



Ohio Substance
Abuse Monitoring
Network

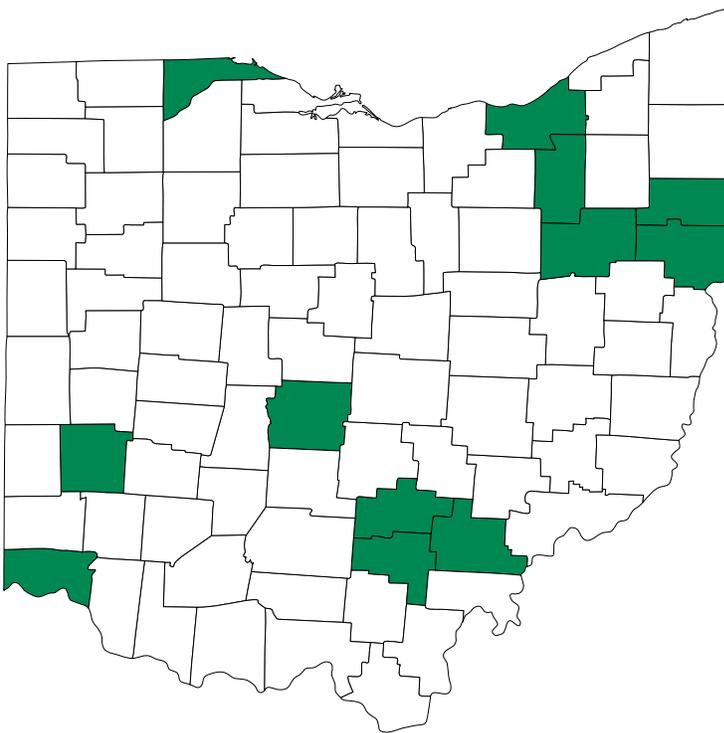


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Surveillance of Drug Abuse Trends in the State of Ohio



Center for Interventions, Treatment and
Addictions Research
Wright State University Boonshoft School
of Medicine

Robert G. Carlson, PhD
Raminta Daniulaityte, PhD
Tamara Hansen Reese, MPH
Lawrence Hammar, PhD
Russel Falck, MA

Institute for Health and Social Policy
University of Akron

Sonia A. Alemagno, PhD
Peggy Shaffer-King, MA
Richard C. Stephens, PhD

Ohio Department of Alcohol and
Drug Addiction Services
280 N. High St., 12th Floor
Columbus, OH 43215-2537
(614) 644-9140

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

In Collaboration with Wright State University and the University of Akron

Ohio

Department of Alcohol &
Drug Addiction Services

TABLE OF CONTENTS

Executive Summary (OSAM-O-Gram)	1
Drug Abuse Trends in the Akron-Canton Area (Summit and Stark Counties)	5
Drug Abuse Trends in the Athens Area (Athens, Vinton and Hocking Counties)	14
Drug Abuse Trends in the Cincinnati Area (Hamilton County)	21
Drug Abuse Trends in the Cleveland Area (Cuyahoga County)	28
Drug Abuse Trends in the Columbus Area (Franklin County)	35
Drug Abuse Trends in the Dayton Area (Montgomery County)	43
Drug Abuse Trends in the Toledo Area (Lucas County)	56
Drug Abuse Trends in the Youngstown Area (Mahoning and Columbiana Counties)	65

OSAM-O-GRAM

Wright State University and
the University of Akron



Department of Alcohol &
Drug Addiction Services



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Dateline: Ohio

January 2008 - June 2008

Toledo Area:

- High availability of crack; moderate availability of powdered cocaine.
- Moderately high availability of heroin; increasing treatment admissions.
- Low to moderate availability of methamphetamine.
- High, increasing availability of OxyContin® and other oxycodone products; increases in Suboxone® diversion.
- High availability of Xanax®; continuing reports of Seroquel® abuse.
- Moderate to high availability of MDMA, often highly adulterated.

Cleveland Area:

- High availability of crack; moderate, increasing availability of powdered cocaine.
- Moderately high availability of heroin.
- Moderate to high availability of most pharmaceutical opioids; increases in Suboxone® diversion.
- Crime lab reports low availability of methamphetamine.
- High availability of benzodiazepines.
- High availability of PCP and MDMA; increases in piperazines.

Akron Area:

- High availability of crack; moderate to high availability of powdered cocaine.
- Moderate to high availability of heroin.
- Users note low, declining availability of OxyContin®, but availability of hydrocodone remains high; low to moderate availability of Suboxone®.
- Moderate to high availability of benzodiazepines.
- Low to moderate, declining availability of methamphetamine.
- Low to moderate availability of MDMA; increases in piperazines.

Columbus Area:

- High availability of crack; moderate to high availability of powdered cocaine.
- High and increasing availability of heroin, mostly tar.
- Moderately high availability of Percocet®, Vicodin®, OxyContin®; increases in methadone and Suboxone®.
- Moderate availability of benzodiazepines.
- Low and declining availability of methamphetamine.
- Moderate availability of MDMA; increases in piperazines.

Dayton Area:

- High availability of crack; declining treatment admissions.
- Moderately high availability of powdered cocaine.
- Moderate to high availability of heroin; increases in treatment admissions.
- Users note high availability of Vicodin® and Percocet®, moderate levels of OxyContin®; increases in treatment admissions.
- Increases in diversion Suboxone®.
- High availability of benzodiazepines; reports of Seroquel® abuse among youth.
- Low to moderate availability of methamphetamine, MDMA, LSD and psilocybin.

Youngstown Area:

- High availability of crack; moderate to high availability of powdered cocaine.
- High, increasing availability of heroin.
- Users report high availability of OxyContin®; crime lab reports declines in availability of most pharmaceutical opioids.
- Moderate, increasing availability of Suboxone®.
- Moderate to high availability of benzodiazepines.
- Crime lab notes moderate availability of MDMA, LSD, and psilocybin.

Cincinnati Area:

- Users report high, but crime lab reports moderate availability of crack and powdered cocaine.
- High availability of heroin.
- Users report moderate to high availability of hydrocodone, methadone tablets, and oxycodone, including OxyContin®.
- Crime lab reports increases in buprenorphine availability.
- Methamphetamine availability remains low.
- Moderate to high availability of benzodiazepines.
- Moderately high availability of MDMA.

Athens Area:

- High availability of crack; moderate to high availability of powdered cocaine.
- Moderate to high, increasing availability of heroin, mostly tar.
- High availability of pharmaceutical opioids, including OxyContin®; increases in buprenorphine availability.
- High availability of benzodiazepines; reports of pharmaceutical stimulant abuse among adolescents and young adults.
- Moderate availability of methamphetamine, MDMA and LSD; Ecstasy tablets frequently contain 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 the University of Akron. This OSAM-O-GRAM is based on the June 2008 OSAM Network meeting.

Center for Interventions, Treatment, and Addictions Research

Robert G. Carlson, Ph.D. • Raminta Daniulaityte, Ph.D. • Tamara Hansen Reese, M.P.H. • Russel Falck, M.A. • Lawrence Hammar, Ph.D.
Wright State University Boonshoft School of Medicine • 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001
Phone: (937) 775-2066 • Fax: (937) 775-2214 • www.med.wright.edu/citar/

For more information, visit the ODADAS website: <http://www.odadas.state.oh.us>



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 June 18, 2008. It is based on data collected from January 2008 – June 2008 by Regional Epidemiologists in Athens and surrounding counties (rural southeast), the Akron and Canton areas, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. They 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 excluding Toledo) provided additional data on drug purity and availability. Researchers at Wright State University reviewed reports and compiled this summary of major findings.

Crack Cocaine

- Crack-cocaine availability remains high, and its use is widespread. Users noted declines in quality and price. Injection of crack was noted everywhere but in Toledo and Columbus.

Focus group participants reported widespread, high availability of crack cocaine, which was confirmed by all crime labs but Cincinnati's. User group members noted poor, declining quality, but most crime labs indicated high purity (60%+). Gram prices ranged generally from \$25 – \$70, but \$100 was reported in Athens. Prices for 1/8 ounce ("8-balls") ranged from \$100 – \$150, but were lower in Dayton and Cincinnati (\$80 – \$100). According to participants, crack-cocaine user groups remain diverse, and increasing numbers of white suburban users were reported in Toledo and Dayton. Use by Hispanics was noted in Cincinnati and Dayton. Middle-aged and elderly users were again reported in several areas of the state. Crack cocaine is usually smoked alone, although it is sometimes smoked with marijuana. Users in Akron, Athens, Cincinnati, Cleveland, Youngstown, and Dayton reported that heroin users inject crack cocaine and heroin together (known

as "speedballing"). Crack cocaine is sometimes also used together with alcohol, marijuana, and benzodiazepines.

Powdered Cocaine

- The availability and perceived quality of powdered cocaine is moderate to high. Its abuse is often associated with heroin users, older professionals, and whites in their late teens and 20s.

Akron, Cleveland, Columbus, and Toledo participants rated powdered cocaine availability as moderate; however Athens, Cincinnati, Dayton, and Youngstown participants suggested that availability was high. Crime labs noted high to moderate availability of powdered cocaine, and those in Dayton and BCI & I Richfield indicated increases in its availability. User group member reports of the quality of powdered cocaine varied throughout the state, but those in Akron, Athens, Cincinnati, and Dayton reported "good" or "excellent" quality. Crime labs generally reported moderate levels of purity (30% – 60%), but the crime lab in Cleveland reported high purity (60%+). Prices of grams of powdered cocaine ranged from \$30 – \$80, except in Athens and Toledo, where prices of \$80 – \$100 were reported. Intranasal inhalation was again reported to be the most common mode of use of powdered cocaine, but most areas of the state reported injection use, typically in conjunction with heroin. Users reported again that powdered cocaine is sometimes used also with alcohol, marijuana and benzodiazepines.

Heroin

- Users, treatment providers, and crime lab professionals rated heroin availability as moderate to high. Most areas of the state continue to report transition from pharmaceutical opioid to heroin abuse.

Increases in heroin availability and use were reported in Athens, Columbus, Cincinnati, and Youngstown. Powder form heroin predominates, except in Columbus and Athens, where tar is more common. Most other areas of the state reported low to moderate availability of tar heroin. Columbus and Cincinnati users noted high-quality heroin, but users elsewhere reported fair to poor, declining quality. Several crime labs

reported high purity (60%+), but those in Dayton, Toledo, and Canton-Stark County noted moderate purity, ranging from 30% to 60%. Grams of powder heroin sold for \$90 – \$120 in Cleveland, Dayton, Toledo, and Youngstown, but for \$200 in Akron and for \$150 – \$200 (white powder) and \$125 – \$170 (brown powder) in Cincinnati. The crime labs in Cleveland, Dayton, and BCI & I Richfield reported heroin-fentanyl mixtures, which Dayton and Toledo users also noted. Heroin users included those in their 60s, but those in their early 20s were particularly noted in Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Dayton treatment providers again noted increased admissions among white, suburban youth. Participants in Athens, Columbus, Dayton, and Toledo reported that users often make the transition from abuse of pharmaceutical opioids to abuse of heroin. Use of heroin by means of injection was reported to be more common, but intranasal inhalation was reported in every region except Cleveland; participants in Columbus reported the smoking of heroin. Heroin is sometimes used in conjunction with cocaine, marijuana, and pharmaceutical opioids and tranquilizers.

Pharmaceutical Opioids

- **Vicodin® and Percocet® remain the most commonly abused pharmaceutical opioids. There were increasing reports of the illicit use of Suboxone®.**

Users and treatment providers reported the moderate to high availability of Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen). Crime labs confirmed these reports and noted overall increases in Vicodin® availability. Estimates of the availability of OxyContin® (oxycodone, controlled-release) ranged from low in Akron to moderate in Dayton (which represents an increase) to high in Athens. Crime labs reported moderate to high availability of OxyContin®, although Columbus users and the Columbus crime lab noted a slight decrease. High availability of Dilaudid® (hydromorphone) was reported by the Cleveland crime lab, and some users in Toledo rated its availability as moderate, but few cases were reported by other crime labs and user groups. Availability of methadone tablets and wafers was reported low to moderate in most regions of the state. The street availability of methadone in liquid form was reported by Toledo, Cincinnati, and Columbus users, and Columbus crime lab personnel. Athens and Cincinnati users reported low to moderate availability of fentanyl patches. Dayton, Youngstown, Cleveland, and Toledo participants reported moderate to high availability of Suboxone® (buprenorphine and naloxone). Most crime labs reported its low availability, but the crime lab in Cleveland reported high and increasing availability.

Vicodin® and Percocet® prices still range from \$0.50 – \$1 per milligram. Athens users noted increases in OxyContin® prices back to prior levels of \$1 per milligram. The prices reported in Youngstown, Dayton, and Cincinnati for Suboxone® in 8-milligram tablets ranged from \$5 – \$20. Fentanyl patches ranged in price from \$20 – \$60, depending on size. Forty-milligram methadone wafers sold for \$20 – \$40 in Dayton, Toledo, and Youngstown.

Males and females, old and young, especially white teens and young adults, abuse pharmaceutical opioids. Swallowing tablets or crushing and snorting them are the most common use modes, but the crushing of OxyContin® tablets and their injection was reported in Athens, Cleveland, Dayton, and Toledo. Pharmaceutical opioids are sometimes used with cocaine, alcohol, heroin, and benzodiazepines.

Benzodiazepines

- **Abuse of Xanax®, Klonopin®, and Valium® remains common.**

Users reported high availability of benzodiazepines. Athens, Dayton, and Toledo users reported high availability of Klonopin® (clonazepam) and Xanax® (alprazolam). Most crime labs noted moderate to high and increasing availability of Xanax®, as did Akron and Youngstown users. Athens, Cleveland, and Toledo participants reported high availability of Valium® (diazepam). Benzodiazepine prices (\$1 – \$5 per tablet, depending on dose) haven't changed. The most common mode of administration is oral, but intranasal inhalation of crushed tablets was also reported, and injection was noted in Cincinnati and Cleveland. Benzodiazepine users are diverse, but whites and those aged 18 – 25 and 35 – 50 (especially female) appear to be disproportionately represented. Benzodiazepines are sometimes used also with marijuana, heroin, pharmaceutical opioids, and alcohol.

