam, and lorazepam), but the crime labs in Toledo and BCI & I Bowling Green reported nil to low availability. Users reported oral ingestion and intranasal inhalation of benzodiazepines. Injection use of benzodiazepines was reported in Dayton. Users and treatment providers in several regions of the state noted their concurrent abuse with alcohol, marijuana, heroin, and pharmaceutical opioids.

Other Pharmaceuticals

- Several regions of the state noted high street availability of Ritalin® and Adderall®. Seroquel® remains easily available, but of low street value.

Users in Athens, Cincinnati, Cleveland, and Dayton reported moderate to high availability (5-10) of Ritalin® and Adderall®. Toledo school officials perceived their declining abuse by students. The Cleveland crime lab reported high availability, those in Cincinnati and BCI & I London and Richfield noted moderate availability, and other crime labs noted low availability.

Users in Akron, Athens, Columbus, Dayton and Toledo reported moderate to high availability of Seroquel®, and noted its low street value. Cleveland's crime lab reported high availability of Seroquel®, Dayton and Canton-Stark County crime labs reported its moderate availability, and others reported its low availability.

Methamphetamine

- Users and crime labs noted declining, low availability of methamphetamine.

Most users, law enforcement officials, and treatment providers reported low availability of methamphetamine. The Canton-

Stark County crime lab reported a slight increase to moderate availability. Users and crime labs reported availability of both powder and glass-type methamphetamine. Crime labs in Canton-Stark County, Cleveland, Columbus, and Toledo reported that methamphetamine was often found in “Ecstasy” (MDMA) tablets. Some users reported that powder-type methamphetamine sold for \$100 per gram, and glass-type sold for \$120 per gram. Typical users were said to be rural or suburban whites, and use by gay males was reported in Columbus. Crime labs in Cleveland and BCI&I London reported high purity (60% or greater), but other crime labs reported moderate to low purity. Cincinnati and Columbus users confirmed that most methamphetamine users smoke it, and that injection is uncommon. Treatment providers reported few treatment admissions for methamphetamine addiction.

Marijuana

- **Marijuana availability and use remain high. Its use remains socially acceptable in several quarters.**

Almost all users rated marijuana availability high, as did all crime labs but those in Cincinnati and BCI&I Bowling Green, which noted declines to moderate availability. Users again reported and named low-, medium- and high-quality types of marijuana. Most crime labs confirmed the high quality of the marijuana cases they processed. Ounces of low-grade marijuana sell for \$60-\$120, and those of mid-grade sell for \$80-\$150. High-grade varieties such as Hydro (or 'dro), Dank, Chronic and Purple Haze (or Purp) were reported to sell by the gram in prices ranging from \$10-\$30. Ounce prices for high-grade varieties ranged from \$160 (Youngstown) to \$200-\$450 (Akron, Athens, Cincinnati, Cleveland, Dayton) to \$600-\$700 (Toledo). Cincinnati users perceived an increase in marijuana use by Hispanics. Marijuana users were reported to range in age from teenagers (or younger) to middle-aged and older adults. Marijuana was frequently used in conjunction with alcohol and other drugs. Concurrent use of marijuana and crack cocaine and/or powdered cocaine (variously dubbed “coco-puffin”, “shake-and-bake,” or “Primo”-smoking) was reported in Akron, Cincinnati, Columbus, Dayton, Toledo, and Youngstown. The dipping of marijuana joints into embalming fluid, PCP (phencyclidine), or cough syrup was reported in Cleveland, Columbus, and Youngstown.

Hallucinogens

- **Users and crime labs reported moderately high availability of Ecstasy (MDMA). Crime labs reported**

moderate to high and increasing availability of piperazines. Low availability of LSD, psilocybin mushrooms, and ketamine was reported.

Users in Athens, Cleveland, and Dayton reported moderate to high availability of Ecstasy (MDMA), while Toledo users reported low availability. According to the crime lab data, Ecstasy availability ranged from moderate to high in most regions of the state, but was rated low in Dayton. Prices per tablet ranged typically from \$5-\$10 to \$15-\$25. Still associated with young adults and club-going, Ecstasy use was reported to be increasing among African-Americans in Cincinnati and Dayton, and especially among young females. In Toledo, Ecstasy was reported to be used in combination with erectile-dysfunction drugs. In Cincinnati, Ecstasy use was linked to increased violence. Most crime labs noted considerable adulteration of Ecstasy tablets with BZP (benzylpiperazines) and/or TFMPP (3-Trifluoromethylphenylpiperazine). Crime labs rated the overall availability of piperazines as moderate to high. Although users in several regions complained of low and/or declining quality of Ecstasy tablets, none identified piperazines as common adulterants.

Users reported the low, sporadic availability of psilocybin mushrooms. Toledo users reported prices of \$30 per 1/8 ounce. Crime labs reported low to moderate availability of psilocybin. LSD availability was reported by crime labs to be nil to low, except for BCI&I Richfield, which reported moderate availability. Use of LSD and mushrooms remains seasonal and/or sporadic and associated with young adults, some baby boomers, music concerts, and cultural festivals. Doses of LSD were reported in Athens, Cincinnati, and Dayton to cost \$5-\$12. One-thousand doses of LSD and 33 pounds of mushrooms were seized in Cincinnati, the largest such bust ever in the area. Low availability of ketamine was registered by most crime labs. Crime labs in BCI&I Richfield and Canton-Stark County reported low availability of *Salvia divinorum*.

- **High availability of PCP (phencyclidine) was again reported in the Cleveland area.**

Cleveland crime lab and users reported high availability of PCP. The BCI&I Richfield crime lab (serving Cleveland, Akron and Youngstown) reported its stable, low availability. Cleveland users said tobacco cigarettes or marijuana joints were dipped in it and then smoked.

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

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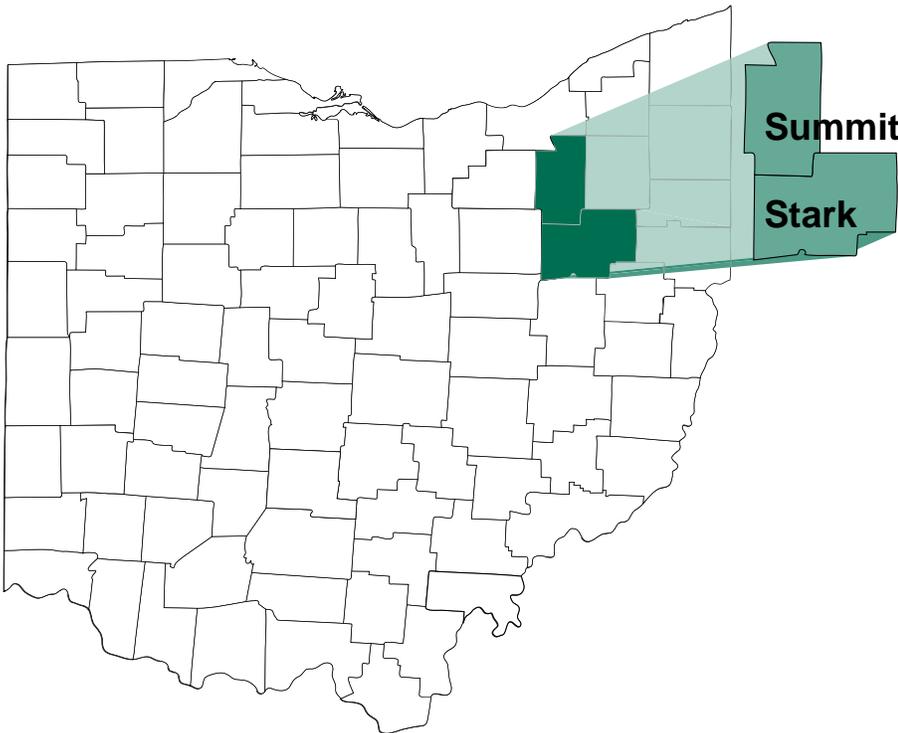


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Drug Abuse Trends in the Akron-Canton Area



Kent State University
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Institute for Health and Social Policy
University of Akron
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AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Summit County | Stark County | Ohio |
|--|---------------|--------------|------------|
| Total population, 2006 estimate | 545,931 | 380,575 | 11,478,006 |
| Whites, 2006 | 82.6% | 90.1% | 84.9% |
| African Americans, 2006 | 14.0% | 7.5% | 12.0% |
| Hispanic or Latino origin, 2006 | 1.1% | 1.1% | 2.3% |
| High school graduates (age ≥25), 2000 | 85.7% | 83.4% | 83.0% |
| Median household income, 2004 | \$44,030 | \$41,180 | \$43,371 |
| Persons below poverty, 2004 | 12.3% | 10.7% | 11.7% |

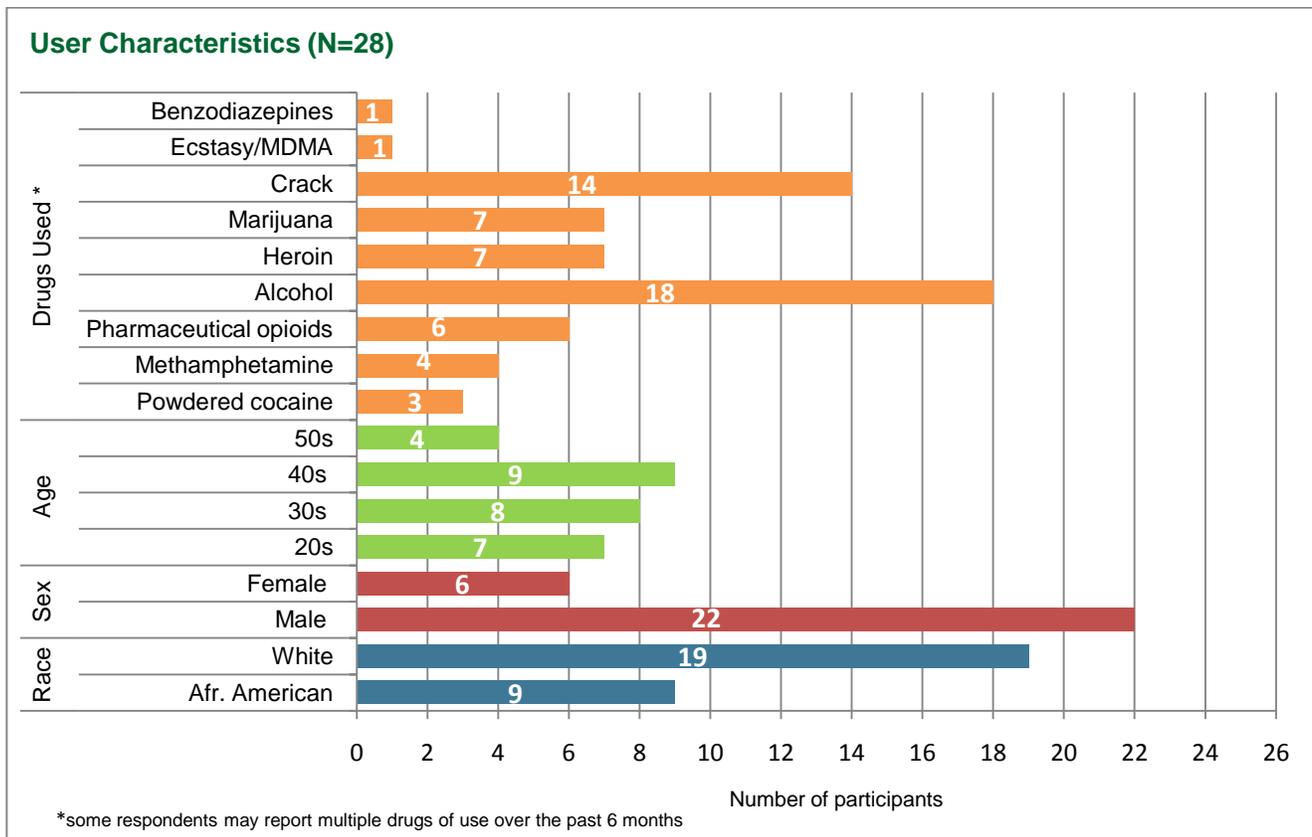
DATA SOURCES

| Interviews Conducted in the Akron Area | | |
|--|--------|-------------------------------|
| Date | Number | Participants |
| 10-10-08 | 7 | Treatment clients |
| 10-14-08 | 4 | Law enforcement officials |
| 10-15-08 | 6 | Patients under detoxification |
| 10-20-08 | 8 | Treatment clients |
| 10-20-08 | 6 | Treatment providers |
| 10-24-08 | 7 | Residential treatment clients |
| Total number: | | |
| Focus groups | 6 | |
| All participants | 38 | |
| All users | 28 | |

Qualitative data: This report is based upon data collected in six focus groups conducted with drug users, law enforcement officials and treatment providers.

Crime lab survey: Data obtained from the crime labs in Canton-Stark County and BCI&I Richfield were used to supplement qualitative data sources.

Media reports: The *Beacon-Journal*, WHIO.com and other media sources were monitored for information about drug abuse trends.



CRACK COCAINE

Historical Summary

In the previous reporting period, users, treatment providers and both crime labs reported high availability of crack cocaine. Prices were reportedly stable; an “8-ball” (1/8 ounce) sold for \$125-\$150, and an ounce sold for \$800-\$1,000. The quality of the drug was reportedly decreasing, and some users described it as “horrible.” Nevertheless, the Canton-Stark County crime lab reported high purity (60%+) and the BCI&I Richfield lab reported unchanged, moderate purity (30%-60%). Users of crack cocaine were reportedly diverse with regard to gender, ethnicity and age, and use among younger individuals was said to be increasing. The primary route of administration remained smoking, but some users reported increases, and others, decreases, in crack-cocaine injection.

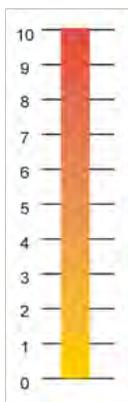
Current Trends

In general, users reported stable or slightly decreased availability of crack cocaine compared with the previous six-month period. Most rated availability at 10 or higher on the 0-10 scale. One user commented, “20! It’s everywhere . . . look out the window . . . just walk outside and wave your hand . . . walk two blocks and wait . . .” The Canton-Stark County crime lab reported declines in crack cocaine availability to moderate levels and a decreasing number of cases. The BCI&I Richfield crime lab reported high availability and the same number of cases as reported previously.

The prices that users reported for crack cocaine were slightly lower than in the previous reporting period, with an “8-ball” (1/8 ounce) selling for \$100-\$150. Narcotics officers also reported an “8-ball” selling for \$150. Users reported that “pieces” of crack could be purchased for as little as \$2-\$5.

Most users reported that the quality of crack cocaine, also known as “rock,” “cookies,” “hard,” and “white,” was “garbage.” Users reported that dealers were “rocking up” crack cocaine from powdered cocaine that has been “stepped on” or

Crack Cocaine Availability



adulterated several times. Treatment providers also reported that users were speaking of poorer quality crack and of “fake” crack being sold. Conversely, narcotics detectives reported that purity had remained stable, and each crime lab reported that crack cocaine purity was moderate (30%-60%). In the previous reporting period, the Canton-Stark County lab reported high purity of crack cocaine.

Crack cocaine is primarily smoked, but users also reported occasions of crack injection. Crack cocaine is commonly used in conjunction with marijuana or tobacco. Some users were reported to be lacing these products with it and then smoking them.

Users of crack cocaine were once again reported as being diverse in terms of age, ethnicity, socioeconomic status and other characteristics. Focus group participants noted that the average age of users seemed to be declining, and they reported users as young as 12 years of age. Nevertheless, respondents agreed that typical users are between the ages of 30 and 50. Treatment providers reported that they rarely see young crack users, but noted an increase in white individuals using the drug.

POWDERED COCAINE

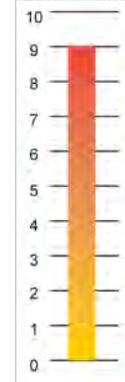
Historical Summary

The availability during the previous reporting period of powdered cocaine (cocaine HCl) was reported to be low-moderate to high. Grams were reportedly selling for \$30-\$80, “8-balls” (1/8 ounce) for \$130-\$150, and ounces for \$500-\$900. Treatment providers and the two crime labs reported moderate to good quality of powdered cocaine. Powdered cocaine users were reported to be of a “higher status” compared to individuals who used other drugs such as crack cocaine or heroin. The primary route of administration of powdered cocaine remained intranasal inhalation (“snorting”), but injection use was also reported.

Current Trends

The reported availability of powdered cocaine during the current reporting period was high, but lower than that of crack cocaine. Most users rated

Powdered Cocaine Availability



powdered cocaine availability between 8 and 10 on the scale of 0 (unavailable) to 10 (extremely available), and perceived it to be stable or decreasing over the previous six months. One user commented, *“like, one month [powdered cocaine] might be really good, and then the next month it’s garbage, you know . . . but as far as gettin’ it, it’s still a 10.”* Treatment providers and narcotics officers also reported a decrease in its availability. Both crime labs reported declining, moderate availability compared to the previous reporting period.

According to a local media report, four Akron residents were charged with cocaine possession and other drug offenses when \$50,000 worth of cocaine (about 2 kilos or 4.4 pounds) was seized by law enforcement officials (<http://blog.cleveland.com>, 10-25-08). The *Cleveland Plain Dealer* reported the arrest of an Akron-based couple following a six-month investigation, which found \$40,000 worth of cocaine (12-09-08). Law enforcement officers seized another *“94 grams of powdered cocaine, 15 grams of crack cocaine, 5 grams of heroin, three ecstasy pills, 2 grams of marijuana and cash totaling more than \$6,000”* in a mid-December raid (*Beacon-Journal*, 12-17-08).

The prices that users reported were varied. A gram of powdered cocaine sold for \$40-\$150, an “8-ball” (1/8-ounce) sold for \$125-\$150, and an ounce sold for as little as \$500 and as much as \$1,400.

Users normally inhale the drug intranasally (“snort”) or inject it. Some participants reported that users will “rock up” powdered cocaine and smoke it. Treatment providers reported that clients they see are primarily snorting the drug. Common street names for powdered cocaine include “snuff,” “white,” “snow,” “yea,” and “soft.”

Most users perceived the quality of powdered cocaine to be poor, and many reported a decrease in quality over the past six months. One user described a longer-term trend of declining quality as follows: *“When I first came [to Akron], I was freebasing and that stuff [crack] was really clean, but today I can’t even get it without thinking to myself that I have to buy a little more.”* However, one user noted, *“[quality] is very good . . . to where you can’t feel your face—good stuff . . .”* Narcotics officers noted that higher quality cocaine was available but had to be purchased in larger amounts. The Canton-Stark County crime lab reported that

the powdered cocaine cases it processed were of low purity (lower than 30%), which represents a decline from the previous reporting period. The crime lab at BCI&I Richfield reported unchanging, moderate purity (30%-60%).

While some users believed that powdered cocaine users were diverse, some perceived use to be limited primarily to wealthier, middle- and upper-class white individuals. One powdered cocaine user commented, *“I know there’s a . . . party and there’s a guy 72 years-old [who] does [powdered cocaine]. So, [as] far as age . . . any type of people do it: pretty old – it doesn’t matter.”*

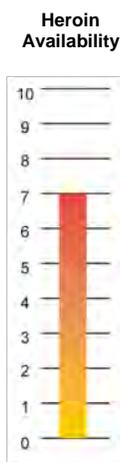
HEROIN

Historical Summary

During the previous reporting period, most respondents reported a slight decrease in the availability of heroin, which consisted mostly of brown and tan powder but little tar. They rated overall availability 5-8 on the scale of 0-10. Prices remained stable, with “bags” selling for \$10-\$40, grams for \$200, and “bundles” of 10 bags for \$125. Reports of quality were mixed. Users and the BCI&I Richfield crime lab confirmed fentanyl-heroin mixtures. Typical users ranged in age from 15 to 60, and respondents again reported an increase in users in their late teens and early 20s.

Current Trends

Users rated heroin availability between 5 and 8 on the scale from 0 (unavailable) to 10 (very available), and noted that the drug was not readily accessible to individuals who were not daily users. One user commented, *“[dealers] only sell to certain people, ‘cuẏ lot of people don’t want, you know, you don’t want wanna lot of people know you sell heroin, ‘cuẏ if you get caught . . . you’re a done deal.”* Another user stated, *“if you’re a non-user and you don’t know anybody, it takes some lookin’, you know? But myself, I was an everyday user. There’s a couple prime dealers that keep the area around here in supply pretty good.”* The Canton-Stark County crime lab reported stable, moderate availability, while the



BCI&I crime lab reported high availability. Both crime labs reported an increase in the number of cases they handled.

The predominant form of heroin is brown or tan powder. Users indicated that China White and tar heroin are also seen in the area, but at much lower levels. Law enforcement officers echoed the perceptions of users. Common street names for heroin included, “dog food,” “H,” “death,” and “Devil’s blood.” In general, users reported a decrease in quality of the drug. The Canton-Stark County crime lab reported an increase to moderate purity of heroin (30%-60%). It handled cases of brown powder and black tar heroin, the latter of which it did not report during the previous reporting period. The BCI&I crime lab reported overall moderate and unchanged purity (30%-60%) and that white and brown powder was the most common form, though some black tar was again reported to be available.

“Bags” of heroin (about 1/10 gram) sell for about \$15-\$20. A gram of brown powder heroin sells for approximately \$180.

Users indicated that typical use of the drug was through injection or intranasal inhalation (“snorting”). While some users perceived increases in heroin-snorting, others believed injection was the most common route of administration. Treatment providers reported that users they see have typically transitioned to injection by the time they enter treatment. Again, a few reports of heroin being mixed with fentanyl were made, but confirmation of this trend was not possible, and neither of the two crime labs reported such mixtures.

Heroin users were described as being diverse, and many respondents were unable to discern a “typical user.” However, users in two separate focus groups indicated increasing use among younger people of higher socioeconomic status.

OTHER OPIOIDS

Historical Summary

It was reported during the previous reporting period that pharmaceutical opioids continued to be relatively easy to obtain, especially Vicodin® (hydrocodone and acetaminophen) and Percocet®

(oxycodone and acetaminophen). Availability of OxyContin® (oxycodone, extended-release) was rated 2-3 on the 0-10 scale by users. Both crime labs suggested its moderate availability. Prices for pharmaceutical opioids remained consistent, with OxyContin® ranging from \$.50 to \$1 per milligram of oxycodone content and Vicodin® selling for between \$2 and \$5 per tablet. Users range greatly in age, ethnicity and socioeconomic status. Most consumption of pharmaceutical opioids is oral, but some reported crushing and either snorting or injecting them.

Current Trends

Respondents during the current reporting period indicated that pharmaceutical opioids were readily available. However, members of one user group stated that street purchase of the drugs was not typical. Law enforcement officers perceived an increase in the availability of OxyContin®, but treatment providers indicated that its availability had decreased. According to treatment providers, the decrease in OxyContin® availability has been countered by increases in the availability of other pharmaceutical opioids such as Vicodin®. At the Canton-Stark County crime lab, OxyContin® and its generic equivalent were rated moderate in availability. By contrast, the BCI&I Richfield crime lab reported availability of OxyContin® to be high and increasing. Availability of its generic form, however, was reported to be low and decreasing. Other oxycodone-containing products were reported by both labs to be of moderate availability.

Availability of hydrocodone was reported by both labs to be high, and increasingly so in the case of BCI&I Richfield. Availability of methadone in both tablet and wafer form was reportedly low. The Canton-Stark County crime lab reported no cases of methadone wafers, but increasing, moderate availability of tablets. Increases in the availability of fentanyl in the form of Duragesic®-brand transdermal patches were noted in both crime labs, to moderate in Canton-Stark County, and to low at BCI&I Richfield. The availability of both Soma® (carisoprodol) and Darvon® (propoxyphene) was reported by both crime labs to be low and unchanging. Low availability of Dilaudid® (hydromorphone) was also reported by both crime

labs, but this represented an increase at BCI&I Richfield. The BCI&I Richfield crime lab reported that the availability of Suboxone® (buprenorphine and naloxone) was moderate and that availability of Subutex® (buprenorphine) and Buprenex® (buprenorphine) was low. The Canton-Stark County crime lab reported only the low availability of Buprenex®. High levels of availability of Ultram® (tramadol) were also reported by the BCI&I Richfield lab.

Prices for OxyContin® remained stable at \$.50-\$1 per milligram of oxycodone content. Vicodin ES® was selling for about \$5 per tablet, Percocet® (oxycodone and acetaminophen) for \$3 per tablet, and Percodan® (oxycodone and aspirin) for about \$10 per tablet.

The typical route of administration of pharmaceutical opioids, according to users, is crushing and inhaling them intranasally (snorting). Some users reported that some individuals crush and inject the drugs intravenously. Treatment providers believed pharmaceutical opioids were either swallowed, or crushed and snorted.

Reports of the “typical user” of pharmaceutical opioids were varied. One group of users reported that older individuals who have legitimate physical ailments were common abusers of pharmaceutical opioids. Treatment providers, by contrast, perceived use to be more common among those between 18 and 20 years of age.

METHAMPHETAMINE

Historical Summary

In the previous reporting period, user ratings of methamphetamine availability ranged from 2 to 5. The BCI&I Richfield crime lab reported moderate, increasing availability, whereas the Canton-Stark County crime lab reported low and declining availability. Some users believed that methamphetamine was more readily available in the city because of the presence of college students who use it. A gram was priced between \$80 and \$120. Users were described as primarily white, but some increases were noted among African-American.

Current Trends

Few respondents during the current reporting period had direct knowledge of methamphetamine, but users agreed that its availability was very low in the area, and some said that it was decreasing. For example, one said, “*it’s [methamphetamine] gone down a lot; before, I used to use it any time of the day. I could probably find it, just through, like, a really good source, but if I went outside right now I couldn’t find it for you.*” Law enforcement officers were mixed with regard to their perceptions of its availability. While some believed it had increased slightly over the past six months, others believed it had decreased. The BCI&I Richfield crime lab reported a decreased number of cases and that availability had declined to low. Both crime labs reported that its purity was moderate (30%-60%). The Canton-Stark County crime lab reported moderate, increasing availability and the same number of cases as previously.

Powder was the most common form of methamphetamine reported by each lab, but Canton-Stark County reported the availability also of tablet-form methamphetamine, whereas BCI&I Richfield reported some availability of glassy crystals.

According to media reports, several police busts of suspected methamphetamine labs were made in the Akron area during December of 2008. A law enforcement official estimated that one lab “*was able to produce about \$6,000 worth of meth every few days*” (*Beacon-Journal*, 12-11-08). Following a year-long investigation, an Akron couple was arrested on charges of using the Internet to sell about 80 pounds of crystallized iodine, one of the chemicals required to make methamphetamine (<http://www.ohio.com>, 12-05-08).

Treatment providers reported that they rarely see clients who report use of methamphetamine. Respondents reported that methamphetamine in the Akron area was primarily locally produced. Despite very low availability, some users reported that the price of a gram of methamphetamine was \$100.

MARIJUANA

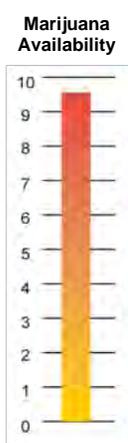
Historical Summary

Respondents during the previous reporting period

rated marijuana availability as high (9-10 on the 0-10 scale), which both crime labs confirmed. High-grade marijuana sold for \$250-\$450 per ounce, mid-grade sold for \$120-\$150 per ounce, and low-grade for \$80 per ounce. Users reported that marijuana is sometimes laced with crack cocaine. Marijuana users were said to range in age from very young to very old. Treatment providers perceived an increasing trend of working professionals entering treatment as a result of a positive urine screen at their place of employment.

Current Trends

As in past reports, respondents rated the availability of marijuana during the current reporting period a 10 on the 0-10 scale. Many users indicated that the drug was slightly less available because of election season, but that one could still obtain it easily. One user commented, *“Marijuana is basically everywhere. It doesn’t matter if it’s garbage . . . it doesn’t matter what kind of weed it is, it’s everywhere—‘dro, anything—it’s everywhere.”* Both crime labs reported high availability of marijuana.



Quality was reported to vary and was again grouped into low-, mid- and high-grade types. Names for the high-grade types included ‘dro, G13, Kush, and OG. The Canton-Stark County crime lab reported high, increasing quality of marijuana, whereas the BCI&I Richfield crime lab reported unchanged, moderate quality. An ounce of low-grade marijuana sells for \$80-\$90, and high-grade varieties sell for about \$350-\$450 per ounce.

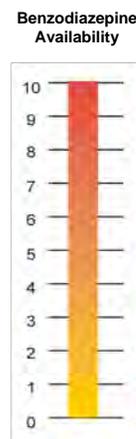
Smoking is the most common route of administration. As reported previously, some individuals are lacing marijuana joints or blunts (cigar-casings filled with marijuana) with crack cocaine and smoking them.

When asked to describe the “typical user,” respondents were unable to be specific. Most replied, *“Everyone uses marijuana.”* However, one group of users believed that the average age of marijuana users was decreasing as the average age of initiation of use was declining. This group of users reported that some marijuana users were as young as 7 or 8 years of age.

OTHER TRENDS

Benzodiazepines

Xanax® (alprazolam) was reported to be the most commonly available benzodiazepine. Users, treatment providers and law enforcement officers all perceived an increase in its availability. Both crime labs reported the high availability of Xanax® and of benzodiazepines generally, and the BCI&I Richfield crime lab reported increasing availability of each. Xanax® tablets sell for \$3-\$5 each, depending on the dosage.



Other pharmaceutical drugs

Users in two focus groups indicated that Seroquel® (quetiapine fumarate) was popular in jails. The availability of Seroquel® was reported by the BCI&I Richfield crime lab to be low, which represents an increase from the former reporting period, and as stable and moderate by the Canton-Stark County crime lab. Although users reported no availability of the muscle relaxant Soma® (carisoprodol), both crime labs indicated its low availability.

The crime lab at Canton-Stark County reported the low availability of pharmaceutical stimulants such as Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate), but BCI&I Richfield reported their increasing, moderate availability.

Hallucinogens

Users indicated that Ecstasy (MDMA, or 3,4-methylenedioxymethamphetamine) was available, but no numeric ratings were reported. The BCI&I Richfield crime lab reported high and increasing availability, whereas the Canton-Stark County crime lab noted moderate but also increasing availability. Nevertheless, this latter crime lab noted specially that *“most of our ‘ecstasy’ tablets have not been MDMA, but rather piperazines,”* which represented a considerable change in *“clandestine tablet composition”* of the cases it handled. On their own, piperazines were reported by both crime labs to be high and increasing in availability. Users also indicated that

most Ecstasy use was among those between the ages of 18 and 25. One “dose” of Ecstasy reportedly sells for approximately \$10-\$25. Common street names for it included “fizz pills,” “E-boys,” and “bis.”

According to one group of users, LSD (lysergic acid diethylamide), also known as “acid,” had been increasing in availability over the past couple of months in the Akron area. However, a different group of users reported decreasing availability of the drug, as well as the decreasing availability of psilocybin mushrooms.

The BCI&I Richfield crime lab reported the moderate availability of each, whereas the Canton-Stark County lab registered only low availability of each.

The dissociative anesthetic ketamine was reported by each crime lab to be of low availability. No cases of PCP (phencyclidine) were reported by the Canton-Stark County crime lab, but its stable, low availability was reported by BCI&I Richfield.

Low availability of *Salvia divinorum* was reported by both crime labs.