Other Pharmaceuticals

- **Abuse of Seroquel®, Soma® and other pharmaceuticals was reported.**

Toledo and Dayton participants again noted abuse of Seroquel® (quetiapine fumarate). Cincinnati, Columbus, Dayton, Toledo, and BCI & I London crime labs reported its low availability. Each crime lab reported low availability of Soma® (carisoprodol), but users in Dayton and Cleveland noted its easy, increasing availability. Abuse of Ritalin® (methylphenidate) and Adderall® (amphetamine/dextroamphetamine) was reported in Athens, Dayton, and Toledo; most crime labs reported their low to moderate availability.

Methamphetamine

- Low to moderate availability of methamphetamine was reported.

Participants reported low availability of methamphetamine in Akron, Cincinnati, Columbus, Dayton, and Youngstown, while those in Athens, Cleveland, and Toledo reported moderate availability. Slight increases in methamphetamine availability were indicated by Toledo users; the Toledo crime lab reported low and declining availability, while the BCI & I Bowling Green crime lab noted moderate, increasing availability. In addition to the considerable local production of “powder,” “bathtub,” and “peanut butter” varieties of methamphetamine, Toledo users suspected out-of-state origins for other, higher quality forms. Reports of prices per gram ranged from \$40 in Toledo to \$80 – \$150 elsewhere. Users were said to be rural, “working-class” individuals, but use by younger people in club settings was also noted. Crime labs reported mostly moderate (30% – 60%) to high (60%+) purity. Smoking and intranasal inhalation were commonly reported, but injection use was reported in Toledo and Columbus. Users reported that pharmaceutical tranquilizers and opioids are used after binges of methamphetamine use to enable sleep.

Marijuana

- Across Ohio, marijuana availability remains high, and its use is widespread.

Marijuana availability across Ohio is high. An ounce of low-grade marijuana (“dirt-weed”) sells for \$40 – \$80, mid-grade (“commercial”) sells for \$100-\$150, and high-grade (“Texas Blueberry,” “G13” and “Purple Haze”) sells for \$250 – \$450 per ounce and \$40 – \$50 per 1/8 ounce. Users and treatment providers reported that marijuana is perceived to be a low-risk drug, and that it is used by those of varied ages, ethnicities, and socioeconomic statuses. Teen, pre-teen, middle-aged, and elderly users were reported in Akron, Dayton and Toledo. Marijuana is sometimes used in conjunction with alcohol, benzodiazepines, crack cocaine, and heroin.

Hallucinogens

- Increasing availability of Ecstasy and low to moderate availability of LSD and psilocybin mushrooms was reported.

Athens, Columbus, Dayton, and Columbiana County users reported increasing availability and abuse of Ecstasy (MDMA) that is consistent with reports from January 2008. Crime labs in Cleveland, Toledo, and BCI & I Bowling Green reported high availability of Ecstasy, but crime labs in Dayton and Canton-Stark County reported low and declining availability. Users reported widely ranging prices of tablets of Ecstasy, selling for as little as \$8 – \$10 or for \$15 – \$20 or \$25 – \$35. Club-goers, teens and young adults, including high school and college students, were reported to be the most typical users, but even younger users and African Americans were noted in Dayton and Akron. The crime labs in Columbus, BCI & I London, and Canton-Stark County reported considerable adulteration of Ecstasy tablets with methamphetamine, benzylpiperazine (BZP) and trifluoromethylpiperazine (TFMPP). Users and crime labs reported low, seasonal availability of LSD and psilocybin mushrooms, but LSD was reported by the BCI & I crime labs in Richfield and London as being moderately available. Dayton participants perceived “young whites” to be the typical users of mushrooms. Cincinnati, Dayton, and Toledo participants reported prices of \$20 – \$35 per 1/8 ounce. No one reported the use of benzylpiperazines, but four crime labs noted its moderate availability, and BCI & I Bowling Green reported its high availability. Use of *Salvia divinorum* was reported in Akron, Toledo, and Dayton.

PCP

- High availability and abuse of PCP was again reported in the Cleveland area.

Cleveland users and its crime lab reported high, localized availability of PCP, which is sold typically in bottles of different sizes or as cigarettes dipped in it, each of which cost \$5.

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

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 the University of Akron. This OSAM-O-GRAM is based on the June 2008 OSAM Network meeting.

Center for Interventions, Treatment, and Addictions Research

Robert G. Carlson, Ph.D. • Raminta Daniulaityte, Ph.D. • Tamara Hansen Reese, M.P.H. • Russel Falck, M.A. • Lawrence Hammar, Ph.D.
Wright State University Boonshoft School of Medicine • 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001
Phone: (937) 775-2066 • Fax: (937) 775-2214 • www.med.wright.edu/citar/

For more information, visit the ODADAS website: <http://www.odadas.state.oh.us>



Ohio Substance
Abuse Monitoring
Network

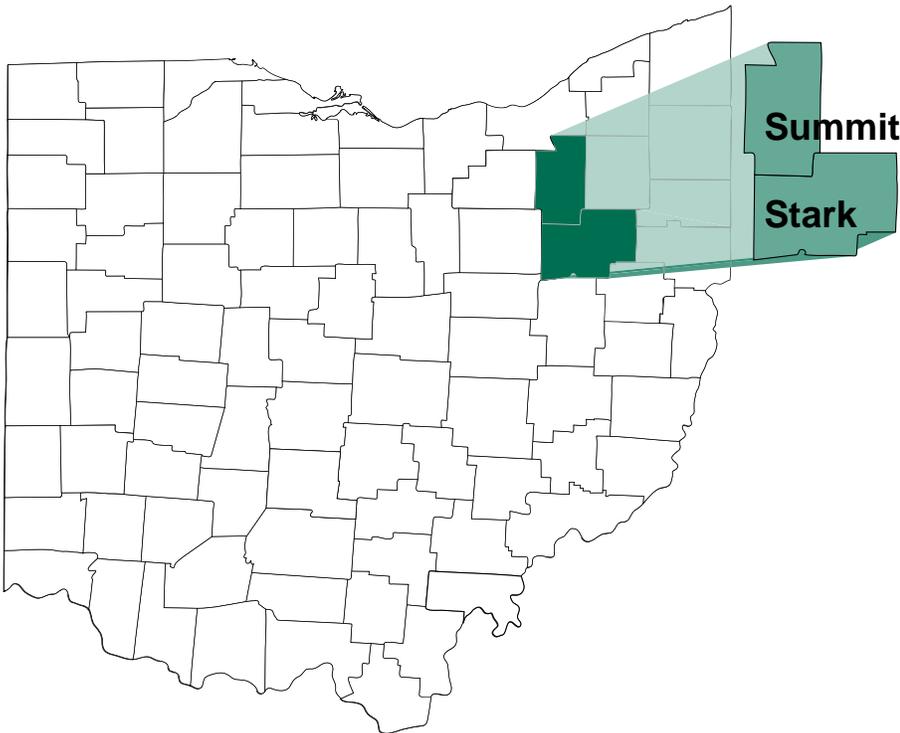


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Akron-Canton Area



Institute for Health and Social
Policy Researchers:

Sonia A. Alemagno, Ph.D.

Richard C. Stephens, Ph.D.

Peggy Shaffer-King, M.A.

The Institute for Health and Social Policy

The University of Akron

Akron, Ohio

The Polsky Building, Room 520

(330) 972-8580 Office

Regional Epidemiologists:

Jackie Pollard, PCC, LSW, CCDC-I

Marcia Fowler, Recorder

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

In Collaboration with Wright State University and the University of Akron

Ohio

Department of Alcohol &
Drug Addiction Services

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

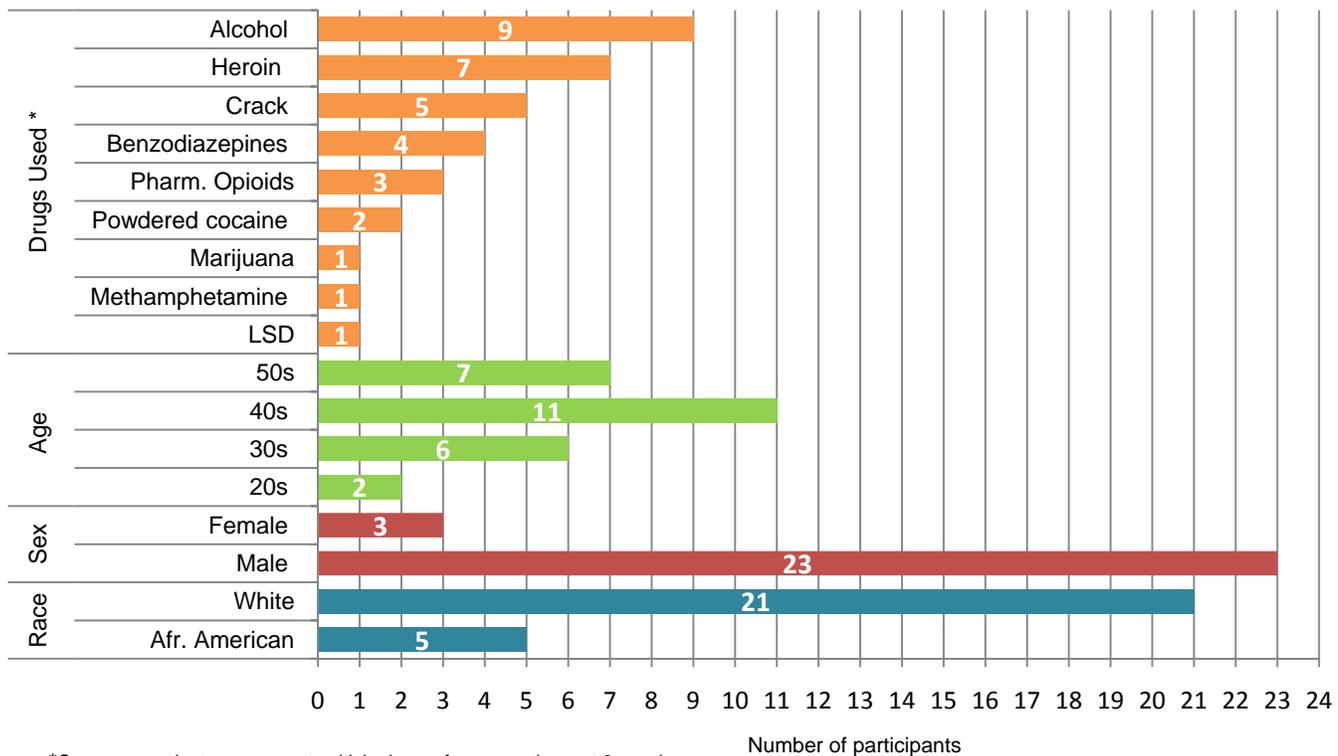
Interviews Conducted in the Akron Area		
Date	Number	Participants
03/28/08	7	Active users
03/27/08	7	Recovering users
03/27/08	7	Current users
03/25/08	8	Treatment providers
04/03/08	6	Treatment providers
05/03/08	5	Recovering users
Total number:		
Focus groups	6	
All participants	40	
All users	26	

Qualitative data: This report is based upon data collected in six focus groups with drug users 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*, the *Examiner*, the *Record-Courier*, WHIO.com and other media sources were monitored for information about drug abuse trends.

User Characteristics (N=26)



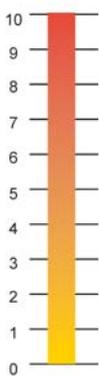
CRACK COCAINE

Historical Summary

In the previous reporting period, respondents rated the availability of crack cocaine as a 10+ on a scale of 0 (not available) to 10 (extremely available). Both the Canton-Stark County and BCI & I Richfield crime labs reported high availability. A gram of crack sold for \$50, and 1/8 ounce sold for \$80-\$150. A drought in powdered cocaine was said to have resulted in poorer quality crack cocaine, although again both crime labs rated purity as high (60% or greater). Although user groups were described as being diverse, both young (14-17 years-old) and old (75-80 years-old) users were acknowledged, and the former were described as an emergent group. Smoking remained the most common mode of crack-cocaine administration.

Current Trends

Crack Availability



As has been the trend over the past several years, the availability of crack cocaine, commonly known by street terms such as “rock,” “stones,” “yay,” “butter,” and “yak,” was rated by users and treatment providers as a 10 on the 0-10 scale. One user reported, “*It’s a lot more accessible. You can’t get powder [cocaine] at 4 o’clock, 5 o’clock in the morning. Can’t get powder at the bar, so you’re running out to get some crack.*” The Canton-Stark County crime lab registered high availability of crack cocaine and an increased number of

cases, while the crime lab at BCI & I Richfield (serving Cleveland, Akron and Youngstown) reported high and stable availability.

Prices remained stable over the previous six-month reporting period. An “8-ball” (1/8 ounce) sells for \$125-\$150, an ounce for \$800-\$1,000, and “rocks” for as little as \$2. One user stated, “*I’ve seen people sell [crack] for \$2 or \$3. Once they feed [give crack] you, somewhere down the line you’ll be spending \$200-\$300. They know if they feed you just a little bit, you’ll keep coming back.*” Perhaps indicating the current abundance of crack cocaine, a former drug dealer and current user explained innovative marketing techniques: “*They do the lottery. They give a little ticket when you buy some*

[crack], and at the end of the week you may win something. Keeps you coming back. Get a chance to win an 8-ball. They keep coming to me. I used to do [the lottery] with the heroin and the crack.”