Ohio Substance
Abuse Monitoring
Network

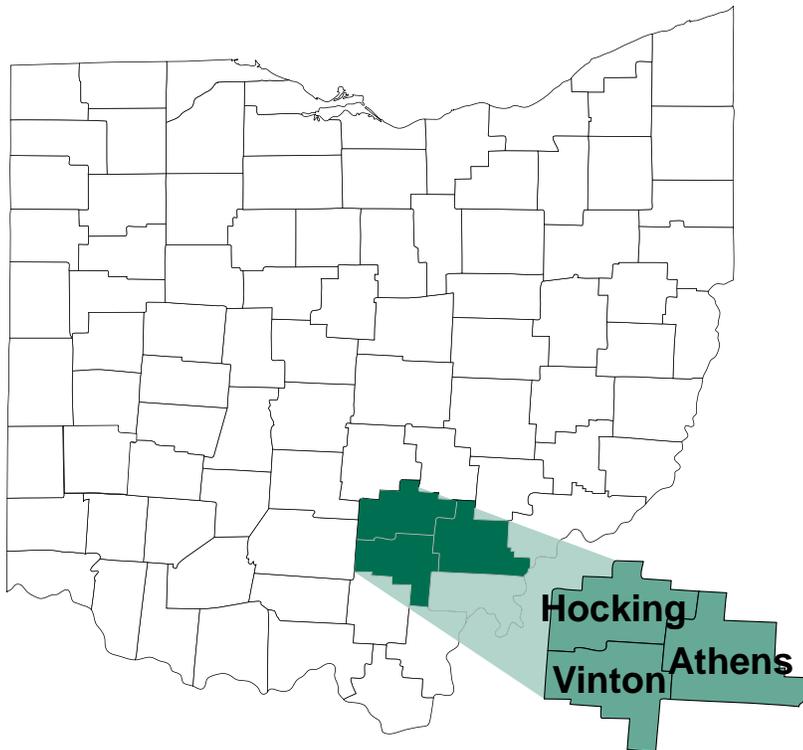


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Athens Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (US Census, Quick Facts) | Athens County | Vinton County | Hocking County | Ohio |
|---------------------------------------|---------------|---------------|----------------|------------|
| Total population, 2006 estimate | 61,860 | 13,519 | 28,973 | 11,478,006 |
| Whites, 2006 | 93.2% | 97.9% | 97.1% | 84.9% |
| African Americans, 2006 | 2.3% | 0.4% | 1.0% | 12.0% |
| Hispanic or Latino origin, 2006 | 1.3% | 0.5% | 0.6% | 2.3% |
| High school graduates (age ≥25), 2000 | 82.9% | 70.7% | 78.0% | 83.0% |
| Median household income, 2004 | \$29,785 | \$32,086 | \$36,440 | \$43,371 |
| Persons below poverty, 2004 | 20.2% | 16.8% | 13.3% | 11.7% |

DATA SOURCES

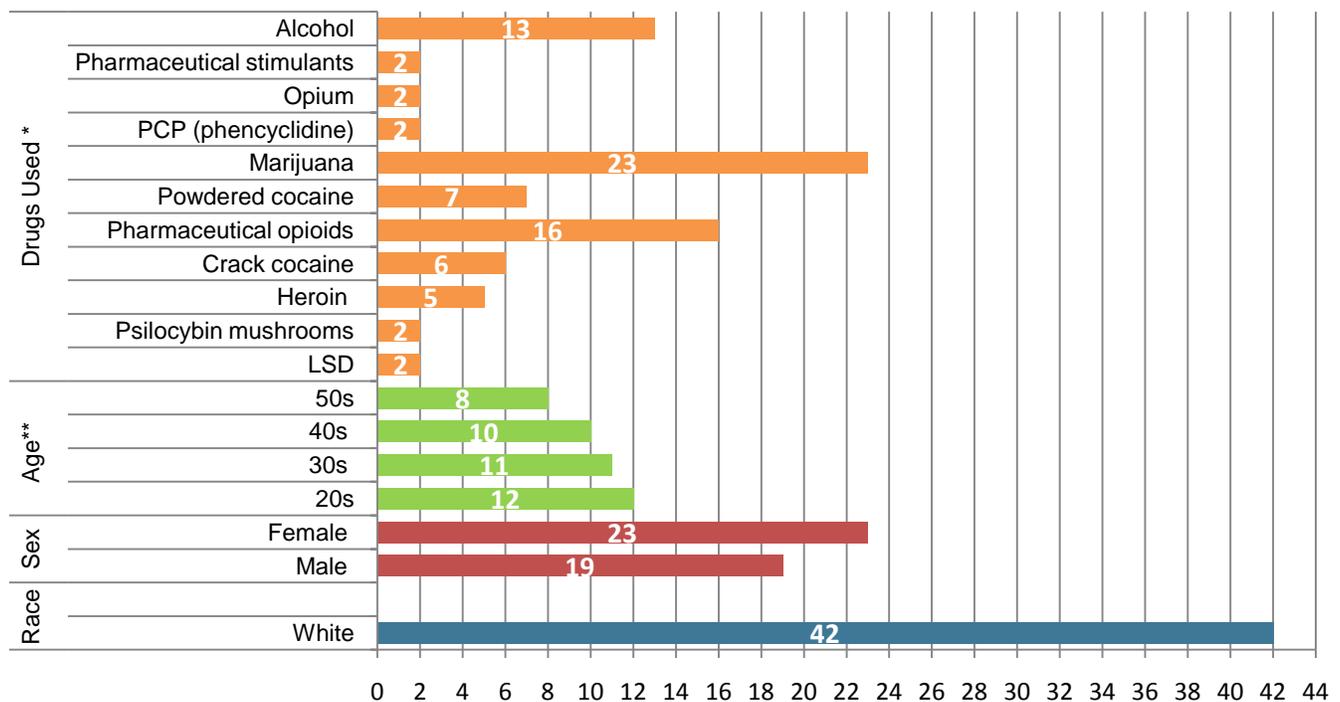
| Interviews Conducted in the Athens Area | | |
|---|--------|-----------------------------------|
| Date | Number | Participants |
| October 15, 2008 | 9 | Current and former users |
| October 22, 2008 | 11 | Current and former users |
| October 23, 2008 | 3 | Outpatient recovery group clients |
| October 29, 2008 | 13 | Outpatient recovery group clients |
| November 5, 2008 | 6 | Current and former users |
| January 7, 2009 | 1 | Case manager |
| Total number: | | |
| Focus groups | 5 | |
| All participants | 43 | |
| All users | 42 | |

Qualitative data: This report is based upon the interview of a case manager and five focus group interviews with current and former users.

Crime lab data: Data obtained from the BCI&I London crime lab were used to supplement qualitative data about drug availability and purity in Southeastern Ohio.

Media reports: The *Athens Messenger*, the *Athens Post*, the *Athens News*, WHIO.com and other media sources were monitored for information about drug use trends in the area.

User Characteristics (N=42)



*some respondents may report multiple drugs of use over the past 6 months; ** one respondent chose not to provide his age.

Number of participants

CRACK COCAINE

Historical Summary

In the previous reporting period, users rated the availability of crack cocaine in Southeast Ohio as an 8 on the scale of 0 (unavailable) to 10 (extremely available). The BCI&I London crime lab reported its high, unchanged availability and its high, unchanged purity. Crack cocaine was again reported to sell for \$100 per gram. Users were said to have switched from use of powdered cocaine to that of crack cocaine for its quicker, more intense high.

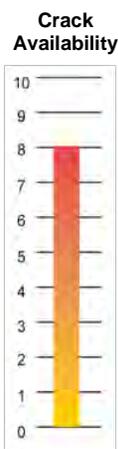
Current Trends

In the current reporting period, user ratings of the availability of crack cocaine averaged an 8 on the 0-10 scale, but ranged from 5 to 10. In one focus group three white male users replied “an 8,” “an 8 or a 9,” and “Yeah, it’s probably 10. It’s around everywhere,” when asked to rate its availability. Nevertheless, other users perceived a decline in availability of crack. They noted that the number of dealers selling crack cocaine had declined. One participant said that crack cocaine availability “has definitely gone down,” and another said that “all the crack-heads are on heroin now. It’s cheaper.” The consensus in one focus group was of a large recent decline in its availability. The BCI&I London crime lab reported high availability and an unchanged number of cases of crack cocaine.

Users reported that quality of crack cocaine was poor to “fairly decent” but depended on how well one knew one’s dealer. As reported previously, the crime lab reported the unchanged, high purity of crack cocaine (60% or greater). Common names for crack cocaine include “hard,” “rock” and “package.”

According to users, crack cocaine was selling for \$50 per 1/2 gram, for between \$60 and \$100 per gram, and for \$150-\$250 per “8-ball” (1/8 ounce).

Smoking remains the most common mode of its administration. Some participants believed that crack was being mixed with heroin in order to make a “speed-ball” and inject it intravenously, although none reported doing so themselves.



As was indicated during the previous reporting period, there are perceptions about who sells and who buys crack cocaine. One participant indicated that, in Southeast Ohio, “crack cocaine was brought in by blacks but used by whites.” Participants in another focus group indicated also that, while “dope boys” (sellers of crack cocaine) were African-American, they don’t normally use it, whereas most of its users were white. In terms of age, teenagers were mentioned, as were those in their 60s. “I know a 15 year-old girl who smokes crack,” said a white male user.

POWDERED COCAINE

Historical Summary

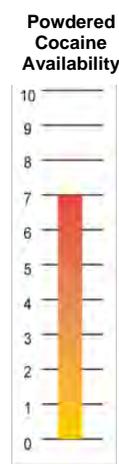
During the previous reporting period, users rated the availability of powdered cocaine (cocaine HCl) an 8 on the scale of 0 (unavailable) to 10 (extremely available). Moderate availability was reported by the BCI&I London crime lab. User estimates of the quality of powdered cocaine varied from “really bad to pretty good,” as one user put it, but the crime lab reported moderate, unchanged purity (30%-60%). Most often inhaled intranasally (i.e., “snorted”), powdered cocaine was reported to be used by increasing numbers of young women.

Current Trends

In the current reporting period, users rated the availability of powdered cocaine a 7 on the 0-10 scale. This slight decline from the previous reporting period was explained as having resulted from “a lot of busts,” but users also noted longer-term downward trends in availability. Another suggested declining use of powdered cocaine by saying, “People aren’t buying it as much; they’re getting more heroin.” A white male user explained that there had occurred “a decrease in the coke [powdered cocaine], and an increase in the heroin.” The BCI&I London crime lab reported its moderate availability and registered the same number of cases.

Common street names for powdered cocaine include “snow,” “white,” “flower,” “yeah,” “nose candy,” and “blow.”

Powdered cocaine was reported to sell for \$50 per



1/2 gram and \$50-\$100 per gram. Three prices for an “8-ball” (1/8 ounce) were reported: \$125, \$210 and \$250. A white male user said, “I can get a kilo [2.2 pounds] for [\$2,250].”

Some participants indicated that powdered cocaine prices were decreasing but that the quality was also decreasing. Others reported “no change” in price but that quality was poor, one saying that, “In general, down here? It sucks.” Nevertheless, another indicated that the quality was “really good.” The BCI&I London crime lab reported unchanged, moderate purity of powdered cocaine (30%-60%).

Some users reported an increase in powdered cocaine use via intravenous injection, both by itself and simultaneous with injection use of heroin (in a “speedball”). One participant indicated that users aged 13 to 18 tend to inhale intranasally, or “snort” powdered cocaine, while users in their 20s and 30s tend to smoke crack cocaine. Another participant indicated that some people he knew would inject powdered cocaine if they were unable to find heroin. Members of another focus group mentioned that needle-use generally, including of powdered cocaine, had “boomed” in the past year or two and had become common. Powdered cocaine was reported by two participants to be mixed with OxyContin® (oxycodone, extended-release) and injected in a form of “speedball.” When asked about needle-sharing, several participants affirmed that they had seen recently a rapid increase in this practice: “it’s sickening . . . it’s just like sharing a straw,” said a white female user. “Younger people are really gettin’ into the needle down here,” explained a white male user and dealer of powdered cocaine.

Respondents described powdered cocaine user groups as including “younger people,” individuals aged 16-17 or who were attending college, and “35 to 45 year-old men who were weekenders.” Members of another focus group mentioned 13-15 year-old new users of powdered cocaine, including by injection, but also that those in their 60s and 70s used as well.

HEROIN

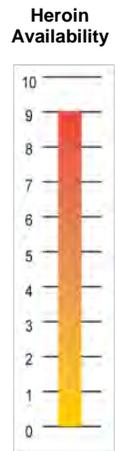
Historical Summary

In the previous reporting period, users rated heroin availability a 7 on the scale of 0 (unavailable) to 10

(extremely available). The BCI&I London crime lab rated its availability high and increasing, and reported cases of brown powder and black tar heroin. Tar heroin was reported to sell for \$100-\$120 per gram and for \$20-\$60 per “balloon.” Heroin is administered mostly by intravenous injection. Users reported that heroin use was often preceded by abuse of pharmaceutical opioids such as OxyContin® (oxycodone, extended-release).

Current Trends

In the current reporting period, user ratings of heroin availability averaged 9 on the 0-10 scale, but ranged from 4 to 10. This represents a considerable increase over the previous reporting period, which was acknowledged explicitly by user group members. For example, when asked which drugs were in this region beginning to increase in availability, a female respondent replied “heroin and pain pills.” She rated availability of heroin as “like 8 or 9.” Another female respondent in the same focus group rated its availability “around a 7 or 8,” and explained that, “Like, last time I seen you, I had never really seen heroin, but I know that it is around [now] because [a friend] told me that’s what she had been doing and . . . I know I heard people say that it’s around here.” The BCI&I London crime lab reported high availability and registered the same number of cases as during the previous reporting period.



Tar heroin was reported to be the predominant form available in this area. Users rated its availability a 10 on the 0-10 scale, while brown and white powder form availability was rated 3-6. “It’s all tar!” said three users in one focus group, and they indicated that this trend had begun “about six months ago.” The BCI&I London crime lab noted that black tar heroin was the most common form, but that there was also some availability of brown powder. Neither users nor crime lab personnel reported heroin/fentanyl mixtures. Common street names for heroin include “H,” “smack,” “dope,” and “horse.”

The quality of heroin in Southeast Ohio was described by users as “good” and “consistently good.”

The BCI&I London crime lab also reported unchanged, high purity (60% or greater).

Heroin users were reported to purchase “balloons” of it for \$30. Some users reported that “balls” of tar heroin (typically the size of a cigarette butt) cost \$50, and that \$10 would purchase caps of brown powder. They said that one would have to go to Columbus to purchase heroin by the gram or “8-ball” (1/8 ounce or 3.5 grams). Confirming what users reported, a local journalist paraphrased a Major Crimes Task Force official as having said that local distributors make daily trips to Columbus in order to purchase units of heroin there for \$20 that they can resell for \$50-\$60 (*Athens News*, 09-08-08).

Intravenous injection was said to be the most common mode of administration, and users noted several body sites of injection. Several participants mentioned the simultaneous injection of heroin and powdered cocaine, that is, “speedballing.” Two users in a focus group spoke of the practice of “snorting” heroin diluted in water. Noting first that tar heroin users consisted of “*all bangers*” (intravenous injectors), a white male explained that, “*if you wanna snort it, you gotta put it in a spoon, wet it down, and then snort the water,*” a practice that a white female user confirmed.

A treatment facility case manager reported that heroin “*has become almost overwhelming for us.*” She noted a considerable increase in the number of individuals seeking treatment at her facility for heroin and/or pharmaceutical opioid dependence. In addition, she said, there had occurred a recent spike in needle usage and associated cases of hepatitis infection. Opioid and primarily heroin abuse, she reported, was the primary diagnosis for her previous 15 clients. She attributed this increase in part to the consequences of a large heroin bust that had occurred several months prior. This, she said, had either “*scared people*” and/or reduced the amount of heroin available, thus driving former users, many of whom were now “*frightened,*” into treatment.

Heroin users were said to include people as young as 15 years of age; “*high-school students,*” “*young people*” and even “*junior-high*” students were noted specifically. Especially young dealers of heroin were mentioned in one focus group. Several participants

knew one or more individuals who had died of heroin-related overdoses. Heroin use, said one participant, “*leads to jail or death.*” Users explained that a common pathway to heroin use via intravenous injection was for an individual first to snort and then to inject OxyContin® (oxycodone, extended-release).

Increases in heroin availability were covered extensively by local media during this reporting period. A routine traffic stop in Nelsonville (Athens County) in August of 2008 led to the arrest of a 67 year-old Logan woman in whose possession was found 53 “balloons” of heroin (and two large rocks of crack cocaine) (*Athens Messenger*, 08-14-08). In October of 2008, about four grams of heroin were seized from a jail inmate (*Athens News*, 10-30-08). Spaces in local detox facilities have been “*stretched to the breaking point*” just in terms of alcohol cases, but are now “*facing a wave of heroin addicts.*” The Executive Director of a local treatment agency reported a roughly 10-fold increase in opiate-type drug addiction since 1999 (*Athens News*, 09-08-08). He noted that, in 2008, the number of opiate cases his agency treated outnumbered those related to alcohol (*Athens Messenger*, 12-28-08). “*With cut after cut, we can’t afford to do that anymore,*” he was quoted as saying, referring to the “charity care” his agency used to provide. This means, according to a news reporter, that clients “*are being turned away from treatment in record numbers*” (*Athens Messenger*, 12-28-08).

OTHER OPIOIDS

Historical Summary

In the previous reporting period, users rated the availability of pharmaceutical opioids a 9 on the scale of 0 (unavailable) to 10 (extremely available). Vicodin® (hydrocodone and acetaminophen), Percocet® (oxycodone and acetaminophen), Percodan® (oxycodone and aspirin), and OxyContin® (oxycodone, extended-release) were reported to be “very available” and were rated 10. The availability of fentanyl (in the form of Duragesic®-brand transdermal patches) and methadone was rated 5 and 3, respectively. Prices for most pharmaceutical opioids ranged from \$0.50 to \$1 per gram of opioid content.

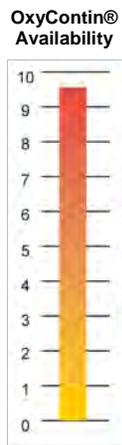
Current Trends

In the current reporting period, the overall availability of pharmaceutical opioids was rated an 8 on the 0-10 scale. This represents a slight decrease from the previous reporting period.

Nevertheless, availability ratings for particular drugs varied greatly. For example, most users rated availability of OxyContin® a 10, but two users said 5 and 6, and a treatment facility case manager said that its use *“has dwindled off.”* Two participants rated the availability of Vicodin® 4 and 7, but several others in another focus group said 10. Percodan® and Percocet®, they explained, were less available than Vicodin®, but still easily available.

By contrast, the availability of fentanyl patches was said to have declined owing to the increase in availability of heroin and OxyContin®. Two users rated fentanyl availability 2-3 on the 0-10 scale, but others said 7-8, and another user said he can get them more or less anytime he wishes. One participant stated, *“I find ‘em now and then,”* and another explained a drop in their popularity by saying, *“People are staying away from it because it’s killed many people.”* Methadone was reported by some users to be easily available; *“It’s everywhere, because everyone’s going to the clinic,”* said one user. Another user explained that, *“It’s popular because people are getting help [obtaining methadone in clinics], but they are selling it.”* Nevertheless, other users said it was scarce and rated its availability a 3. They explained that those who are prescribed them tend to keep them. Low and sporadic availability (0-1) of methadone in liquid-dose form was noted in one focus group. The popularity of morphine was indicated by this statement of a participant: *“If I had 1,000 morphine pills, I could sell them in an hour.”*

The availability of Opana® (oxymorphone) was rated 5-6 and said to be *“increasing”* by two white females in their mid-20s. In a small focus group interview one said, *“I actually heard of a new thing. I’ve never heard of it before, ever. And I guess it’s pretty popular around here. It’s called an ‘Opana,’”* to which the other added, *“That’s what I, that’s what I was just talkin’*



about!” They indicated that the oxymorphone “high” was comparable to or even better than that of OxyContin®. One reported that her best friend had obtained a diverted tablet and inhaled it intranasally. She commented, *“And I guess you can get really blown out of it, for less [than a tablet of OxyContin®],”* to which the other female replied, *“Right; I guess that’s like an Oxy times 10”*

Focus group participants rated the availability of Suboxone® (buprenorphine and naloxone) an 8-10 on the 0-10 scale. This represents a considerable increase from the previous reporting period. Three users reported that a *“huge”* increase in availability had occurred about six months ago. They explained that a rapid increase in heroin availability was followed by a just as rapid decline that occurred in the aftermath of considerable law enforcement interdiction efforts. Users added that Suboxone® was now as available as tar heroin. They attributed the increase in Suboxone® availability on the streets to people selling their own prescriptions, but they noted very little recreational use. It was reported to be favored by people in their 20s and 30s who couldn’t obtain heroin or OxyContin®. Two participants in another focus group mentioned that many clinics within a 30-mile radius were now dispensing Suboxone®. They noted that only some use was recreational. Users did not mention any use of Subutex® (buprenorphine) or Buprenex® (buprenorphine).

The BCI&I London crime lab reported the high and stable availability of hydrocodone, OxyContin®, and other oxycodone-containing products and the moderate availability of OxyContin®’s generic equivalent. No cases of methadone wafers were reported by the crime lab, but tablet form methadone availability was reported to be moderate and increased. Low availability of Duragesic®-brand transdermal patches, Dilaudid® (hydromorphone), and Darvon® (propoxyphene) was also reported. The crime lab reported low availability of Opana®. While no cases of Buprenex® or Subutex® were reported by the crime lab, it did report increasing, moderate availability of Suboxone®.

Users did not report any large increases in prices for various pharmaceutical opioids, which are presented below. Additionally, although focus group

participants didn't specify the size/strength of fentanyl patches, their comments suggest that they are selling for \$1 per mcg/hr or slightly less.

Street prices of pharmaceutical opioids

| | | |
|------------|----------------|-------------|
| Vicodin® | 5 mg | \$3 |
| | 7.5 mg | \$4 |
| Percocet® | 5 mg | \$5 |
| | 7.5/10 mg | \$7.50-\$10 |
| OxyContin® | 40 mg | \$40 |
| | 80 mg | \$80 |
| methadone | 10 mg (tablet) | \$10 |
| OpanaER® | 20 mg | \$20 |
| | 40 mg | \$40 |
| Suboxone® | 8 mg | \$20-\$30 |

Some participants reported injection and intranasal inhalation of Suboxone®. A treatment facility case manager remarked that, in the past couple of years, intravenous injection (including of OxyContin®) had doubled in frequency. A white female in her 20s recounted her experience of meeting a friend with whom she had recently reconnected. She reported that he had begun to inject OxyContin® intravenously: *"It's just so weird because I have a friend and I hadn't hung out with him for awhile, and I went and hung out with him and, um, he was like, 'Hey, 'ya want some heroin?' I was like, 'No,' okay, and he was like, 'Are you sure, I can get some White China' and I'm, like, 'Nooooo waaayyyy.' . . . and he proceeded to break out a 40 [milligram tablet] of Oxy and shave it down and shoot it up right in front of me, and I'm, like, 'Oh, my God, what are you doing . . . can you take me home?' . . . First of all, I've never seen anyone shoot up . . . and I just never really realized it was that common around here."*

METHAMPHETAMINE

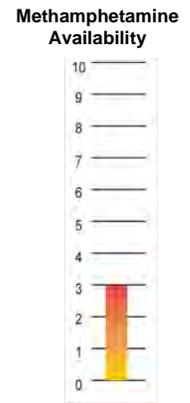
Historical Summary

In the previous reporting period, users rated the availability of methamphetamine a 6 on the scale of 0 (unavailable) to 10 (extremely available). The crime lab reported its moderate availability. Grams of methamphetamine were reported to sell for \$100, and methamphetamine administration was reported to be via smoking. Most methamphetamine in

Southeast Ohio was believed to be produced locally.

Current Trends

Focus group participants during the current reporting period rated the availability of methamphetamine a 2-3 on the 0-10 scale. Once again, however, few were able to provide specific data about its production, availability, prices, user groups or modes of use. No primary users of methamphetamine were interviewed. The BCI&I London crime lab reported low and declining availability of methamphetamine and registered a decreased number of cases.



The price of methamphetamine in Southeast Ohio was said to be "cheap" and estimated to be \$50 per 1/2 gram and \$100 per gram, at least for "crystal"-form methamphetamine. These represent stable prices since the previous reporting period.

When asked to describe the forms of methamphetamine currently available, a respondent replied *"crystal," "blue powder," "pink powder," "brown powder,"* and *"white powder."* Powder forms were also the ones most commonly reported by the BCI&I London crime lab. Unlike during the previous reporting period, however, the crime lab also reported cases of glassy crystal methamphetamine. It rated the overall purity as high (60% or greater).

Regarding the composition of methamphetamine user groups, one participant stated that it was used by *"the Adderall crowd."* This presumably refers to college-aged students who consume pharmaceutical stimulants as study aids and to extend their participation in party settings. Methamphetamine use was believed to be most common among *"poor people."*

MARIJUANA

Historical Summary

In the previous reporting period, marijuana availability overall was rated 9 on the scale of 0 (unavailable) to 10 (extremely available). The BCI&I London crime lab also reported its high availability.

Users named many high-grade varieties, and the crime lab also reported the high quality of the cases it processed. High-grade marijuana was reported to sell for \$50 to \$80 per 1/8 ounce, for \$290 to \$350 per ounce, and for \$3,500 per pound. Users noted the extensive bartering of marijuana for services, favors or products.

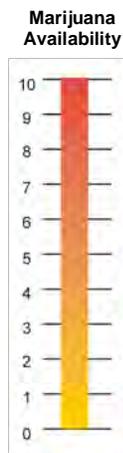
Current Trends

During the current reporting period, users again rated overall availability of marijuana a 10 on the 0-10 scale. Marijuana availability was again rated high and stable by the BCI&I London crime lab, which also registered high quality of the marijuana cases it processed.

A new type of marijuana discussed by participants was referred to as “creeper weed.” It was described as a type such that, 10 to 30 minutes after you smoke it, “it hits you”; “about a half-hour, it slams ya.” “Dank,” “Ice,” and “Sticky Bud” were other forms of highly potent marijuana named in another focus group.

“Commercial” or average-quality marijuana was reported to sell for \$15-\$20 per 1/8 ounce or for \$60 per 1/4 ounce. The high-grade “Dank” was reported to sell for \$10 per gram, for \$25-\$50 per 1/8 ounce, for \$120 per 1/4 ounce, and for \$240 per ounce. Two users noted that “harvest-time” prices for “dirt-weed” (that is, low-grade, “compressed” marijuana) were as low as \$15-\$25 per 1/8 ounce. The only mode of marijuana administration reported by participants was smoking.

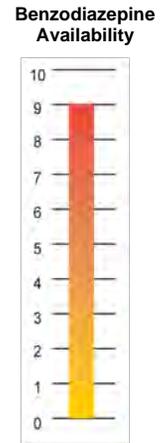
Several marijuana-related drug busts were reported in local media such as the *Athens Messenger* and the *Athens News*. For example, in September, 2008, it was reported that police officers attempting to make a routine traffic stop were led eventually to discover 5,100 marijuana plants under cultivation outside the nearby village of Crooksville, in adjacent Perry County. This brought the 2008 year-to-date total in that county to 11,000 plants (*Athens Messenger*, 09-24-08).



OTHER TRENDS

Benzodiazepines

In the previous reporting period, users rated availability of pharmaceutical tranquilizers in Southeast Ohio a 9 on the scale of 0 (unavailable) to 10 (extremely available). The BCI&I London crime lab reported high, stable availability of Xanax® (alprazolam) and moderate, stable availability of other benzodiazepines. Oral ingestion and intranasal inhalation (i.e., “snorting”) were reported to be the most common methods of administration.



In the current reporting period, users rated the overall availability of benzodiazepines a 9 on the scale of 0-10. One participant indicated that he could obtain them “any day, all day, 24/7/365.” The most common benzodiazepines available in Southeast Ohio were again reported to be Xanax®, Valium® (diazepam), and Klonopin® (clonazepam). Availability of Ativan® (lorazepam) was rated 7.

The price of Xanax® was reported to range from \$1 to \$4 per tablet, depending on dosage. Valium® tablets were also said to cost \$1 to \$2.

Focus group participants indicated that few users actively seek out benzodiazepines but will instead use them only if no other substances (e.g., OxyContin® or powdered cocaine) can be found. As has been reported previously, greater use of benzodiazepines was associated with females than with males. A small focus group noted that most consumption of benzodiazepines is oral, but that intranasal inhalation, or snorting, occurred as well.

Prescription stimulants

Adderall® (amphetamine-mixed salts) and Ritalin® (methylphenidate) have been reported previously to be widely available in Southeast Ohio and associated with teenagers and college students. Users during the current reporting period rated the availability of Adderall® more highly (10) than they did Ritalin® (7), but said that such pharmaceutical stimulants were “everywhere.” The crime lab again reported the

moderate availability of pharmaceutical stimulants. Both were reported by users to be used primarily by younger people, students in both high-school and college, to help them stay awake while studying or partying. Adderall® was reportedly selling for \$2-\$4 per 20 milligram and \$5 per 30 milligram strength tablet. The most common methods of administration were oral use and intranasal inhalation (“snorting”). Nevertheless, two participants indicated that some people were diluting Adderall® in water and injecting it, and they explained how this is done.

Seroquel®

Seroquel® (quetiapine fumarate) is commonly prescribed to those who are diagnosed with mental health-related problems such as bipolar disorder. During the current reporting period, the availability of Seroquel® was again said by users to be high, but it had little street value and was stigmatized somewhat. The BCI&I London crime lab reported low availability of Seroquel®.

Hallucinogens

In the previous reporting period, users rated the availability of psilocybin mushrooms and LSD in Southeast Ohio as sporadic and unpredictable. The BCI&I London crime lab, however, registered their moderate, and in the case of LSD, increasing availability. The use of such hallucinogens was associated with teenagers, including high school students, and with college students.

During the current reporting period, LSD and psilocybin mushrooms were again reported to be sporadically and unpredictably available. They were rated a 5 on the scale of 0-10, when they are available. Participants explained that a “shipment” or “load” of either hallucinogen will arrive in a community and be dispersed and used rather quickly. It may then take an unknown period of time until an additional shipment or load arrives again. LSD availability had declined to low levels, according to the BCI&I London crime lab.

LSD was said to be used by “hippies,” “young people,” “rock ‘n rollers,” and “people from the ‘60s revolution,” mostly “at festivals.” LSD was reported to cost \$6 to \$12 per hit. One participant said that seven drops of “straight liquid acid” cost \$50, although some users

claimed not to have seen LSD available in liquid form for quite some time. A treatment facility case manager noted college student use of LSD but that it was seldom a primary drug of choice for them.

The availability of psilocybin mushrooms in the Southeast Ohio area, known to one young white male as “Big Laughing Jim” (perhaps *Gymnopilus spectabilis*), is also sporadic. Nevertheless, during their growing season, they are reportedly available, according to this same respondent, “on-snap,” quite easily. Again, respondents explained that they are produced, distributed and consumed in cycles. Psilocybin mushroom availability was reported by the BCI&I London crime lab to have declined to low levels since the previous reporting period. Users reported that mushrooms cost \$25-\$30 per 1/8 ounce. Like use of LSD and of hallucinogens in general, mushroom use was associated with youth and young adults and with large festivals such as “Hookahville Festival.”

Finally, only one participant spoke of the availability of Ecstasy (MDMA), and rated it 5 on the 0-10 scale. The BCI&I London crime lab reported its stable, moderate availability. It reported low and stable availability of the dissociative anesthetic ketamine and the moderate and increasing availability of piperazines. It reported no cases of PCP (phencyclidine), although one focus group participant mentioned per-bottle prices in nearby Lancaster of \$20-\$30. Additionally, the crime lab reported that lots of “Ecstasy” tablets contain only BZP (benzylpiperazine) and TFMPP (3-Trifluoromethylphenylpiperazine).

The BCI&I London crime lab did not report any cases of *Salvia divinorum*. A young white male polydrug user reported easy availability.



Ohio Substance
Abuse Monitoring
Network

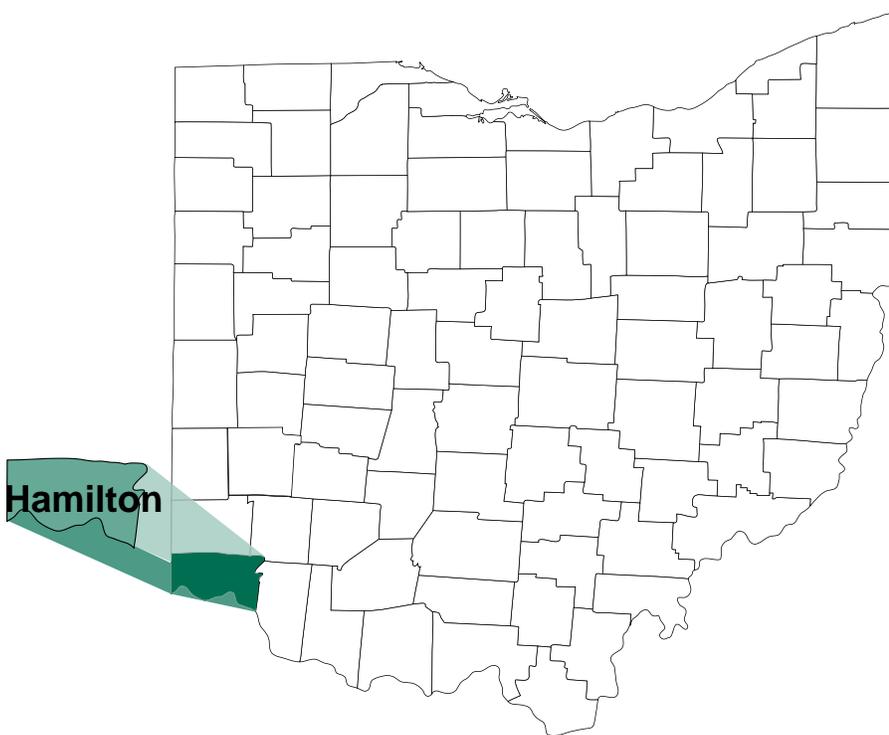


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Cincinnati Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Hamilton County | Ohio |
|--|-----------------|------------|
| Total population, 2006 estimate | 822,596 | 11,478,006 |
| Whites, 2006 | 71.7% | 84.9% |
| African Americans, 2006 | 25.0% | 12.0% |
| Hispanic or Latino origin, 2006 | 1.5% | 2.3% |
| High school graduates (age ≥25), 2000 | 82.7% | 83.0% |
| Median household income, 2004 | \$43,811 | \$43,371 |
| Persons below poverty, 2004 | 13.1% | 11.7% |

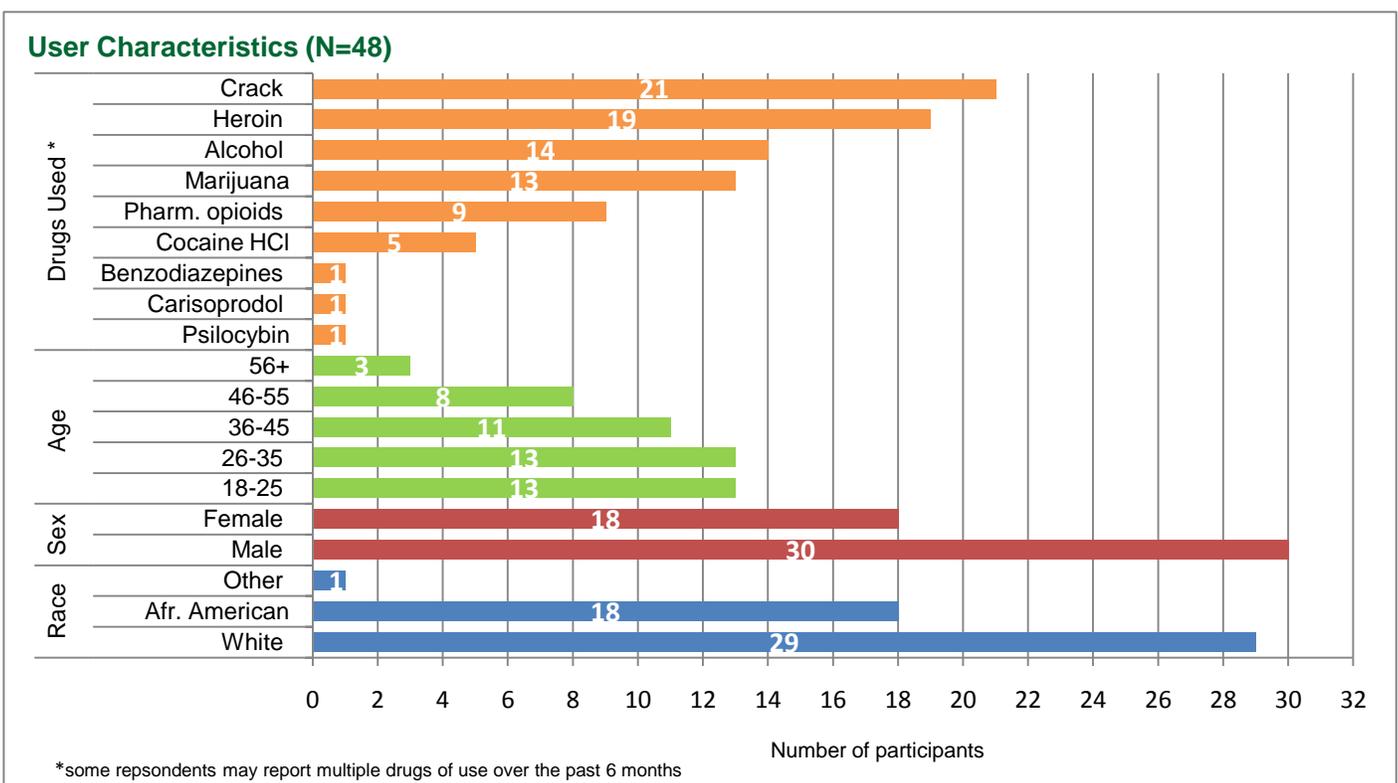
DATA SOURCES

| Interviews Conducted in the Cincinnati Area | | |
|---|--------|--------------------------------------|
| Date | Number | Participants |
| 10-29-08 | 7 | Community outreach workers and users |
| 10-29-08 | 9 | Active users |
| 11-11-08 | 10 | Recovering users |
| 11-12-08 | 8 | Recovering users |
| 11-14-08 | 9 | Recovering users |
| 11-28-08 | 10 | Active users |
| 2008 | 1 | Law enforcement |
| Total number: | | |
| Focus groups | 6 | |
| Ind. interviews | 1 | |
| All participants | 53 | |
| All users | 48 | |

Qualitative data: This report is based upon six focus groups with drug users, community outreach workers and an individual interview with a law enforcement officer.