Respondents noted declines in crack-cocaine quality. Some said that it was now so “horrible” that they purchased powdered cocaine so as to “rock it up” and smoke it. One reported that, “*Out on the street people are buying the powder and cooking it themselves.*” The Stark County crime lab registered high purity (60%+), while BCI & I Richfield reported unchanged, moderate purity (30%-60%).

Crack-cocaine users were reported to be diverse in age, gender and ethnicity, and the number of younger users was said to be increasing. A father spoke of his son and his son’s friends: “*I’ve noticed a lot of youngsters, teenagers, using. I didn’t even imagine or visualize teenagers smoking crack. When you are in an addiction or whatever, you surround yourself with people that do that. When I see 17 year-olds, 16 year-olds, 18 year-olds—I wasn’t expecting to do that. It was a shock to me. I’m talking about my son. Regular, everyday.*”

The most common mode of crack-cocaine use is smoking, but user perceptions this time differed regarding the extent of crack injection. One user group attributed decreases in injection to the low quality of crack cocaine, which must be high, they said, to justify injecting it. Another user group, however, chalked up increases in crack injection to the inability of IV users to find more preferable powdered cocaine. One user explained, “*More and more people are [injecting crack]. Sometime it’s hard to get powder now. They can’t find powder, they break the rock down. It’s just as easy.*”

POWDERED COCAINE

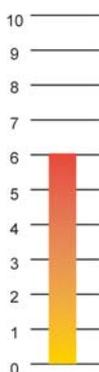
Historical Summary

Previous reports of availability of powdered cocaine ranged from a low of 4 to a high of 9-10 on the scale of 0 (not available) to 10 (extremely available). After a large drug bust in the summer of 2007 that resulted in lower availability of the drug, supply began again to increase. The BCI & I Richfield crime lab reported moderate, and the Canton-Stark County crime lab reported high availability of powdered cocaine and a declining number of cases.

User reports of powdered cocaine quality varied, but most reported moderate to high quality. Both crime labs reported moderate and unchanged quality (30%-60%). Prices remained stable over the previous six-month period, and a gram sold typically for \$60-\$70, while “8-balls” (1/8 ounce) and ounces were selling for \$150-\$200 and \$800-\$1,100, respectively. Intranasal inhalation was the most common mode of administration. Users were described as being primarily middle-class males ranging in age from their teens to their 50s. The simultaneous injection of heroin and cocaine (in a “speedball”) was reported to be common.

Current Trends

Cocaine HCl
Availability



Users in recovery rated the availability of powdered cocaine (cocaine HCl) from a low of 3 to a high of 10, but ratings clustered between 4 and 8 on the 0-10 scale. The Stark County and the BCI & I Richfield crime labs noted high and increasing availability of powdered cocaine. The perception among users was that most powdered cocaine, commonly known as “girl” and “white girl,” gets “rocked up” into crack and so is more difficult to find. As one user noted, “Sometimes you have to catch the guys before they cook it

[powdered cocaine].” Another user commented, “People will hold on to it [powdered cocaine]. Again, it’s the money issue. They can make more money if they load up and sell it that way. It’s easier to sell hard [crack] than it is soft [powdered cocaine].” Treatment providers also perceived powdered cocaine to be easy to obtain. One commented, “I’d say from what I can determine from the intakes that I do, that [powdered cocaine] must be fairly easy to get. I won’t say it rates a 10 like marijuana, but I’d say probably around an 8.” The *Beacon Journal* reported police interdiction of a major drug-smuggling ring that had been sending 370 pounds of cocaine (and 15,000 pounds of marijuana) annually into the Akron area (June 24, 2008). Another media report indicated that over 65 pounds of cocaine were seized at the Stow airport in northeast Akron and that had been flown from Los Angeles (*Record-Courier*, May 4, 2008).

Greater variation in prices was reported this time

compared to the prices reported during the previous six-month period. Gram prices ranged from \$30-\$80. An “8-ball” sold for \$130-\$150, and an ounce sold for \$500-\$900. Prices were reported to vary according to the relationship one has with a dealer and also in terms of where purchases were made.

Treatment providers perceived powdered cocaine to be of “good” quality, and both crime labs reported moderate and unchanged quality (30%-60%).

Treatment providers and users reported that most users inhale it intranasally; one group estimated that only 20% of all users use it intravenously.

Both treatment providers and users said that powdered cocaine users tend to be perceived as “elite” and of higher status and greater wealth relative to other drug users, especially those of crack cocaine. A user commented on powdered cocaine use among crack dealers, “It’s a preppy drug. Folks that do crack, they’re looked down upon. If you’re a dealer, you want to think you’re up here [gestures upward with hand]. It’s a status thing. The ones that I’ve seen [crack dealers who use powdered cocaine], they are more able to deal with their business [when they use powder].”

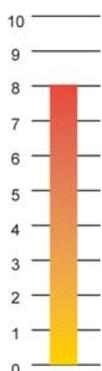
HEROIN

Historical Summary

Availability of heroin was reported generally as increasing in the Akron area. Brown, gray and white powder forms were reported to be most available, being rated from moderate (7) to high (10), while tar heroin was rated a 2 on the scale of 0 (not available) to 10 (extremely available). Both crime labs reported moderate availability of heroin, and the BCI & I Richfield reported cases of black tar heroin. Prices for the drug were reportedly \$150-\$200 per gram and \$75-\$150 per 1/2 gram. Powder form quality was considered to be good and tar form even better, although some noted decreasing quality. Both crime labs reported moderate quality of heroin (30%-60% purity). Injection was reported to be the most common mode of administration, followed by intranasal inhalation, and heroin smoking was said to be rare. High school- and college-aged individuals were identified as emerging users, as were middle-class, wealthier white women.

Current Trends

Heroin Availability



Compared with the previous reporting period, heroin availability was reported to have decreased slightly. Most respondents provided ratings of 5-8, but one user group suggested 10 on the scale of 0-10. A treatment provider said, “I had one kid tell me it’s easier to get heroin than Oxy[Contin®] at school, but he prefers Oxy’s.” The Canton-Stark County crime lab reported moderate availability of heroin and an increased number of cases. The BCI & I Richfield crime lab reported high and increasing availability.

Brown powder heroin was again said to be the most prevalent form in Akron. Some users reported the availability of light-brown powder heroin that they believed was from the Middle East. Users from a local detox center also reported the availability of a light-tan powder heroin. Most users did not have experience with tar heroin. One reported that tar heroin was available in the area, but at low levels, and that the quality was poor. The BCI & I Richfield crime lab confirmed cases of black tar heroin, but the Canton-Stark County crime lab did not. Both labs reported brown powder-type heroin as the most common form available in the area.

Respondents were mixed with regard to perceptions of heroin quality; some users thought that it had decreased over the past six months, while others believed that it had increased. One of the former commented, “Here in Akron the quality is bad. You end up filling up the whole syringe to just get well. Then you have to fill it up again just to get high. I can go to Chicago and use 10cc and it will be an hour later before I can even pick up my head.” Some users believed that heroin had been adulterated with fentanyl, which the BCI & I Richfield crime lab confirmed. That lab reported high-purity heroin (60%+), whereas the Canton-Stark County lab reported moderate purity (30%-60%).

Heroin prices remained stable. A “bag” of heroin (approximately 1/10 gram) sold for \$10-\$40, and a gram for \$200. A “bundle” (10 bags) sold for \$125. Common street names for heroin included “dog food,” “boy,” “dope,” and “lady.”

Heroin users were said to commence use by snorting it, but the majority eventually make the transition to injection use. A detox client reported smoking heroin with cocaine.

Heroin users were described as ranging in age from 15 to 60. One user indicated that business people he knew used heroin: “I know people who wear suits and ties every day who use heroin. They have to do something so they can afford it. It’s something you got to have every day, and you have to have money to support your habit.” As noted previously, respondents reported an increase in use among those in their late teens and early 20s. Many users abuse pharmaceutical opioids such as OxyContin® (oxycodone, extended-release) and then switch to heroin use. A recovering user noted, “[There’s an] influx of younger people 20-30 because of Oxy[Contin®]s. They look at Oxy’s: ‘It’s just a pill. You don’t have to shoot it. You can snort it or eat it.’ And they don’t understand that they get a habit on it.” Treatment providers noted the same trend.

OTHER OPIOIDS

Historical Summary

OxyContin® (oxycodone, extended release), Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) were reported to be the pharmaceutical opioids most readily available in the Akron area. Reports of OxyContin® availability ranged from 5 to 10 on a scale of 0 (not available) to 10 (extremely available), but Vicodin® and Percocet® were rated 9-10 by most respondents. Users reported that fentanyl (in the form of Duragesic®-brand transdermal patches) was easily available and increasingly popular. Dilaudid® (hydromorphone) was rated low in availability but said nevertheless to be increasingly popular. Prices of pharmaceutical opioids remained stable at \$.50-\$1 per milligram of opiate content. Young whites were identified as a growing population of users.

Current Trends

Respondents reported that pharmaceutical opioids were generally easy to obtain. A treatment provider believed that their use had increased significantly over the past year: “It seems to me they’re [pharmaceutical opioids] peaking right now. There’s a lot of interest. They’re

pervasive. In the past year, I've seen it so much." While OxyContin® was said to be the most highly desired pharmaceutical opioid, users nevertheless perceived a decline in its availability to a 2-3 rating on the 0-10 scale. One user reported, *"If you're in that crowd that uses them, you can get them. If you're in the Oxy crowd, you know people who are getting [prescriptions]."* Participants indicated that Vicodin® and Percocet® were the most commonly available pharmaceutical opioids on the streets.

Both crime labs suggested moderate availability of OxyContin® and of other oxycodone-containing products, although the BCI & I lab Richfield noted declines in availability in OxyContin®, generic OxyContin® and other oxycodone-containing products. The Canton-Stark County crime lab, by contrast, reported low and declining availability of generic OxyContin, and moderate availability of OxyContin® and other oxycodone-containing products. Data from the BCI & I Richfield crime lab suggested moderate, declining availability of hydrocodone, while the Stark County lab reported high availability.

Two user groups and a treatment provider group reported that fentanyl (Duragesic®-brand transdermal patches) was available, but at only low levels. Dilaudid® was reportedly available on the street, and one user group perceived availability of the drug to be increasing in the Akron area. BCI & I Richfield crime lab personnel reported no cases, whereas Stark County crime personnel reported low availability of Dilaudid®. One group of users reported an increase in the availability of morphine tablets and liquid. Users said that methadone is available, but at low levels. Both crime labs reported low availability of methadone tablets/wafers, but the BCI I & I lab also reported declines in its availability.

Suboxone® (buprenorphine and naloxone) was reported as being available in the area, but not typically used recreationally. According to users and treatment providers, individuals mainly use Suboxone® to attempt to reduce their heroin use or to detox from it altogether. The BCI & I Richfield crime lab rated Suboxone® availability as moderate and increasing. The Stark County crime lab indicated low availability of Suboxone®. The

availability of Subutex® and Buprenex® (buprenorphine) was rated low by the crime labs.

Street prices of pharmaceutical opioids

Vicodin®	tablet	\$2-\$5
Percocet®	tablet	\$3-\$10
OxyContin®	1 mg	\$.50-\$1
Dilaudid®	8 mg	\$20
	4 mg	\$10
fentanyl	100 mcg/hr	\$40
	25 mcg/hr	\$10
Suboxone®	8 mg	\$20

Prices remained stable from the previous six-month reporting period, and are listed in the table above.

While most pharmaceutical opioid users simply ingest them orally, many also crush, dilute and inject them. Respondents said that some users tend to initiate use by inhaling them intranasally and then progress to their administration intravenously.

Respondents again reported great diversity among pharmaceutical opioid users in terms of age, gender, ethnicity and socioeconomic status. They attributed this partly to the perception that these drugs are "safe" as compared to illicit drugs such as heroin or cocaine. A treatment provider commented that her clients often say, *"I'll take pills, but I won't take heroin."* Pharmaceutical opioids are frequently obtained or stolen from family and friends who have prescriptions or they are obtained from physicians for illicit use (i.e., "doctor shopping"). One user commented, *"I know plenty of people, especially from my area, where you can go and get a script and they will find a reason. I knew one guy who had five different scripts from two different doctors. In the same day he'd go and get Valium and 80-milligram Oxys and Percs, and just have a pile of pills you could just go buy off him."*

METHAMPHETAMINE

Historical Summary

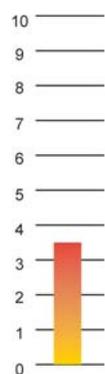
In the previous reporting period, reports of the availability of methamphetamine varied greatly, from a low of 2 to a high of 6-10 on the scale of 0 (not available) to 10 (extremely available). Methamphetamine use was consistently associated with particular geographic areas of Akron and

participation in specific user “networks.” While BCI & I Richfield’s crime lab rated its availability as low, the Canton-Stark County lab suggested that availability was stable and moderate. Powder and “glass” forms of the drug were most common, but a “peanut butter” form was also reported.

Respondents reported prices to range from \$25-\$100 per gram. Its use was associated mostly with white males aged 20-30. Injection and intranasal inhalation were thought to be the most common modes of its administration.

Current Trends

Methamphetamine Availability



Respondents rated availability of methamphetamine in the Akron area at 2-5 on the 0-10 scale. As reported previously, availability is spotty and associated with small networks of users. While the BCI & I Richfield crime lab reported moderate and increasing availability of methamphetamine, the Canton-Stark County lab reported low and declining availability. A staff writer for the Akron-based *Beacon Journal* dubbed Summit County the “meth capital of Ohio” (*Beacon Journal*,

September 6, 2008). During this reporting period, the Cleveland-based newspaper *The Plain Dealer* reported many methamphetamine-related busts and convictions in and involving people from the Akron area (e.g., April 24, July 21, 2008).

Brown and yellow powder methamphetamine are more often seen, but participants also reported some availability of “glass” or “ice.” Moderate quality (30%-60% pure) was reported by both crime labs; the Canton-Stark County crime lab reported cases of methamphetamine found in “tablet” form, and sold as Ecstasy. According to users, a gram of methamphetamine sells for \$80-\$120.

Methamphetamine users were reported to be primarily white, but an increase in the number of African-American users was also noted. One user said, “More white people are using it [methamphetamine], but black people are trying it. They’re trying to find a way to break it down and put it in their crack so their crack will be a little bit better.”

MARIJUANA

Historical Summary

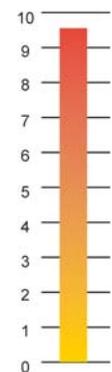
As reported previously, the availability of any grade of marijuana continued to be rated as high, a 9-10 on the scale of 0 (not available) to 10 (extremely available). Both crime labs registered high availability, although the Stark County lab reported a declining number of cases. Great variation of availability was noted in terms of perceived quality (higher-grade was reported to be less available than lower-grade marijuana). These variations were reflected in price. While lower-grade marijuana cost \$60 per ounce, higher-grade “White Rhino” and “Blue Rhino” sold for up to \$500 per ounce. Quality was perceived to be increasing. “Widespread” is how users described the sociodemographic aspects of its use.

Current Trends

Consistent with previous reports, respondents said that marijuana is readily available in Akron. Treatment providers and users rated availability as a 9-10, and both crime labs affirmed these reports, with that at Canton-Stark County registering an increased number of cases. A user stated, “Weed is all over. All around town, on the bus you can smell it, see them puffing it, walking down the street.” Another user said, “There’s weed everywhere. Haven’t hit a dry spot in a long time.” Yet another estimated that it’s “easier to get weed than alcohol in high school. Me and all my friends sold it in high school.” The *Beacon Journal* reported the interdiction of a drug-smuggling ring that had been bringing 15,000 pounds of marijuana into the Akron area per year (June 24, 2008); large busts of marijuana in the Akron area were reported by the Cleveland-based *The Plain Dealer* (e.g., May 29, 2008).

Users commented upon the different “grades” of marijuana available. One said, “It’s out there. It just depends on what you want to smoke. If you want to spend \$90 on a quarter [ounce] for some Hydro, you will spend it. Or for some Purple Haze, you’ll spend it.” Respondents grouped grades of marijuana quality into three: high-quality, average- or mid-quality, and low-quality, and

Marijuana Availability



with prices corresponding. “Hydro,” “G13,” “Tiger Eye,” “African Shark” and “American Big Bud” are common street names for high-grade marijuana, whereas low-grade marijuana is commonly referred to as “C-town,” “Brown,” or “Brown Weed.” High-grade marijuana sells for \$250-\$450 per ounce, mid-grade for \$120-\$150 per ounce and \$50 per 1/4 ounce, and low-grade for \$80 per ounce.

Marijuana tends to be used to “mellow out” the effects of stimulant or other highs. According to users, lacing marijuana joints or blunts with crack cocaine (thus making a “Primo”) is relatively common. One user group perceived an increase in this practice, although treatment provider groups reported that Primo-smoking was declining.

Respondents indicated that marijuana use was widespread among diverse populations. Reportedly, marijuana users ranged in age from very young to very old. A user said, “*I know people in their 90s that’s still smoking [marijuana].*” Another user noted, “*I know people in their 60s and 70s. It’s one of those things that’s been going on for 30 or 40 years.*” According to users, younger users were more likely to smoke higher-grade marijuana and to smoke “blunts” (marijuana stuffed into cigar wrappers) rather than joints. A user said, “*A lot of kids like the Purple Haze, the Hydro, because they’re smoking blunts.*”

Treatment providers mentioned an increasing number of working professionals who have entered drug treatment as a result of positive drug screens. A treatment provider explained, “*And we get a lot of [Employee Assistance Program] people, people who have been referred by their employers again because they’ve had a positive urine drug screen for marijuana. Of the EAP people, I’d say 98% of those were smoking marijuana. These are your Caucasians, middle-class.*”

OTHER TRENDS

Benzodiazepines

Xanax® (alprazolam) was the benzodiazepine most discussed by users and treatment providers in the Akron area. However, one treatment provider said that “Xanax” is the generic term for all benzodiazepines: “*They [drug users] always say ‘Xanax’ or ‘Xannys.’ May not always be Xanax--it may be one of the other ones--but to them it’s all the same.*” In general,

benzodiazepine availability was reported to be high. The BCI & I Richfield crime lab reported the moderate availability of Xanax® and other benzodiazepines, whereas the Canton-Stark County crime lab noted high availability of the former and moderate and declining availability of the latter. Many users obtain prescriptions for Xanax® so as to sell it, while others trade prescriptions of it for crack cocaine.

Xanax® sells for \$4 per tablet. Common names for it include “Zees,” “Xannys,” “footballs,” and “logs.” Treatment providers and users said that Xanax® and other benzodiazepines are used with alcohol to intensify its effects. As one user noted, “*Take a couple of bars [of Xanax®] and [drink] a six-pack, and you’re pretty far down.*” Past reports indicate that benzodiazepines are used by people of diverse ages and ethnicities. Treatment providers participating in this round of data gathering perceived abuse to be especially common among adolescents.

Other pharmaceutical drugs

Users in two focus groups indicated that Seroquel® (quetiapine fumarate) was popular in jails. Its moderate availability was registered by the Canton-Stark County crime lab, but no cases were reported from the BCI & I Richfield crime lab. Although users reported no availability of the muscle relaxant Soma® (carisoprodol), both crime labs indicated its low availability.

Hallucinogens

In previous reporting periods, the use of Ecstasy (or MDMA) was reported to be limited primarily to young people involved in the rave or club scenes. Tablets were said to sell for \$25 each. Nevertheless, users reported more recently that the popularity of Ecstasy has waned over the previous several years. One user suggested that availability has been restricted to particular user networks. According to one user, “*It’s like a close-knit family down here. If you’re in, you’re in. If you’re out, you can’t get in.*” Ecstasy users were reported to be primarily teens and young adults, and a treatment provider group suggested that its use among African-Americans aged 18-22 had increased. The BCI & I Richfield crime lab noted moderate and decreasing availability of

Ecstasy. The crime lab at Canton-Stark County indicated its low and declining availability. Ecstasy tablets sell for \$10-\$20.

The Canton-Stark County lab also reported seeing benzylpiperazine (BZP) in MDMA-like tablets. The crime lab also noted moderate and increasing availability of piperazines.

During the current reporting period, treatment providers reported more current hallucinogen use among their adolescent and young adult clients, whereas their adult clients report more past use, for example, of psilocybin mushrooms and LSD.

Users reported that the availability of LSD was low, providing ratings of 2-4 on the scale of 0 (not available) to 10 (extremely available). No cases of LSD were registered by the Canton-Stark County crime lab, although moderate availability was reported at the BCI & I Richfield lab. According to users, the price for LSD ranged between \$10 and \$15 per dose.

Psilocybin mushrooms are more available in the summer; a user said, *“They come and go. In the summer, they’re around a lot.”* The Canton-Stark County crime lab reported low and declining availability of psilocybin, while BCI & I Richfield registered moderate availability. Users reported that common names for psilocybin mushrooms included, “gel-caps,” “brother,” and “Vitamin A.”

The availability of the mildly hallucinogenic herb, *Salvia divinorum*, was reported by two treatment providers who had adolescent clients who reported having used it. One said, *“I have one client, a marijuana smoker, who went off badly on Salvia. He took it and blacked out and hallucinated.”* The Canton-Stark County crime lab reported receiving several *Salvia* submissions.



Ohio Substance
Abuse Monitoring
Network

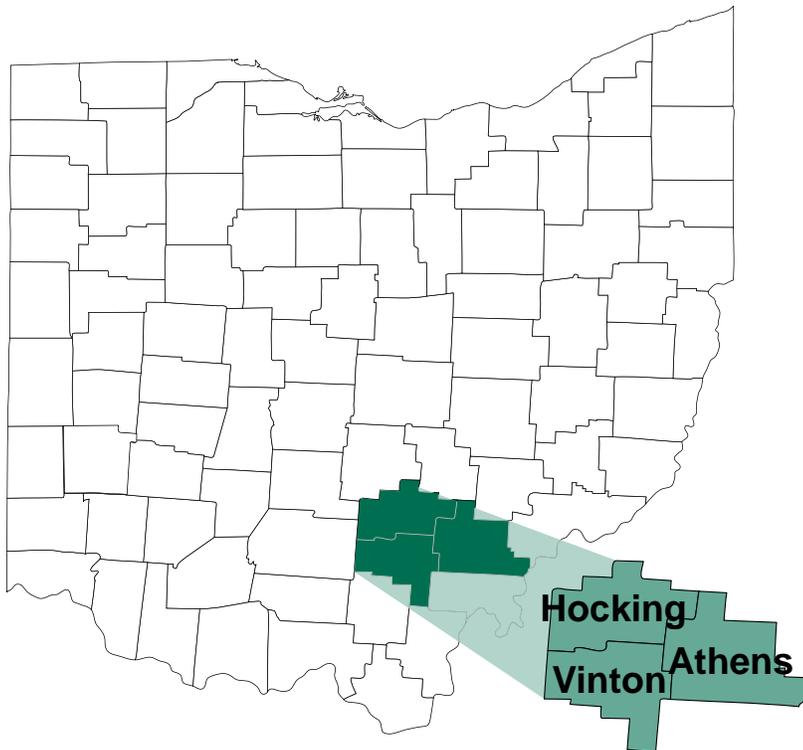


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Athens Area



Timothy G. Heckman, Ph.D.
Regional Epidemiologist, Southeast Ohio
Professor of Geriatric Medicine
/Gerontology
Ohio University College of Osteopathic
Medicine
Athens, OH 45701
(740) 597-1744 Voice
(740) 592-2205 Fax
E-mail: heckmant@ohiou.edu

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

In Collaboration with Wright State University and the University of Akron

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%

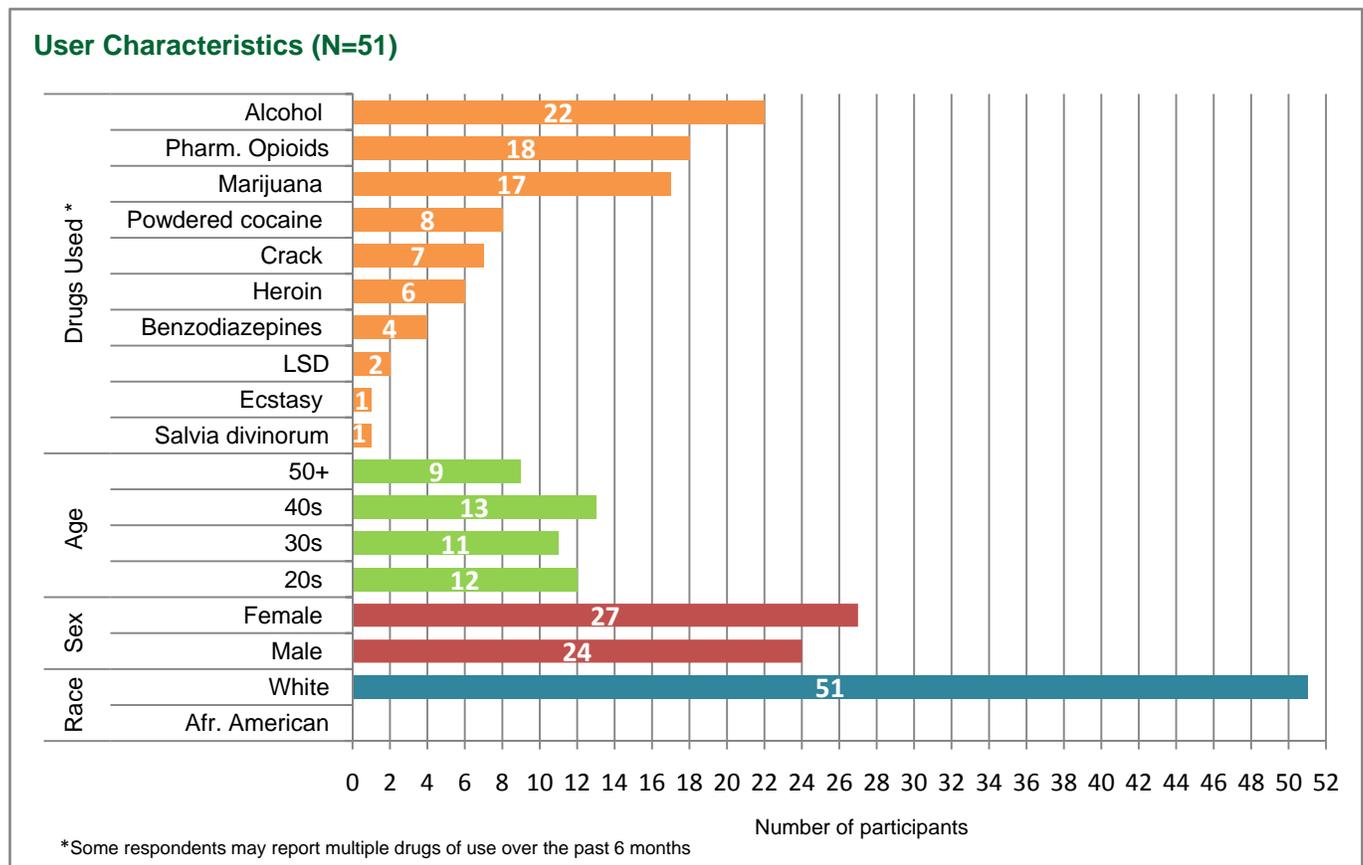
DATA SOURCES

Interviews Conducted in the Athens Area		
Date	Number	Participants
01/22/08	5	Recovering users
04/23/08	8	Active and recovering users
04/28/08	8	Recovering users
04/29/08	10	Active and recovering users
05/05/08	9	Recovering users
05/06/08	8	Active and recovering users
05/22/08	3	Recovering users
Total number:		
Focus groups	7	
All participants	51	
All users	51	

Qualitative data: This report is based upon data collected during seven focus groups with current and former users, including females in a residential treatment center, primary heroin users, and community outreach center clients.