Crime lab survey: Data obtained from the Cincinnati crime lab were used to supplement qualitative data sources.

Media reports: Reports from the *Cincinnati Enquirer* and *Cincinnati.com* were monitored for additional data about law enforcement interdiction and trends in drug abuse.



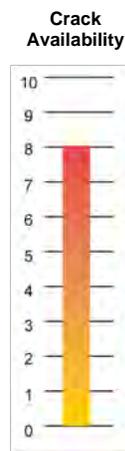
CRACK COCAINE

Historical Summary

In the previous reporting period, the availability of crack cocaine in the Cincinnati area was rated 10 on a scale of 0 (unavailable) to 10 (extremely available). The quality of crack cocaine was reported by users and law enforcement to be low. Crack was said to be selling for \$25-\$40 per gram and for up to \$100 per gram outside the inner city. The use of crack cocaine with erectile dysfunction drugs was reported in the gay and bisexual population.

Current Trends

During the current reporting period, users rated the availability of crack cocaine an 8 on the 0-10 scale. This represents a decline since the previous reporting period. Decreases in its availability were linked to increased law enforcement crackdown on drug-dealing. An active crack user, a 40 year-old African American male, stated that, to avoid getting caught, dealers were *“Changing hours. . . [you] can’t get it at night around 10 p.m. . . . 10 a.m. [is] a better time . . . [the specialized police unit] has a lot to do with it.”* The Cincinnati crime lab reported the moderate availability of crack cocaine and noted decreased number of cases.



Focus group participants noted that the increased gun violence in the Cincinnati area is linked to drug trafficking within the city. Local media stories cited police officials who suggested that a cutting of the cocaine supply from Latin America had led to increased violence on the part of both sellers and buyers. This had resulted, they said, in an increased homicide rate and of drug-related gang violence generally in Cincinnati (*Cincinnati Enquirer*, 10-06-08; see also 10-29-08).

Participants thought that decreases in availability of crack were partially responsible for an increase in counterfeit crack (sometimes called “fleece”) being sold in the region. A 36 year-old African American man, an active crack user, stated that *“People are fleecing each other now more than ever. . . . Even people that have bought from dealers for years are now getting fleeced.”* Overall, the quality of crack cocaine was reported to

have declined since the previous reporting period. Users cited nicknames such as *“soda ball,” “shoe string,”* and *“foot dope”* to describe this poor-quality crack cocaine. Several participants reported that it was becoming commonplace to break down poor-quality crack with lemon juice or vinegar and re-rock it in order to rid impurities and thus improve its quality. According to some participants, the majority of crack users are now doing this because of the prevalence of lower quality crack cocaine.

Compared to the first half of 2008, the price of crack cocaine was reported to have increased slightly. The lowest dollar amount cited per “rock” of crack cocaine was \$5. The price of a gram of crack cocaine ranged, on average, from \$30 to \$60, an “8-ball” (1/8 ounce) cost between \$130 and \$150, and an ounce ranged from \$600 to \$1,000.

Crack-cocaine administration is primarily achieved through smoking from a pipe or pipe-like implement. The term *“undercover crack user”* was coined by a 49 year-old African American male, a polydrug user, to describe younger users who lace marijuana blunts with crack cocaine, using the marijuana as a “cover” for their crack use. Heroin users were said to be more likely than anyone to inject crack cocaine, after breaking it down in the manner described above. Alongside heroin and marijuana, focus group participants reported that the concurrent use of alcohol was a common practice among users. The use of benzodiazepines, Ecstasy, or prescription opioids with crack cocaine was reported to be less common.

The use of crack cocaine among increasingly diverse populations was reported again during the second half of 2008. Several participants cited that use among the Hispanic population was on the rise. Reportedly, crack use was slightly more common among males than females. According to participants, some individuals initiate crack use as early as 13-14 years of age.

POWDERED COCAINE

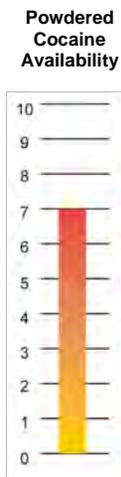
Historical Summary

In the prior reporting period, the availability of powdered cocaine was rated by users to be a 10 on a scale of 0 (unavailable) to 10 (extremely available). Prices for powdered cocaine ranged from \$25-\$50

per gram and depended on geographic location and familiarity with dealer. Powdered cocaine quality was reported to be variable, and intranasal insufflation (i.e., snorting) was cited as the primary route of administration among young, first-time users.

Current Trends

The availability of powdered cocaine decreased dramatically during the current reporting period. Availability was this time rated 7 on a scale of 0-10. The drop in availability of powdered cocaine was attributed to increasing drug seizures by law enforcement officials. The Regional Enforcement Narcotics Unit (RENU) in Cincinnati was responsible for removing 120 kilograms of crack and powdered cocaine from the streets during 2008. The Cincinnati crime lab reported, just as with crack cocaine, a decreasing number of cases and moderate availability of powdered cocaine.



Participants also noted that powdered cocaine was of lower quality than previously and that the use of cutting agents such as benzene and inositol was increasing. For example, a 32 year-old former heroin and crack cocaine user stated: *“Quality all around is real low . . . it seems like there’s one supplier and it affects all of Cincinnati . . . the whole area . . . everybody’s getting fleeced . . . supplier is controlling the quality of drug being sold.”* The crime lab reported moderate purity (30%-60%) of the powdered cocaine cases it processed.

The prices of powdered cocaine were reported to have increased during the second half of 2008, coinciding with the decreased availability. A gram of powdered cocaine sold for \$40-\$70, with higher prices (up to \$100 per gram) being charged outside the inner city limits. An “8-ball” (1/8 ounce) ranged in price from \$130 to \$160, and an ounce sold for \$800-\$1,300.

The most common route of administration of powdered cocaine was intranasal insufflation (“snorting”). Focus group participants described that many users will “rock-up” their powdered cocaine into crack cocaine or lace marijuana joints or blunts with powdered cocaine and smoke it. The practice of smoking “rocked-up” powdered cocaine was reported to be increasing due to the decreased

quality of crack cocaine currently being sold. For the most part, powdered cocaine injection was more common among those who also inject heroin. However, participants reported that some cocaine injectors did not inject heroin or other substances.

The concurrent use of marijuana, alcohol, and/or heroin was reported to be common among users of powdered cocaine. Several participants reported concurrent use of prescription opioids.

As in the previous reporting period, an increase in females using powdered cocaine was again reported, but use overall was reported to be predominantly male. Increases in powdered cocaine use were reported in gay bars among males between 35-65 years of age. Employed professionals, college students, and upper-middle class individuals in general were reported as primary users of powdered cocaine. The characteristic age range of powdered cocaine users was cited as between 25 and 40 years.

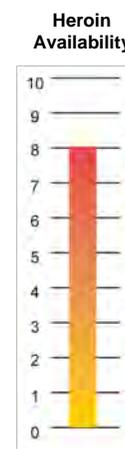
HEROIN

Historical Summary

In the prior reporting period, focus group participants reported increasing availability of heroin in the Cincinnati region. Brown powder heroin was reported to be the most common form available, but black tar and white powder heroin were reportedly increasing in availability as well. A gram of brown powder heroin was said to cost \$125-\$170. Injection remains the preferred route of heroin administration, and new users were reportedly more likely to snort it.

Current Trends

The availability of powder heroin during the current reporting period (mostly white and brown in color) was reported to have declined slightly, ranging from 5-10 on the 0-10 scale, but averaging 8. Ratings of the availability of black tar heroin ranged from 3-8, but averaged 5. Several participants reported that dealers had moved from the selling of crack cocaine to that of heroin due to the more consistent quality of the latter. One participant, a 23 year old white male, a former heroin user, stated that *“Due to the crack drought . . . there’s been a shift (among dealers) to heroin over the last few months.”* In addition, participants also



described a shift from crack cocaine use to heroin use due to the low quality of crack cocaine available in the current market. One white female participant, a former heroin and crack user, stated that, *“I’ve seen a lot more people turning to heroin before I came to treatment this time . . . because crack was so bad and wasn’t worth buying . . . so more people are turning to heroin.”* The Cincinnati crime lab reported an increasing number of heroin cases during this reporting period and overall moderate availability. Although some black tar cases were reported, brown powder heroin was most common.

The price for a gram of brown powder heroin ranged from \$120-\$175, which is fairly consistent with pricing during the previous reporting period. Black tar heroin was reported to cost \$130-\$160 per gram, and white powder heroin was said to range in price from \$140-\$160 per gram. Brown powder heroin was also reported to sell in capsules ranging from \$15-\$20; \$30 capsules reportedly contained a higher but unstated quantity of heroin. Black tar heroin typically sold in colored balloons, ranging in price from \$10 to \$30 per piece. A balloon costing \$30 reportedly contained enough heroin to fill two syringes, that is, two “hits” of injectable drug. One participant said that balloons could easily be placed in the mouth for safe transportation following a sale. An ounce of brown powder heroin reportedly cost between \$2,500 and \$4,000. Law enforcement officials reported buying 7.6 grams of brown powder heroin for \$800.

The primary route of administration for heroin remains injection. New or first-time users were described as more likely to snort it. The perception of heroin being less addictive if snorted remains an educational issue. One participant, a 39 year-old African-American male polydrug user stated that *“Perception is that snorting [heroin] is safe,”* and this was followed by the statement from a 38 year-old white male heroin user who stated: *“I was addicted in four days.”* Progression from snorting to injecting heroin was reported to occur fairly quickly, but older heroin users were described as moving from injection to snorting heroin when they *“ran out of veins”* to use for injection.

Some focus group participants described first time heroin use as starting at an earlier age (15-16 years of age) than previously reported. The progression from use of prescription opioids to heroin was

described by several participants to occur more commonly in this younger population. Users were described as being more white than African American, with a number of participants describing an increase in use of heroin by Hispanics.

OTHER OPIOIDS

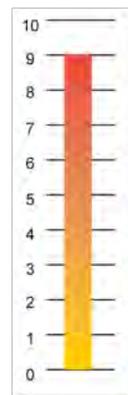
Historical Summary

Prescription opioids such as Vicodin® (containing hydrocodone and acetaminophen) or Percocet® (oxycodone and acetaminophen) OxyContin® (oxycodone, extended-released) were reported during the previous reporting period to be available at moderate levels. Users reported overall increases in prescription opioid abuse. The opioids of choice for users were reported to be OxyContin®, Vicodin® and methadone. Prices were relatively stable, and OxyContin® tablets were reported to sell for \$0.50-0.75 per milligram of opioid content, and 5 milligram Percocet® tablets were said to cost \$2-\$5. Recreational use of pharmaceutical opioids was reported among those as young as 13 years of age, and most users were reported to be white.

Current Trends

The availability of prescription opioids overall remained moderately high during the current reporting period. Hydrocodone-containing products (include more than 200 products in the U.S.) are frequently referred by users as all being the branded drug Vicodin®. In that regard, the availability of Vicodin® was reported to be moderately high, and rated between 6 and 10 on a scale of 0-10. This represents an increase when compared to the prior reporting period. The availability of Percocet® was rated between 7-10 on a scale of 0-10. Extended release oxycodone (Oxycontin®) was reportedly more available than either of the other two product lines, and rated in the range of 8-10 on a scale of 0-10. Methadone tablets and liquid were less available than reported in the past, with focus group participants rating both tablets and liquid as an average of 6 (range: 3-8) on the scale of 0-10.

Pharm. Opioid Availability



Fentanyl patches were reportedly available at low levels, averaging a 3 (range: 2-4) on the same rating scale. Buprenorphine-containing products, specifically Suboxone® (buprenorphine and naloxone), was reported by all focus groups to be available at a higher level during second half of 2008 than previously reported, averaging 6 (range: 2-8) on the scale of 0-10. All other prescription opioids were available at very low levels.

The Cincinnati crime lab reported the moderate availability of branded and generic OxyContin® and of hydrocodone. It reported no cases of Buprenex® (buprenorphine) or Subutex® (buprenorphine), the former representing a decline since the previous reporting period, but it did note the low availability of Suboxone® (buprenorphine and naloxone). The crime lab reported low availability of other oxycodone-containing products, Darvon® (propoxyphene), Dilaudid® (hydromorphone), and methadone tablets and wafers.

The first mention of oxymorphone (Opana®) was reported by 2 of 6 focus groups during the second half of 2008 as being available at a very low level. The Cincinnati crime lab confirmed low-level availability of Opana® (oxymorphone). A 30-year-old white female in treatment for prescription opioid abuse stated that *“the oxymorphone is the best . . . even better than oxycodone. I can do a whole Oxy 80 [80-milligram tablet of OxyContin®] and nothing happens, but if I take one of them pills (Opana®) I can get a buzz . . . that’s how I get the energy to do things around the house.”*

Reported prices for prescription opioids are presented in the table (right). It is noteworthy that the 40-milligram methadone wafers that are supposed to be restricted to methadone maintenance clinics were reported nevertheless to be available on the street. One participant stated that, *“If you see it on the street, it probably came from out of state.”* In addition, this reporting period marks the first time that street availability of one of the three newer, in-between strengths of OxyContin® tablets were reported. Per tablet, 60-milligram strength OxyContin® was reported to cost \$50.

The most common route of administration of prescription opioids was by ingestion of the tablets. The most desired opioid to crush and inhale or inject remains Oxycontin® or immediate release oxycodone products. Other prescription opioids

that are sometimes crushed and snorted include Vicodin®, Percocet®, and morphine. Methadone liquid was also reported as a drug that users inject. Injection of liquid or crushed prescription opioids was reported among primary heroin users.

The most common substances used concurrently with prescription opioids included alcohol and marijuana. The concurrent administration of methadone and benzodiazepines was reported by 2 of 6 focus groups to be a fairly common practice aimed at enhancing the pharmacologic effect of both drugs.

Overall, use of prescription opioids was reported more commonly among whites than other ethnicities, with a slight predominance of female users. Initiation to prescription opioid use was again reported to occur between 13-14 years of age.

Street prices of pharmaceutical opioids

| | | |
|---|----------------|-----------|
| Hydrocodone-containing products (Vicodin®, Lorcet®, Norco®, etc.) | 5 mg | \$2-\$3 |
| | 7.5 mg | \$4-\$5 |
| | 10 mg | \$6-\$8 |
| Oxycodone-containing products with acetaminophen (Percocet®, Roxicet®) | 5 mg | \$4-\$5 |
| | 7.5 mg | \$5-\$6 |
| | 10 mg | \$7-\$8 |
| Oxycodone, immediate release (Roxicodone®) | 20 mg | \$10-\$12 |
| | 30 mg | \$20 |
| Oxycodone, extended release (OxyContin®) | 20 mg | \$10-\$20 |
| | 40 mg | \$20-\$35 |
| | 60 mg | \$50 |
| | 80 mg | \$50-\$75 |
| Methadone (Methadose®, Dolophine®) | 10 mg (tablet) | \$5-\$8 |
| | 80 mg (liquid) | \$40 |
| | 40 mg (wafers) | \$25-\$30 |
| Morphine (MS Contin®, others) | 30 mg | \$15 |
| | 60 mg | \$30 |
| Suboxone® | 8 mg | \$10-\$15 |

METHAMPHETAMINE

Historical Summary

During the previous reporting period methamphetamine availability was reportedly low. Availability in rural areas was said to be greater than within the Cincinnati region. A gram of locally produced methamphetamine cost \$80-100.

Current Trends

According to focus group participants the availability of locally produced methamphetamine increased slightly during the current reporting period. Its availability was rated between 2 and 6 on the scale of 0 (unavailable) to 10 (extremely available). Availability of crystal-form methamphetamine was rated 2. One participant reported an increase of methamphetamine use in gay bars in the city. Stable, low availability of methamphetamine was also reported by the crime lab; it noted mostly powder-form cases, but also some availability of glassy crystals.

Locally produced methamphetamine prices remained stable, and a gram was reported to cost \$80-\$100. Crystal methamphetamine was reported to cost \$120 per gram. The quality of methamphetamine was described by participants as being variable.

The most common route of administration of methamphetamine was reported to be its smoking through a glass pipe or other implement. Methamphetamine users were described as being primarily white and as likely to be female as male. Age of first use reportedly ranged from mid 20s to 30s.

MARIJUANA

Historical Summary

In the prior reporting period the availability of marijuana was reported to be high and stable, being rated 10 on the scale from 0 (unavailable) to 10 (extremely available). Low-grade marijuana sold for \$80 an ounce and high-grade marijuana cost \$300-400 an ounce.

Current Trends

The availability of marijuana was rated during the current reporting period to be 9 on the 0-10 scale. The slight declines in availability noted were attributed to an increasing number of law enforcement busts. The Cincinnati crime lab reported moderate, declining availability of marijuana, and registered a decreased number of cases it processed.

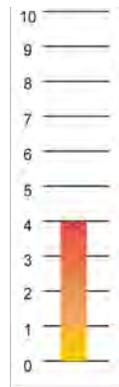
The Cincinnati police department seized more than 1,300 kilograms of marijuana during the first nine months of 2008, which represents an increase of nearly 350 kilograms over the previous time frame in 2007. For example, a package containing 17 pounds of marijuana was intercepted by law enforcement when it was sent by Federal Express from California to two men in Hamilton County (<http://www.cincinnati.com>, 11-14-08). Marijuana accounted for approximately 45% of all drug items seized, as recorded by the crime lab in 2008.

Prices for marijuana remained fairly stable during the current reporting period. Low-grade marijuana cost \$5-\$10 per gram and \$80-\$100 per ounce. Medium-grade marijuana reportedly cost \$10 per gram and \$120-\$150 an ounce. High-grade marijuana was sold for \$20-\$30 a gram and for \$200-\$400 an ounce. Blunt wraps filled with marijuana were reported to sell for \$5-\$6 if on the "thin" side and up to \$20 if "wide."

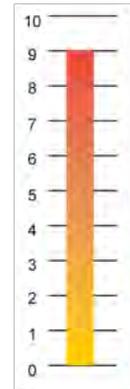
Smoking of marijuana was the most common route of its administration. Substances reportedly used concurrently with marijuana included alcohol, crack and powdered cocaine, and prescription opioids.

Focus group participants reported few distinctive characteristics of marijuana user. Both white and African-American use was reported, and increasing numbers of Hispanics were reported, too. Marijuana users as young as 10 years old were reported.

Methamphetamine Availability



Marijuana Availability



OTHER TRENDS

Benzodiazepines

The availability during the current reporting period of Xanax® (alprazolam), Klonopin® (clonazepam), and Valium® (diazepam) decreased slightly, but was rated 8 on the 0-10 scale. Availability of Ativan® (lorazepam) was rated 6. The crime lab reported moderate availability of Xanax® and other benzodiazepines.

Xanax® continues to be reported by users as the most desirable benzodiazepine, which is consistent with the frequency of its submissions to the crime lab. Nevertheless, Klonopin® is becoming increasingly desirable. A 27-year-old white male, for example, described his order of preference of benzodiazepines in the following way: *“I’d rather have Xanax . . . it feels stronger . . . feels like it’s better . . . Xanax blacks me out more than Valium . . . [you] don’t remember what you did the next day . . . if I can’t find Xanax, I won’t take Valium . . . I’ll take a Klonopin . . . really like Klonopins.”*

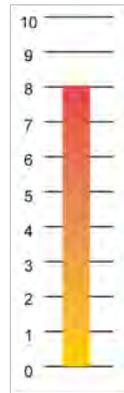
The primary route of benzodiazepine administration is oral ingestion. Several focus group participants reported that crushing and snorting benzodiazepine tablets was less common. Substances reportedly used concurrently with benzodiazepines include alcohol, marijuana, and methadone. Benzodiazepine users were said to be more likely white and female. Age of initiation of use was reported to be as young as 14 years of age. Most regular users of benzodiazepines were reported to be in their early to mid 20s.

Reported prices for selected benzodiazepines are presented in the table below.

Other Pharmaceutical Drugs

Participants reported moderate availability of Adderall® (mixed amphetamine salts), rating 5-8 on the 0-10 scale. The crime lab reported moderate availability of pharmaceutical stimulants, which represents an increase since the previous reporting period. Several participants described Adderall® as being more available than Ritalin® (methylphenidate). A 30 milligram Adderall®

Benzodiazepine Availability



reportedly had a street value of \$5-\$10 per tablet.

The crime lab reported low availability of Soma® (carisiprodol) and Seroquel® (quetiapine fumarate).

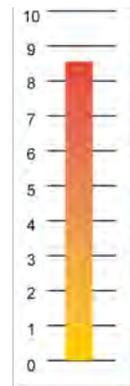
Street prices of pharmaceutical tranquilizers

| | | |
|--|--------|------------|
| Alprazolam (Xanax®) | 0.5 mg | \$1-\$1.50 |
| | 1 mg | \$2 |
| Xanax XR®) | 2 mg | \$3-\$5 |
| | | |
| Clonazepam (Klonopin®, Klonopin® wafers) | 1 mg | \$1-\$2.50 |
| | 2 mg | \$2-\$3 |
| Diazepam (Valium®) | 5 mg | \$1-\$2 |
| | 10 mg | \$2-\$3 |

Ecstasy/MDMA

The availability of Ecstasy was reported to be moderately high (8-9), and participants noted slight increases in availability since the previous reporting period. The Cincinnati crime lab reported moderate and stable availability of Ecstasy. It noted a considerable increase in piperazines and rated them as moderately available. Piperazines are typically found in adulterated Ecstasy tablets.

Ecstasy Availability



Most of the reports of Ecstasy availability involved tablet forms in a variety of colors and that were stamped with many different imprints. A “single stack” Ecstasy tablet sold for \$10-\$20 and a “double” or “triple stack” for \$20-35. Ecstasy in powder form was sold for \$150 per gram.

Several participants described enhancement of mood with the use of Ecstasy and linked its use to increased reports of violence in Cincinnati. A 39-year old African American male, for example, a polydrug user, described the effects of taking Ecstasy as follows: *“Whatever mood you’re in, it increases it . . . [it leads to] increased violence . . . [and it’s] also used for sex.”* Another participant, a 19 year-old African American male, elaborated further: *“Young black males ages 15 to 30 years are using XTC . . . [they are the] same group as involved with violence . . . [they go out there] eating XTC and shooting and robbing people.”*

Declines in quality of Ecstasy tablets were reported

by a 36 year- old white male user, who stated that,
“None of it is as good as it used to be . . . I used to eat a few,
years ago, and one tablet was enough . . . [but] now they have
to [consume] multiple tabs to get the same effect.”

Other Hallucinogens

LSD was not reported to be widely available in the second half of 2008; only one participant reported seeing it, and reported that it sold for \$5 per “hit,” which was consistent with previous reports.

The availability of psilocybin mushrooms, also referred to as “shrooms,” was low to moderate (4), having decreased slightly from the previous reporting period. Their price was reported to be \$25-\$30 per 1/8 ounce, but they are also sometimes baked into chocolate brownies and sold for \$5 per piece. WLWT.com reported in August of 2008 an arrest of a 20 year-old man and the seizure of 33 pounds of psilocybin mushrooms, 1,000 doses of LSD, a pound of marijuana, a powder form of MDMA, cash, firearms and a car (<http://www.wlwt.com>, 08-19-08).

The Cincinnati crime lab reported low availability of LSD, psilocybin and ketamine. The crime lab reported no cases of PCP (phencyclidine) or *Salvia divinorum*.



Ohio Substance
Abuse Monitoring
Network



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Cleveland Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Cuyahoga County | Ohio |
|--|-----------------|------------|
| Total population, 2006 estimate | 1,314,241 | 11,478,006 |
| Whites, 2006 | 67.0% | 84.9% |
| African Americans, 2006 | 29.2% | 12.0% |
| Hispanic or Latino origin, 2006 | 3.8% | 2.3% |
| High school graduates (age ≥25), 2000 | 81.6% | 83.0% |
| Median household income, 2004 | \$40,547 | \$43,371 |
| Persons below poverty, 2004 | 15.0% | 11.7% |

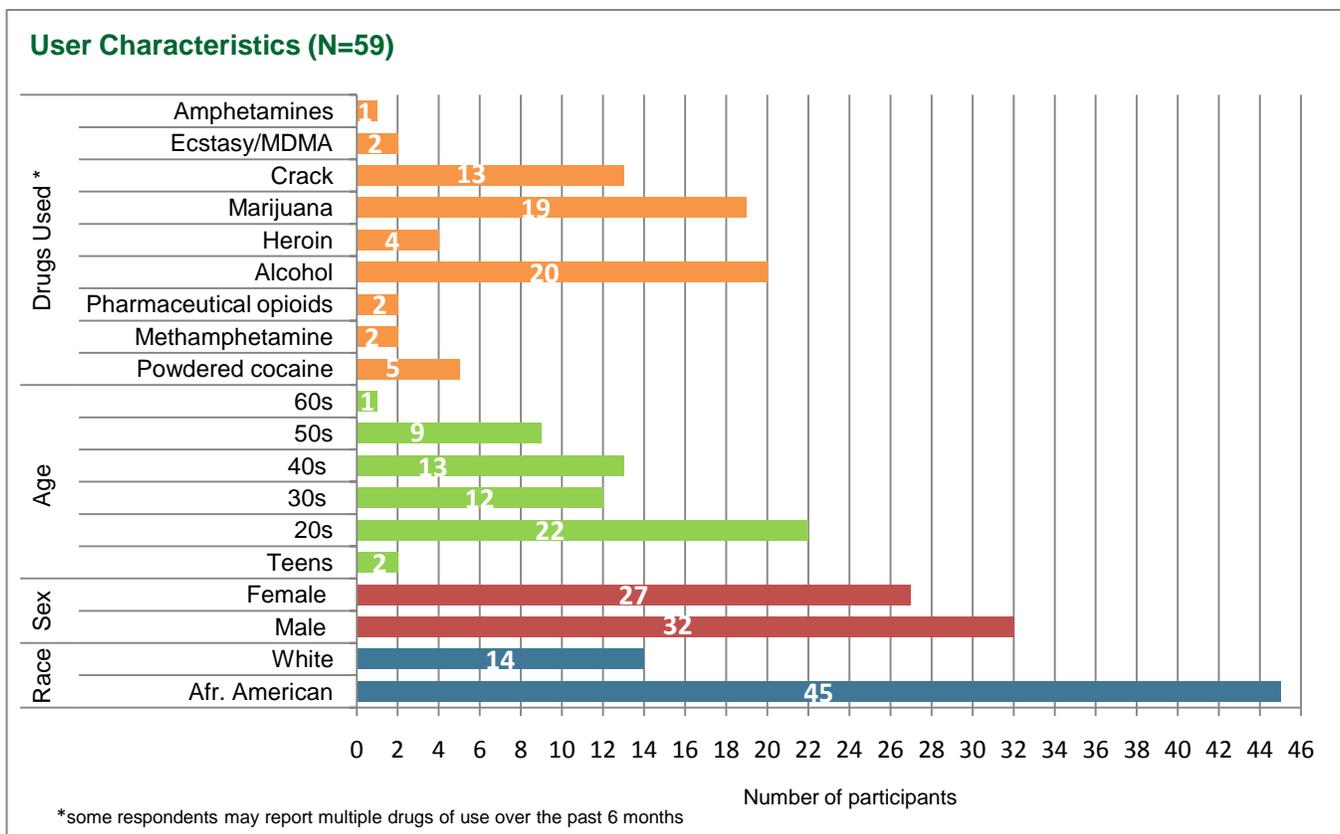
DATA SOURCES

| Interviews Conducted in the Cleveland Area | | |
|--|--------|-----------------------------|
| Date | Number | Participants |
| 10-22-08 | 11 | Current users, mixed gender |
| 10-22-08 | 12 | Current female users |
| 10-22-08 | 6 | Current users, mixed gender |
| 10-23-08 | 12 | Current users, mixed gender |
| 10-24-08 | 9 | Current female users |
| 10-24-08 | 2 | Current users |
| 10-29-08 | 5 | Treatment providers |
| 10-29-08 | 7 | Current users, mixed gender |
| Total numbers: | | |
| Focus groups | 8 | |
| All participants | 66 | |
| All users | 59 | |

Qualitative data: This report is based upon data collected during eight focus groups, conducted with treatment providers and with active and recovering drug users.

Crime lab survey: Data obtained from the Cleveland crime lab were used to supplement qualitative data sources.

Media reports: WHIO.com, the *Plain Dealer* and other media sources were monitored for information about drug busts and drug abuse trends.



CRACK COCAINE

Historical Summary

Consistent with past reports, respondents and the Cleveland area crime lab reported high and stable availability of crack cocaine. A decrease in quality was reported by users, but the crime lab indicated high purity. “Rocks” were reported to sell for \$20; a 1/16 ounce rock reportedly sold for \$75-\$80.

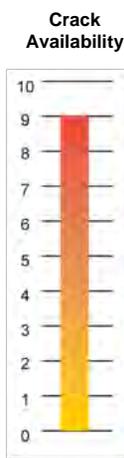
Smoking remained the primary route of administration for most users, but crack-injection was again reported. Crack cocaine was most commonly used in conjunction with alcohol, marijuana, heroin and pharmaceutical tranquilizers. Crack users were described as including very young (teenaged) and very old individuals (those in their 80s).

Current Trends

Availability ratings during the current reporting period ranged from 7 to 10 on the scale of 0 (unavailable) to 10 (extremely available), but most of them fell near 10. Most users believed that availability of crack cocaine had remained stable over the past 6 months. However, one group of users perceived a decrease in availability. The Cleveland area crime lab reported high availability of crack cocaine and registered the same number of cases.

Users had difficulty specifying prices for crack cocaine, but most stated that dealers will sell it to you for “whatever you got.” An “8-ball” (1/8 ounce) reportedly sells in the range of \$125-\$200. Several users believed that although prices for crack cocaine had remained stable over the previous 6-month period, the amounts sold had decreased. One user explained, “Okay, I have experience buying crack, and I’m gonna say that the prices to me are stayin’ the same, but the amount that you get for that price is going down.”

Users reported that the quality of the drug had decreased since the last reporting period. One user



explained, “I’d have to say low – yeah. It’s [quality] gone down; I’d probably have to say a 5. A lot of what the guys have in [has] so much cut in it, you know what I mean, to make it look bigger . . . yeah, and it’s all [baking] soda.” Ratings of quality ranged from 2 to 7 out of 10. The Cleveland area crime lab, however, reported that crack cocaine was of high purity (60% and above). Common street names for it include, “hard,” “rock,” “butter” and “ice cream.”

Alcohol, marijuana and heroin were drugs mentioned as being commonly used with crack cocaine.

Smoking was reported as the most common route of administration of crack cocaine, and there were few reports of its injection. Users indicated that “everybody” used crack. However, treatment providers reported an increase in white females between the ages of 30 and 40 using the drug.

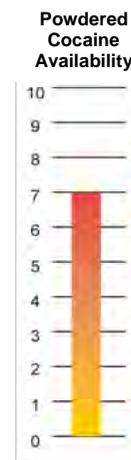
POWDERED COCAINE

Historical Summary

In the previous reporting period, user ratings of availability of powdered cocaine (cocaine HCl) varied from high to low, and the crime lab reported moderate availability. The price for an “8-ball” (1/8 ounce) ranged from \$80 to \$250, and 1/16 ounce sold for \$70-\$80. Most users reported decreasing quality of the drug, but the crime lab reported high purity (60% or greater). Typical users were described as being 19-20 years old or 40-50 year-old professionals. Intranasal inhalation (“snorting”) and IV injection were the most common routes of its administration, but an increase in “rocking it up” and smoking it was noted. Alcohol, marijuana, pharmaceuticals and heroin were identified as being commonly used with powdered cocaine.

Current Trends

Ratings of availability of powdered cocaine during the current reporting period ranged from 4 to 10 on the scale of 0



(unavailable) to 10 (extremely available). The perception among users was that availability had remained stable or had decreased over the previous 6 months; no user reported an increase in availability. Treatment providers perceived availability to be between 5 and 8. The Cleveland area crime lab reported the same number of cases of powdered cocaine as the previous reporting period, and that it was of moderate availability. The crime lab reported moderate purity (30%-60%), which represents a decline from previously.

Prices that users reported for powdered cocaine were \$25-\$100 per gram and \$150-\$200 per “8-ball” (1/8 ounce). A few users reported an 8-ball selling for as much as \$300. Common street names for powdered cocaine included, “blow,” “snow,” and “white lady.”

Other drugs that were reported to be used commonly in conjunction with powdered cocaine include heroin (when injected simultaneously as a “speedball”) and marijuana, but alcohol was perceived as being the drug used most commonly. Respondents had difficulty discerning a “typical” user of powdered cocaine, but did specify more affluent people, typically white, and younger individuals who frequent clubs.

HEROIN

Historical Summary

Ratings of powder-form heroin availability during the previous reporting period ranged from 2-10. Brown powder-type heroin was perceived as being the most available type of heroin in the area, followed by white powder, and tar heroin was considered little available. The Cleveland area crime lab reported overall high and stable heroin availability. Users reported that a “bag” (1/10 gram) sold for about \$10-\$20, that “bundles” (10 bags) sold for \$50-\$100, and that grams were sold for about \$100-\$150. Users agreed that quality had decreased over the past 6 months, but the crime lab reported an increase from moderate to high purity (60% or greater). Alcohol, cocaine, marijuana and Xanax® (alprazolam) were identified by

respondents as drugs commonly used with heroin, and they reported an increase in heroin use among younger individuals, especially white.

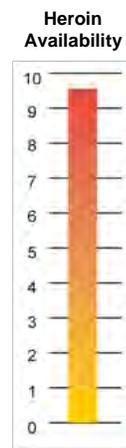
Current Trends

Users reported again that brown or tan powder heroin was the most commonly available form in the area and rated its availability between 9 and 10. This suggests marked increases in availability since the previous reporting period. Users reported that tar heroin was also available in Cleveland but relatively rare, rating its availability between 1 and 4. The Cleveland area crime lab corroborated user reports of high availability, and it reported cases of brown powder (most common), white powder and black tar heroin. The crime lab reported also that heroin purity was high (60% or greater), in keeping with the previous reporting period.

The price of an “8-ball” (1/8 ounce) was reported to be \$225. Street names for heroin included, “tickets,” “dog” and “sleepy time.”

Users indicated that most heroin is most commonly injected. However, intranasal inhalation (“snorting”) was also reported to be common, especially among younger users. Those aged 18 and 19 were reported to be an increasing population of users.

In 2008, Cleveland Plain Dealer reported a story on a local high school student who was arrested on charges of possession and distribution of heroin (Donna J. Miller, *Cleveland Plain Dealer*, 12-02-08).



OTHER OPIOIDS

Historical Summary

During the previous reporting period, the availability of OxyContin® (oxycodone, extended-release) was rated 3 to 7 on the 0-10 scale. Most users rated availability of Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) between 3 and 10 and with slight declines in each. OxyContin® prices were reported to be \$.50-\$1 per milligram of oxycodone content,

and Vicodin® was selling for \$2 per 5-milligram tablet and \$3-\$5 per 7.5-milligram tablet. Fentanyl (Duragesic®-brand transdermal system) patches were selling for about \$25 each. Respondents reported that most users of pharmaceutical opioids swallow or chew them but that users of OxyContin® tend to inject it intravenously.

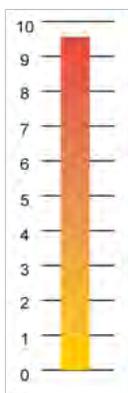
Current Trends

Availability of pharmaceutical opioids was generally high. User ratings of availability of OxyContin® (oxycodone, extended-release) ranged from 8-10 and those of Percocet® (oxycodone and acetaminophen) were mostly 10. The Cleveland area crime lab confirmed the high and stable availability of OxyContin® alongside high availability of its generic equivalent and of other oxycodone-containing products. Users rated availability of Vicodin® (hydrocodone and acetaminophen) from 7-10, and crime lab data also confirmed its high and stable availability. Fentanyl availability in the form of Duragesic®-brand transdermal patches was rated 5 by users, but the crime lab reported no cases thereof, just as previously. Methadone was rated 8 in availability by users, but the crime lab reported its high availability in tablet and low availability in wafer form. Suboxone® (buprenorphine and naloxone) was considered to be very rare in the area. Few had any knowledge of the drug, and reported that it was not readily available on the streets of Cleveland. The crime lab reported high availability of Dilaudid® (hydromorphone), Darvon® (propoxyphene), Suboxone®, Subutex® (buprenorphine), and Buprenex® (buprenorphine). No cases of Opana® (oxymorphone) were reported.

The price for OxyContin® ranged from \$.50-\$1 per milligram of oxycodone content. Vicodin® reportedly sells for about \$2 per tablet. Five-milligram Percocet® tablets sell for \$4-\$6, and 10-milligram tablets sell for \$7.

Users of pharmaceutical opioids reportedly varied so

OxyContin® Availability



much that respondents could not describe the “typical” user. Users reported that alcohol was the drug that most individuals would use in conjunction with pharmaceutical opioids.

A *Cleveland Plain Dealer* journalist reported the indictment of 10 Cuyahoga County nurses on charges of stealing pharmaceutical opioids from automatic dispensing machines (Harlan Spector, *Cleveland Plain Dealer*, 09-16-08). According to another news report, unbeknownst to two area physicians, a large-scale prescription drug-selling ring was operated from within their offices. In a 54-count indictment case, a receptionist was accused of having written bogus prescriptions under at least 12 different aliases, including for what were referred to as “super bulk amounts” of OxyContin®, Percocet® and hydrocodone (Leila Atassi, <http://blog.cleveland.com>, 07-23-08).

MARIJUANA

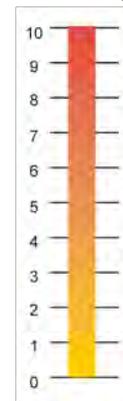
Historical Summary

In the previous reporting period, users and the Cleveland area crime lab rated the overall availability of marijuana as high. High-grade marijuana was reportedly selling for \$250-\$300 per ounce, mid-grade for \$150 per ounce and low-grade for \$100-\$150 per ounce. Most respondents reported an overall improvement in marijuana quality, and the crime lab confirmed its overall high potency. Respondents reported that marijuana is commonly smoked in conjunction with alcohol, powdered and especially crack cocaine, heroin, and even embalming fluid or PCP (phencyclidine) when made into “wets.”

Current Trends

Nearly unanimously, users rated the availability of marijuana as 10 on the scale of 0 (unavailable) to 10 (extremely available). There was some variation expressed between groups regarding the availability of the “grades” or degrees of potency of marijuana being discussed. For

Marijuana Availability



instance, one group of users believed that low-grade and mid-grade varieties were slightly less available than high-grade varieties, but a different group believed high-grade marijuana to be more available than the lower grades. Regardless, ratings were quite high in general. Some users perceived a “drought” in marijuana supply and attributed it to the upcoming election and resulting increase in police interdiction. Treatment providers had less information to provide about marijuana, given that their clientele were mainly opiate users. A treatment provider explained, *“We just don’t have very many marijuana addicts right now; that’s really odd, now that you’re sayin’ it. Opiates, of course, have replaced the number of marijuana addicts”* The Cleveland area crime lab corroborated user reports of high availability of marijuana, registered the same number of cases, and reported potency to be high also.

According to users, a gram of low-grade marijuana sells for about \$5. Mid-grade sells for \$15 per gram, and high-grade sells for between \$20 and \$25 per gram. The high-grade, “Hydro,” sells for \$300-\$450 per ounce.

Common street names for low-grade marijuana include, “garbage,” “bronze” and “dirt.” Street names reported for mid-grade were “five,” “green stuff” and “green weed.”

Users reported that “everyone” uses marijuana, but noted that individuals began to use the drug at early ages. One user commented, *“I know this kid . . . I started smoking in eighth grade, too, but my girl’s little brother’s friend is in seventh grade and he’s asking me for a beer a minute ago and he’s smokin’ weed; the kid’s in seventh grade, and, I mean, I did the same thing, but that’s still crazy to me.”* In one focus group treatment providers indicated that, while marijuana may be the drug of choice among younger individuals, older ones use it as well. One treatment provider noted, *“I mean, a lot of young people [are using marijuana], but some of the older people used it when they were younger and they sometimes still use it Mostly if it’s older, it’s males . . . mostly males 40s, 50s.”*

METHAMPHETAMINE

Historical Summary

In the last report, users rated methamphetamine availability from 2-10 on the 0-10 scale, but the crime lab indicated low and unchanged availability. The price for a gram of methamphetamine was reported to be between \$100 and \$150. Methamphetamine users were described as being individuals who worked long hours and needed the drug to stay alert. Respondents disagreed as to whether smoking or intranasal inhalation (“snorting”) was the more prevalent mode of its administration. It was reported to be used commonly with “downer drugs” such as pharmaceutical tranquilizers.

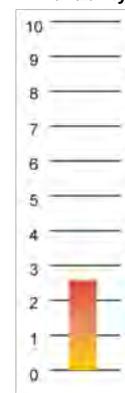
Current Trends

As occurred previously, few respondents during the current reporting period provided specific data about methamphetamine and were unable to provide prices for it. Estimates of its availability ranged from 0 to 5 on the scale of 0 (unavailable) to 10 (extremely available), with most estimating availability to be very low.

Cleveland crime lab confirmed low availability of the drug. Users were under the impression that methamphetamine was not available in Cleveland, and that one needed to go to nearby Akron for the drug. A user stated, *“I’d say [methamphetamine availability is] probably stable, like I said it’s only available in certain areas, I mean it’s um . . . it’s like Akron; from what I hear, methamphetamine’s a little more available, like, down there than it would be here in Cleveland.”*

Treatment providers reported that they rarely see clients who are addicted to methamphetamine. One provider commented, *“We just heard [methamphetamine] was gonna come and it didn’t. Of the addicted, we’ve only had one or two in the last couple years that were addicted to meth.”* Respondents believed methamphetamine was more common among whites living in suburban or rural areas. They

Methamphetamine Availability



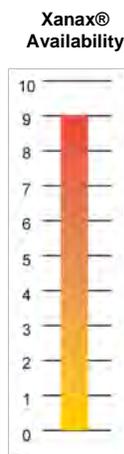
indicated that use is rare among African Americans and generally uncommon in the urban areas.

In November of 2008, *Cleveland Plain Dealer* reported that Cleveland police seized chemicals, cold tablet medications, and sprays during a raid of a suspected methamphetamine laboratory (*Cleveland Plain Dealer*, 11-29-08).

OTHER DRUGS

Benzodiazepines

Xanax® (alprazolam) was reported to be readily available in the Cleveland area. User ratings clustered around 7 on the 0-10 scale, but the Cleveland area crime lab reported high availability of Xanax® and other benzodiazepines. Users reported that Xanax® tablets sell for \$1 to \$3 each, and that prices have remained stable over the past 6 months.



Other Pharmaceuticals

Ritalin® (methylphenidate) and Adderall® (amphetamine and dextroamphetamine) were perceived as being readily available. The Cleveland area crime lab also reported high availability of pharmaceutical stimulants. Most users were said to be getting the drugs through prescriptions rather than purchasing them on the street. Prices for a 10-milligram Adderall® tablet were \$2, and 20-milligram tablets sell for \$4.

As was reported previously, the availability of Seroquel® (quetiapine fumarate) was said by the crime lab to be high.

Hallucinogens

PCP (phencyclidine), a dissociative anesthetic, and Ecstasy (also known as X) were reportedly very available in the Cleveland area, being rated around 10 on the scale of 0-10, and some believed that availability had increased. The availability of both PCP and Ecstasy was reported by the Cleveland

crime lab to be high. Ecstasy use was reported by users to be common among younger individuals and those who frequented clubs. Prices for Ecstasy were reportedly \$10-\$20 per tablet. PCP was said to be used commonly in conjunction with tobacco or marijuana. Users reported that tobacco cigarettes and marijuana joints are dipped in PCP and then smoked.

The Cleveland area crime lab also reported moderate availability of piperazines and the low availability of the dissociative anesthetic ketamine. Piperazines are typically found in Ecstasy tablets.

Most respondents reported that LSD was fairly uncommon in the Cleveland area, and the crime lab also reported only low availability of it and of psilocybin mushrooms.

Treatment providers noted that younger individuals will use LSD when it's available, but that it is not typically a drug of choice for them. The following was said during a focus group conducted with treatment providers:

Provider 1: "...it's [LSD] not a drug of choice; it's a recreational drug in the sense that using it when it's available. It's very, very rare that we would hear someone say it's their drug of choice. So it's usually something in . . ."

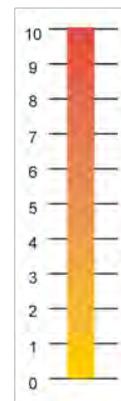
Provider 2: "In combination with it . . ."

Provider 1: "Yeab. I mean, alcohol may be your drug of choice, but if you're at a party [where there is] LSD this weekend [you might] use . . . I don't see it as something that would be a drug of choice."

According to the news media report, in August of 2008 police arrested two 18-year-old men and confiscated hallucinogens including liquid LSD and psilocybin mushrooms, along with Ecstasy tablets, a scale and a small amount of marijuana (<http://blog.cleveland.com>, 08-27-08).

The Cleveland crime lab reported no cases of *Salvia divinorum*.

PCP and Ecstasy Availability





Ohio Substance
Abuse Monitoring
Network



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Columbus Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Franklin County | Ohio |
|--|-----------------|------------|
| Total population, 2006 estimate | 1,095,662 | 11,478,006 |
| Whites, 2006 | 73.8% | 84.9% |
| African Americans, 2006 | 20.1% | 12.0% |
| Hispanic or Latino origin, 2006 | 3.5% | 2.3% |
| High school graduates (age ≥25), 2000 | 85.7% | 83.0% |
| Median household income, 2004 | \$45,459 | \$43,371 |
| Persons below poverty, 2004 | 13.1% | 11.7% |

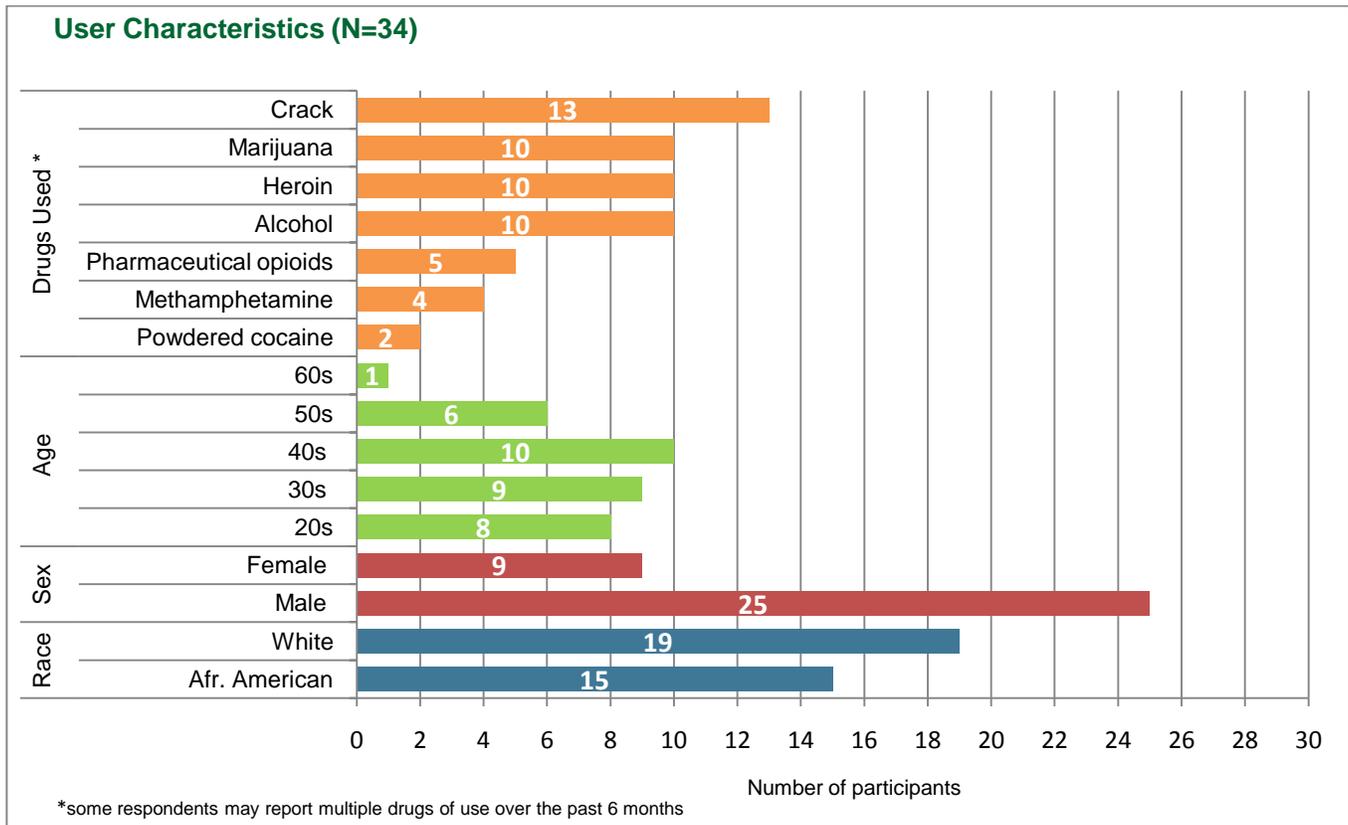
DATA SOURCES

| Interviews Conducted in the Columbus Area | | |
|---|--------|-----------------------------|
| Date | Number | Participants |
| 8/13/08 | 8 | Active users |
| 8/15/08 | 9 | Active users |
| 8/25/08 | 7 | Active users |
| 10/6/08 | 8 | Service providers |
| 12/8/08 | 10 | Active and recovering users |
| Total number: | | |
| Focus groups | 5 | |
| All participants | 42 | |
| All users | 34 | |

Qualitative data: This report is based upon data collected in five focus groups conducted with active and recovering users and service providers.

Crime lab survey: Data obtained from the Columbus crime lab were used to supplement qualitative data sources.

User Characteristics (N=34)



CRACK COCAINE

Historical Summary

The availability of crack was reported as high, and rated a 10 on a scale of 0-10 by both users and crime lab professionals. Active and recovering drug users reported that crack cocaine was most commonly sold in un-weighed “rocks” priced from \$5-\$20 each. Crack was commonly used in combination with heroin and alcohol or sprinkled in marijuana joints (“primos”).

Current Trends

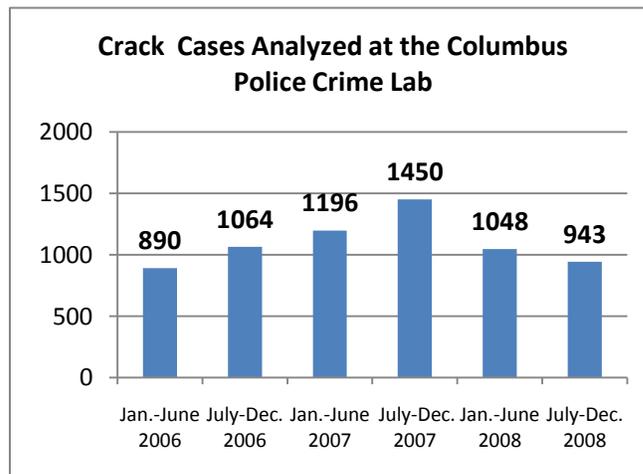
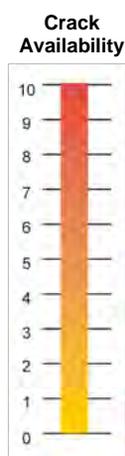
Currently, crack availability was reported as high with some users reporting slight increases in availability over the past six months. Active and recovering users rated the drug a “10” on a 0-10 availability scale. Users reported very little social stigma associated with crack-cocaine use. For example a 28 year-old, white user in treatment commented, *“It seems like smoking crack now is to some people like smoking weed. It’s just not a big deal.”* Columbus crime lab professionals confirmed high availability of crack cocaine but reported decreases in crack cocaine cases analyzed in the current reporting period.

Similar to the previous reports, users reported crack cocaine was rarely available in weighted amounts. One user commented, *“I go by money, not by weight,”* and is typically sold in \$5, \$10, and \$20 “rocks” or “pieces”.

Although availability remained high, users and crime lab professionals reported decreases in quality. Users indicated crack was of unusually poor quality and heavily “cut”. One user said, *“Good crack is very hard to find. Crack that’ll actually get to you. I’m not going to smoke bad crack.”* Another user agreed, *“If you were one of those crackheads...I could make a cornbread pan full of cut and you’d smoke it ‘cause you’d get something like a fake high off of it if it’s cut.”* These reports were confirmed by crime lab professionals who indicated, *“Although this lab does not test for purity, we have noticed that crack and powder cocaine cases have been much more heavily cut than in the past.”*

A few users reported obtaining good quality crack

cocaine, one referred to a variety called “Blue Superior” (which refers to a brand of matches). Crack dealers package the crack in boxes that look like matchboxes. There is reportedly ½ gram of crack per box. One 48 year-old African-American crack user explained, *“There’s actually some stuff called ‘Blue Superior.’ It looks like a box of matches. It costs 25 bucks a box.”*



Although users reported that smoking was the most common mode of crack administration, there were increasing reports of injection. As one user reported, *“[I] Shot up crack ‘cause it was a lot easier to get than powder. Just melt it down with vinegar. [Crack was] easier to get and even a better high than powder.”* Another user agreed but reported that crack injection did seem to be less socially acceptable than smoking the drug, *“We take a piece of crack and you put vinegar on it and then you do it [inject]. Some people are undercover. My significant other doesn’t know that I shoot [crack]. Most of us smoke, but as soon as we have the opportunity, I’m gonna run some, you know, because it’s a way more intense high.”* Users also reported an increase in crack injection among intravenous heroin users. A 35 year-old white opiate user in treatment said, *“A lot of people who do heroin are shooting up crack.”*

Again users reported that crack was used in combination with alcohol and heroin. Users also reported smoking marijuana “blunts” laced with crack cocaine. Benzodiazepines are often used to come down from a crack-cocaine high.

POWDERED COCAINE

Historical Summary

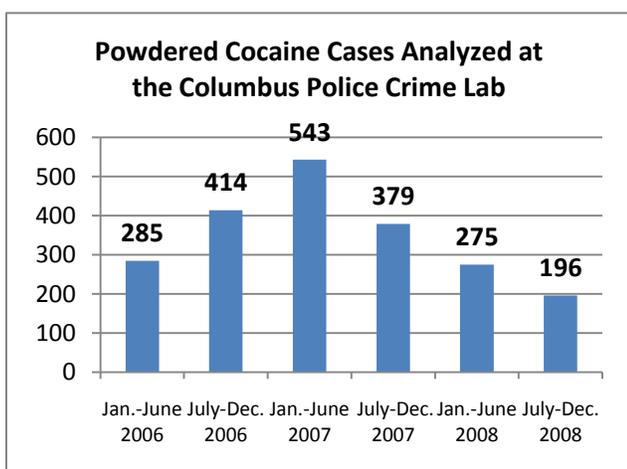
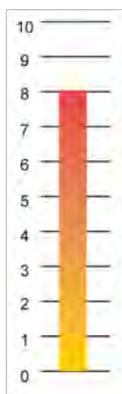
The availability of powdered cocaine was variable, ranging from 4-9 on the scale of 0-10. Obtaining quality powdered cocaine was said to be dependent on the relationship with the dealer. Crime lab professionals also reported that for a short time last year, they saw cases of powdered cocaine cut with diltiazem, a potent vasodilator commonly used to treat hypertension. The most common forms of administration were smoking and intranasal inhalation. Powdered cocaine sold for \$50 per gram and \$125-\$150 per 1/8 ounce.

Current Trends

The availability of powdered cocaine remained stable, an 8 on a scale of 0-10, although users added, *“It could very easily be a 10 if you know someone.”* There were conflicting opinions as to whether powder was more or less available in the past six months. A 28 year-old white male involved in the party scene stated, *“I can honestly say too, like with cocaine, there was a time at least I’ve been familiar with where no one was really doing cocaine but in the past six months a lot more people are doing it because it’s become more available.*

Especially a lot of people who drink.” But the majority of users reported it had become increasingly difficult to find. Crime lab professionals confirmed a slight decrease in availability but rated it moderately available with a decreased in the number of cases.

Powdered Cocaine Availability



Currently, powdered cocaine sells for \$120 per 1/8 ounce and \$65-\$70 per gram. Gram prices, previously \$50, have increased since the previous reporting period. Universally, users agreed that the quality of powder was low. Users and crime lab professionals agree that in the past six months the powdered cocaine has been heavily “cut,” as one user put it, *“...with anything white they can put in it.”* Another user added, *“It leaves a bunch of stuff in the spoon. Compared to what you could get a few years ago, the best you can get now is just garbage.”*

Inhaling the drug intranasally is the most common form of administration with limited reports of intravenous use among heroin users (“speedball”).

Although most users did not feel there was a particular “type” of powdered cocaine user, one African-American crack user described powder cocaine users as, *“High society type. They like to think when you snort, you ain’t a crackhead. They would prefer to snort before they would be seen smoking. It’s like a society-type issue.”* While treatment providers reported that in the gay community, powder is prevalent in bars and at parties. One treatment provider noted, *“At gay bars, there’s always that one stall where you know they’re doing it.”*

Availability of powdered cocaine seemed to be limited in some social groups and prevalent in others. For example, treatment providers reported that some gay users have switched from methamphetamine to powdered cocaine, noting, *“Some use meth, then coke. Cocaine, they feel like they can control themselves. Crystal meth, they’ve seen what it’s done.”* Others reported switching to heroin because cocaine was less available. A 38 year-old, white male heroin user in treatment stated, *“Over the past two years, there’s been a lot of [cocaine] droughts around here. The price has went up a lot. Heroin dealers used to have cocaine and now they don’t really. That’s what we went to. Cocaine to heroin – and it’s a totally different high. Once you do heroin, that’s your stuff. There’s no other choice. You’re done.”*

Powdered cocaine was used in combination with alcohol, heroin and marijuana.

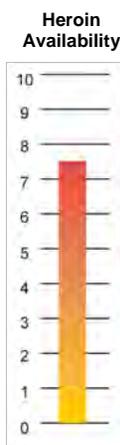
HEROIN

Historical Summary

In the previous reporting period, heroin availability was rated high, 9-10 on an availability scale of 0-10, by users and crime lab professionals. Black tar remained the most common form of heroin sold by what was perceived as “Mexican” dealers. A “balloon” of tar heroin (1/10 gram) sold for \$20 and injection was the most common form of administration. There were reports that OxyContin® (oxycodone, extended-release) users were switching to heroin due to the vast availability of heroin. Users also reported heroin use among whites adolescents and young adults, some as young as 14, living in suburban areas.

Current Trends

Currently, users gave variable ratings for heroin availability in the Columbus region. Users rated the drug from moderate to high, 5-10 on a scale of 0-10. Columbus crime lab professionals confirmed heroin availability has decreased slightly, and is now moderately available. Again, tar was the most common form of the drug, with scattered user reports of brown powder heroin available on the streets. As in the past, users perceived that most of the heroin dealers were Hispanic.



Due to the continued high prevalence of black tar heroin, injection was the most common form of administration. Tar heroin sells for \$100-\$120 per gram and powder-form is sold for \$65 per 1/2 gram. Tar continues to be sold in balloons (1/10 gram) and ten balloons can be purchased for \$100, a decrease from the previous six month period.

Quality of heroin was said to vary and was largely dependent on the dealer. A 50-year-old white male heroin user commented on the quality, “*Some days it will be better. Some days it will be worse. I mean, it wasn't all that great.*”

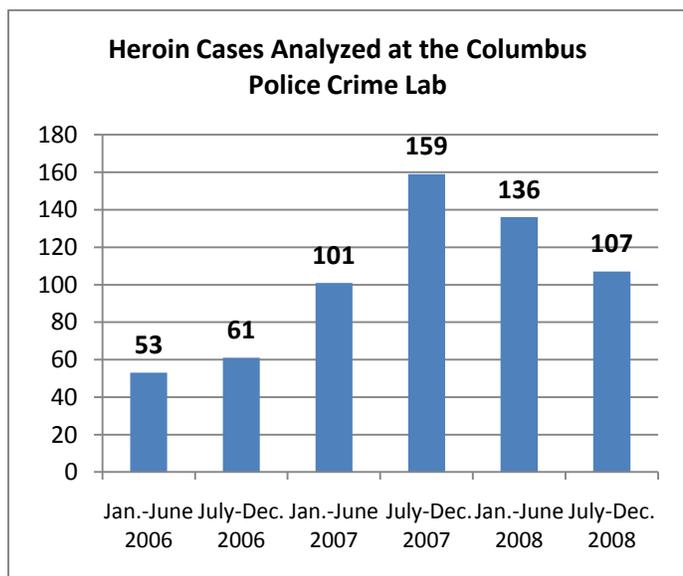
Users were unable to pinpoint typical characteristics of heroin users, but as in previous reporting periods users were predominantly white. Many participants spoke of the addictiveness of heroin. A white, female heroin user said, “*If you were an addict to any drug, and I know it's not just me, and you get addicted to heroin - you are an addict to nothing else but that drug. I put down everything else.*” Another user commented, “*I never took any other opiate pills before, I went straight to heroin.*”

Heroin is commonly used in combination with cocaine and other pharmaceutical opioids.

OTHER OPIOIDS

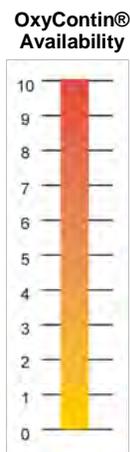
Historical Summary

Previously, users and crime lab professionals noted a slight decrease in the availability of OxyContin®. The most commonly abused opioids were Percocet® (oxycodone and acetaminophen), Vicodin® (hydrocodone and acetaminophen) and OxyContin®. Percocet® and Vicodin® were rated at 8 on a 0-10 scale, with OxyContin® being slightly less available. OxyContin® sold for \$0.75-\$1 per milligram, an increase from the previous reporting period. Methadone was said to be moderately available. Participants also reported low-level availability of Darvocet® (propoxyphene and acetaminophen), Darvon® (propoxyphene) and Dilaudid® (hydromorphone). There were no user reports of Suboxone® (buprenorphine and naloxone) abuse or diversion. The most common form of administration of pharmaceutical opioids was ingestion.



Current Trends

Currently, users reported OxyContin® availability to be high, a 10 on a scale of 0-10. A user in treatment commented, *“They're everywhere. They're right in front of your face.”* While a 50 year-old male user elaborated, *“The reason it's [OxyContin] so available is that people got it legally. In other words, I might have something wrong with my body and I get a prescription and every month they get so many of them, so it's really available.”* Of note, Columbus crime lab professionals reported decreasing, low availability of OxyContin® in the last six months.



In addition to OxyContin®, the most commonly abused opioids are Percocet® and Vicodin® with users rating them 8-10 on the 0-10 scale. Columbus crime lab professionals reported moderate levels of both hydrocodone- and oxycodone-containing products. Users reported that methadone was also readily available on the street, both in wafer and liquid form. Meanwhile, the Columbus crime lab indicated low availability of methadone. A treatment provider noted, *“They do love that as much as heroin.”*

Darvocet® was not popular among users and was described as *“a drug of last resort.”* Columbus crime lab indicated low-level availability of Darvocet® as well as Darvon®, Duragesic® (fentanyl transdermal system), Opana® (oxymorphone HCl) and Dilaidid (hydromorphone). Most pharmaceutical opioids sell for \$0.50-\$1 per milligram.

Currently, users mentioned increases in Suboxone® diversion and availability, notable increases from the previous reporting period. One user said, *“You get people calling you all the time, 'Do you know anybody who will trade tar?' I know people who will trade 5 Suboxones for a balloon [of tar].”* Another user in treatment added, *“I think doctors are prescribing to a lot of heroin addicts Suboxone and they're not ready to get clean so they get rid of their Suboxone to get dope.”* A treatment provider noted, *“A lot of parents are bringing their kids in to get on Suboxone. It's better than going inpatient.”* Columbus crime lab professionals indicated low availability of the drug. Diverted Suboxone® sells for \$5 per 8-milligram tablet.