Crime lab data: Data obtained from the BCI & I London crime lab were used to supplement qualitative data sources regarding drug availability and purity.

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



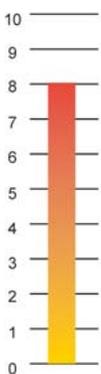
CRACK COCAINE

Historical Summary

In the previous reporting period, user ratings of the availability of crack cocaine in Athens, Vinton and Hocking counties increased to 9 on the 0 (not available) to 10 (extremely available) scale. BCI & I London crime lab data confirmed high availability of crack cocaine and noted high and unchanging purity (60% or greater). Crack cocaine, which is usually smoked, sold for \$70-\$100 per gram, although users more often buy “rocks” for \$10-\$20. Participants said that concurrent consumption of other drugs was rare. High-school student experimentation with crack cocaine was reported.

Current Trends

Crack Availability



During the present reporting period, the availability of crack cocaine, common names for which include “hard,” “rock candy,” “teenager,” “juice,” and “crystal,” remains high. Its availability was rated at 8 on the 0-10 scale, which represents a slight decline compared to the prior reporting period.

The BCI & I London crime lab reported high availability and an unchanged number of cases of crack cocaine. Similar to the prior reporting period, the crime lab reported high purity of crack cocaine (60% +). According to users, crack cocaine still sells for about \$100 per gram.

Smoking remains the most common mode of use, but one user reported injection of crack cocaine after first diluting it lemon juice. Users said that many begin using powdered cocaine but switch to smoking crack cocaine for the quicker, more intense high. The typical crack-cocaine user was said to be a 25-30 year-old and whose socioeconomic status is lower compared with that of powdered cocaine users. Sale of crack was associated with African Americans. A male user said, *“I don’t want to be racist, but it seems like more African Americans have rock [crack].”* A female user added, *“That’s true, black people have rock, so you gotta go where the black people are [pause] and they ain’t around here.”*

POWDERED COCAINE

Historical Summary

In the previous reporting period, ratings of the availability of powdered cocaine increased slightly to 9 on the 0-10 scale. Users described quality as generally good, and crime lab data suggested high and steady purity (60% or greater). A gram of powdered cocaine sold for \$100, and 1/8 ounce ranged in price from \$150 to \$250. Intranasal inhalation was the mode of use most commonly reported, but injection was said to be increasing. “High-school kids” constituted an emerging user group. Drugs used with powdered cocaine include alcohol, marijuana, and Ecstasy.

Current Trends

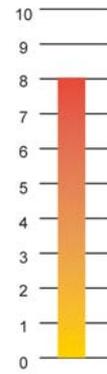
During the current reporting period, the availability of powdered cocaine (cocaine HCl), also known as “white paint,” “teddy bear,” “blow,” “soft,” and “snow,” was rated an 8 on the 0-10 scale. This represents a slight decrease from the previous reporting period. Moderate availability was reported by the BCI & I London crime lab.

Most users reported powdered cocaine prices per gram that ranged from \$80-\$100, and the price for 0.5 grams was about \$40. The generally wider range in price (\$120-\$250) for an “8-ball” (1/8 ounce) was explained in terms of social proximity to dealer.

User group assessments of the quality of powdered cocaine varied as well. It was described by one participant as *“anywhere from really bad to pretty good”* and by several others as *“excellent.”* A younger female user indicated that its quality was *“very good,”* so good, in fact, that *“you wouldn’t even need a whole line.”* As with cost, the quality of powdered cocaine seemed to depend on how well one knew the dealer. The BCI & I London crime lab reported unchanged, moderate purity (30%-60%) of powdered cocaine.

Intranasal inhalation was again reported to be the most common mode of administration of powdered cocaine, but its injection was said to be increasingly common. Some users estimated that three out of four users snort, while one out of four inject

Cocaine HCl Availability



powdered cocaine. Participants noted that “everybody” used powdered cocaine, but some added that its use was increasing in young women.

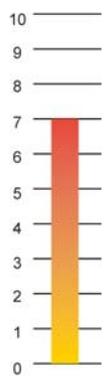
HEROIN

Historical Summary

During the previous reporting period, ratings of the availability of heroin, known locally as “junk,” “smack” and “Mexican Black Pepper,” increased to 6 on the scale of 0 (not available) to 10 (extremely available). The BCI & I London crime lab registered an increased number of heroin cases and also suggested its moderate availability. Treatment providers reported increases in self-referrals for heroin addiction. Tar heroin was selling for \$120-\$125 per gram, but was encountered less frequently than brown powder heroin. Participants reported knowing friends who in the past year had died of heroin overdose.

Current Trends

Heroin Availability



The availability of heroin, known to our current focus group participants also as “H” and “dope,” appears to be increasing rapidly. Participants rated its current availability as 7 on the scale of 0-10. This is the highest such rating for this area since 2005. The BCI & I London crime lab suggested that availability of heroin was high and increasing and that it was of high and unchanged purity (60%). Tar heroin, which was said to be the predominant form available locally, is said to be sold typically by “Mexicans,” while brown

powder forms of heroin were reported to be sold by whites and African Americans. The crime lab at BCI & I London also registered cases of brown powder and black tar heroin.

The apparent steep recent increase in heroin availability in the tri-county area has been covered extensively in local newspapers. A Major Crimes Task Force representative, for example, was quoted as saying that “*Heroin has definitely been on the rise, not just in Athens County, but I think in all Southeast Ohio . . . [I]t’s come in very fast, over the past eight months to a year*” (*Athens Messenger*, April 22, 2008). Two weeks after

this report, 27 people, seven of them being from nearby Gloucester or Nelsonville areas, were arrested for selling heroin. Local officials were quoted as saying that the alleged heroin ring moved more than \$1,000,000 in heroin each year from Mexico to Marysville, Ohio to Nelsonville (*Athens Messenger*, May 8, 2008).

Tar heroin was selling for \$100-\$120 per gram, but users also reported purchasing balloons of it for \$20-\$60.

Participants reported that almost all heroin users use it intravenously. Nevertheless, one estimated that up to 30% of all heroin users snort the drug.

Many current heroin users formerly used OxyContin® but switched to heroin when oxycodone became more difficult to find and/or when they realized that heroin was less expensive and provided a better high. Several participants spoke to the issue of the transition from more expensive and recently more difficult to obtain OxyContin® to heroin. A white female user explained that, “*heroin’s become a lot easier to get than Oxy’s; the doctors are really crackin’ down around here.*” A female cohort explained the added attractiveness of heroin: “*Yeah, and for the same effect that you’re gonna get for Oxy. So they can actually, you know, they can get more for the same prices.*”

Most users were injected by a friend when they first used heroin. Three female heroin users indicated that many heroin users believe that they can “experiment” with it but nevertheless become addicted at initial use.

OTHER OPIOIDS

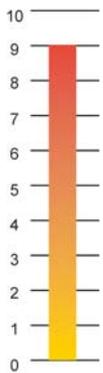
Historical Summary

The availability during the previous reporting period of pharmaceutical opioids was rated an 8-9 on the scale of 0 (not available) to 10 (extremely available). The BCI & I London crime lab noted the high availability of OxyContin® (oxycodone, extended-release) but reported low availability of generic oxycodone, extended-release. Respondents noted availability also of Vicodin® (hydrocodone and acetaminophen), Lortab® (hydrocodone and acetaminophen), Percocet® (oxycodone and

acetaminophen), and Percodan® (oxycodone and aspirin). Users noted declines in price of OxyContin® to \$0.50 per milligram of oxycodone content. The crime lab indicated high availability of hydrocodone- and moderate availability of oxycodone-containing products and of methadone tablets/wafers.

Current Trends

Opioid Availability



Pharmaceutical opioids remain widely available in the Athens area. Focus group participants during this round of interviews rated their overall availability a 9 on the 0-10 scale. Vicodin®, Percocet®, Percodan® and OxyContin® were considered “very available.” The overall 10 ratings they provided for these four drugs were confirmed by crime lab data reported by BCI & I London. The availability of fentanyl (in Duragesic®-brand transdermal patches) was rated 5 or

lower and a gradual increase was noted. Methadone availability was also mentioned but was considered to be low to moderate (2-4). This was confirmed by crime lab data, which rated availability of methadone tablets and wafers as low and declining. Suboxone® (buprenorphine and naloxone) was reported to be of increasing availability, and several participants warned specifically of its likely pending increase. The crime lab reported low availability of Suboxone®, Subutex® and Buprenex® (buprenorphine).

OxyContin® prices per milligram of oxycodone content were reported to be \$1, which compares to the price one year ago, when it began to drop to as low as \$0.50 per milligram (Table below).

Street prices of pharmaceutical opioids

Vicodin®	7.5 mg	\$5
	5 mg	\$3
Percocet®	5 mg	\$3
	7.5 mg	\$5
OxyContin®	20 mg	\$20
	40 mg	\$40
	80 mg	\$80

Most participants indicated that Vicodin®, Percocet®, and Percodan® were most often consumed by intranasal inhalation, but there were again reports of the injection of OxyContin®.

OxyContin® is said to be used by “everybody,” but was considered common particularly among males over the age of 25. Non-medical use of pharmaceutical opioids was said to be increasingly common among adolescents. Their abuse was also reported as common among primary powdered cocaine and crack users as a way to “come down from” the effects of crack. Recent media reports have included discussion of doctor-shopping and over-prescription of pharmaceutical opioids. For example, in April the former chairman of the Hocking College Board of Trustees was stripped of his pharmacy license for having “*improperly sold controlled substances over the Internet.*” Pharmaceutical opioid and tranquilizer prescriptions were among the 8,500 he filled (*Athens Messenger*, April 10, 2008).

METHAMPHETAMINE

Historical Summary

During the previous reporting period, users rated the local availability of methamphetamine as a 3 on the 0 (not available) to 10 (extremely available) scale. The BCI & I London crime lab reported moderate but slightly decreasing availability and high purity (above 60%) of methamphetamine. Participants speculated that crack and powdered cocaine users switched to using methamphetamine because of its lower cost and longer high. Locally produced, “bathtub meth” was reported to be the most available form of methamphetamine, although some participants had seen “ice” in a small town north of Athens.

Current Trends

User group members rated the current availability of methamphetamine as a 6, which represents a significant increase. Nevertheless, no participants confidently provided detailed data about methamphetamine in Southeast Ohio. Data from the BCI & I London crime lab reported moderate availability and a decreasing number of cases. The price of methamphetamine is “*about the same as coke,*” or approximately \$100 per gram. The modal method

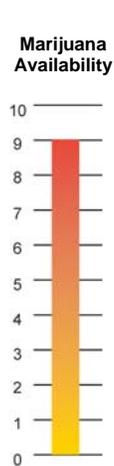
of administration is smoking. Most methamphetamine was believed to be produced “locally.” Crime lab data suggested high and unchanged purity (60% or greater).

MARIJUANA

Historical Summary

In the previous reporting period, marijuana received an availability rating of 10 on the 0 (not available) to 10 (extremely available) scale. The crime lab at BCI & I London confirmed user reports of high availability and added that the cases it registered were of high purity (60% or greater). Many high-quality types of marijuana were said to be available in Southeast Ohio, including “Hawaiian,” “Blueberry,” and “Bubblegum.” High-grade marijuana had been selling for approximately \$80 per 1/8 ounce and \$100 per 1/4 ounce.

Current Trends



Participants during the current reporting period rated overall marijuana availability as a 9 on the 0-10 scale, which represents a slight decrease. A male user indicated that it was the “*easiest drug there is to find.*” These assessments were confirmed by BCI & I London crime lab reports of high availability and of high quality. According to media reports, in April of 2008, a Vinton County man was charged in connection with seizure of 1,800 pounds of marijuana said to be worth \$4,400,000 on the street (*Athens Messenger*, April 18, 2008).

Varieties of marijuana available currently include “BC Bud,” “Blueberry,” “Romulan,” “Sensi Star,” “Bubblegum,” “Chronic,” “Dank,” “Lemon G,” “Meigs County Gold,” and “White Widow,” each of which was said to be extremely potent. A male participant stated that he knew someone who said he had recently tested the potency of marijuana in Southeast Ohio, which he rated as possessing an extraordinarily high content of THC (tetrahydrocannabinol).

Prices of the higher grades of marijuana were \$50-\$80 per 1/8 ounce and \$290-\$350 per ounce. One

pound of “chronic” was said to sell for \$3,500.

Users indicated that marijuana represents an important part of the culture of Southeast Ohio, so much so that its use sometimes commences as early as age 10. A participant who described himself as a marijuana farmer indicated that bartering with marijuana is common and that he had done so to obtain dental care, eye care, firewood, and cars. While some users indicated that they planned to continue to smoke marijuana for years to come, others regretted how long traces of it remained in their systems, and that recent arrests and other difficult situations required that they undergo periodic urine tests. This required that they use other substances that did not stay in their system for long periods of time.

OTHER TRENDS

Benzodiazepines

In the previous reporting period, the availability of benzodiazepines was rated an 8 on the 0 (not available) to 10 (extremely available) scale. In the current reporting period, the availability of Xanax®, Valium®, and Klonopin® was rated at 10. Neither Ativan® (lorazepam), Serax® (oxazepam), nor Rohypnol® (flunitrazepam), which is not legally available in the U.S., was frequently mentioned. Similar to the prior reporting period, the crime lab at BCI & I London reported high availability of Xanax® and moderate availability of other benzodiazepines.

Klonopin® was said to sell for \$2-\$3 per tablet and Valium® for \$2 per 10-milligram tablet. Oral ingestion and intranasal inhalation are the most common modes of administration of benzodiazepines.

Consistent with the previous reporting period, women were believed to use benzodiazepines more frequently than men, who were thought to use alcohol more than benzodiazepines to reduce stress and “*get through the day.*” Benzodiazepines appear to be little used by younger “kids,” but are sometimes used by those who also use powdered and crack cocaine.

Prescription stimulants

Consistent with past reporting periods, Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate) were again reported to be widely available in the Athens area and consumed mostly by “*young kids*,” “*college students*” and the “*16 to 21 crowd*,” most often, apparently, by intranasal inhalation. Prices of both substances were reported to be stable, and a 30-milligram tablet of Adderall® was reported to sell for \$5. Adipex® (phentermine), an appetite suppressant used for weight control, was also said to be widely available.

Seroquel®

Many participants indicated that Seroquel® was “very available,” but many of them suffer from comorbid substance abuse and mental health disorders. Diversion of legitimately prescribed Seroquel® was said to be quite rare. The BCI & I London crime lab reported its low availability.

Barbiturates

The availability of barbiturates was reported to be extremely limited. Participants did not, for example, list Nembutal® or Seconal® as being available “on the street.”

Hallucinogens

In the previous reporting period the availability of Ecstasy was said to have increased in Southeast Ohio, and the BCI & I London crime lab estimated its availability to be moderate. During the current reporting period, many participants remarked upon the continuing increases in availability of Ecstasy.

It is typically available in a tablet form, and its use appears to be limited to high school and college students.

The BCI & I London crime lab reported moderate availability of Ecstasy but indicated that many Ecstasy submissions contain only benzylpiperazine (BZP) and Trifluoromethylpiperazine (TFMPP). According to the crime lab data, availability of piperazines was reported to be moderate; this represents an increase from previous crime lab reports.

No cases of PCP (phencyclidine) were reported by the lab, and only low and declining availability of ketamine was reported.

Availability of LSD in Southeast Ohio was also reported by participants. Moreover, according to a local media report, a former Ohio University student was charged with trafficking LSD after she was found in possession of cash and 140 doses of the drug (*Athens Post*, June 2, 2008). The BCI & I London crime lab reported moderate and increasing availability of LSD.

Psilocybin mushrooms were also reported by focus group participants to be available seasonally from cattle-fields throughout the region. The crime lab reported moderate availability of psilocybin.

Salvia divinorum was known to several participants, one of whom had recently used it. He indicated that he had to use a large amount of it, and that the high was brief. A male participant indicated that it was available in a local health food store in small jars of oil/paste.



Ohio Substance
Abuse Monitoring
Network



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Cincinnati Area



Jan Scaglione, BS, MT, PharmD, DABAT
Senior Drug and Poison Information
Specialist
Clinical Toxicologist
Cincinnati Drug and Poison
Information Center

Assistant Professor of Pharmacy Practice
University of Cincinnati College
of Pharmacy

3333 Burnet Ave., ML-9004
Cincinnati, OH 45229

(513) 636-5060 Voice
(513) 636 5072 Fax
Jan.Scaglione@cchmc.org

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

In Collaboration with Wright State University and the University of Akron

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%

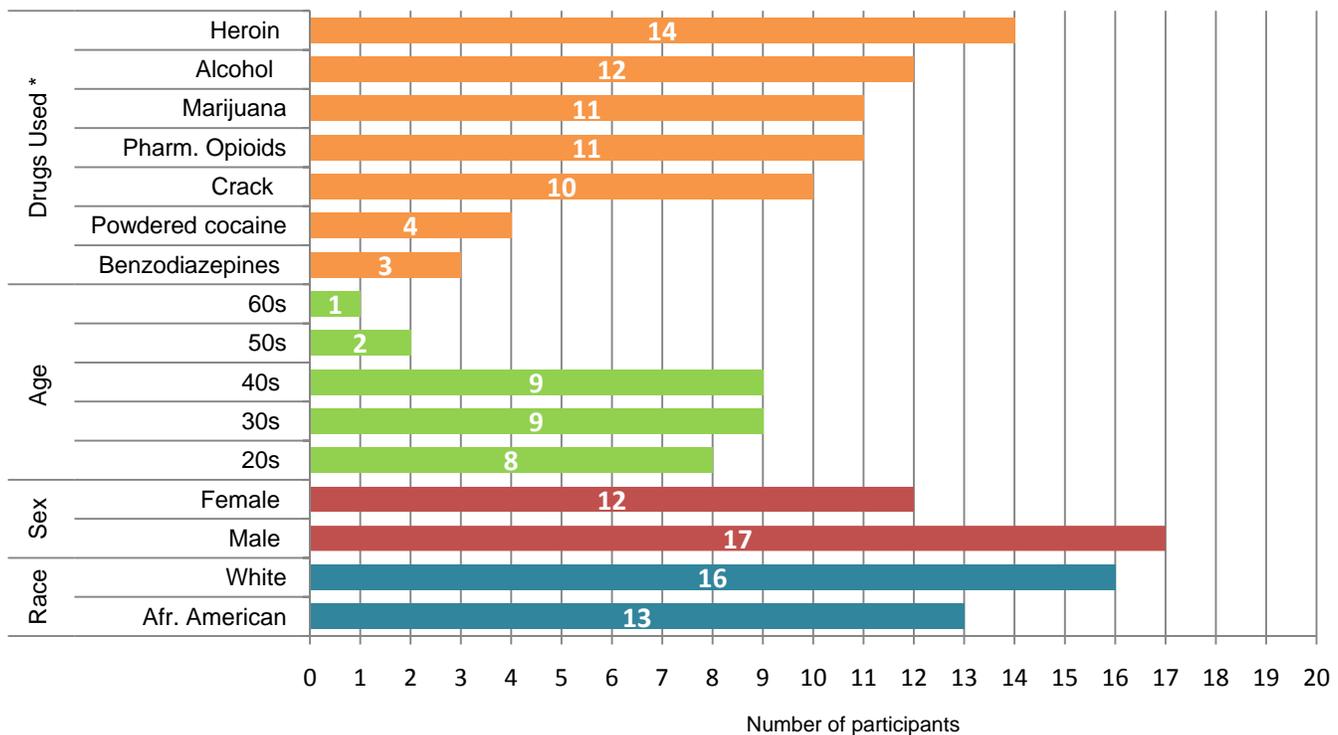
DATA SOURCES

Interviews Conducted in the Cincinnati Area		
Date	Number	Participants
5/16/08	9	Active and recovering users
5/21/08	6	Treatment providers
5/23/08	7	Active and recovering users
5/28/08	6	Active and recovering users
6/4/08	7	Active and recovering users
	1	Law enforcement officer
Total number:		
Focus groups	5	
Ind. interviews	1	
All participants	36	
All users	29	

Qualitative data: This report is based upon five focus groups with drug users, treatment providers and an interview with a law enforcement professional.

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

User Characteristics (N=29)



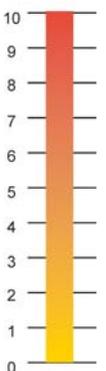
CRACK COCAINE

Historical Summary

In the previous reporting period, crack cocaine remained widely available with ratings of 10 on the 0 to 10 scale. The Cincinnati crime lab reported a decrease in crack availability from high to moderate. Users reported poor quality of the drug. Crack was priced at \$25-\$40 per gram, \$120-\$150 per 1/8 ounce and \$750-\$900 per ounce. Users reported increasing social acceptability of crack use. Smoking remained the most common mode of crack administration. Although there were some reports of crack injection, this practice was less common. The drug was used in combination with marijuana, alcohol and heroin.

Current Trends

Crack Availability



Currently, crack-cocaine availability remained high, with little fluctuation across Hamilton County and the city of Cincinnati. On the scale of 0-10, crack cocaine availability consistently ranks a 10 within city limits according to participants. Cincinnati crime lab reported moderate availability of the drug and moderate purity (30%-60%).

Prices for crack cocaine on the streets remained relatively stable since the previous reporting period. Crack cocaine sold for \$25-\$40 per gram, \$75-\$100 per 1/8 ounce, and \$500-\$600 per ounce. Crack cocaine is also commonly sold by dollar “rocks” instead of weighted amounts. The quality of crack cocaine remains variable, often dependent on the dealer or location in the city where the drug is purchased. Participants indicated that unsuspecting buyer purchased counterfeit crack cocaine from younger dealers trying to capture some of the crack-cocaine market.

Participants continued to report increased acceptability of crack use among different populations. Previously users described increases in crack cocaine use among whites; currently users report an increase in Latino/Hispanic crack-cocaine users. Reports of crack cocaine use by the Latino/Hispanic population will require additional monitoring in the future. Gender lines were described as almost even, with a slight

predominance of males using crack cocaine. Crack use among teenagers as young as 12 was also reported.

Participants again described changes in crack distribution. Users described dealers making discrete deliveries of crack cocaine rather than open street dealing. Users reported that suburban white users are willing to pay extra for the convenience of not leaving their neighborhood. A 30 year-old African-American female who was involved with crack-cocaine dealing commented, “*White people spend more...80-100 dollars [per gram] plus a delivery charge of \$60.*” A 31 year-old white male corroborated her account by stating that he would check himself into a downtown hotel for a weekend, “*They would deliver to the hotel Friday through Sunday...\$25-\$35 delivery charge.*”

Smoking remains the primary administration route of crack cocaine. Lacing tobacco cigarettes or marijuana joints or blunts with crack cocaine was described as common. This practice continues to be reported among younger users. Participants reported some increases in crack injections. Other drugs used concurrently with crack cocaine included heroin, alcohol, benzodiazepines, and marijuana.

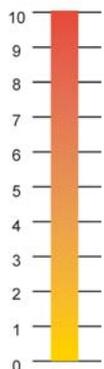
POWDERED COCAINE

Historical Summary

Users reported a slight decrease in powdered cocaine availability in the previous reporting period. Users rated the drug 8 out of 10, and crime lab reported moderate availability of the drug. Users also reported a decrease in the quality of powdered cocaine, while the Cincinnati crime lab reported stable, moderate (30%-60%) purity. Prices for powdered cocaine varied with a gram priced from \$25-\$50 to upwards of \$85, depending on the dealer. An “8-ball” (1/8 ounce) was priced at \$125 to \$225 and an ounce sold for between \$600 and \$950. Users reported that intranasal inhalation was the most common mode of administration. Powdered cocaine was used in combination with heroin, alcohol, marijuana and Ecstasy.

Current Trends

Powdered cocaine availability has increased across the Cincinnati region. Availability was described as an average of 10 on the scale of 0-10. Cincinnati

Cocaine HCI Availability

crime lab professionals reported moderate availability of the drug.

A gram of powdered cocaine was priced at \$25-\$50. An “8-ball” (1/8 ounce) sold for \$120-\$140 and an ounce of powdered cocaine ranged in price between \$600 and \$1,000. As previously reported, the quality of powdered cocaine varied from poor to good, and was described as largely dependent on the “dealer and location.”

Powdered cocaine users are consistently described as predominantly male and white. Increased use by females was again reported, and similar to crack cocaine, there was a noted increase in use among Hispanic males. The average powdered cocaine user was described as 25-45 years of age.

Intranasal inhalation of powdered cocaine continues to be the most common route of administration, especially among young users. A higher number of users reported injection of powdered cocaine. Substances commonly used in combination with powdered cocaine remain alcohol, heroin, and marijuana. Users also reported using Ecstasy in combination with powdered cocaine.

HEROIN**Historical Summary**

Heroin availability was rated stable, between 8 and 9, over the last year. Availability of black tar heroin in the Cincinnati area increased slightly in the previous reporting period although white and brown powder were still the most available forms of the drug. Cincinnati crime lab reported moderate availability of the drug. Heroin powder was priced at \$120-\$170 per gram, and black tar heroin balloons sold for \$10, \$20, \$30, or \$50 each.

Current Trends

Currently users reported increases in heroin availability in the Cincinnati area. Users rated the availability of brown powder heroin as 9 on a scale of 0-10 and black tar was rated a 7. A 54 year-old white male user commented on the increase, “*It got*

more prevalent in the last year, with more Hispanics being around because they deal more tar...” Crime lab professionals reported moderate, stable availability of the drug.

A gram of brown powder heroin reportedly sells for \$125-\$170. For the first time users were able to give prices for weighted amounts of tar heroin. A gram of tar sells for \$200-\$250 and tar heroin is also sold in unweighted balloons. A 26 year-old white male described, “*Balloons are color coded...red ones are \$20-\$25, orange ones are \$30, blue are \$50, white are \$100...colors vary depending on location*”. White powder heroin reportedly cost \$150-\$200 for a gram. The quality of heroin was described overall by users as good to very good and participants believe the quality had increased over the previous six months.

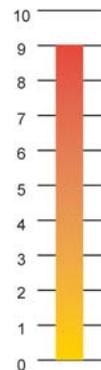
New heroin users start out using the drug via intranasal inhalation, whereas more experienced users typically inject the drug. Intravenous administration of heroin was cited as the primary route of administration with an estimated 75-90% of users. As in the prior reporting period, only a few users reported cases of smoking the drug.

Similar to previous reports, heroin users ranged in age from late teens to individuals in their 60s. Some participants indicated that they see more female than male heroin users. Ethnic differences were again less distinct.

Other substances used in combination with heroin included benzodiazepines, alcohol, cocaine, and marijuana. Using either powdered or crack cocaine in conjunction with heroin (“speedball”) continues to be reported as a common practice. Several participants also described the use of pharmaceutical opioids with heroin to enhance the effect.