Users again reported pharmaceutical opioids can be obtained from people with legitimate prescriptions. An opiate-user in treatment said, *“I would get pills...maybe someone else got in a motorcycle accident or something like that or a car crash and they're prescribed Percocet® or something like that and you can buy 'em for \$3, \$4 a pill and you chop it down and snort it.”*

Users also reported obtaining the drugs through “doctor shopping” or emergency rooms. One user said, *“Yesterday I went to the hospital and got Percocet®. Turned around two hours later and got Vicodin®.”* Although another felt it had become increasingly difficult to obtain pharmaceutical opioids from emergency rooms, *“E.R.s are cracking down. If you are on the pills or heroin or whatever, they know you real quick there. You will be red-flagged and they have this prescription thing, and, I don't care what emergency room you go to...if you've had any pills filled, at any pharmacy, they enter your damn name on there and it will show the last time you was there.”*

Service providers talked about clientele who received opioids to manage chronic pain and then become addicted. A treatment provider commented, *“A lot of times it starts with... they're professionals struggling with a lot of pain and they might be overprescribed by physicians and they sell it. They get really angry with a doctor who will try to limit or refer them to pain management. There's a lot of anger there – at the suggestion that they're taking too much. They get their high by taking what's prescribed a lot of times because they'll be prescribed say a maximum of three pills a day, whereas for the pain they only need two.”*

Similar to the previous reporting period, several users reported using OxyContin® and then transitioning to heroin because of the lower cost and easy accessibility. A 25 year-old white, female user in treatment said, *“I just got out of the workhouse and all the young girls in there, I asked how they got hooked on heroin [they said] 'I started out on Percs and then went to Oxy's.' Then they started smoking heroin and they end up shooting heroin.”* Another participant added, *“Half the people I know who are on heroin, started on Oxy's or whatever. The doctor cut 'em off or whatever. Most of the heroin addicts in Columbus that I know, that's their story.”*

Pharmaceutical opioid tablets are most often ingested orally. Sometimes they may be crushed and inhaled intranasally (“snorted”). Participants noted

that pharmaceutical opioids are used in combination with alcohol.

METHAMPHETAMINE

Historical Summary

According to users, methamphetamine availability continued to be low, rated 4 on a scale of 0 to 10. The Columbus crime lab also reported low and decreased availability of the drug. Crime lab professionals reported powder and glass forms of methamphetamine, but noted it was most commonly found in pressed tablets sold as Ecstasy. Users mentioned “Blue Cloud” form of methamphetamine as being of high quality; however users felt that most methamphetamine was heavily cut by the time it reached the street. Methamphetamine was priced at \$1200 per ounce.

Current Trends

This reporting period, most users were generally unaware of methamphetamine use and availability. Users assumed it was manufactured and used more commonly in rural areas and perceived that it was very expensive. The Columbus crime lab reported low availability of the drug with decreasing numbers of cases being seen in the lab. Coinciding with previous reports, methamphetamine was most commonly found in pressed Ecstasy tablets.

However, service providers indicated that methamphetamine is still hugely popular among urban gay men. An HIV- prevention specialist commented, *“I think in terms of case management, in talking to my team it’s sort of like ‘oh yeah, yeah, and I do meth.’ It’s pretty much across the board. ‘Cause we’re talking about people whose inhibitions are lower and they’re putting themselves in situations where they’re going to be exposed to the virus especially the newly diagnosed [with HIV]. And a red flag goes up if it’s a middle aged guy who has been newly diagnosed and he’s been testing regularly, ok, let’s look if he’s been using meth. That’s usually the case.”*

In the MSM (males who have sex with males) population, methamphetamine use was said to be tied to body image issues, sexuality and social anxiety. Another service provider working with the gay community noted, *“It was interesting how they viewed why they started. It’s [meth use] like an extra powerful Viagra®. Then for others...it’s for body image issues and*

social anxiety issues and they thrived on the feeling of invincibility and they didn’t worry that they weren’t buff enough.”

Methamphetamine is primarily smoked or injected. A treatment provider noted, *“I was working with the MSM population for a year and I think the perception for newbies is that the best high is injectable, but it’s not, it’s smoking. The guys injecting it think it’s more clean, they have more control over it, they worry about their appearance so they don’t get meth mouth and all those side effects.”*

Service providers also reported that certain subsets gay men administer the drug rectally, *“I think it kind of depends on what sexual behaviors you’re into in the first place. Not everybody’s going to do the booty bumping. I think it’s a little more prevalent in the leather community and the bathhouses.”*

Providers also described some barriers, such as denial, when working with methamphetamine addicted clients, *“A lot of people deny their use and will only admit it when they’re suffering from the consequences. It can be hard to tell initially even though you suspect. For some, it’s taken about a year from when I initially met them to tell me. And then they’ve started to go downhill really fast.”*

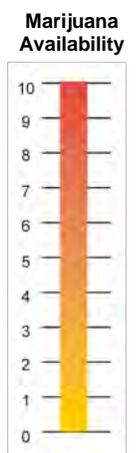
MARIJUANA

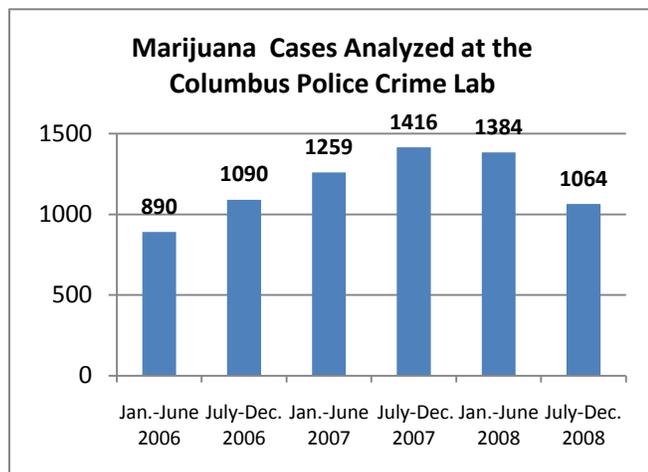
Historical Summary

In the previous reporting period, marijuana availability was high and stable, users rated it a 10 on scale of 0-10. Crime lab also reported high and stable availability of marijuana. Users reported that quality was good. Marijuana prices had increased with high quality, “Purple Haze” selling for \$500 per ounce and “hydroponic” or “hydro” selling for \$250-\$400 per ounce. Users noted poor quality marijuana (“dirt”) was available, but not desirable.

Current Trends

Marijuana continues to be highly available (10 on a scale of 0-10) in the Columbus region although there were reports of a slight decrease in November, *“around election time.”* The Columbus crime lab indicated high availability of the drug but analyzed fewer cases than in the previous reporting period.





In general, the quality was said to be low (“dirt weed”) although high quality marijuana was available if you had connections to the right dealer. One user said, *“The best way to find good weed is to find a crack dealer. Crack dealers use weed – and the good weed!”*

Marijuana is considered by users to be socially acceptable. One service provider remarked, *“Very socially acceptable. For example, I do a support group here and even though I know about some of the drug use of some of the people that attend the support group, the only drug that has ever come up in conversation has been pot. That’s the only thing that people don’t feel ashamed about.”*

Marijuana is often smoked in combination with crack or in blunts which are occasionally dipped in embalming fluid (“wets”).

OTHER DRUG TRENDS

Benzodiazepines

Previously, pharmaceutical tranquilizers were generally seen as undesirable by the user groups and availability was reported as low, a 2 on a scale of 0-10. Columbus crime lab professionals rated the drugs moderate on the availability scale and reported seeing mostly Xanax® followed by Valium® (diazepam). In the current period, benzodiazepines were again considered unpopular. Users indicated Xanax® (alprazolam), Ativan® (lorazepam) and Valium® (diazepam) are the most available (5 on a scale of 0-10) and cost about \$1 per milligram. Crime lab professionals reported moderate availability of Xanax® and other benzodiazepines. Prescription tranquilizers are primarily ingested orally. Injection of these drugs was considered rare.

One user said, *“You can shoot em, but it’s a lot of work. A lot of people addicted to the needle out there so they’ll figure out a way to do it. Pharmaceutical tranquilizers were used in combination with marijuana and alcohol.”*

Hallucinogens

Previously, Ecstasy was rated highly available by users, 10 on a scale 0-10, and increasing. Crime lab reports indicated moderate and stable availability of the drug.

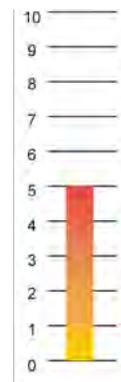
In the current reporting period, users reported that “club drugs” were readily available, particularly Ecstasy. Columbus crime lab professionals indicated moderate availability of Ecstasy and also noted that Ecstasy tablets continue to contain polydrug combinations, including, MDMA, benzylpiperazine, methamphetamine, ketamine (“Special K”) and TFMPP (trifluoromethylphenylpiperazine.) Crime lab professionals noted increases in piperazine tablets again this period and notes moderate availability of piperazines. Users noted that Ecstasy use has been increasing in popularity among African-American users.

There were scattered reports of mixing “club drugs” including Ecstasy, GHB, methamphetamine, ketamine and LSD. Mixed club drugs were referred to as “cocktails.” These drugs were thought to be available but participants were unable to give availability ratings or cost. Crime lab reports indicated low availability of LSD and ketamine.

Other Pharmaceutical Drugs

In the current reporting period there were a few mentions of Seroquel® (quetiapine fumarate) abuse. Availability was moderate, rated 5 on a scale of 0-10 by active and recovering users. Crime lab professionals indicated low-level availability of Seroquel®. An African-American male participant reported using Seroquel® to come down from a crack-cocaine binge, *“When I’ve been smoking crack for a lot of days and I’m tweaking and my body’s jerking and I can’t sleep, I’ve been up for 3, 4, 5 days and I can’t stop movin’, I take about 2 of ‘em, and I can finally go to sleep.”*

**Seroquel®
Availability**





Ohio Substance
Abuse Monitoring
Network

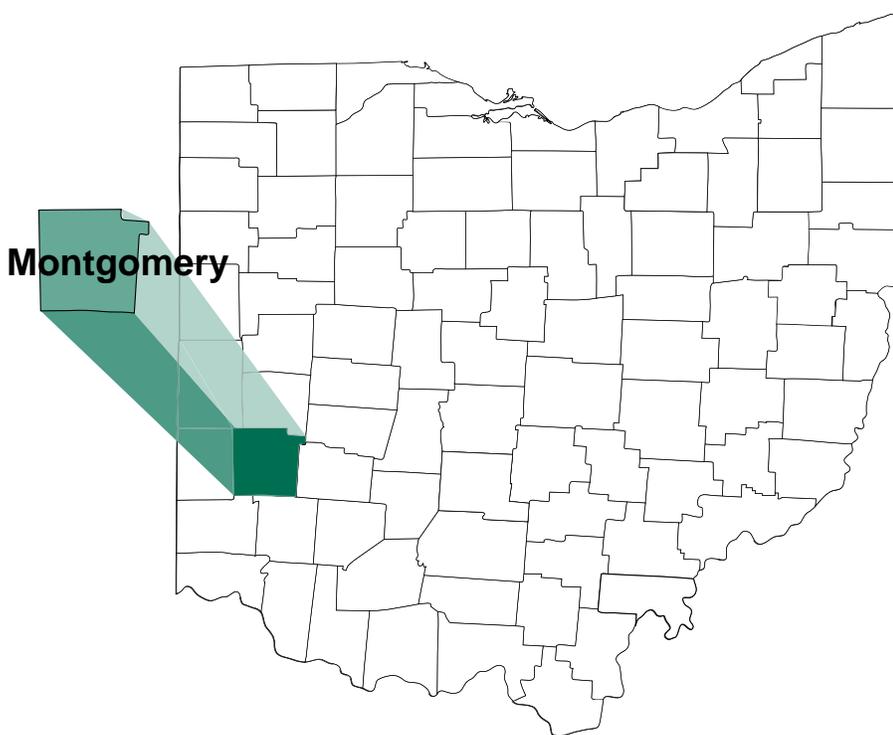


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Dayton Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Montgomery County | Ohio |
|--|-------------------|------------|
| Total population, 2006 estimate | 542,237 | 11,478,006 |
| Whites, 2006 | 76.1% | 84.9% |
| African Americans, 2006 | 20.6% | 12.0% |
| Hispanic or Latino origin, 2006 | 1.6% | 2.3% |
| High school graduates (age ≥ 25), 2000 | 83.5% | 83.0% |
| Median household income, 2004 | \$41,846 | \$43,371 |
| Persons below poverty, 2004 | 12.5% | 11.7% |

DATA SOURCES

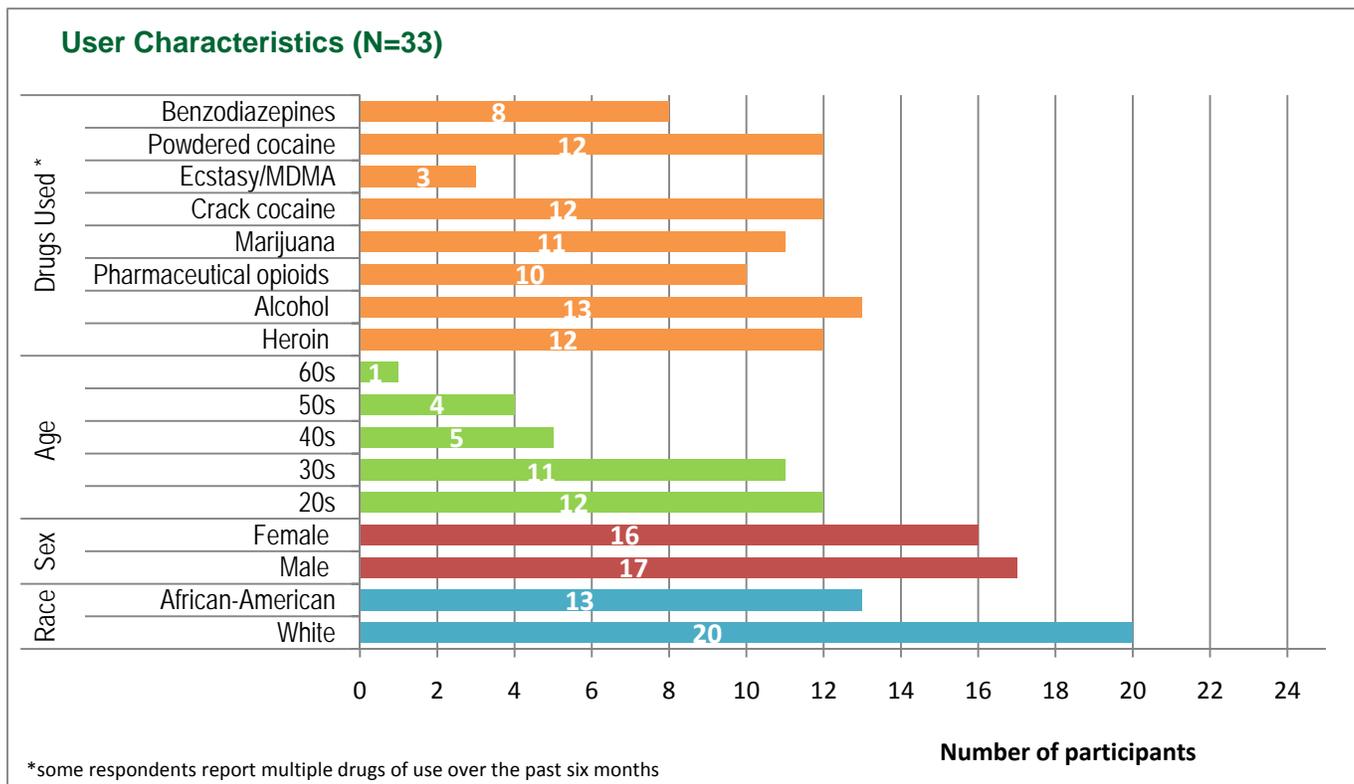
| Interviews Conducted in the Dayton Area | | |
|---|--------|-----------------------------|
| Date | Number | Participants |
| 10-01-08 | 9 | Recovering and active users |
| 10-07-08 | 2 | School counselors |
| 10-07-08 | 7 | Active users |
| 10-08-08 | 9 | Recovering and active users |
| 10-09-08 | 7 | Treatment providers |
| 10-14-08 | 8 | Recovering and active users |
| 10-29-08 | 1 | Treatment provider |
| 11-14-08 | 9 | Treatment providers |
| Total number: | | |
| Focus groups | 7 | |
| Ind. interviews | 1 | |
| All participants | 52 | |
| All users | 33 | |

Qualitative data: This report is based upon seven focus groups and one individual interview conducted with recovering and active users, school counselors and treatment providers.

Crime lab data: Data obtained from the Miami Valley Regional Crime Laboratory regarding drug availability and purity were used to supplement qualitative data sources.

Accidental Overdose Death Data was obtained from the Montgomery County Coroner’s Office.

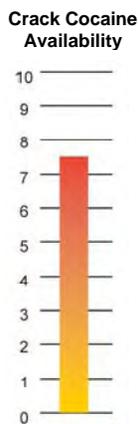
Media reports: *Dayton Daily News*, WHIO.com and other media sources were monitored for information about local drug trends.



CRACK COCAINE

Historical Summary

Users during the previous reporting period said the availability of crack cocaine was a 10 on the 0 (unavailable) to 10 (highly available) scale, which the Dayton area crime lab confirmed. Grams of crack cocaine were reported to sell for \$40-\$50, “8-balls” (1/8 ounce) for \$80-\$100, and 1.5 grams for \$45-\$60. While users noted poor, declining quality, crime lab data suggested high, unchanged purity (60%+). Treatment providers noted declines in crack cocaine-related admissions. Users were said to range in age from teens to 60s and to transcend markers of gender, income-level, and ethnicity.



Current Trends

Users and treatment providers this time provided discrepant ratings of, and explanations for, the availability of crack cocaine. Most user group members, including primary users of crack cocaine, said 8-10 on the 0-10 scale and noted that it was “everywhere” and “right out the door.” The users who said 8 attributed their reports of slight, recent declines to “election-time” drug busts. Other users rated it between 5 and 9 and remarked upon its declining availability. Two white female primary users said that heroin had “replaced” crack cocaine in prominence, one saying, “Yeah, [crack] was like . . . heroin is now.” Others reported “sky-high” availability but of “garbage” and “trash,” low-quality crack cocaine. The Dayton area crime lab reported the same number of cases of crack cocaine and that its availability was again high. OSAM Network staff will continue to monitor these discrepant trend reports closely.

Users reported that the quality of crack cocaine had gone “from 9 to 2,” and that it was now “crappy,” “terrible,” and “horrible.” Corroborating these user reports, a drug counselor said a client had “smoked [crack] all day, every day” but then provided a cocaine-free urine specimen. Users attributed this trend to the declining availability and poor quality of powdered cocaine. A 44 year-old white male

recounted his inability to find “good powder . . . again, cocaine quality’s went down across the board so bad that it’s not good in powder, crack form, uh, any kind of form.” The crime lab reported that crack-cocaine was of high and unchanged purity (i.e., above 60%).

Although users noted minor crack-cocaine price increases, some said that they had remained steady but that amount and quality had declined. “Rocks” still sell for \$2-\$20 or more, and 1/10 grams for \$10. Several users noted gram prices ranging from \$20-\$40, but three said \$50 and others said \$70-\$100. While “8-balls” (1/8 ounce) were said to be scarce, prices reported for them ranged from \$90-\$120 and \$150-\$180. Two users reported paying \$40-\$50 for 1.5 grams. Some said that one ounce cost \$800.

Crack cocaine is most often smoked, but many primary users reported that its injection (after dilution in vinegar or lemon juice) had increased because of declining quality. One said, “quality has got so poor these days . . . that you’ll rarely find any that’s smokeable.” Users said that crack-cocaine injection was now “very common, oh, yeah,” and “about as common as . . . shooting, as common as shooting [powdered] cocaine.” Crack injection has been more commonly reported among those with prior histories of injecting heroin and powdered cocaine.

High-school counselors reported that crack use was uncommon among their students. Treatment providers reported continuing declines in treatment admissions related to crack cocaine. One noted an “overall decrease in the number of people coming in identifying crack cocaine as their drug of choice.”

Users again struggled to describe “typical” crack-cocaine users. In terms of age, they reported use “from a teenager up,” in “boys as young as 14,” but also noted use by those in their 60s and 70s. Treatment providers who represented three different treatment agencies noted that most of their crack-using clients were in the 35-55 year-old age range. Another treatment provider noted that crack use was common among young, white primary heroin users. She described this population in the following terms: “[we see a] younger population [mostly 18-30] that’s still engaging in polysubstance abuse, and crack cocaine happen to be one of the little party drugs.” A 22 year-old white female reported that “my mother’s age group is getting into [crack cocaine], and my age group,” too. Several

users reported crack dealing by African American youth, some as young as 13-15 year-olds.

In terms of other sociodemographic characteristics, several users reported more white users than African-American, and Hispanic male use was also mentioned. Crack-cocaine users were again associated with relative poverty and considerable stigma. A counselor said that students *“will bring up crack cocaine, but mostly making fun of crack-heads, like that is the lowest of all drugs that anybody would do.”* A treatment provider said that some clients reporting “cocaine” use were ashamed to report crack-cocaine use. Overall, its use was again reported to *“cross all barriers,”* to involve professionals, students and women in prostitution. A user reported that there were *“a lot of hookers out there [using crack cocaine].”*

Users noted again that crack cocaine was sprinkled into marijuana joints, and that Xanax® (alprazolam), alcohol, and Tylenol PM® (acetaminophen and diphenhydramine) are sometimes used concurrently. *“Cuz it’s a speeder, you need something to come down on,”* said a white female user.

POWDERED COCAINE

Historical Summary

During the previous reporting period, users rated the availability of powdered cocaine (cocaine HCl) from 5-7 to 7-10 on the 0-10 scale, but crime lab data suggested high and increasing availability. “Caps” sold for \$5-\$10 and grams for \$55-\$85 and \$30-\$50, and “8-balls” (1/8 ounce) ranged in price from \$100-\$150. The crime lab estimated purity to be 30%-60%. It was said to be used by IV heroin users, crack-cocaine dealers, bar patrons, and middle- and upper-class whites.

Current Trends

User ratings of the availability of powdered cocaine during the current reporting period differed greatly. In one group a user said 8 and two said 4, but three in another group said 10 and that it was *“as easy to get as crack cocaine”* and available even at gas stations. An exotic dancer noted the ease with which she obtained crack and powdered cocaine, and rated the latter’s availability an 8. Many others, however, said 2-5, noting that powdered cocaine was *“gettin’ rare”* and had become *“slim”* in supply; *“six months ago,”*

said one, *“I woulda been saying ‘9-10.’”* The Dayton area crime lab reported that powdered cocaine availability had declined from high to moderate in the current reporting period .

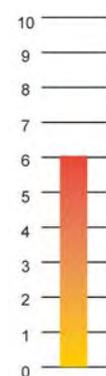
The crime lab estimated purity of powdered cocaine to have increased to high (i.e., 60% pure or greater), but users called it *“junk,” “anful,”* and *“pure garbage.”* A 43 year-old African-American male noted humorously its poor reputation among users, who call it, he said, *“act cocaine’ . . . ‘cuz it acts like cocaine.”*

Users reported wide-ranging, perhaps slightly increasing prices. “Caps” sell for \$10-\$20. While some users reported gram prices ranging from \$25-\$30, many more said \$40-\$50. Others reported prices of \$75 in case of product *“good enough to shoot,”* and up to \$80-\$100. The prices for “8-balls” (1/8 ounce) ranged from \$150-\$200, but lower (\$100) and higher (\$300) prices were noted. Ounce prices ranged from \$600-\$1,200, and kilos (2.2 pounds) sell usually for \$15,000-\$18,000 but for \$13,500 when purchased in bulk.

The most common mode of administration remains intranasal inhalation but users and treatment providers again reported its injection with heroin (“speed-balling”), and several users reported its injection by itself. A 55 year-old African-American male said, *“I can’t mix [heroin with powdered cocaine]; I got to do straight cocaine [to feel its full effects].”* A 32 year-old white female said, *“I would [inject powdered cocaine] first . . . I would do it by itself first,”* which another white female affirmed in her case. Several users said that while powdered cocaine injection is common among heroin injectors, it is not exclusive to them. *“No, not all of them . . . there’s a lot of just cocaine, cocaine users [who inject it], period; they don’t even do heroin,”* said a 59 year-old African-American male. A white female in her 30s added, *“Yes, oh, no, not all of them. I know several people that just do [inject] cocaine.”*

Powdered cocaine users were said to vary greatly by age, gender, occupation and ethnicity. As one user put it, *“powder’s one of those drugs that attorneys do, lawyers, doctors, they all do it . . . and your lowest form [those of lower socioeconomic status].”*

Cocaine HCl Availability



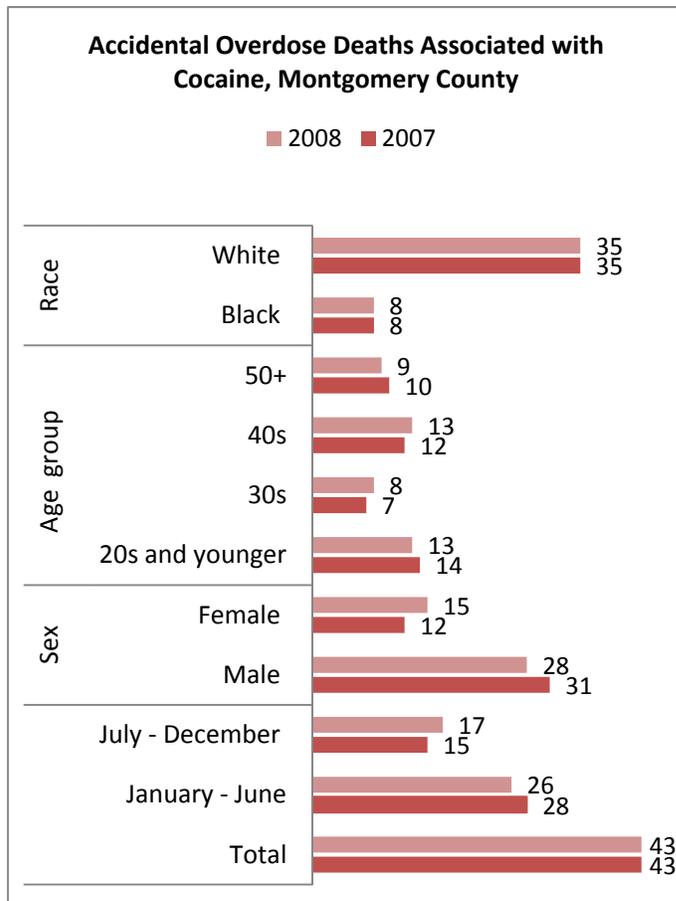
Other users noted use by “middle-, higher-class” users. Yet others mentioned powdered cocaine use among teenage girls, exotic dancers and bar workers. A 35 year-old white female user explained: *“You [see] a lot of strippers [using powdered cocaine] . . . I actually dance and . . . worked in a country bar. There was so much, um, cocaine . . . I mean, you could go up to the bar maid and you think you’re ordering a drink, but instead . . . you’re . . . getting cocaine . . . You could literally go and get, get your drug from there.”*

Users noted powdered cocaine use by those in their 40s to 70s, but also by teenagers. Young “dope boys” (crack-cocaine dealers, often African-American males) were also reported to use powdered cocaine. A mid-20s white female polydrug user affirmed powdered cocaine use by Hispanics, saying *“a lot of them are users.”* Treatment providers noted use among 20-25 year-olds, *“college-age kids,”* and generally among those aged 21-34.

Nevertheless, treatment providers noted low numbers of admissions for primary use of powdered cocaine. A treatment professional commented that *“It’s a very, very, very small percentage of clients [who] report using powder cocaine these days.”* High-school counselors thought that powdered cocaine use was uncommon among high school students in their districts.

Several respondents said that powdered cocaine is used also with alcohol, heroin, marijuana and benzodiazepines. One said, *“when I do the cocaine, I always like to have Xanax [alprazolam], to come down on . . . some kind of Klonopin [clonazepam] something.”*

In 2008, Montgomery County Coroner’s office reported 43 accidental overdose cases that tested positive for cocaine (the test did not differentiate between crack and powdered cocaine). In 2007, the same number of cocaine cases was reported by the Coroner’s office. As seen from the figure below, the data indicated higher numbers of males compared to females and whites compared to African Americans. The numbers were higher in the first half than in the second half of 2008. The majority of cocaine-related cases involved multiple drugs. In fact, 54% (n=23) of cocaine cases also tested positive for benzodiazepines, 67% (n=29) for pharmaceutical opioids, and 49% (n=21) for heroin.



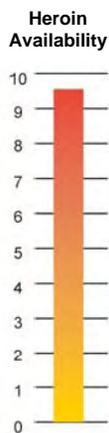
HEROIN
Historical Summary

During the previous reporting period, users rated heroin availability 9-10 on the 0-10 scale. Crime lab personnel noted a decline in availability from high to moderate. Both reported greater availability of powder-form heroin than of tar (which was rated 2-6) and noted mixtures of fentanyl and heroin. The crime lab reported moderate purity heroin (30%-60%), while users said that quality was poor. Compared to tar heroin prices, those of powder-form were lower: \$10-\$15 per cap (instead of \$15-\$20) and \$90-\$120 per gram (not \$120-\$150). Increases in heroin-related treatment admissions were reported among young whites, but decreases in such were noted among African-Americans.

Current Trends

During the current reporting period, users rated the availability of heroin as high and increasing. Many users rated its overall availability as 10 or above, although a 59 year-old African-American male primary user said 7-8. Reported to be “booming”

and “sky-high” in popularity and availability, heroin was said to have become easier to obtain than even crack cocaine. A user said *“I don’t know anyone who can’t find heroin unless they ain’t got money.”* All treatment providers we interviewed confirmed these user ratings. A treatment provider comments: *“It’s a lot of the heroin because it’s more available in Dayton than anything else . . . and it’s all over Dayton, it’s just not in one sector; it’s all over Dayton and it’s readily, it’s easier to find than Vicodin.”* The crime lab reported high and increasing availability and an increased number of cases.



Heroin in powder or “rock” form (white, brown, grey and purple in color) was said to be more common than tar, the availability of which was rated 1-4. A purple or light-blue, low-quality form of powder heroin was reported by users to have appeared briefly, and one said, *“That’s all I’ve been seeing . . . it’s about the only thing that’s been around here lately, but the quality’s not that good . . . there’s been purple, [but] it didn’t getcha high.”* Some users reported cases of heroin adulteration with fentanyl, which was blamed for several overdoses; however, these reports could not be confirmed.

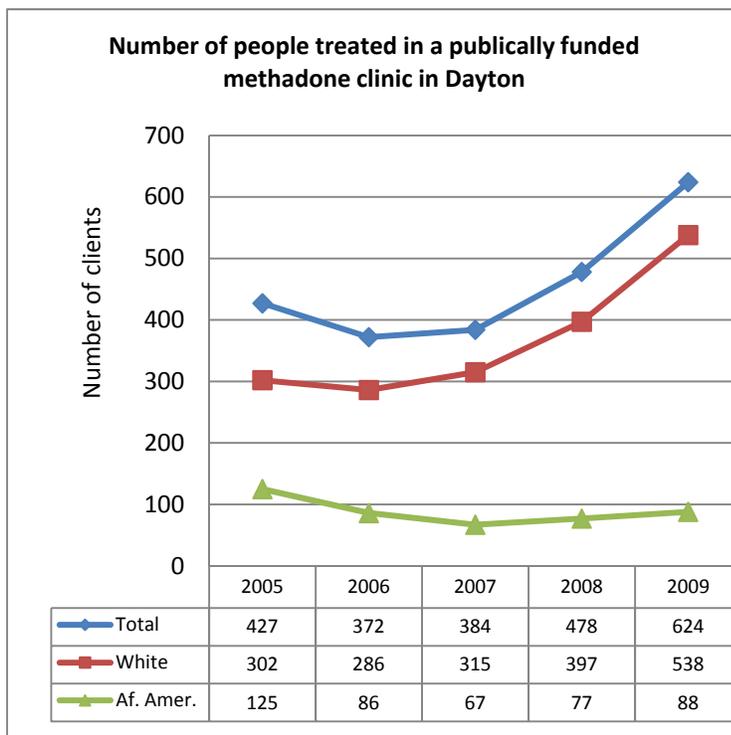
Overall, users noted poor and declining quality of heroin. A 35 year-old white female commented: *“I’m speaking for myself, the quality is horrible in heroin now; horrible, it’s junk. Once in a while I’ll get some good stuff, but not often.”* Such reports need to be put in perspective, however, in that users who have become tolerant to heroin may perceive the quality of the drug to be poor. A white male user suspected the use of Nestlé’s Quick® to color or Vitamin B-12 to adulterate heroin. An African-American male said, *“they usin’ coffee to make tar now, so it’s, see, if you get tar, be careful, because they makin’ that stuff, man; they makin’ and usin’ coffee and all kinds of stuff.”* A white female said, *“if you see tar around here, it’s probably not even heroin, really.”* The crime lab reported that heroin purity had increased to high (greater than 60%).

Prices for “caps” of powder/rock form heroin ranged from \$10-\$20, and a user said \$50 would

buy two caps of heroin and 1/2 gram of powdered cocaine. An elderly male heroin user reported paying \$30 for 1/2 gram of likely fake “tar” heroin. One-half grams of powder/rock-form heroin ranged in price from \$45-\$80. Grams were reported to sell for \$90-\$120, but higher quality heroin sometimes was priced at \$150 per gram. A few primary heroin users reported prices as low as \$70-\$80 per gram.