OTHER OPIOIDS**Historical Summary**

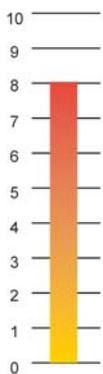
Previously, users and crime lab professionals indicated high and increasing levels of pharmaceutical opioid abuse. Commonly abused

Heroin Availability

pharmaceutical opioids included: Vicodin® (hydrocodone), methadone, and oxycodone-containing products such as Percocet® and OxyContin®. Focus group participants also reported some street availability of morphine, Duragesic® patches, Dilaudid® (hydromorphone), and Suboxone® (buprenorphine and naloxone). In contrast, the Cincinnati crime lab had no cases of Dilaudid® or buprenorphine-containing products, and noted low availability of Darvon® (propoxyphene). Prices ranged from \$0.50 to \$1 per milligram of opioid content. Participants noted an increase in pharmaceutical opioid abuse among African-American females.

Current Trends

Oxycodone Availability



The availability of prescription opioids decreased slightly during the current reporting period, but remained at moderate to high levels. Users rated hydrocodone availability an average of 7 on a scale of 0-10, while oxycodone-containing products (including OxyContin® and Percocet®) were rated an 8 on the same scale. The crime lab indicated moderate availability of hydrocodone- and oxycodone-containing products.

According to users, methadone tablets also ranked moderately high, with an availability of 8 on the same scale. One participant, a 31-year-old white male in treatment stated, “Doctors are getting more free with methadone,” explaining why more methadone is available at the street level. However, crime lab reports indicated low and decreasing availability of methadone tablets/wafers.

Morphine tablets were not as available as the previously mentioned drugs, but were still available if an individual was looking for them. Availability of Duragesic® (fentanyl transdermal system) was reported as low. Other prescription opioids were reported to be available at lower levels for purchase on the street, including Dilaudid® (hydromorphone). Crime lab reports indicated low availability of Dilaudid® and Darvon® (propoxyphene).

Participants also reported some street availability of Suboxone®, and noted that they found Suboxone® to be very desirable. A 33 year-old white female, herself a heroin and crack-cocaine user, stated that if she could find Suboxone® “*It was worth it...people prefer it over methadone and heroin.*” The crime lab reported low availability of Suboxone®, Subutex®, and Buprenex® (buprenorphine). In the prior reporting period, the crime lab reported no cases of buprenorphine-containing drugs.

Prices for OxyContin® remained relatively stable, ranging on average from \$0.50-\$0.75 per milligram of oxycodone content. Prices were higher if the drug was purchased in Northern Kentucky, upwards to \$1 per milligram. Combination products containing both oxycodone and acetaminophen (Percocet®, Roxicet®, etc.) were widely available. A 5-milligram tablet of Percocet sells for \$2-\$5, a 7.5-milligram tablet sells for \$3-\$7, and a 10 milligram tablet costs \$5-\$10. Hydrocodone-containing products (Vicodin®, Lorcet®, and Lortab®), were reported to have increased in price with a 5-milligram tablet selling for \$2-\$5 and 10-milligram tablet selling for \$5-\$7. Methadone prices decreased this reporting period from \$1 per milligram reported previously to between \$0.50-\$0.75 per milligram, according to participants. The 40-milligram methadone wafers typically sell for \$20-\$25 each, but were also noted to be less available than in the past. There was no difference in price per milligram of methadone content between the solid dosage forms and liquid formulations. Morphine sells for \$20 per 30-milligram tablet or \$30-\$40 per 60-milligram tablet. The price for an 8-milligram Suboxone® tablet increased from \$4 previously, to \$5-\$10. Duragesic® was priced at \$45 per 75 mcg/h patch. Dilaudid® (hydromorphone) sold for \$5 per 2 milligram tablet or \$10 for a 4-milligram tablet. Other opioids were rarely seen or had little to no street value, according to participants.

The most common route of administration of OxyContin® was described as snorting or injecting crushed tablets. In addition, participants reported that methadone and morphine tablets are also sometimes crushed and injected. Other prescription opioids crushed and snorted included immediate

release oxycodone (OxyIR®), Vicodin®, and Percocet® tablets.

An overall increase in use of prescription opioids was again described by participants. Users were described as more likely to be white than African American, with very little Latino/Hispanic use reported. Many participants reported that individuals initiate illicit use of pharmaceutical opioids at an increasingly younger age—some as young as 13. Substances reported to be used in combination with prescription opioids included alcohol, heroin, benzodiazepines, and marijuana. The use of prescription opioids with other substances was noted to be a very common practice among users.

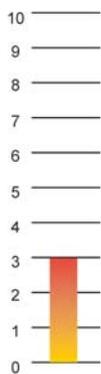
METHAMPHETAMINE

Historical Summary

Previously, users reported that methamphetamine availability had increased slightly, but was still low, averaging about 3 on the scale 0 – 10. Cincinnati crime lab data confirmed low availability and suggested a decreasing number of cases registered. Powder-form methamphetamine was noted as most available and sold for \$85-\$100 per gram.

Current Trends

Methamphetamine Availability



Although none of the participants interviewed during this reporting period were familiar with methamphetamine use or availability, they perceived availability to be low, 3 out of 10 on the previously described scale. Availability was perceived as higher outside the county, in more rural communities. Cincinnati crime lab professionals reported low availability of the drug with decreasing numbers of cases over the past six months.

Locally produced methamphetamine remained fairly consistent in quality and price, priced at \$80-\$100 per gram. Quantities higher than a gram were not described as available for purchase.

MARIJUANA

Historical Summary

In the previous reporting period, marijuana was rated high by users with many reporting it to be the number one illicit drug available and used in the Cincinnati region. Crime lab reports indicated moderate availability of the drug. Prices also remained stable, an ounce of high quality marijuana sold for \$200-\$500 and an ounce of mid-grade marijuana sold for \$125-\$175. Smoking remained the common route of administration. Typical users ranged in age but were reported to be as young as 14 years-old. *Salvia divinorum* use was mentioned by participants, who reported prices of \$90 per gram.

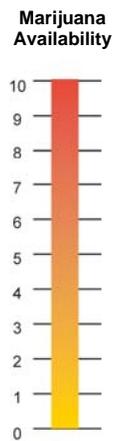
Current Trends

Participants reported high availability of marijuana and rated it at 10 on the scale of 0-10. Crime lab professionals reported an increased, high level of availability. Users felt there was some fluctuation with local harvesting but that indoor growing operations kept the drug accessible. Many varieties of high grade marijuana were reportedly available.

Marijuana prices were slightly lower than previously reported, with low grade marijuana priced at \$10 per gram and high grade marijuana costing between \$20-\$25 per gram. An ounce of low-grade marijuana was priced at \$80, medium-grade sells for \$100-\$120, and high-grade ranged from \$300-\$400. A pound of high-grade hybridized marijuana commanded upwards to \$5,000. Users reported the quality of marijuana was high.

The primary route of administration for marijuana continues to be through smoking. Users cited that it was common to use marijuana with many other drugs including alcohol, crack cocaine, heroin, benzodiazepines, pharmaceutical opioids, and MDMA.

Marijuana use continues to be described as widespread, across all genders, socioeconomic classes, ethnicities, and age groups. First time users

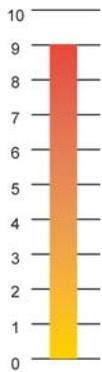


as young as 8-10 years of age were described by several of the group participants as increasingly common.

OTHER NOTABLE TRENDS

Benzodiazepines

Tranquilizer Availability



Previously users indicated an increase in benzodiazepine availability and the crime lab reported moderate availability. Currently, benzodiazepine availability was again rated high by users and averaged a 9 on the 0-10. Xanax® (alprazolam) was reported as the most available of the tranquilizers followed by Klonopin® (clonazepam). Cincinnati crime lab reports indicate moderate availability of Xanax® and other benzodiazepines.

Xanax® sells for \$1-\$3 per 1-milligram tablet, and \$3-\$5 per 2-milligram tablet. Klonopin® is priced at \$1-2 per 1-milligram tablet, and \$4-\$5 per 2-milligram tablet. Other benzodiazepine tablet prices were unavailable for comparison.

The primary route of administration of benzodiazepines remains ingestion of the tablets. According to participants, an increase in users crushing and snorting tablets was noted, and to a lesser degree there were reports of injecting crushed tablets. Users were described as predominantly white females between the ages of 25-40. First time use was reported to occur as early as 13 years of age. Substances reportedly used concomitantly with the benzodiazepines include methadone, alcohol, prescription opioids, and marijuana.

Hallucinogens

The availability of Ecstasy increased slightly during the previous reporting period and was rated as a 7 on the 0 to 10 scale.

Currently, users rated Ecstasy availability as moderately high, averaging 8 on the scale of 0-10. The crime lab reported moderate availability of MDMA. Law enforcement professionals cited an increase in MDMA being seized, with much of the drug apparently coming in from Canada. Ecstasy is most commonly found in a tablet form, with depictions of cartoon characters, car symbols, and other various pictorial imprints.

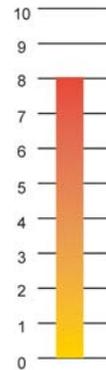
A “single stack” or one tablet of Ecstasy sells for \$10-\$15 per tablet. Participants reported MDMA tablets were being sold mixed with cocaine, heroin, and methamphetamine. Law enforcement professionals reported that Ecstasy sells for \$15-25 per tablet.

Very little use of LSD was encountered during this reporting period, and the availability was stated to be a 2 on the 0-10 scale. LSD reportedly sold for \$5/hit. The crime lab reported low availability of LSD.

Psilocybin mushroom (“shrooms”) availability declined slightly, a 3 on the 0-10 scale. Crime lab indicated low availability of the drug. Mushrooms could be purchased for \$35 per 1/8 ounce.

There were no mentions of *Salvia divinorum* availability or use during this reporting period.

Ecstasy Availability





Ohio Substance
Abuse Monitoring
Network



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Cleveland Area



Institute for Health and Social
Policy Researchers:

Sonia A. Alemagno, Ph.D.

Richard C. Stephens, Ph.D.

Peggy Shaffer-King, M.A.

The Institute for Health and Social Policy

The University of Akron

Akron, Ohio

The Polsky Building, Room 520

(330) 972-8580 Office

Regional Epidemiologists:

Paul Lubben, BS

Lyn Lubben, AAS, Recorder

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

In Collaboration with Wright State University and the University of Akron

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%

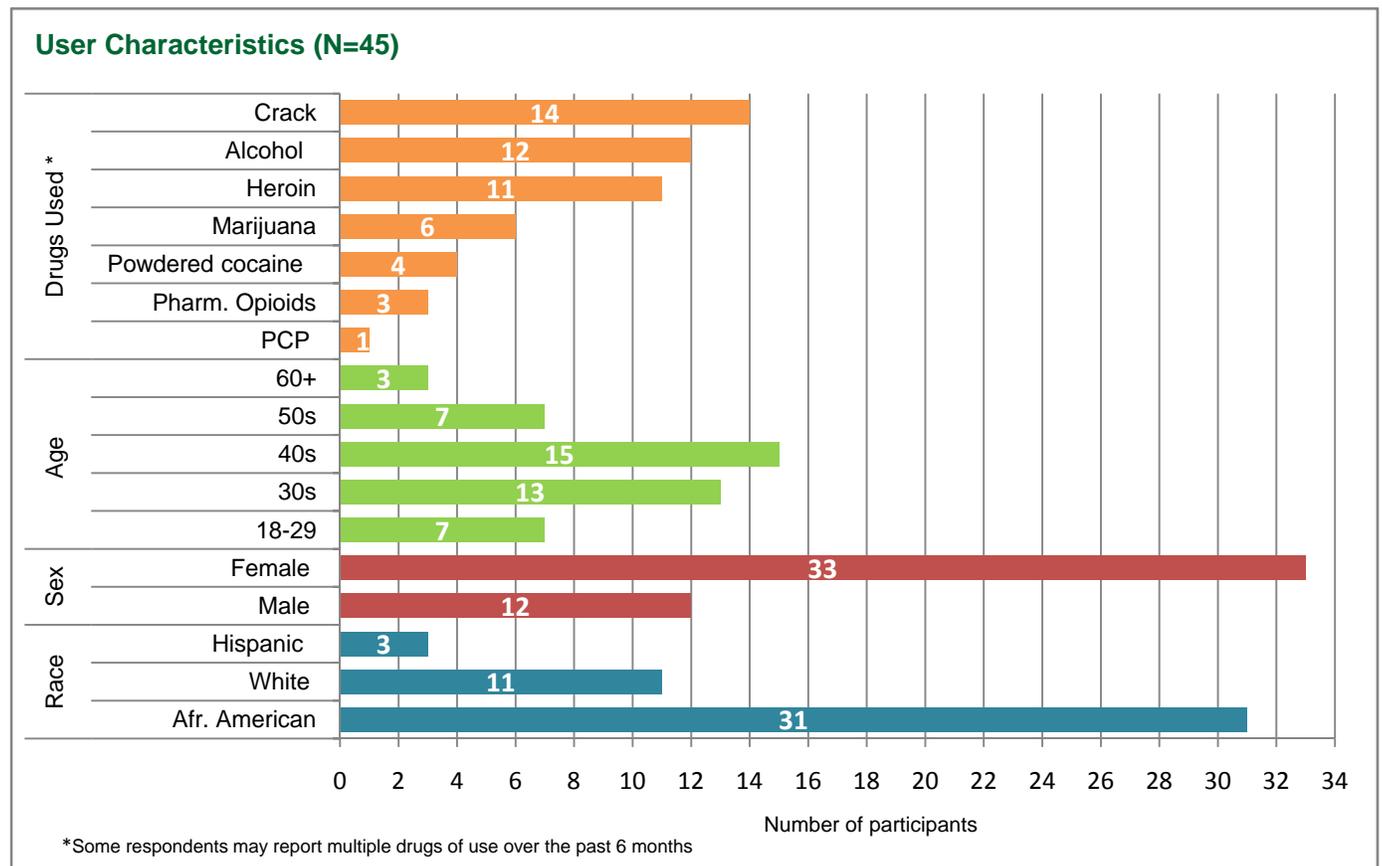
DATA SOURCES

Interviews Conducted in the Cleveland Area		
Date	Number	Participants
04/15/08	6	Active users
05/01/08	9	Active users
05/01/08	10	Active users
05/12/08	8	Active users
05/15/08	6	Active users
05/29/08	6	Active users
Total numbers:		
Focus groups	6	
All participants	45	
All users	45	

Qualitative data: This report is based upon data collected during six focus groups with active 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.