Intravenous injection is still the most common way that heroin is used, but users and treatment providers said that young and/or new users inhaled it intranasally. Heroin smoking was noted by those who expressed fear of needles and of nose-bleeds. Intradermal injection was also reported. An African-American male explained, *“Well, I skin-pop mine . . . Just like the doctor give you a shot.”*

Treatment providers reported increases in heroin-related treatment admissions. As seen from the figure below, treatment providers noted significant rise in heroin and other opiate-related treatment admissions, especially among whites. One treatment counselor who worked with opiate-dependent clients commented, *“We’re overpopulated, that’s what it is, we’re overpopulated. . . . We admitted 22 today, and . . . we’re admitting anywhere from 10 to 15 people a week and have been since February . . . on an average month, we’re*



admitting 65; we may not discharge more than about 15 or 20, so our population is steady coming in.”

Users and treatment providers reported that most heroin users were in their late teens to mid-20s to 40, but they mentioned 50 and 60 year-old users, too. Neither high-school counselor reported heroin use by students, but a 22 year-old white female who began using heroin at age 13 reported that her former high-school was now “filled” with it. A 24 year-old white male OxyContin® user noted that drug use in his suburban high-school had changed from “soft” to “hard.” “Six years ago, you know, everybody’s just snortin’ coke and doing, uh, smokin’ marijuana; now, past four years, everybody started the Oxy’s and now everybody in that school is shootin’ heroin, and it was unheard of six years ago.” Users and treatment providers reported intra-familial, intergenerational use. One of the latter recounted the “really, really heartbreaking” finding that “generations [children] come in to take their parent’s spot in line for the methadone,” and another noted the lack of “success stories” for children and grand-children of heroin addicts.

Some users reported greater use of heroin by whites as opposed to African Americans:

J3: *It seems now that there are a lot more white people in the clinic there lately . . .*

C: *Yeah, yeah!*

J3: *When I was in the clinic the first time, in, like, ‘98-2000, it seemed like there was maybe a 6:1, like, one white per- and then six black people, and now, it’s white people going to the clinic.*

C: *Right, and now it’s the opposite.*

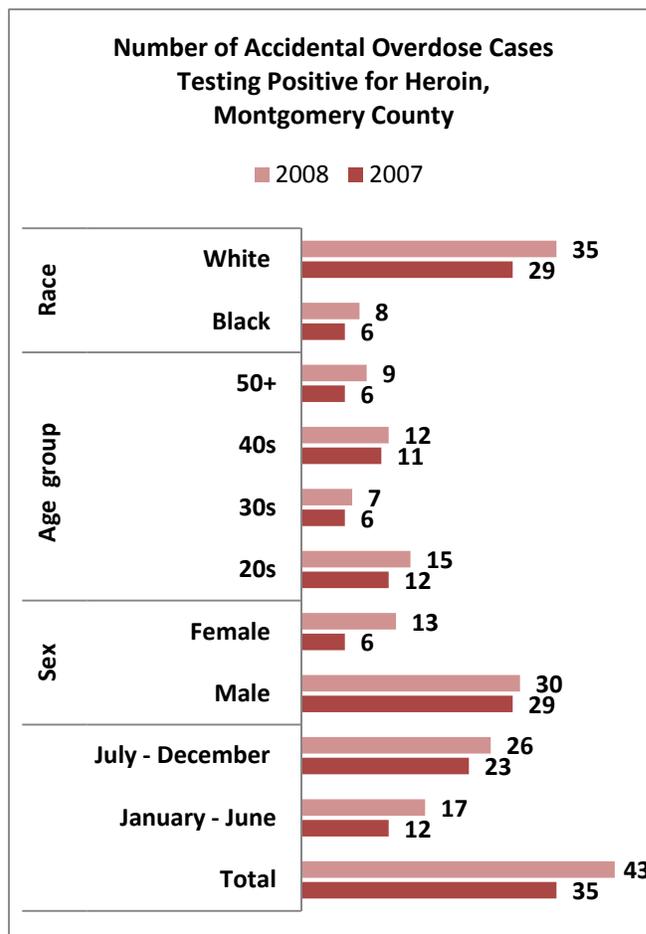
J2: *Cuz, like, I remember when I first started in the clinic, it was, like, ah, 500 people, 400 of ‘em was black. Now, it’s, like, vice-versa . . . 100 black and 600 white.*

All treatment providers also reported higher numbers of white heroin users coming into treatment (see also Figure above). For example, a treatment provider noted seeing, “almost exclusively European Americans; I can’t recall having an African American heroin user.” Nevertheless, a physician suggested that African American users were likely undercounted because of community-level stigmatization of treatment-seeking and because of legal double-standards: “and when we’ve talked . . . with some of the [Parole Officers] and the judges [we have found that] it’s more often that [African Americans] go to jail, and

the other ones get treatment.”

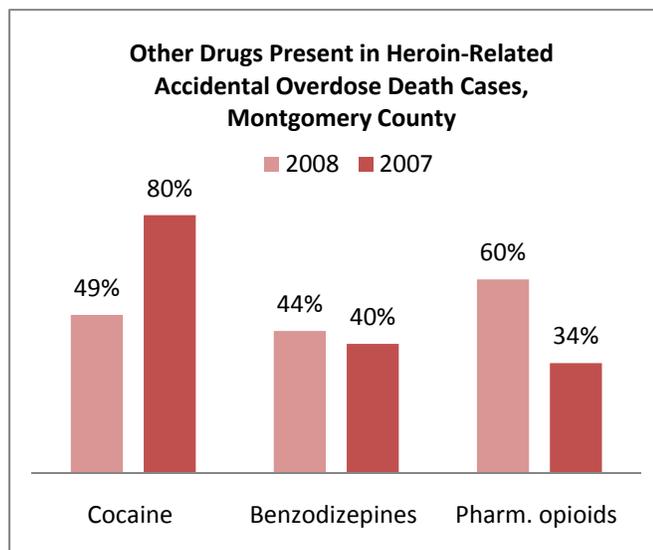
Many users and treatment providers again linked heroin abuse to prior abuse of pharmaceutical opioids. A treatment provider said, “I think they all had that, that same experience, addicted to pain medication and it got, it became too expensive or too difficult to . . . get on the street . . . or doctor-shop, so they found an easier, better, less expensive way to get . . . what they needed, and they like the high, so heroin was the way to go.” A white male who was first prescribed OxyContin® at 16 said, “they’re prescribed to ‘em for a medical reason, and they just find themselves addicted when their doctor goes to take ‘em off and then they have no choice but to start usin’ [heroin?] ‘em.”

Heroin was said to be used with powdered cocaine, alcohol, Phenergan® (promethazine), marijuana, Xanax® (alprazolam) and Klonopin® (clonazepam). A treatment provider mentioned a “minor trend” of client reports of heroin being adulterated with cocaine or methamphetamine. Other providers noted concurrent use of methadone, OxyContin®



(oxycodone, extended-release), and Suboxone® (buprenorphine and naloxone). Some noted the popularity of combining heroin and Tylenol PM® (acetaminophen and diphenhydramine). One user said, *“It helps you go to sleep, plus it, actually, if you smoke crack and, and [use] heroin and methadone, all three together, and then you eat some [Tylenol] PMs as you’re coming down, man, it gives you a great buzz.”*

In 2008, Montgomery County Coroner’s office registered 43 accidental overdose cases that tested positive for heroin, which represents about 20% increase compared to 2007. As seen from the figure above, the data indicated higher number of whites compared to African Americans. There were more males than females testing positive for heroin, but the number of females doubled in 2008. The highest number of deaths occurred among those in their 20s, compared to other age groups (Figure above). The majority of heroin-related cases involved multiple drugs. Between 2007 and 2008, there was an increase in heroin-related cases that tested positive for pharmaceutical opioids, but a decrease in those cases that tested positive for cocaine (Figure below).



OTHER OPIOIDS

Historical Summary

Focus group participants during the previous reporting period rated the availability of Vicodin® (hydrocodone and acetaminophen) and Percocet®

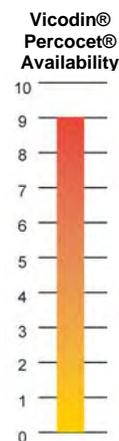
(oxycodone and acetaminophen) as 9-10 on the scale of 0-10. The availability of OxyContin® (oxycodone, extended-release) was said to have declined to 5-6, similar to ratings of availability provided for methadone tablets and wafers (5-7) and Roxicet® (oxycodone and acetaminophen) (4-5). The crime lab rated the availability of Percocet® as low and unchanged, and said that Vicodin® had declined in availability from high to moderate. It reported no cases of Suboxone® (buprenorphine and naloxone), but users rated its availability a 5. Most pharmaceutical opioid still sold for \$.50-\$1 per milligram of opioid content. Non-medical use was reportedly more common among white individuals. Participants also noted non-medical use in working-class and professional users, nurses, suburban youth, housewives and heroin users.

Current Trends

During the current reporting period, focus group participants indicated that overall availability of pharmaceutical opioids was moderate to high. OxyContin® (oxycodone, extended-release) was still the most sought-after pharmaceutical opioid, but ratings of its availability clustered generally in the moderate to moderately high range (5-7). Some users, however, provided lower (3) and higher (10) ratings, and some treatment providers noted increases in local availability. OxyContin® was reported by the crime lab to be of low availability, as previously. The crime lab reported moderate and stable availability of generic extended-release oxycodone and moderate, increasing availability of other oxycodone-containing products.

Most users rated the availability of Vicodin® (hydrocodone and acetaminophen) at 8-10 on the 0-10 scale. Users commented: *“It’s probably your easiest pill to get out there.”* As previously, some users noted its declining reputation, for example, the user who commented: *“nobody wants Vicodins!”* The crime lab corroborated these reports by reporting an increase in hydrocodone availability from moderate to high.

Availability of Percocet® was also rated high by



most users, typically in the range of 8-10. Several users compared its availability to that of Vicodin®. Some users estimated methadone tablet availability to be high (9-10), but others remarked upon its sporadic, lower availability, rating it 4-8. An elderly heroin user said, *“I’ve been huntin’ them pills for 90 days, 90 straight days; [I’ve] come up with 30 every now and then, but they’re hard to find.”* Some users noted sporadic availability of methadone in liquid form. Users reported declines in availability of methadone wafers. The crime lab reported moderate availability of methadone in tablet and low availability in wafer form, as previously.

Users rated the availability of Dilaudid® (hydromorphone) from 0-3. A treatment provider said he had learned of its use by two clients in the past six months. Two treatment providers reported cases of Opana® (oxymorphone) abuse. Users rated the availability of fentanyl (Duragesic®-brand transdermal patch system) as 3-6, and said that it had become *“kinda scarce.”* A treatment provider remarked that use of fentanyl was *“almost non-existent”* a few years ago but was now *“occurring more than I ever thought.”* Two user groups rated morphine tablet availability as 2-3, but others said 6-7. Two participants noted the illicit use of Tussionex® (chlorpheniramine and hydrocodone), and one rated its availability at 3. The crime lab registered low availability of fentanyl and of Darvon® (propoxyphene and acetaminophen), both of which represent increases from the previous reporting period. The crime lab reported low availability of Opana®.

Respondents again noted low (3-4) to moderate (6-7) to high (8, 10) availability of Suboxone® (buprenorphine and naloxone). A 35 year-old white female said, *“I know tons of people with it; [it’s] easy to get.”* Another white female said *“it’s becomin’ more, cuz they’re puttin’ everybody on that now . . . and so it’s more available in the streets.”* Two users reported street availability of Subutex® (buprenorphine), and one of them rated its street availability a 10: *“I can get that just like the Suboxone.”* Another user rated the availability of Subutex® at 3 on a scale 0-10. Crime lab data reported low availability of Subutex®, Suboxone® and Buprenex®. This represents an increase of the latter two since the previous

reporting period. One user commented on the recreational use of Suboxone®, saying, *“it’s for people who might want to try a different buzz out there.”* More often, users and treatment providers mentioned self-medication; one of the latter said, *“One, one thing I heard was that they are using it, like, in case they can’t get their heroin or the OxyContin and they take the Suboxones so they don’t go into withdrawal.”* A white female user noted friends buying diverted Suboxone® because they were *“trying to kick their heroin withdrawals.”* Treatment providers predicted the expansion soon of buprenorphine-providing services and facilities.

According to the *Dayton Daily News*, in November, 2008 an area physician was arrested for writing bogus prescriptions. An undercover FBI agent was reported to have said to the doctor, *“I just need some doses [methadone tablets]”* and to have paid \$200. In return he received four prescriptions, each being for *“three Duragesic (Fentanyl) patches, 60 Vicodin pills, 90 Methadone pills, 120 Xanax pills and 30 Tenormin pills, according to the FBI”* (*Dayton Daily News*, 11-09-08).

| Street prices of pharmaceutical opioids | | |
|---|------------------|------------|
| Vicodin® | 5 mg | \$1-\$4 |
| | 7.5 mg | \$3-\$4 |
| Percocet® | 5 mg | \$1-\$2 |
| | 7.5/10 mg | \$3-\$5 |
| OxyContin® | 40 mg | \$15-\$30 |
| | 80 mg | \$35-\$120 |
| methadone | 10 mg (tablet) | \$3-\$6 |
| | 80 mg (liquid) | \$30-\$50 |
| fentanyl | 5 mcg/hr patch | \$10 |
| | 25 mcg/hr patch | \$20-\$40 |
| | 100 mcg/hr patch | \$20-\$50 |
| morphine | 30 mg | \$8-\$20 |
| | 60 mg | \$30-\$40 |
| Suboxone® | 8 mg | \$8-\$15 |

The table above presents street prices of various pharmaceutical opioids. OxyContin® was said to sell for \$.50 per milligram of oxycodone content (or less), especially when purchased in great bulk, but \$1 per milligram (or more) was also reported, *“especially over in Kentucky.”* “The smallest” tablets of Dilaudid® were priced at \$10, and “the larger ones” at \$20-\$25. One user said he had bought 8-milligram tablets of Suboxone® for \$2-\$3, but typical prices

ranged between \$8 and \$15 per tablet.

Most pharmaceutical opioids, including hydrocodone and oxycodone, are typically taken orally. Focus group participants noted that intranasal inhalation of crushed OxyContin® tablets was also common. Some participants noted injection use of OxyContin® and fentanyl. A 44 year-old white male user explained that the injection of fentanyl required that the gel inside the Duragesic®-brand patches be diluted first in hot water and then drawn into two syringes, one larger- and one smaller-gauge. *“I shoot ‘em every time I get ‘em,”* he said. *“[Y]ou just take the gel out and you put them with hot water and then mix it up . . . and the gel, you have to shoot with a bigger syringe, you have to pull it back with the bigger syringe, 16-gauge syringe, turn it around [and] shoot that into a smaller syringe, because you can’t draw that up, because it’s such a thick gel.”* For the first time since the OSAM Network began to monitor buprenorphine diversion and abuse trends, two treatment providers noted that they had heard about injection use of Suboxone® and Subutex® among their clients. These findings will have to be verified in future OSAM Network reports.

Users reported that pharmaceutical opioids are frequently used with benzodiazepines, alcohol, heroin and marijuana. As one user suggested, *“whatever your drug of choice is.”* A treatment provider commented on a common trend of pharmaceutical opioids and benzodiazepine abuse: *“Vicodin and Xanax: that’s a big combination.”*

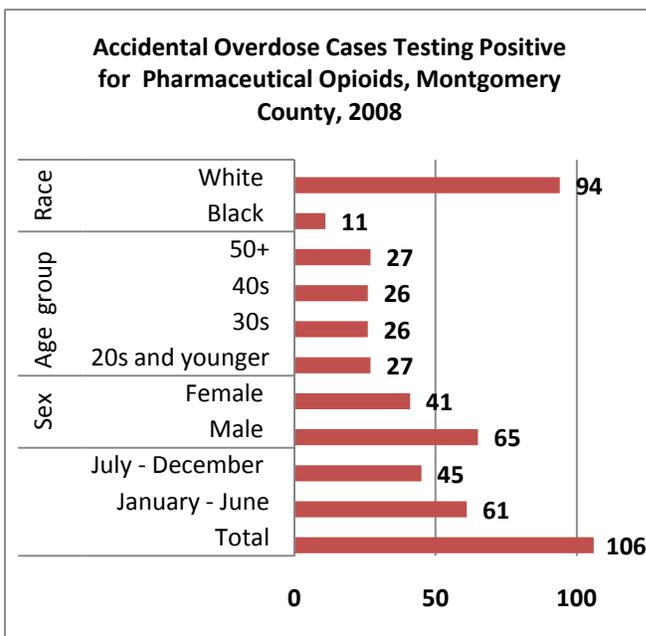
Treatment providers suggested that there had been an overall rise in pharmaceutical opioid abuse in the past six months. They noted that hydrocodone was the most commonly abused pharmaceutical opioid and that OxyContin®-related admissions had declined. As one treatment provider noted, *“Our primary one has been and still is Vicodin. Vicodin is huge.”* Another treatment counselor noted that *“there’s been a trend away from OxyContin.”* Treatment providers noted increases in abuse of methadone tablets. School counselors indicated that Vicodin® was one of the more commonly abused pharmaceutical opioids among high school students. Users, treatment providers and counselors noted that use of pharmaceutical opioids began often when teenagers raided their family’s medicine cabinets. A high-school counselor said a student had pilfered

Vicodin® tablets from his grandfather and had given them away to friends.

Users and treatment providers noted that most illicit use of pharmaceutical opioids was by those in their 20s and 30s, but that it extended into the 40s, 60s and beyond. A 44 year-old white male explained that, *“older people are getting ‘em, they’re just not taking ‘em; they’re selling, it’s becoming other people’s second income.”* Two young African-American females reported that sale of diverted OxyContin® earned significant income for older family members.

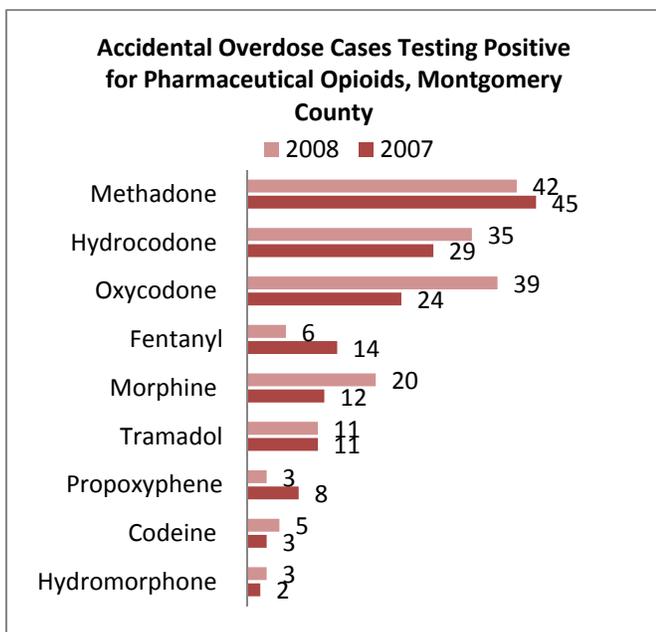
African-American users of pharmaceutical opioids were reported, but users and treatment providers noted greater use by whites, especially suburban. No differences in use by males versus females were reported, nor in terms of socioeconomic status. School counselors attributed the increase in the “visibility” of the use of pharmaceutical opioids to student perceptions that taking them was living a bit “on the edge,” but not so much so as smoking crack cocaine.

In 2008, Montgomery County Coroner’s office reported 132 accidental overdose cases, the majority of which tested positive for multiple drugs. More than 80% (n=106) of all accidental overdose cases in Montgomery County tested positive for pharmaceutical opioids (including methadone, oxycodone, oxymorphone, hydrocodone, fentanyl, tramadol, propoxyphene, hydromorphone,



morphine, codeine or pentazocine). In comparison, there were 96 cases that tested positive for pharmaceutical opioids in 2007. The majority of these individuals were white and male (figure above).

As seen from the figure below, the highest numbers were for methadone, hydrocodone and oxycodone. Compared to 2007, there was an increase in oxycodone, hydrocodone and morphine numbers and a decrease in cases testing positive for fentanyl. However, there were 5 morphine positive cases where classified as undetermined (not clear if morphine positive test indicates consumption of heroin or morphine). Among those who tested positive for pharmaceutical opioids, 67% (n=71) also tested positive for benzodiazepines, 25% (n=26) tested positive for heroin, and 27% (n=29) for cocaine.



METHAMPHETAMINE

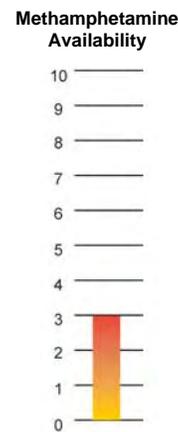
Historical Summary

The few users who in the previous report rated the availability of methamphetamine said it had declined to low levels. Crime lab data, however, suggested steady, moderate availability and high purity (60%+). Although the crime lab reported mostly powder-form methamphetamine, users more often reported “shards,” “crystal,” and “glass”-like forms. Prices per gram ranged from \$100-\$120. The use of

methamphetamine was associated with rural areas, “older people” and “biker” types, and with younger people in party- and club-settings.

Current Trends

During the current reporting period participants had little knowledge about local methamphetamine trends. The only availability rating was again a 3, provided by the same white female user as previously. This time she explained that law enforcement officers were “*busting everything; they’re shutting down all the meth labs everywhere. It’s, they’re even on wheels, meth labs on wheels, and they’re busting ‘em now, they’re so on that, it’s, it’s getting hard to get.*” The Dayton area crime lab reported a decline from moderate to low availability and also a decreased number of cases. The purity was said to have declined also, to moderate levels (30%-60%); powder-form was the most commonly reported, but glassy crystal-types were also noted.



Treatment providers again reported low numbers of treatment admissions related to use of methamphetamine. A school counselor said, “*The kids have been educated; they’ve seen the public service announcements, they’ve seen the ‘Faces of Meth,’ which . . . makes a huge impact on the kids . . . they really love that kind of shock stuff.*” Users indicated that methamphetamine use was more common among whites in their 30s and 40s, “blue-collar workers,” and in bar settings. The *Dayton Daily News* reported two police raids of suspected laboratories in this area (12-31-08, 12-24-08).

MARIJUANA

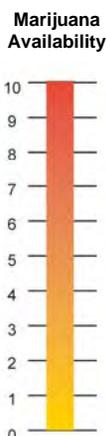
Historical Summary

In the previous reporting period, users again noted the easy and high availability of marijuana, rating it 10 on the 0-10 scale. The crime lab reported steady, high availability of highly potent marijuana. High-grade strains were said to cost at least twice what lower-grade, regular marijuana cost. Alcohol, cocaine and benzodiazepines were said to be used concurrently. Treatment providers noted increasing

treatment admissions for primary use and said clients attribute low risk to the drug.

Current Trends

Focus group participants during the current reporting period again reported marijuana availability to be stable and high, a 10 on the 0-10 scale. User comments included, "Oh . . . everywhere it's a 10," "it's been the same [for] years," "years and years," and "it ain't goin' nowhere." School counselors also noted that marijuana was easily accessible to high school students. Treatment providers also rated marijuana availability as extraordinarily high. Users compared the types of marijuana available locally, mentioning names of and discussing the potency of medium- and low-quality marijuana such as Reggie, Brown or garbage-weed and dirt-weed, and the higher-grade Purp, White Widow, Kush, Hydro (or 'dro) and Mango. Crime lab data also estimated high marijuana availability, based on a similar number of cases and that were of high potency.



Users also reported fairly consistent prices for marijuana, for "brick [poor-quality] all the way up to Pine [highly potent]," as one user put it. A white male user summarized the price differentials accordingly: "Well, the nuggets [of high-grade marijuana] are more expensive than the Mexican; I mean, you can get you an eighth [ounce] of nuggets for \$30 and get you an eighth [ounce] of Mexican for, like, fifteen bucks." Users said that blunts of low-quality "Mexican" or "compressed" marijuana sold for \$5, 1/8 ounce sold for \$15, 1/4 ounce for \$15-\$25, and an ounce for \$60-\$120. "Normal, regular, decent stuff" was said to sell for \$25 per 1/4 ounce and for \$140-\$150 per ounce. Blunts of high-quality Purp or 'dro, however, were reported to sell for \$10-\$25 or higher, and ounces for \$300-\$400 or higher. High-grade variety prices for 1/8 ounce ranged from \$30-\$50 to \$80-\$100, while 1/4 ounce prices ranged from \$100 to \$200. The price for a pound of "dro" was reported to be \$5,000.

Marijuana use was again reported to transcend gender, ethnic identity, occupation and age. "It crosses all groups: the jocks, the preps, you know, the athletes, think

nothing of getting high," was how a high-school counselor put it. Focus group members noted frequently how common it was for teenagers to use marijuana at home, in school, and at parties, but that use extended well into the 30s, 60s and beyond. Even pre-teen use was reported: "I seen nine year-old boys rollin' they blunts." Respondents noted marijuana use among both whites and African-Americans. As reported previously, users recounted often seeing "dope-boys" (dealers of crack cocaine, mostly African-American) smoke high-grade marijuana. One young African-American female, for example, said "Yeab . . . they smokin' Purp 'cause they got the money to smoke Purp, because the rappers told 'em to smoke the Purp, and [so] then they smoke the Purp."

School counselors and treatment providers noted that it was difficult to convince users of the harmfulness or addictive potential of marijuana or of its role in enabling transition to "harder" drugs. A school counselor said "The 'gateway theory': they don't buy into that at all." A treatment provider said that users "really stay in that pre-contemplative state when it comes, comes to marijuana." Another added that users are "so protective of their marijuana." A third remarked that "it's accepted; it's just like having [forty ounces of] Colt-45 [beer]."

As reported previously, marijuana is normally smoked. Users reported that it is common to smoke it after snorting powdered cocaine or smoking or injecting crack cocaine. Others noted the sprinkling of crack cocaine into blunts of marijuana to make and smoke a "Primo" or "weedmo," or into tobacco cigarettes or cigars such as Black & Mild to make and smoke a "Cigamo." Additionally, users said that "any kind of opiate" and "any kind of benzo" could also be used with marijuana. A 32 year-old African-American female explained, "I think weed is more like, kind of like a cigarette, because it will go with anything."

ECSTASY/MDMA

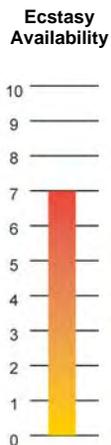
Historical Summary

During the previous reporting period, users rated Ecstasy availability at 5-9 on the 0-10 scale and increasing. The crime lab noted its low, declining availability. Users noted prices per tablet of \$10-\$20 and \$25-\$35, and associated its use with dance-clubs

and increasing numbers of African Americans.

Current Trends

Few user group members during the current reporting period spoke in detail about the price, availability, quality and characteristics of the users of Ecstasy. Also known as X, the logos stamped on tablets of it included Purple Hearts, Chicago Bulls, Texas Ts, and Miami Dolphins. Users rated its availability in moderate to high terms (6-10). Two African-American males said it was “as easy as weed,” “as easy as 1-2-3” to obtain, “only a phone-call” away. Users indicated that it is sold by both white and African-American dealers. Crime lab data suggested low, unchanged availability of Ecstasy. Users suspected its adulteration with heroin, cocaine and methamphetamine. An African-American male user of Ecstasy praised whites for making it “as strong as they want it to be,” but several users noted that the quality of Ecstasy had perhaps declined. One of them, a polydrug-using client in a methadone treatment facility, quickly added, however, that “the methadone counteracts Ecstasy, so I don't know how good the Ecstasy really is any more.”



User group members related Ecstasy prices per-tablet of \$7-\$10 to \$15-\$25 for “regular” or “single-stack” (one dose) and \$20-\$30-\$45 for “stronger” Ecstasy and/or “double-stacks” or “triple-stacks” (i.e., two and three doses).

According to participants, Ecstasy is commonly used in social and recreational situations, including parties and dance clubs. A 43 year-old African-American male polydrug user explained, “Yeah, you can't do it in a house by yourself. Might wanna bang your head against the wall.” Treatment providers reported only two recent cases of Ecstasy use among their clients, both being males in their 20s, one white, one African-American.

Users again associated Ecstasy use with males and females and especially with high-school and college students. High-school counselors, however, had little knowledge of Ecstasy use among high-school students. Several users specified its use by 16-25

years-old females and even younger and the settings in which they used it. The implication was that males enticed females with it at a party or club in return for sexual favors. An African-American female user explained: “the guys try to get the girls to [use] it.” Most participants thought that Ecstasy use was more common among whites than African Americans. Nevertheless, participants noted increasing use among young, club-going African Americans. For example, a 36 year-old white male user commented, “the younger black people [take it] because of the sex, in the clubs, especially the strip clubs.” Ecstasy was again said to be used with marijuana, alcohol and powdered cocaine.

OTHER TRENDS

Psilocybin Mushrooms and LSD

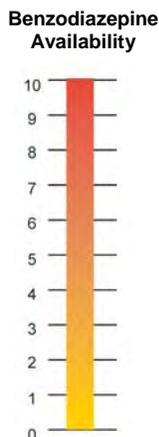
In the previous reporting period, availability of LSD and mushrooms was reported as low to moderate. Respondents in the current reporting period again had little to say about the availability or use patterns of psilocybin mushrooms or LSD, although high-school students were reported to ask questions about them such as “are shrooms as bad as taking an LSD tab?” A white female recounted having recently seen hits of “blotter” selling for \$8, but no other data regarding users, prices, perceived quality or social contexts of use of mushrooms or LSD were reported. The Dayton area crime lab reported that mushroom availability was again moderate, but didn't report any cases of LSD.

Soma®

Users during the previous period rated the availability of Soma® (carisoprodol) as 10 on the 0-10 scale, but crime lab data suggested only low availability. Users during the current reporting period provided ratings that varied from 0 to 10. Some users said that Soma® use was a fad. Crime lab data suggested only low availability. The only prices reported were \$1-\$2 per tablet. Two users reported the concurrent use of alcohol and OxyContin®. One reported knowing “people that take 'em that shoot up OxyContin, and they'll take some [Soma®], they shoot up OxyContin.”

Benzodiazepines

Users during the previous reporting period noted high availability of Xanax® (alprazolam) but low to moderate availability of Valium® (diazepam). During the current reporting period, most participants reported high (10 on a scale of 0-10) availability of Xanax®, Klonopin® (clonazepam), Valium® and Ativan® (lorazepam). Users attested also to their stable supply, with one saying *“It’s been the same. It’s been a 10 for a long time . . . since ’95, it’s been a 10.”* Treatment providers confirmed their easy, increasing availability. The crime lab reported high availability of Xanax® and moderate availability of other benzodiazepines.



Benzodiazepine prices were also consistent. Xanax® sold for \$3 per 1-milligram and \$5-\$6 per 2-milligram tablet (“Xanny bars”). Klonopin® sold for \$2 and \$4-\$5 in the smaller and larger formulations, respectively. Valium® tablets (or “V-cuts”) in lower-strength formulation were said to sell for \$.50-\$1.50, and in 10-milligram strength for \$2-\$2.50. One female user said that Ativan® was so common as to have no street value.

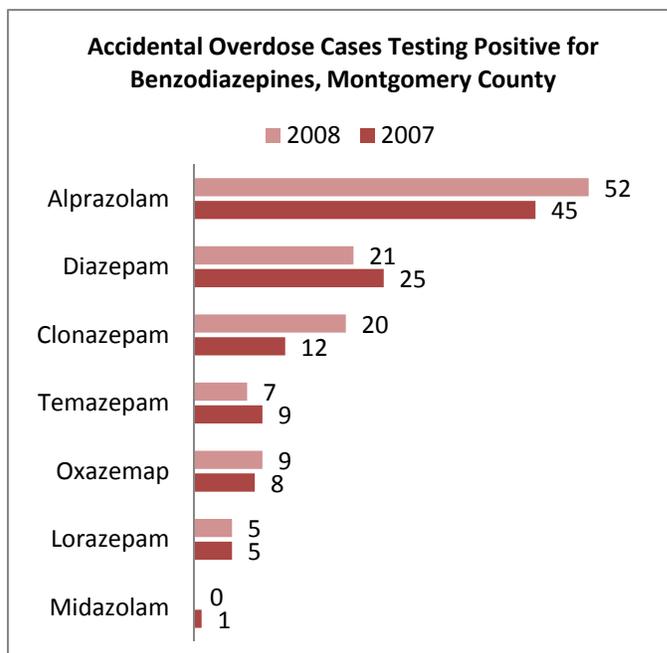
Benzodiazepines are normally taken orally, but are also sometimes added to alcohol. One user asserted that *“if you can crush it, you can snort it,”* and some users noted their dilution and injection, too.

Some users suggested that more females than males use Xanax®. Treatment providers and users reported high levels of benzodiazepine abuse among young opiate users. A 29 year-old white female noted that some use it to *“split their methadone, to make it stronger; [they] take it with their methadone, and that will enhance your methadone, like, a lot.”* A user noted the sudden “nod” felt by a close friend who took Xanax® with Suboxone®, a practice that is contraindicated. A treatment provider remarked, *“Oh, yeah, benzos . . . that’s a big, a big one, a big one for our [clients] . . . they’re using [them] to . . . to try and deal with the withdrawal from their . . . opiate use.”*

Few users spoke of the primary abuse of

benzodiazepines, but an African-American male said, *“Some people take Klonopins, real health medication, and then it get you high as a fruit-kite if you take enough of them.”* Another user said, *“Everyone wanna do ‘em,”* and a treatment provider asserted that, *“Oh, they abuse, they abuse [benzodiazepines] to death.”* Nevertheless, this treatment provider and several other respondents remarked upon their concurrent use with alcohol. A treatment provider, for example, said *“Yeab, I . . . cannot say I’ve had just straight benzo users; they’re usually alcoholics,”* and another recounted that, *“their new thing is, add benzos and alcohol.”* Several users provided vivid accounts of this drug-combination. A white male in his 20s said, *“That’s a big thing with young kids at parties, taking, take a couple Xanax, drink a couple beers; you feel like you’ve drank a case of beer!”* Another added, *“just about every party . . . that’s what it is: alcohol and pills, Klonopins and Xanaxes mostly.”*

In 2008, Montgomery County Coroner’s office reported 81 accidental overdose cases that tested positive for benzodiazepines (76 cases in 2007). As seen from the Figure below, in 2008 there was an increase in alprazolam and clonazepam cases (one case could have tested positive for more than one benzodiazepine). Similar to the prior year, about 88% of these cases were whites, 44% were females, and about 88% of benzodiazepine positive cases also tested positive for pharmaceutical opioids.



Prescription stimulants

The abuse of Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts) was noted during the previous reporting period. This time the availability of Ritalin® and Adderall® was rated 8-9. A school counselor paraphrased the suspicions aired by other students that football players were taking Adderall®, paraphrasing one student as saying they were taking it “before a game, and then that gives them boundless energy and they don’t feel the strains as much. They can get hurt and not necessarily, you know, show it” This teen reported locker-room prices of \$5 per tablet. The Dayton area crime lab reported the low availability of prescription stimulants. A female user said prescription stimulants were “just as available as the Xanaxes” and noted the growing availability of Concerta® (methylphenidate, extended-release) and Vyvanse® (dextroamphetamine).

Seroquel®

Participants during the previous reporting period rated the availability of Seroquel® (quetiapine fumarate) as 7-9 on the 0-10 scale and attributed great stigma to its use, but the crime lab reported its low availability. Participants during the current reporting period again affirmed its high street availability and easy access, with one user saying, “you can go to any psych doctor and get it.”

The crime lab reported moderate availability, which represents an increase from the previous reporting period. Users also complained of its tendency to induce grogginess and impair sexual function.

“That’s a three-day, you take one pill, you sleep for three days,” said one user, while another added, *“I would never . . . take a Seroquel . . . You gonna walk like a zombie; who wants, who wants to sleep for 20 hours a day, you know?”*

Two users and a treatment provider reported the abuse of Seroquel® in correctional facilities: *“we’ve had an issue with [it] . . . some of the patients, they really wanna get on Seroquel, some of the inmates, because of the getting high from it,”* said the latter. A 100-milligram tablet was said to sell for \$1-\$2.

DXM

Similar to the previous reporting period, users and school counselors mentioned that youth and young adults pilfer over-the-counter and prescribed medications that contain DXM (dextromethorphan). Three users noted the use of “syrup,” one referring to Vicks® cough syrup, which contains alcohol but not DXM.



Ohio Substance
Abuse Monitoring
Network



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Toledo Area



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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US. Census, Quick Facts) | Lucas County | Ohio |
|---|--------------|------------|
| Total population, 2006 estimate | 445,281 | 11,478,006 |
| Whites, 2006 | 78.5% | 84.9% |
| African Americans, 2006 | 18.1% | 12.0% |
| Hispanic or Latino origin, 2006 | 5.1% | 2.3% |
| High school graduates (age ≥25), 2000 | 82.9% | 83.0% |
| Median household income, 2004 | \$40,277 | \$43,371 |
| Persons below poverty, 2004 | 14.7% | 11.7% |

DATA SOURCE

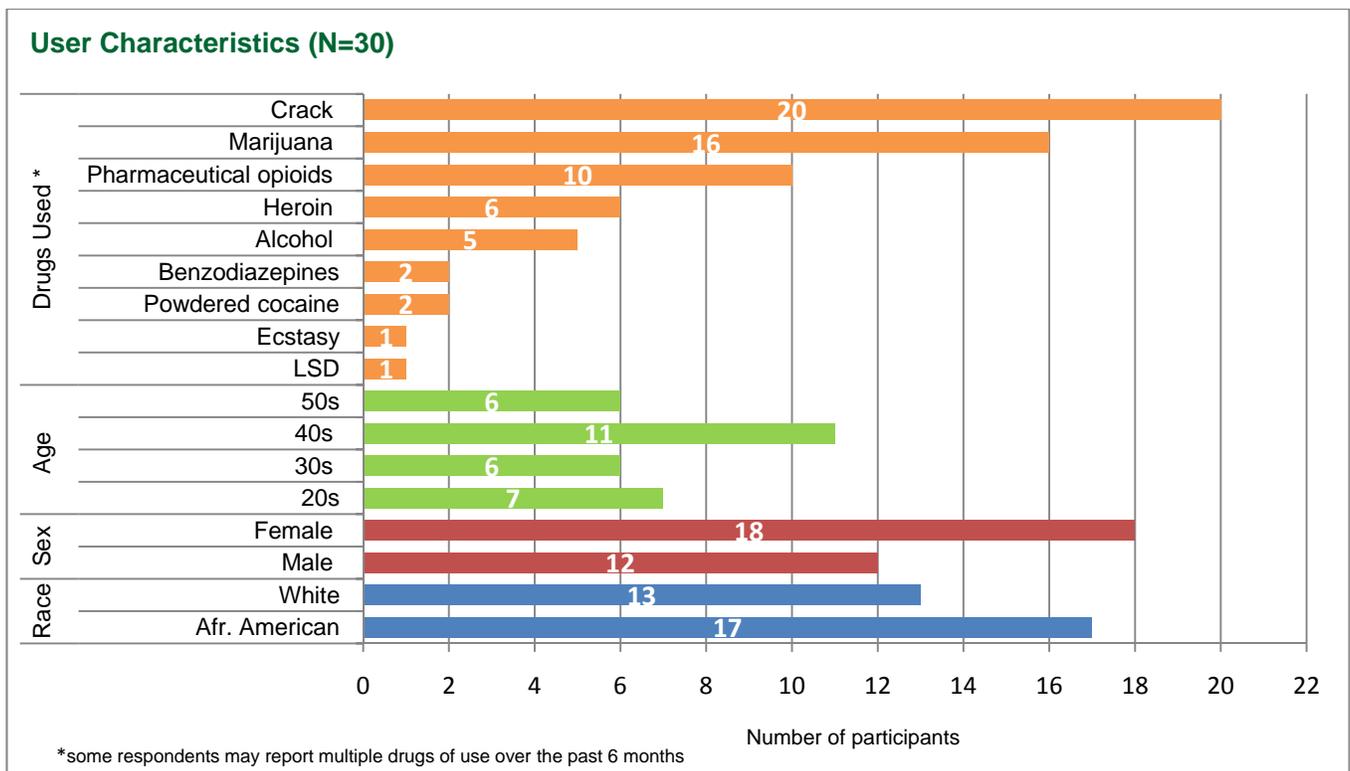
| Interviews Conducted in the Toledo Area | | |
|---|--------|-----------------------------|
| Date | Number | Participants |
| 10/16/08 | 8 | Active and recovering users |
| 10/16/08 | 6 | Treatment providers |
| 10/17/08 | 8 | Active users |
| 10/17/08 | 1 | Recovering user |
| 10/17/08 | 5 | Active and recovering users |
| 11/7/08 | 6 | Service providers |
| 11/7/08 | 6 | School officials |
| 11/20/08 | 8 | Active and recovering users |
| Total number: | | |
| Focus groups | 7 | |
| All participants | 48 | |
| All users | 30 | |

Qualitative data: This report is based upon seven focus groups and one individual interview with treatment providers, school officials, service providers and active and recovering drug users.

Crime lab survey: Data obtained from the Toledo crime lab and the Bowling Green Bureau of Criminal Investigation and identification (BCI&I) were used in the report.

Media reports: The *Toledo Blade* and other media sources were monitored for information about local drug abuse trends.

Data from the **2008 Mental Health and Recovery Services Board of Lucas County 2008 Youth Survey** were also included (Ivoska & Piazza, 2008).



CRACK COCAINE

Historical Summary

In the previous reporting period, users, treatment providers, and law enforcement professionals reported the availability of crack cocaine to be 10+ on the scale from 0 (not available) to 10 (highly available). Users reported crack cocaine being sold for \$30-\$70 per gram and \$125-\$150 per 1/8 ounce, however, the quality of the drug was reported to be low to average. Crack cocaine was typically smoked. Intravenous administration of the drug was uncommon and was limited to heroin users. While crack-cocaine use was not specific to any one age group or ethnic background, law enforcement reported white suburban users coming into the city of Toledo to purchase crack cocaine.

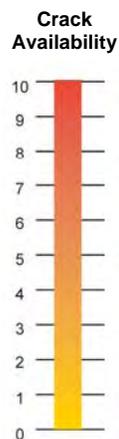
Current Trends

In general, the availability of crack cocaine continues to be high, rated by users as 10 on the 0 to 10 scale; however, there was a marked decrease in the availability of *quality* crack cocaine. Users reported availability of “quality” crack cocaine was anywhere from 1 to 5 (on the same scale). One user commented, “*You can go on any street corner and get you a piece of garbage basically...but if you getting pretty decent stuff you have to call around and wait.*” None of the respondents indicated that they had regular access to quality crack cocaine.

Treatment providers also reported a small decline in crack cocaine use among their clients noting, “*a little bit of decrease.*” Toledo crime lab professionals reported continued high availability of the drug with high and unchanged purity (above 60%), while the BCI&I Bowling Green lab reported decreased, moderate, availability.

Users reported buying crack cocaine in \$10 or \$20 “rocks” or two smaller rocks for \$15. An “8-ball” (1/8 ounce) sells for \$100-\$120 to upwards of \$200 for quality crack cocaine. A gram of crack cocaine sells for \$60-\$90 and 1/16 ounce was priced at \$30-\$40.

According to users, over the last six months the quality of crack cocaine has been decreasing. Users reported crack cocaine to be heavily “stepped on”



or “cut.” As one user put it, “*They [dealers] try to expand the little bit of crack that’s in it.*” A 56 year-old African-American woman reported, “*it’s nothing...it doesn’t even burn.*” Although users typically reported perceived poor quality product, users during this reporting period commented extensively this reporting period about the implications of the decrease, “*I used to not get hungry for the longest time, but now I can smoke it and the first time I get done with it I can eat.*” Another user made a similar observation, “*Some of the girls in the neighborhood where I’m from was about to go to McDonald’s to get something. They all fat and solid...they’d rather take that last \$10 and get them something to eat that they used to spend in the crack house.*” Several users reported increases in counterfeit crack cocaine (“dummies”) being sold on the streets, “*They’ve [dealers] been selling junk the past couple of months. Now you might get something they “call” crack.*” Another added, “*I just can’t tolerate all that junk they’re putting in there. You get headaches, you get sleepy, you get nauseated...you have to re-cook it...you cook all them impurities off of it. You turn a 20[\$20 rock] into a nickel [\$5 rock].*”

Although users reported smoking as the most common mode of crack administration, several users this reporting period reported a transition to intravenous use due to the decline in the quality of crack-cocaine. An active crack user reported, “*That’s when I started to going to shooting it... I’m breaking it down with vinegar and shoot it...within the last 6 months. I didn’t do that every time, but a lot of times I would because the quality was so low. I wasn’t getting high smoking it.*”

Typical crack cocaine users were said to be between the ages of 15 and 70 years old, both male and female and described as coming from “*all walks of life.*” Respondents noted crack users were more likely to be of low socioeconomic status commenting, “*I think people who smoke crack just the type of people that lose everything. That’s all they do is smoke....As soon as they get money in their hands they smoke it up. My aunt makes \$100 a day and smokes it all up every day.*”

Users reported a pattern of suburban whites coming to Toledo to buy crack. One user noted, “*They try to keep it in the closet...they want to hide out in the inner city.*” These users either take the drugs back with them or use it at “dope houses”, in cars, or pay someone to use at their house. One woman involved in sex

solicitation reported introducing her clients to crack cocaine, *“I’ve gotten a lot them [clients] to try it because it makes the sex better too. Because we’re lying to them. And they get a little taste and they hit the pipe and start using.”* Some seniors living in low income housing were also introduced this way. Another user said, *“...because a lot of the younger girls, the prostitutes, getting into these places that was only designed to house senior citizens and they turn them out on it.”*

Crack cocaine was used most often with marijuana, heroin (“speedball”) and alcohol. As one user stated, *“You need something to drink, with the dry mouth. So if you was to do crack and then smoke a joint, you need alcohol.”* Another user reported taking Xanax® (alprazolam) after smoking crack, *“Xanies...help you come down after.”*

The exact cause of the reported decrease in crack-cocaine is uncertain. Several users attributed it to the election season commenting, *“It happens every year around this time, it’s just the season. They [dealers] sit on it and they jack the prices up.”* The quality and availability of crack cocaine in the Toledo region will continue to be monitored by the OSAM Network.

POWDERED COCAINE

Historical Summary

Previously, both users and crime lab professionals reported a decrease in the availability of powdered cocaine (cocaine HCl) with most users reporting moderate availability, 7 on the scale of 0 to 10. Quality was said to be low. Powdered cocaine was priced at \$50-\$65 per gram with good quality cocaine selling for as high as \$90 per gram. Users reported 1/8 ounce sold for \$110-\$150. Powdered cocaine was commonly administered via intranasal inhalation (snorting). Although injection of powdered cocaine was not viewed as common, there were scattered reports among intravenous opioid users of this practice.

Current Trends

This reporting period, all user groups reported a decrease in the availability of powdered cocaine over the last six months, rating the availability 3-5 on a

scale from 0 to 10. Users report that powdered cocaine in Toledo is typically sold by Hispanic dealers, however it remains difficult to find, *“You usually got to line that up. If you want powder on such and such a day...you call them on Monday and you might get it Wednesday.”* Toledo and BCI&I Bowling Green crime lab professionals reported moderate availability of powdered cocaine, similar to the previous reporting period.

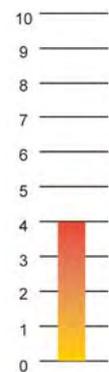
Users reported that a gram of powdered cocaine is sold for \$50-\$60 and \$150 per 1/8 ounce. Users again report the quality of powdered cocaine to be low or, *“garbage! garbage! garbage.”* Reports from the Toledo crime lab indicated moderate (30%-60%) and unchanged purity of the drug. Consistent with previous reports, those who do have access to powdered cocaine prefer “rocking it up” in the form of crack cocaine in an effort to expand the product and increase the profit. As one user commented, *“It’s hard to find quality powder. Very. They’re putting it in the form of crack cocaine.”*

Users reported that powdered cocaine is still most commonly administered through intranasal inhalation, although there were scattered reports of intravenous injection of the drug. There were a few reports of increases in injection behavior among young suburban users and rural whites. One user reported, *“Recently I’ve noticed...a lot of suburban, the people the live on the outskirts of Toledo, like the younger high school white kids is getting more into shooting cocaine than the urban city kids who are more into snorting it.”*

Typical powdered cocaine users were described as white, middle class users, drug dealers, or younger users involved with the club/party scene.

Powdered cocaine is typically used in combination with heroin (“speed-ball”), OxyContin® (oxycodone, extended-release), Xanax® (alprazolam), and marijuana. Some users reported taking Viagra® (sildenafil citrate) or Cialis®

Powdered Cocaine Availability

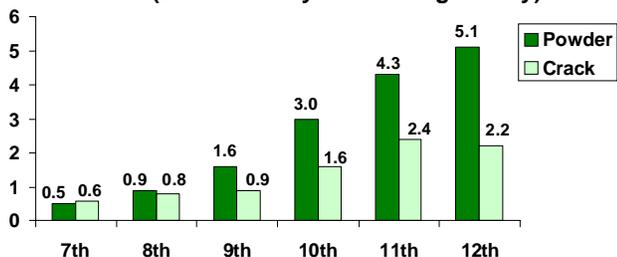


(tadalafil) when using powdered cocaine to enhance sexual experiences. This combination was referred to as “Sextasy”, and was reportedly common among drug dealers, young African-American youth, and gay males in their mid 20s.

The *Toledo Blade* reported that a couple was arrested in November of 2008 for selling nine ounces of cocaine, valued at \$26,000 (10-21-08).

For the first time, the *Lucas County Youth Drug Survey* asked respondents to report separately on powdered and crack cocaine use (previously reported aggregately as “cocaine”). The 2008 data show higher prevalence rates of past-year powdered cocaine use than crack cocaine reported by youth in grades 7-12. One-year use was defined as using cocaine on at least one occasion in the year prior to the survey.

One-Year Prevalence Rate for Cocaine Use by Grade and Drug Type (Lucas County Youth Drug Survey)



HEROIN

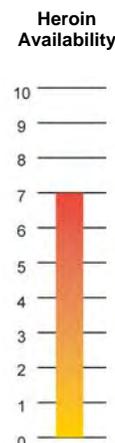
Historical Summary

Previously, participants reported increases in heroin availability for the second consecutive period, with users reporting availability between 7 and 9 on the scale of 0 to 10. Treatment providers at an opiate-specific program believed the availability of heroin was a “10” and reported more people were seeking treatment. Brown powder was the most common form of heroin in the Toledo area, and to a lesser extent, black tar. Powder-form heroin typically sold for \$90-\$100 per gram and \$170-\$200 per 1/8 ounce. Tar sold for \$25 per “bag” or \$125 per gram, although one group of white males in their 20’s

reported purchasing a gram of tar or powder heroin for \$45. Younger people typically “snorted” the drug, while older drug users (aged 30-60), administered heroin intravenously. Several young white users reported the transition from intranasal inhalation to intravenous heroin use.

Current Trends

Again this reporting period, users reported increasing availability of heroin over the last 6 months. Users reported brown powder availability to be moderate to high, rated 7 to 8 on the 0 to 10 scale, while tar was less available, a 4 on the same scale. Several users commented on the increase, “Using it [heroin] has gone up. I can name more people now using heroin than crack.” An African-American female crack user stated, “It is starting to make a comeback in the urban community too because I remember a few months ago, I went to this one guy trying to get some crack and he said, ‘I got that brown’, and I said, ‘brown, brown what?’, and he said ‘that boy’, that heroin...” Because of the decreased availability of crack cocaine, several crack users reported being offered heroin instead of crack cocaine by their dealers. A 40 year-old African-American user did not take her dealer up on the offer, but knows of others who have, “I almost did because the crack was so bad, but I was like, ‘No, I don’t need another addiction.’” Toledo crime lab professionals reported moderate availability of the drug, while BCI&I Bowling Green reported high availability. Both labs reported an increased number of heroin cases in the last six months.



Users reported slight increases in heroin prices this reporting period with a gram of powder selling for \$90-\$110 to upwards of \$250 per gram for “high quality” heroin powder. Some thought the price disparity had more to do with location than with heroin quality. One user commented, “It’s about half price in Detroit compared to Toledo, so I would go there to get it.” Another user reported traveling to nearby Michigan to obtain the drug, “It’s [Detroit] a bigger city, more availability...it’s[heroin] a higher strength in

Detroit. It's like a lot of people that get it here in Toledo, they're getting it from Detroit and their stomping on it, cutting it more and then selling it and I'd rather just go to the source." Heroin "papers" (1/10 gram) are typically sold for \$20. Toledo crime lab professionals reported moderate (30%-60%) and unchanged purity of heroin, with brown powder being the most common form analyzed in the lab.

Similar to previous reporting periods, users reported what is referred to as "fentanyl" or "china white" coming from Detroit, Michigan. This powder is sold in "packs" amounting to 1/10 gram each. An opioid user in treatment commented, "I can get the powder fentanyl. They do it up in Detroit. This new stuff...it comes in little \$10 packets and you shoot it up or snort it." Another opiate-addicted male added, "It's all over the East Side now. Right now in Toledo, the [area] is booming with it." In the previous reporting period, a similar white powder was reported by crime lab professionals to be heroin.

Users reported that dealers from Toledo selling brown powder and tar heroin were largely Hispanic. One user reported, "At 58 years-old, from the time I grew up, I had Hispanic friends on the north end to the east side of Toledo and to this day, they still are into heroin. And it's been transferred down from those family members and they take it with pride." Unlike crack cocaine dealing, users reported more discrete dealing practices with regard to heroin commenting, "You're not going to go out on the street corner and find heroin like you do crack cocaine...you got to have someone."

Users reported that intravenous injection was the most common mode of heroin administration. Users who smoked or "snorted" the drug are typically new to heroin or scared of needles.

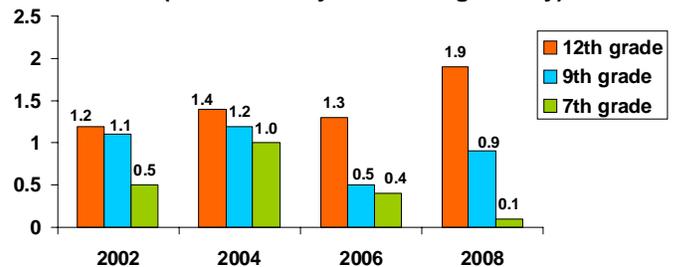
Typical heroin users were described as white, middle class and younger. Many of the users come from rural and suburban areas to purchase heroin in the inner city. Similar to previous reports, users reported an increase in young whites using heroin, "It's like a growing trend among young people to use heroin...snorting it and shooting it and once again they coming from those rural areas around Toledo into town getting it and they doing it bad." One user reported that heroin is typically used

among groups of friends, "It's a lot like a little tight knit groups, like you got to sort of get into that clique and they show you, you know, to do it different ways. It's not like I can...go buy a paper of heroin and know automatically...know how to break it down, or shoot it up....A lot of my friends my age in the 20s group, they use. Like 4 out of 5 friends were doing it."

Again, several respondents discussed the progression to heroin use from pharmaceutical opioid addiction. A treatment provider remarked, "I think we're seeing it more [heroin]. They start with pills and when they can't find pills they go into the heroin." One user discussed her transition from pharmaceuticals to heroin, "They offered me heroin....well I had a pill addiction long before I started the heroin and my pill connect dried up and I went to get some crack and he saw that I was sick and he tossed me a package of heroin and said, 'here try this, it'll make you feel better.'" Yet another said, "I think more people are laying off the pills and going towards the heroin because it's cheaper. That's how my group of people [are]." Heroin was typically used in combination with cocaine ("speedball"), and Xanax®.

According to the 2008 *Lucas County Youth Drug Survey*, heroin rates increased slightly among 9th, 11th and 12th graders from 2006 to 2008. One-year use was defined as using heroin on at least one occasion in the year prior to the survey.

One-Year Prevalence Rate for Heroin Use by Grade and Survey Year
(Lucas County Youth Drug Survey)



OTHER OPIOIDS

Historical Summary

In the previous reporting period, users rated availability of OxyContin® (oxycodone, extended-

release), generic oxycodone extended-release, Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) as high, 8-10 on the 0 to 10 scale. OxyContin® was priced at \$40-\$50 for an 80-miliagram tablet and Vicodin® sold for \$2-\$3 per 5-milligram tablet. Percocet® sold for \$3- \$5 per 5-milligram tablet. Users reported a decreases in methadone wafer availability (2 on the 0 to 10 scale), although the 10-milligram tablets were highly available. Treatment providers believed Suboxone® (buprenorphine and naloxone) to be highly available, 8 on a scale of 0 to 10. Users reported that Suboxone® sold for \$15 per 8-milligram tablet. Users reported a slight increase in Dilaudid® (hydromphone) availability rating it a 6 (0-10 scale).

Current Trends

According to users, in the current reporting period, OxyContin®, Percocet®, and Vicodin® were the most readily available pharmaceutical opioids. One user likened buying these pharmaceuticals to, “*buying skittles at the store.*” Users reported a slight increase in OxyContin® availability rating it a 10 on the 0 to 10 scale. One white user in treatment stated, “*It’s gone up...increased, yeah.*” Another user added, “*...real ones are easy to get... people don’t really get the generic ones because they know, nobody wants them.*” An 80-milligram OxyContin® tablet currently sells for \$35-\$50, while the generic oxycodone, extended-release sells for \$15- \$20 per 80-milligram tablet. Toledo crime lab reports indicated high availability of OxyContin® and moderate availability of generic oxycodone, extended-release. BCI&I Bowling Green indicated moderate availability of all oxycodone-containing products.

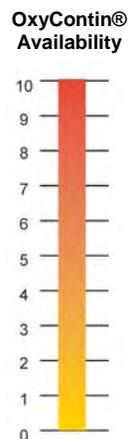
Vicodin® availability was reported to be high, an 8-10 on the 0 to 10 scale. It sells for \$2 per 5-milligram tablet. Percocet® was also readily available with users rating it a 10 on the same scale. Percocet® sells for \$3-\$4 per 5-milligram tablet and 10-milligram tablets sell for \$6 each. Users in

treatment reported that both Percocet® and Vicodin® are most commonly obtained through doctors’ offices and emergency rooms rather than on the street. One user commented, “*...and if you’re in a pinch for money, it’s easier to get them from the hospital.*” Street availability and abuse of Roxicet® (oxycodone and acetaminophen) was also mentioned by Toledo users this reporting period. Toledo crime lab professionals indicated decreased, low, availability of hydrocodone products, while BCI&I Bowling Green rated it moderately available. Availability of other oxycodone-containing products (such as Percocet®) was rated high by the Toledo crime lab.

The availability of methadone tablets was again rated high by users, 8-10 on a scale of 0 to 10. The 10-milligram tablets sold for \$5 with reports as low as \$2. Methadone liquid and wafers were less available, rated 2 on the same scale. One user commented, “*Last summer I was getting the wafers....when I first started doing methadone, that’s all I saw was the wafers....now [people] just do the 10- milligram [tablet].*” Toledo crime lab reports indicate low availability of both methadone wafers and tablets. BCI&I Bowling Green indicated moderate availability of methadone.

Users and crime lab professionals in the Toledo region indicated low availability of Dilaudid® (hydromorphone) this reporting period. Users reported it was not commonly sold on the street and required personal connections to obtain the drug. However, treatment providers report seeing younger Dilaudid® users and believed it had increased slightly over the past 6 months. Others reported it was more common among older users that have been using Dilaudid® for years. One user indicated, “*It’s just the old school people looking to still get Dilaudid.*” Dilaudid® sells for \$15 to \$10 per 4-milligram tablet.

Overall, Suboxone® (buprenorphine and naloxone) was not readily available with most users rating it a 2 on the 0-10 scale. Heroin users were more familiar with the drug commenting, “*All my friends that do heroin. I can always get that stuff though, because the Suboxone helps you with withdrawals.*” Suboxone® sells



for \$10 per 8-milligram tablet. Users also reported low-level availability of Duragesic® (fentanyl transdermal system) rating it a 3 on the scale of 0 to 10. Toledo crime lab professionals indicated no cases of Duragesic® and low-level availability of Suboxone®. The BCI&I Bowling Green lab indicated low-level availability of both drugs.

Again, users reported older adults selling pharmaceutical opioids to supplement limited incomes. One user said, *"I see a lot of older people on Medicare that gets sick...that are starting to sell their pills because they don't have enough to buy their own script."* Users also reported a recent trend of dealers trading crack cocaine in exchange for pharmaceuticals. As one user put it, *"There are quite a few crack dealers who buy Percocets and the OxyContin and sell them....so the crack dealers are also the pharmaceutical dealers these days....in the last 6 months, you can go to a crack dealer and trade crack, you know, I'll trade you these OxyContin for that crack."*

Users reported that ingestion and intranasal inhalation of crushed tablets was the most common mode of pharmaceutical administration. There were scattered reports of intravenous injection. Several users commented on opioid administration, *"A lot of people are addicted to snorting, you know what I mean? ...For me, I will snort any type of drug before I take it orally. I don't know why, I just prefer to do it that way."* Another reported, *"Most people that are already injecting stuff, shooting up already, they'll start shooting up everything; start shooting the OxyContin, the cocaine....I know some people that will crush up Percocets and shoot up them."*

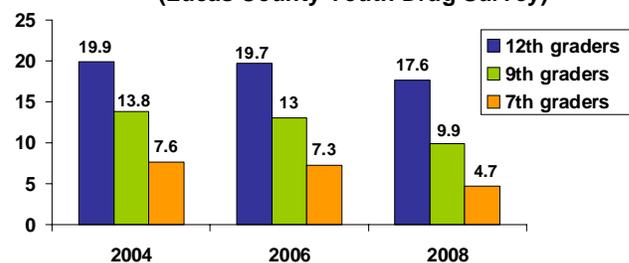
School personnel reported increases in pharmaceutical opioid abuse among students, particularly Percocet® and OxyContin®. One counselor explained why pills may be an attractive drug of choice for teens, *"I think the pills are on the rise because, you know, you don't smell like anything. You don't get sick. You don't get caught with it and then the high lasts all day."* School personnel reported that the availability of OxyContin® and Vicodin® in the schools was 9-10 on a scale of 0 to 10. School officials believe students access the pills through parents and friends with legitimate prescriptions.

Although pharmaceutical abuse was said to be common in whites between the ages of 18-40, some users reported that pharmaceutical abuse was more common among females, *"A lot of women I think like pills...it seems like it's more legal. You get it from a doctor, and it's pills. It don't seem like you're doing a drug, you know....Oh man, when I first did OxyContin, I felt wonderful! I was cleaning and then after awhile, when you build up an immunity...that's why you go to harder, stronger ones."* A male user responded, *"I think women have more responsibility and need more energy. A guy gets up and goes to work and that's what he does. A woman, a lot of times, the soccer mom, taking care of the baby, cleaning the house, doing the laundry."*

Users reported using pharmaceutical opioids in combination with muscle relaxants, cocaine and other opioids, including methadone. One user commented, *"I've used OxyContin with cocaine and mix that...shoot it up or snort."*

According to the 2008 Lucas County Youth Drug Survey, respondents reported an overall decrease in illicit use of narcotic painkillers for all grades (7-12). One-year use was defined as using narcotic painkillers on at least one occasion in the year prior to the survey.

One-Year Prevalence Rate for Narcotic Painkiller Use by Grade and Survey Year (Lucas County Youth Drug Survey)



METHAMPHETAMINE

Historical Summary

During the previous reporting period, treatment providers and users continued to report low availability of methamphetamine in the Toledo area, however, two active methamphetamine users were identified and interviewed. These users reported methamphetamine availability to be 6 or 7 on a 0-10

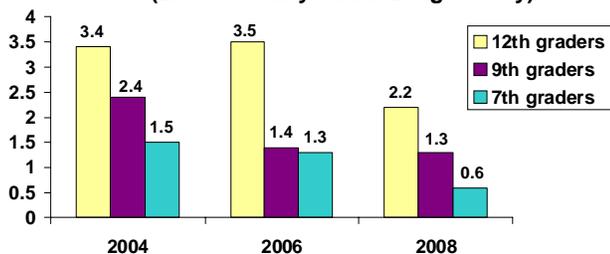
scale in their networks. They also reported that methamphetamine was usually sold by crack dealers and was priced at \$40 per gram and \$160 per 1/8 ounce. Typical methamphetamine users were middle-aged, white males.

Current Trends

Currently, neither users nor treatment providers had much knowledge of methamphetamine use in Toledo. Users reported hearing of methamphetamine being used in rural communities and other cities, but did not believe it was being used much, if at all, in Toledo. One respondent reported that he had a truck driver friend that used methamphetamine to stay up and drive. He believed this person brought the methamphetamine into Toledo from another state and did not purchase the drug locally. In September 2008, The *Toledo Blade* reported a methamphetamine lab bust in nearby Williams County. This was the 13th lab found in the county to date (09-18-08). Toledo crime lab professionals reported no cases of methamphetamine analyzed in the lab in the last six months, the only methamphetamine found were traces contained in Ecstasy tablets. BCI&I Bowling Green reported low and decreasing methamphetamine availability.

According to the Lucas County 2008 Youth Survey, methamphetamine use among youth in grades 7th - 12th has declined or remained stable at relatively low levels, compared to 2006. One-year use was defined as using methamphetamine on at least one occasion in the year prior to the survey.

One-Year Prevalence Rate for Methamphetamine Use by Grade and Survey Year (Lucas County Youth Drug Survey)



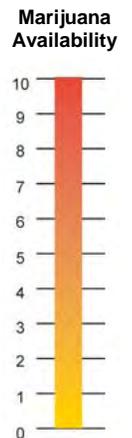
MARIJUANA

Historical Summary

Previously, users, treatment providers, and law enforcement professionals reported high and steady availability of marijuana (10+ on the 0 to 10 scale) in the last reporting period. Toledo area crime labs confirmed high availability. Cost was said to be dependent on quality and 1/4 ounce of mid-grade marijuana sold for \$25-\$30, and \$100 per ounce. High quality marijuana was less available (5-6) and was sold for \$100-\$120 per 1/4 ounce and \$160-\$200 per 1/8 ounce. Law enforcement professionals reported an increase in school-aged youth who smoke marijuana and view it as a safe and socially acceptable drug.

Current Trends

Consistent with previous reports, focus group participants reported high availability of marijuana at a 10+ on a scale of 0 to 10. Similar to the previous reporting period, the availability of good quality marijuana was reported to be slightly lower, rated 6-7 on the same scale. The highest quality of marijuana is called “Kush,” “purple haze” also called “purple,” “hydroponic, hydro, or dro”, “chronic” and “fruity.” High quality marijuana is sold for \$25-\$50 per 1/8 ounce and \$100-\$125 per 1/4 ounce. “Purple” was said to cost \$600-\$700 per ounce. Similar to previous reporting periods, Toledo crime lab professionals indicated high availability and high and unchanged purity (above 60%) of marijuana. BCI&I Bowling Green reported moderate availability of the drug.



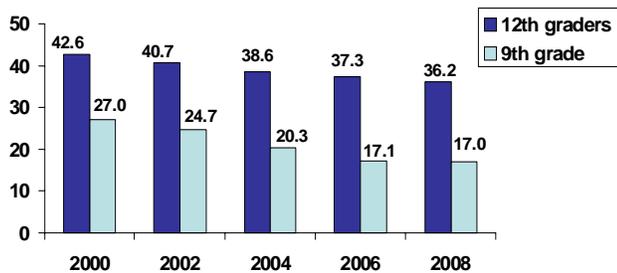
Smoking remains the most common mode of marijuana administration. Participants reported that typical marijuana users are of all ages and ethnic/racial groups. One user explained, “The crack dealers smoke it. The heroin dealers smoke it. It crosses all racial lines, African Americans, Latinos, and whites.” Marijuana is used in combination with powdered or crack cocaine (“Coco-Puffing”). One user reported that he and his friends usually mix powdered

cocaine with marijuana, “Just put it in a bag and ‘shake and bake’.”

Several professionals expressed concern that youth do not see marijuana as a harmful drug and find it to be socially acceptable. One treatment provider who worked with juveniles said, “They don’t look at marijuana as a drug. They put marijuana in the category as they do cigarettes and cigars....because it’s socially acceptable.” A school official added, “We hear, I don’t do drugs, all I do is smoke weed’.”

According to the 2008 Lucas County Youth Drug Survey, prevalence rates of past-year marijuana use have dropped significantly after reaching their peak in 1998 but remained relatively stable from 2006 to 2008. One-year use was defined as using marijuana on at least one occasion in the year prior to the survey.

One-Year Prevalence Rates for Marijuana Use (Lucas County Youth Drug Survey)



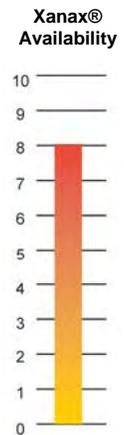
The Toledo Blade reported that a routine traffic stop in July resulted in the seizure of 104 pounds of marijuana valued at \$4.7 million (07-02-08).

OTHER TRENDS

Benzodiazepines

In the last reporting period, Xanax® was reported by users and treatment providers to be the most commonly abused benzodiazepine in the Toledo region, followed by Klonopin® (clonazepam). Users reported tranquilizers are typically abused by women between the ages of 40 and 60 years. Treatment providers reported an increase in benzodiazepine use among polydrug users.

Currently, benzodiazepine abuse remains high with users rating the availability of Xanax® 8-10 on a scale of 0 to 10 while Toledo crime lab professionals indicated low availability of the drug. BCI&I Bowling Green reported moderate availability of Xanax® and low-level availability of other benzodiazepines. Klonopin® was less available and was rated a 5 on a scale of 0 to 10. Treatment providers believed that Klonopin® was less available. They also believed that improved communication between treatment providers and psychiatrists in addition to psychiatrists concerns about combined drug toxicity have resulted in a decrease in street availability of benzodiazepines, particularly Klonopin®. A treatment provider noted, “Because about a year ago here in Toledo people were saying, ‘oh Klonopin, Klonopin, Klonopin’, and now they’re just not saying that anymore.” Toledo crime lab professionals analyzed no cases of other benzodiazepines, other than Xanax®, in the current reporting period.



Users reported that 1-milligram of Xanax® or “blue footballs” continue to sell for \$2 each and 2-milligram Xanax® “bars” sell for \$4 to \$7 each. Klonopin® sold for \$2 per 5-milligram tablet.

During this reporting period, participants noted that benzodiazepine users were most often white women. Users reported ingestion as the primary mode of administration of benzodiazepines. However, some users reported crushing the Xanax® and administering the drug intranasally. One user stated, “I snorted Xanax when I was doing coke.” Another reported, “I would snort coke and then use Xanax.” There were limited reports of Xanax® used in combination with heroin.

Seroquel® (quetiapine fumerate)

In the last reporting period, users reported some abuse of Seroquel® (quetiapine fumerate), an antipsychotic pharmaceutical. Toledo crime lab reported low availability and BCI&I Bowling Green reported moderate availability. The drug was

reported to have little to no street value, and was given to users by others to “come down” off of stimulants or for sleep or opiate- withdrawal.

Currently, Seroquel® was described as “popular”, with one user stating, “I mean there’s so many people that are taking it....to come down off the crack....or level off a little bit.” Users again reported that Seroquel® has no street value, as one user stated, “I give mine away if somebody wants them.” All reporting crime lab professionals for the region indicated low availability of the drug. Abuse of Seroquel® was said to be popular among “people that like downers” or those trying to come down off crack cocaine. One respondent explains, “I’d feel like I was too high or feel like my heart was going to blow up or something, so I’d take some Seroquel and kind of level off.”

Prescription Stimulants

In the last reporting period, availability of prescription stimulants such as Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate) was reported as low. Users were reported to be middle and high-school aged youth who most commonly obtained the drugs via classmates with legitimate prescriptions who gave them away or sold their medication. Stimulants were priced at \$3 per 30-milligram tablet or \$1 per 10-milligram tablet.

Currently, users had little firsthand knowledge of stimulant use or abuse. School officials reported that the exchange of Adderall® or Ritalin® among students had diminished. One counselor reported, “They used to that, I don’t see a lot of that as much as I used to.” Crime lab reports indicated low availability of the drugs.

The 2008 Lucas County Youth Drug Survey reported relatively stable levels of methylphenidate (Ritalin®, Concerta®) abuse among youth in grades 7-12. One-year use was defined as using methylphenidate on at least one occasion in the year prior to the survey.

MDMA (Ecstasy)

Previously, Ecstasy in Toledo was reported by users, treatment providers and crime labs as highly available, a 10 on the 0 to 10 scale.

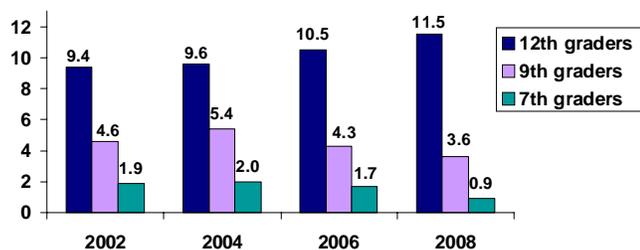
Currently, availability seemed to have decreased slightly, with users reporting Ecstasy availability as moderate, a 5-6 on a scale of 0 to 10. BCI&I Bowling Green and the Toledo crime lab reported high availability of Ecstasy. One user reported an increase in “fake” Ecstasy: “I bought those, like, six times and only got high twice.” Other users reported Ecstasy is cut with other drugs, commenting, “...they’ll cut it with dextramine or ketamine or something like that, and you’ll feel like you’re rolling, but you’re not, and you don’t get the whole psychedelic, the whole experience, the effects.”

The Toledo crime lab reported high and increasing availability of piperazines that are commonly found in Ecstasy tablets.

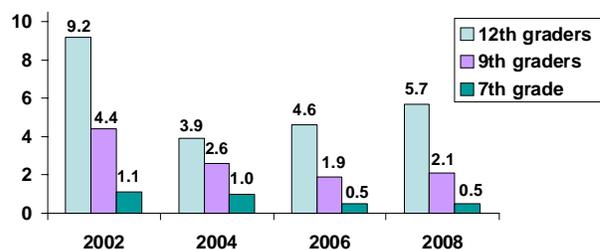
Ecstasy currently sells for \$15-\$20 per tablet or \$20 for two, a “double-stack.” Typical users were between 18 and 30 years-old, with older men reportedly using the drug for sexual enhancement.

According to the 2008 Lucas County Youth Drug Survey, respondents were asked questions related to the use of “designer” or “club drugs” such as Ecstasy (MDMA), GHB, rohypnol and other.

One-Year Prevalence Rate for Methylphenidate Use by Grade and Survey Year (Lucas County Youth Drug Survey)



One-Year Prevalence of Designer Drug Use by Grade and Survey Year (Lucas County Youth Drug Survey)



Results showed some marginal increases in the use of these drugs among 12th when compared with rates reported in 2004 and 2006. One-year use was defined as using “designer drugs” on at least one occasion in the year prior to the survey.

Psilocybin

Previously, users reported that psilocybin mushrooms were somewhat and sold for \$20-\$30 per 1/8 ounce or \$50 per 1/4 ounce.

Currently, users reported moderate to high availability of psilocybin mushrooms, 8-10 on a scale of 0 to 10. No prices were given for psilocybin this reporting period. One user stated that he saw psilocybin use “*in the country...not many in the inner city.*” Toledo crime lab indicated low availability of psilocybin mushrooms, while BCI&I Bowling Green reported moderate availability of the drug.



Ohio Substance
Abuse Monitoring
Network

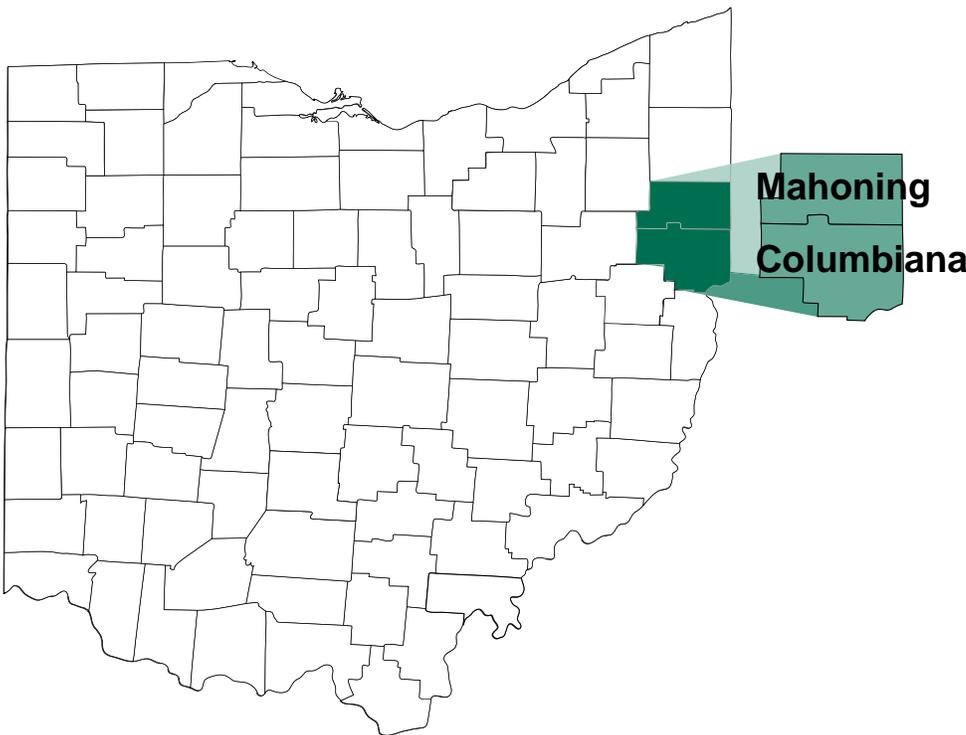


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Eighteen, January 23, 2009

June 2008 – January 2009

Drug Abuse Trends in the Youngstown Area



Kent State University
Sonia A. Alemagno, PhD
Peggy Shaffer-King, MA

Institute for Health and Social Policy
University of Akron
Richard C. Stephens, PhD

Regional Epidemiologists
Doug Wentz, MA, OSCPIII
Beth Bonish, LSW
Patricia Sciarretta, LSW

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

In Collaboration with Wright State University and Kent State University

Ohio

Department of Alcohol &
Drug Addiction Services

AREA PROFILE

| Indicator (Source: US Census, Quick Facts) | Columbiana County | Mahoning County | Ohio |
|--|-------------------|-----------------|------------|
| Total population, 2006 estimate | 110,542 | 251,026 | 11,478,006 |
| Whites, 2006 | 96.3% | 81.9% | 84.9% |
| African Americans, 2006 | 2.3% | 16.0% | 12.0% |
| Hispanic or Latino origin, 2006 | 1.3% | 3.3% | 2.3% |
| High school graduates (age ≥25), 2000 | 80.6% | 82.4% | 83.0% |
| Median household income, 2004 | \$35,644 | \$36,784 | \$43,371 |
| Persons below poverty, 2004 | 12.2% | 14.3%h | 11.7% |

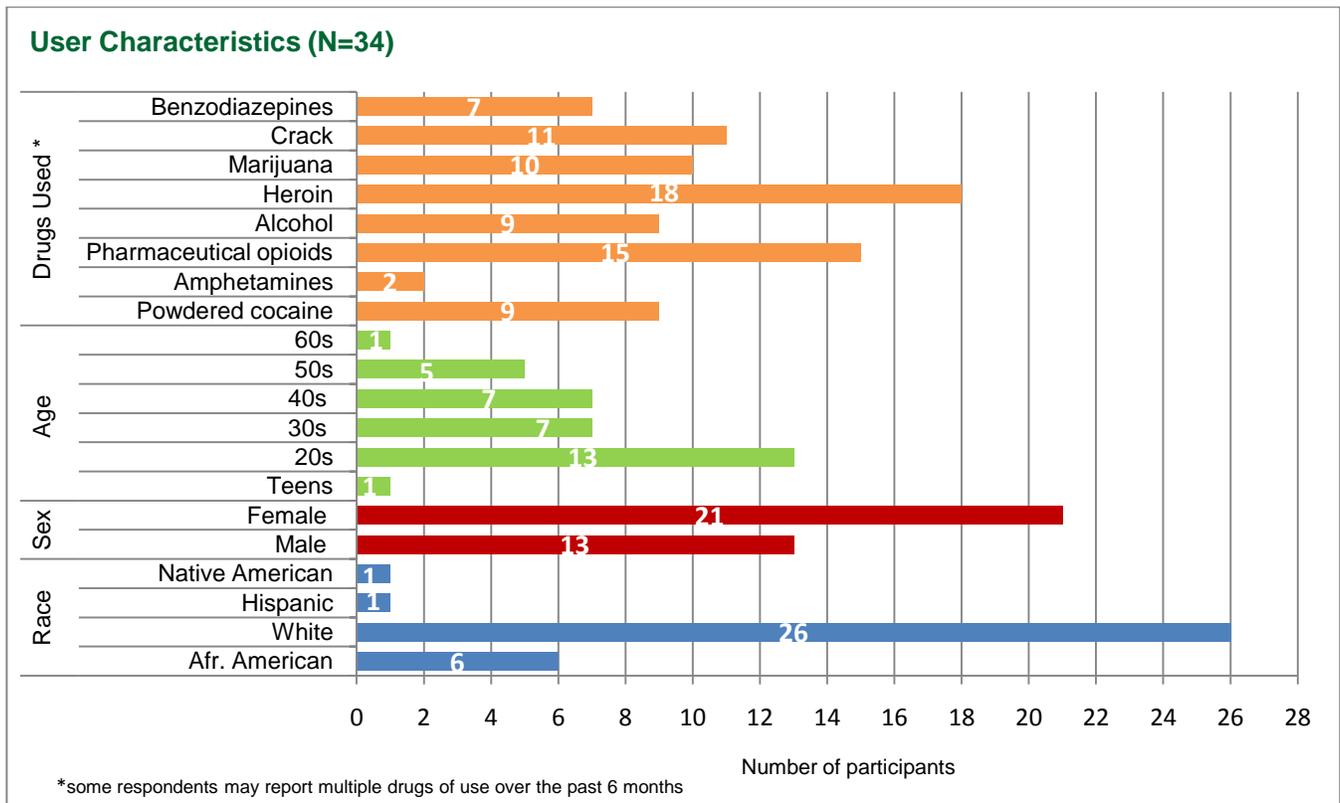
DATA SOURCES

| Interviews Conducted in the Youngstown Area | | |
|---|--------|---|
| Date | Number | Participants |
| 10-10-08 | 6 | Recovering users, all female |
| 10-14-08 | 8 | Current users, all male |
| 10-15-08 | 2 | Law enforcement |
| 10-21-08 | 4 | Drug counselors |
| 10-21-08 | 5 | Treatment clients, all male |
| 10-24-08 | 8 | Treatment clients, all female, and a case manager |
| 10-27-08 | 9 | Treatment clients, mixed gender, and a case manager |
| Total numbers: | | |
| Focus groups | 7 | |
| All participants | 42 | |
| All users | 34 | |

Qualitative data: This report is based upon seven focus group interviews, conducted with drug users, case managers and law enforcement officials.

Crime lab survey: Data obtained from the BCI&I Richfield crime lab serving Cleveland, Akron and Youngstown were used to supplement qualitative data sources.

Media reports: WHIO.com, *The Vindicator* and other media sources were monitored for information about drug abuse trends.



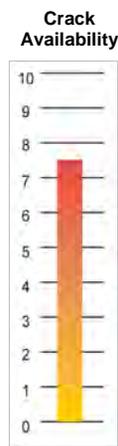
CRACK COCAINE

Historical Summary

In the previous reporting period, crack cocaine was believed to be “very available” in the Youngstown area. The overwhelming majority of respondents indicated that availability was a 10 on the scale of 0 (unavailable) to 10 (extremely available). The BCI&I Richfield crime lab reported high and stable availability of crack. The price of 1/8 ounce of crack cocaine was about \$120, and an ounce was reported to sell for between \$700 and \$1,000. Users reported that quality was mediocre. Smoking was reported as the primary route of its administration. Users perceived more use among older individuals and stated that, by contrast, younger individuals tend to use powdered cocaine. An increase in use among females was noted.

Current Trends

Ratings of availability ranged from a low of 5 to a high of 10 on a scale from 0 (not available) to 10 (very available). Users were in disagreement regarding whether availability of the drug had increased or decreased over the previous 6-month period. Law enforcement reported stable availability, while treatment providers reported an increase in availability since July 2008. The crime lab at BCI&I Richfield reported high and stable availability of crack cocaine.



Respondents found it difficult to provide prices for specific weights of crack cocaine, given that the drug is typically sold as “rocks” ranging in price according to size. However, users estimated the price of a gram to be approximately \$70-\$100, and noted that one could purchase a gram for about \$40-\$70 if she or he knew the dealer.

According to users, the quality of crack cocaine had decreased in the previous 6 to 12 months. Users believed that the drug had been “cut” (mixed with other substances) too much. One user explained, “*when the last time I used—when they [re-]cook it, you only get about half back of what you bought, and you can see the cut in it—that’s not good.*” The crime lab reported moderate (30%-60%) and unchanged purity of crack

cocaine. Street names for crack cocaine include, “hard,” “butter,” “rice,” “rocks” and “ready.” The most common route of administration of crack cocaine is smoking. Lacing marijuana with it (called a “woolie”) was reportedly common among users in the area. Crack injection was mentioned as a route of administration, but the practice was considered somewhat rare. One group of users estimated that only about 20% of crack-cocaine users inject the drug. Crack-injection was thought to be more likely among users who injected heroin and who mixed cocaine and heroin for the purpose of “speedballing.” One user commented, “*I would say heroin addicts usually [are the ones who would inject crack] because they’re – they use the needle – anyone who uses the needle . . .*” Another user agreed, “*Yeah. I would say that people who use the needle commonly start shooting, using other things through the needle.*”

Consistent with previous reports, respondents had difficulty discerning the “typical” crack-cocaine user. Most respondents stated, “*Everyone uses.*” Users indicated that “*all socioeconomic*” classes are involved, and that they knew professionals and “*people in suits*” who used the drug. Some users reported that crack use was common among “older” individuals, and one user reported that a typical crack-cocaine user was between the ages of 30 and 60. Treatment providers perceived use to be more common among African Americans from poorer, urban communities, and reported an increase in crack-cocaine use among whites also.

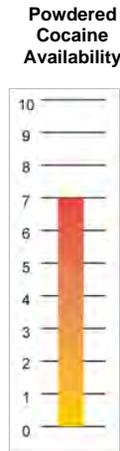
POWDERED COCAINE

Historical Summary

Ratings of powdered cocaine availability were moderate to high for the previous reporting period. The crime lab also noted high and increasing availability of powdered cocaine. Prices for an “8-ball” (1/8 ounce) were between \$140 and \$175, and a gram sold for \$35-\$50. Quality of the drug was reported as poor. Intranasal inhalation (“snorting”) was thought to be the most common method of use among users. Powdered cocaine users were described as being younger and having more financial means to purchase the drug. Some users also reported common use of the drug among white individuals in their 40s and 50s.

Current Trends

Users, treatment providers and law enforcement officers provided availability ratings for powdered cocaine ranging between 2 and 8 on a scale 0-10. However, most ratings fell around 8. One group of users believed availability had decreased as dealers were quickly “rocking up” powdered cocaine to make crack. Other users, however, believed availability had remained stable since the last reporting period. In contrast, a law enforcement officer described a decrease in the availability of the drug, “... it seems like in the last, probably about two months, three months, people have difficulty in getting it [powdered cocaine]. Or people who were selling it and had sources of supply maybe just switched to heroin and aren’t doing the cocaine, so, and that could be one of the reasons for the scarcity.” The BCI&I Richfield crime lab also reported that powdered cocaine availability declined from high to moderate.



Law enforcement officers reported increases in the price of powdered cocaine over the past six months. Six months ago an ounce of powdered cocaine was selling for approximately \$850-\$1,100. Currently, an ounce sells for \$1,000-\$1,300. A price increase was echoed by users as well. According to user reports, powdered cocaine prices increased from \$35-\$50 per gram in the first half of 2008 to about \$70 in the second half of 2008. “Snow,” “soft,” “girl,” “white,” “son,” “cheeva,” “blow” and “Mott’s” were said to be common street names used to identify powdered cocaine.

According to participants, quality of powdered cocaine tends to vary depending on the season and on the relationship one has with one’s dealer. One group of users commented on the current quality of powdered cocaine, saying that it had decreased over the past several months. These users believed that dealers were “cutting” (mixing the drug with other substances) powdered cocaine more heavily. The crime lab reported that powdered cocaine quality was moderate (30%-60%) and unchanged.

Most respondents reported that intranasal inhalation (“snorting”) was the most frequently utilized method of administration. Powdered cocaine

injection was also cited as relatively common, but most considered this method to be less common than snorting. According to participants, individuals who inject powdered cocaine are more likely to be heroin injectors or older, more experienced powdered cocaine users. Injection among younger users was considered to be relatively rare. Some users indicated that individuals will lace marijuana joints or tobacco cigarettes with powdered cocaine and smoke it..

While many respondents reported a diverse population of powdered cocaine users, treatment providers indicated that users were more likely to be younger (in their 20s). No ethnic differences in powdered cocaine use were noted.

HEROIN

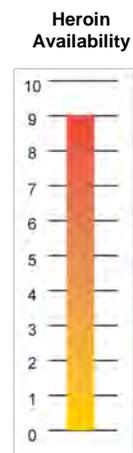
Historical Summary

Previously, focus group participants and BCI&I Richfield crime lab reports indicated high and increasing availability of heroin. Brown, beige, light yellow and gray-colored powder heroin was perceived as the most common form of the drug. China White and tar heroin were available at much lower levels. A gram of heroin was reported to sell for \$100, and bags of heroin (about 1/10 gram) were selling for about \$10 each. User ratings of quality varied, and some users reported heroin mixed fentanyl being available in the area, which the BCI&I Richfield crime lab confirmed. An increase in heroin use by young, white, suburban residents between 16 and 25 years of age was noted.

Respondents reported intranasal inhalation as the primary means of administration among younger users of the drug, but most believed that they would eventually transition to injection of the drug.

Current Trends

All respondents reported an increase in the availability of heroin since the last reporting period. Most ratings of availability clustered around 8-10 (very available). Light brown or tan-colored powder was



the most commonly mentioned form in the area. China White and tar heroin were reported less frequently, users in one group rated the availability of the former at 2 and the latter at 4. Law enforcement officers suggested that heroin was overtaking powdered cocaine in terms of availability. The BCI&I Richfield crime lab reported high availability and an increased number of heroin cases. It noted that white or brown powder-type heroin was the most commonly seen form, but that black tar was reported as well.

Users reported that 1/2 gram of heroin sold for \$60-\$65. “Bags” weighing about 1/10 gram sell for about \$20 each, and “bundles” (10 bags) sell for \$100.

Regarding heroin quality, one user commented, “You go from the best on top of your list to what you can find, so I mean it really varies . . . it depends on what kind of season it is, obviously, if there’s a drought there’s gonna be a lot of cut, and it’s not gonna be that good.” Generally speaking, users perceived an increase in the quality of heroin since the previous reporting period. In one focus group, two users commented as follows:

User 1: *it’s [heroin] gone up a lot. It’s very good now.*
 Interviewer: *So in the last six months . . . it’s gotten better?*
 User 1: *Oh, yes. A big increase in purity, Yes.*
 User 2: *I agree with that.*

In contrast, the BCI&I Richfield crime lab reported moderate and unchanged purity of heroin (30%-60%).

Although some users are “snorting” heroin (intranasal inhalation), most users agreed that intravenous injection was the most common route of administration. Users in one group estimated that about 70% of the heroin-using population injected it, that 20% “snorted” it, and that 10% smoked it.

According to law enforcement officers, typical heroin users are whites from suburban areas of Youngstown and who range in age from their 20s to their early 30s. Users reported an increase in use among 14-16 year-olds. Treatment providers noted that both African Americans and whites use the drug and that they varied greatly with regards to age. Treatment providers also noted that younger users tend to snort heroin, while older individuals have transitioned to intravenous injection.

PHARMACEUTICAL OPIOIDS

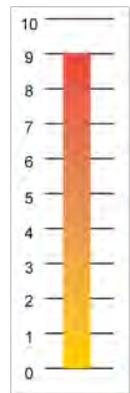
Historical Summary

Pharmaceutical opioids were reported to be readily available in the Youngstown area. OxyContin® (oxycodone, extended release) availability was rated 7-10 on the scale of 0 (unavailable) to 10 (extremely available). Vicodin® (hydrocodone and acetaminophen) was considered to be less available than OxyContin®. Prices for OxyContin® ranged from \$0.40 to \$1 per milligram, Vicodin ES® sold for \$5-\$7 per tablet. Participants reported that, in addition to oral ingestion, intranasal inhalation (“snorting”) and injection of pharmaceutical opioids were common. Use was perceived as being more common among younger than older people. The crime lab noted decreases in availability of most pharmaceutical opioids, but reported increased, moderate availability of Suboxone® (buprenorphine and naloxone).

Current Trends

Pharmaceutical opioids such as OxyContin®, Vicodin® and Percocet® (oxycodone and acetaminophen) were considered to be highly available in the Youngstown area. Most users rated OxyContin® availability 8-10 on the 0-10 scale. One user described how easy OxyContin® could be obtained: “That would vary from, like, an 8 to a 10 because you can get ‘em from the doctor, if you can find a doctor that writes them, or if you have health reasons to do that, but if you can’t find them from a doctor, you can get ‘em on the street, you just gotta pay more for them, but I’d say a 9-10. Yeah.” Availability of Vicodin® and Percocet® was mostly rated a 10, and many users considered the latter to be the most prevalent pharmaceutical opioid. Ratings of availability for methadone in tablet and wafer form were around 3, and ratings for liquid form of the drug were slightly lower. Some users rated availability of fentanyl (Duragesic®-brand transdermal patches) 3-4. Law enforcement officers indicated that fentanyl was rarely seen in the Youngstown area, and treatment providers concurred. Law enforcement officers also reported the availability of Darvocet® (propoxyphene and

OxyContin® Availability



acetaminophen) being similar to that of OxyContin® and Vicodin®.

The BCI&I Richfield crime lab reported high and increasing availability of OxyContin® and hydrocodone, low and decreasing availability of generic extended-release oxycodone products, and moderate but stable availability of other oxycodone-containing products. The crime lab reported low availability of methadone tablets and wafers, Dilaudid® (hydromorphone), Duragesic®, and Darvon® (propoxyphene). It reported also high availability of Ultram® (tramadol), which represents an increase from the previous reporting period. The lab reported low availability of buprenorphine-only products such as Subutex® and Buprenex®, just as it did the previous reporting period, but unchanged, moderate availability of Suboxone® (buprenorphine and naloxone).

Prices remained primarily stable over the previous reporting period. OxyContin® ranged in price from \$0.50 to \$1 per milligram of oxycodone content. Vicodin HP® sold for approximately \$5-\$6 per tablet, Vicodin ES® sold for \$5 per tablet. Percocet® was priced at \$5 per 5 milligram tablet and \$7-\$10 for 10 milligram tablets. Ten-milligram methadone tablets were reportedly selling for \$3-\$5 per, while 40-milligram strength tablets were selling for \$15-\$25 per. Users were unable to provide prices for fentanyl.

Non-medical use of pharmaceutical opioids was reportedly common among diverse user groups. However, some users noted an increase specifically in the use of OxyContin® among high school juniors and seniors. Whites between the ages of 17 and 30 were also noted as an increasing population of pharmaceutical opioid users. Law enforcement officers reported that most use was concentrated among whites.

MARIJUANA

Historical Summary

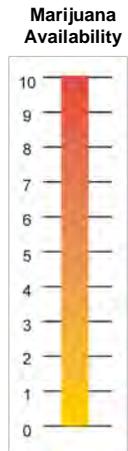
Ratings of marijuana availability during the previous reporting period were typically 10 on the 0-10 scale. Respondents reported an increase in the availability of pre-rolled marijuana joints laced with drugs such as heroin and cocaine or dipped in formaldehyde.

An ounce of high-grade marijuana was reported to be selling for about \$250-\$300, mid-grade for \$100-\$130 and low-grade for \$40-\$80. Blunts (cigar casings filled with marijuana) laced with heroin could be purchased for \$7 each, and blunts laced with crack cocaine could be purchased for \$10.

Current Trends

Ratings of availability ranged from 8 to 10, but most participants indicated that availability was 10 (extremely available) on the 0-10 scale.

Participants stated that availability remains high, although the quality of marijuana may fluctuate over time. Speaking to the availability of marijuana, one user explained the existence of “weed houses:” *“I just know that there’s, especially, there’s weed houses – specifically you don’t even have to know the clientele, you can just walk up and they’ll hand you out weed. I mean there are houses [such that] you just go knock on the back door, and that’s how it is, and you put your money in the hole and they give you weed.”* The BCI&I Richfield crime lab reported that marijuana was again highly available and its quality was moderate and unchanged.



An ounce of mid-quality marijuana was reported to sell for \$80-\$90. High-quality marijuana sells for approximately \$120 an ounce. Typical street names for the various grades of marijuana include, “Youngstown Brown,” “dro,” “monkey pot,” “skunk,” and “weed.”

Participants were unable to give specifics in terms of the “typical” marijuana user. Most indicated that “everyone” uses marijuana, and that “it doesn’t discriminate.” However, treatment providers noted an increase in adults aged 50-60 using the drug. Users reported early initiation to marijuana use, saying that some users begin smoking marijuana in elementary school.

Respondents indicated the practice of lacing marijuana with crack cocaine or dipping joints or blunts of it in formaldehyde or cough syrup (thus making “wets”). Another common trend is to purchase flavored wraps in which to roll marijuana.

According to users, these flavored wraps are readily available at local convenience stores.

METHAMPHETAMINE

Historical Summary

The availability of methamphetamine in the Youngstown area was rated 2-3. Law enforcement officers remarked that methamphetamine labs were in the area, but none was considered “major.” Users reported that most methamphetamine in the area was locally produced. A gram of the drug was reportedly selling for about \$50-\$75. Higher-quality “glass”-type methamphetamine was selling for \$200-\$250 per gram.

Current Trends

Few participants were knowledgeable about methamphetamine. One user who had experience with the drug rated its availability 3-4 on the 0-10 scale, law enforcement officials said 2, and treatment providers said 4. A treatment provider reported low numbers of methamphetamine-related treatment admissions: *“I have a case load of about 65 [clients] right now and I have one client that was at one time dependent on methamphetamine.”* The BCI&I Richfield crime lab reported low and declining availability of methamphetamine.

The one user who was familiar with the drug stated that 1/2 gram sold for \$50-\$60 and a gram for \$100-\$120. He believed that the quality of the drug was relatively good. He commented, *“I think it’s always way too strong. Way too strong of a drug, I mean, no matter how you cut the quality . . . some of it you could do one line and be up for days, other stuff . . . you’d have to have a little bit more to stay up longer, but it’s always high-quality.”* This user also noted that powdered form of the drug was more common than “glass” form of the drug. The BCI&I Richfield crime lab reported unchanged, moderate purity of the drug (30%-60%).

According to one user, methamphetamine use was more common among young women. He reported, *“a lot of younger women using it . . . a lot of people . . .*

usually from their early twenties to late fifties [using it], and a lot of rural farming areas . . . like the outskirts around [Youngstown].”

OTHER TRENDS

Benzodiazepines

Availability of pharmaceutical tranquilizers was again rated high (9-10). Xanax® (alprazolam) was considered the most prevalent of these drugs. Valium® (diazepam) and Ativan® (lorazepam) were also mentioned as being readily available in the Youngstown area. The BCI&I Richfield crime lab rated the availability of Xanax® as high, and other benzodiazepines as moderate.

The price for a “blue football” (1 milligram Xanax® tablet) was \$1-\$2, a 2 milligram “Xanny” bar was about \$3. Users reported that a bar cost \$4. Ten milligram Valium® tablets sell for between \$1 and \$2. Treatment providers perceived use of these drugs to be most common among younger individuals between the ages of 20 and 30.

Alcohol was repeatedly mentioned as a drug commonly used in conjunction with Xanax® and Valium®.

Hallucinogens

The BCI&I Richfield crime lab reported low availability of PCP (phencyclidine), ketamine and *Salvia divinorum*. The lab reported moderate availability of psilocybin mushrooms and LSD, high and increasing availability of Ecstasy (MDMA) and piperazines.

Other Pharmaceuticals

The BCI&I Richfield crime lab reported low availability of Seroquel® (quetiapine fumarate), which is an increase from the previous reporting period. The crime lab reported moderate and increasing availability of pharmaceutical stimulants.

Methamphetamine Availability



Xanax® Availability