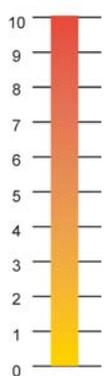
CRACK COCAINE

Historical Summary

In the previous reporting period, crack cocaine was perceived by users as being readily available. Most rated its availability at 10 on a scale of 0 (not available) to 10 (very available). However, a few users perceived the drug to be slightly less available with ratings between 6 and 8. Some users reported declining quality of crack cocaine. The Cleveland crime lab indicated steady, high availability and high purity of crack cocaine (60% or greater). Prices ranged from \$125 to \$250 per 1/8 ounce. Some respondents reported crack use among affluent, middle- to upper-class individuals. Younger (as young as 14) individuals, as well as older individuals (50-75) were also identified as emerging groups of crack users.

Current Trends

Crack Availability



All respondents rated crack cocaine availability at 10 on a scale 0-10. Some agreed that this was an increase in availability over the past 6 months, and others believed availability had remained stable. Common street names included, “crack-a-lack,” “ice cream,” and “boulders.” The Cleveland crime lab reported high and stable availability of crack cocaine.

Respondents perceived a decrease in the quality of crack cocaine over the previous 6-month period. One user referred to crack cocaine quality as being “garbage.” The Cleveland crime lab indicated high quality of crack cocaine (purity 60% and above). . Most commonly, crack cocaine is sold in “rocks” with the typical cost of a rock being \$20. Users estimated that a “rock” weighed approximately 1/10 or 2/10 of a gram. One user reported that 1/16-ounce of crack cocaine would cost \$75-\$80. A user described how dealers would take advantage of crack users, “*When you go back to the same dealer, the first one [rock] is large, and then they get smaller. He knows you’re high and you’re willing to pay whatever.*”

Smoking was identified as the most commonly utilized route of administration. However, users did report that some individuals were injecting the drug

after breaking it down with orange juice or vinegar. Users agreed that alcohol was the most common drug used in conjunction with crack cocaine. Marijuana, heroin, and pharmaceutical tranquilizers such as Xanax® (alprazolam) were also mentioned as drugs commonly used with crack cocaine. Use of “primos” (marijuana joints laced with crack cocaine) was reported as common.

Respondents had difficulty identifying characteristics specific to crack users, but did note that age of users can range from very young (teens) to very old (up to 80s). One user claimed knowing individuals as young as 9 or 10 using the drug, and another user commented that it was “new” to see such young children using crack cocaine. Some users also believed that although crack-cocaine use was still primarily concentrated in the inner-city areas, it was also spreading into other parts of the city.

POWDERED COCAINE

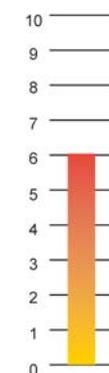
Historical Summary

In the last reporting period, respondents were in disagreement as to the availability of powdered cocaine. Ratings of availability were between 3 and 10 on a scale of 0-10. According to the Cleveland crime lab, availability increased from low to moderate. According to users, quality was mediocre to poor, but the crime lab indicated high purity of powdered cocaine (60% and above). Prices averaged \$125-\$150 for an “8-ball” (1/8 ounce). Intranasal inhalation and injection were considered the main routes of administration. However, respondents reported some users lacing tobacco or marijuana cigarettes with the drug. An increase in younger (16 – 18 years of age) individuals using powdered cocaine was reported.

Current Trends

Similar to the prior reporting period, participants provided mixed opinions about availability of powdered cocaine (cocaine HCl). One user group provided ratings between 4 and 6. Another group of users reported availability between 8 and 10 on a scale 0-10. A third group of users

Cocaine HCl Availability



reported low availability of powdered cocaine. The Cleveland crime lab noted increasing number of cases and rated powdered cocaine availability as moderate.

According to the news media reports, police seized 33 pounds of powdered cocaine in Lakewood, a Cleveland suburb, which was said to be the “*biggest cocaine bust ever conducted by the Cuyahoga County Sheriff’s office*” (Plain Dealer, February 19, 2008). Another bust, this time of 66 pounds of cocaine HCl, took place at the Kent State University airport. It was presided over by the Cleveland-based DEA agent-in-charge, and the bust was said to be “*one of the largest in Northeast Ohio over the last four years*” (Plain Dealer, May 5, 2008).

The price for an “8-ball” (1/8-ounce) ranged between \$80 and \$250, and the price for 1/16-ounce was \$70 - \$80. Users reported that price largely depends on the relationship one had with a dealer. One user commented, “*Depends on who you know. It’s different quantities. If I’ve known the guy for 2-3 years, he’ll sell it to me for \$150, but if I’ve just now met him he’d probably charge me \$275.*” Common street names for powdered cocaine include, “blow,” “white,” “soft,” “girl,” and “fire.”

Most users believed that the quality of powdered cocaine had decreased since the last reporting period. One user reported, “*It’s hard to find really good cocaine. I shoot it, and it’s hard to find good shooting powder.*” Another user commented, “*It’s no good. It’s no good because of the way they been cutting it to make crack cocaine. You get more money with the crack than you do with just straight powder.*” The Cleveland crime lab reported high quality of powdered cocaine (purity 60% and above).

Although most users indicated that “everyone” uses powdered cocaine, further inquiry resulted in users describing younger individuals (19-20), as one of the typical group of powdered cocaine users. This group was described as “*younger jet-set, bar types*” and “*social people who go to clubs.*” Older professionals in their 40s and 50s were also described as typical powdered cocaine users.

Intranasal inhalation and injection were the most commonly mentioned routes of administration.

However, respondents noted an increase in users “rocking up” powdered cocaine and smoking it. Two users explained the reasoning behind this trend, “[I] take the soft and cook it. [It’s] cheaper to buy powder.” The other user noted, “[You] get more when you cut it and cook it up yourself.” Respondents reported that some users will inject powdered cocaine in conjunction with heroin (“speedball”). Alcohol, marijuana, and various pharmaceutical drugs were mentioned as commonly used in conjunction with powdered cocaine.

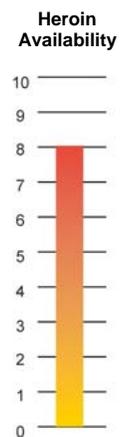
HEROIN

Historical Summary

Previously, heroin was rated as being moderately to highly available in the Cleveland area. Ratings were between 6 and 8 on a 0 (not available) to 10 (very available) scale. Brown or beige powder was the most commonly reported form of the drug available in Cleveland. A gram of the drug was reportedly selling for \$175 to \$180. Snorting or injecting were the most commonly reported routes of administration. New heroin users continue to include young, predominately white individuals.

Current Trends

In the current reporting period, users rated the availability of brown powder heroin between 5 and 10. Availability ratings of white powder heroin varied greatly as well from a low 2 to a high of 7. Tar heroin was the least common form of heroin reported in the area. Its availability ratings ranged from 1 to 2. According to one user, the availability of tar heroin had decreased substantially over the past few months: “*a couple of months ago it [tar] was all over the place.*” The Cleveland crime lab reported high and stable availability of heroin, and noted that brown powder, white powder and black tar were available in the area. The crime lab also registered cases of heroin mixed with fentanyl. According to the focus group participants, common street names for heroin included, “mud” and “dog food.”



Most respondents were unable to specify prices for specific weights of heroin. Instead, users reported that a “bag” (approximately 1/10-gram) sold for about \$10-\$20, and a “bundle” (10 bags) sold from \$50-\$100. One user reported the price of a gram of heroin to be \$100-\$150. Despite users’ inability to provide prices for specific weights of heroin, one user commented that recently dealers were more likely to sell by weight rather than by the bag.

Users agreed that the quality of the drug had decreased over the previous 6-month period. For example, one user commented, “*It takes more, and it’s harder to find good stuff.*” In contrast, the crime lab data suggested that the purity of heroin increased from moderate to high (above 60%).

Alcohol, marijuana, and Xanax® were mentioned as drugs typically used in conjunction with heroin. Injection use of powdered cocaine in conjunction with heroin (“speedball”) was also reported as common. Respondents reported seeing a continuing increase in heroin use among younger individuals, especially white youth. Some respondents indicated that use was occurring among adolescents as young as 14. Some users also noted older users who were 45 years of age or older.

OTHER OPIOIDS

Historical Summary

OxyContin® (oxycodone, extended-release) was rated as being very available (10 on a scale of 0 to 10). Many respondents believed that availability of the drug had increased over the previous 6-month period. Vicodin® (hydrocodone and acetaminophen) was also perceived as being highly available with ratings between 7 and 10.

OxyContin® was selling for about \$1 per milligram, and Vicodin® was selling for between \$3 and \$5 per tablet. The availability of Percocet® (oxycodone and acetaminophen) was rated 7 or above, and it sold for \$.50-\$.75 per milligram of oxycodone content. The availability of Dilaudid® (hydromorphone) slightly increased to 4-5. Increases in the availability of Suboxone® (buprenorphine and naloxone) (8-10) and methadone tablets and wafers (5-10) was also reported.

Current Trends

In the current reporting period, OxyContin® availability ratings ranged from 3 to 10, with the majority of ratings falling between 3 and 7. Availability of Vicodin® ranged from 6 to 10. A user who believed that Vicodin® availability had decreased commented, “*doctors getting tighter with them.*” Percocet® availability was rated between 6 and 10. Most respondents perceived availability to be stable or decreasing.

A user commented, “*Old-timers used to use the Percocets. They’re not as out there anymore because they’ve changed the way they’re making them.*”

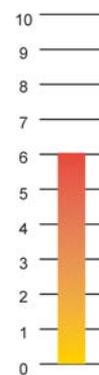
Other pharmaceutical opioid drugs such as codeine, Dilaudid®, morphine, methadone, and Duragesic® (fentanyl patches) were mentioned by respondents occasionally, but much less often. While some users believed Dilaudid® was readily available, many others reported that the drug was not available or very difficult to obtain. Suboxone® was perceived as increasing in availability over the past 6 months with ratings ranging between 7 and 10.

The Cleveland crime lab reported high and increasing availability of hydrocodone, oxycodone-containing products, including OxyContin®, methadone tablets, Dilaudid®, propoxyphene, Suboxone® and Subutex® (buprenorphine).

Prices for OxyContin® averaged between \$.50 and \$1 per milligram. Vicodin® reportedly sold for \$2 per 5-milligram tablet, and \$3-\$5 per 7.5-milligram tablet. The price for a Duragesic® patch was reported at \$25. According to respondents, most users will simply swallow or chew pharmaceutical opioids. Injection is more common among OxyContin® users. Intranasal inhalation is another common route of administration reported by users.

According to the media reports, a 74 year-old medical doctor from Cleveland was convicted of drug trafficking for having given prescription opioids to six female patients in their 30s and 40s in exchange for sex (*Plain Dealer*, March 20, 2008).

OxyContin®
Availability



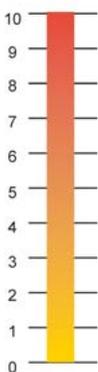
MARIJUANA

Historical Summary

In the previous reporting period, marijuana availability was reported at high levels. Lower- and middle-grade marijuana were more available than high-grade marijuana. Prices varied depending on the quality of the drug. Respondents reported that the quality of the drug had increased over the prior 6-month reporting period. Users reported availability of “wets”—marijuana joints dipped into PCP or embalming fluid.

Current Trends

Marijuana Availability



Overall, the availability of marijuana was rated 10 on a scale 0-10 by all respondents. Mid-grade marijuana was thought to be more available than high-grade marijuana with mid-grade availability rated between 8 and 10. High-grade marijuana was rated lower, at 4-8. The crime lab reported high and stable availability of marijuana.

The price for high-grade marijuana such as “hydro,” “kush,” “black gunya,” “chronic,” and “monkey paw” was reported at \$250-\$300 per ounce and \$100 per ¼-ounce. Mid-grade marijuana such as “grass,” “bud,” and “regular” sells for \$150 per ounce and \$60 per ¼-ounce. Low grade varieties such as “homegrown” and “dirt” sell for \$100-\$150 per ounce and \$35 per ¼-ounce. Some respondents perceived an increase in availability of high-grade varieties, while availability of mid- and low-grade varieties remained stable. Most respondents believed that quality had improved over the last 6 months. One user commented, “*Even the stuff that’s cheaper don’t take much to get you high.*” The crime lab also reported that marijuana quality was high.

Marijuana is commonly used in conjunction with other drugs such as alcohol, cocaine (especially crack), and heroin. Users also reported cases of individuals smoking “wets,” marijuana joints dipped in embalming fluid and/or PCP.

METHAMPHETAMINE

Historical Summary

In the previous reporting period, respondents had difficulty agreeing on the availability of methamphetamine. Some respondents perceived availability at 5 or 6, while others perceived availability of the drug between 9 and 10 on a scale of 0 (not available) to 10 (very available). Whites were identified as typical users of the drug.

Current Trends

Most respondents had little knowledge of methamphetamine in the Cleveland area. In fact, several active and recovering drug users had to ask for clarification when the topic of methamphetamine came up. For example, in response to the question, “*What about the availability of methamphetamine in the Cleveland area?*” some respondents asked, “*Is that the drug that keeps you up all night?*” Of the respondents who did have information about the drug, availability was placed between 6 and 10. According to these users, availability has been on the decline in recent months. Another group of users placed availability of methamphetamine at 2 and reported that they “*barely bear about it.*”

The Cleveland crime lab indicated low and unchanged availability of methamphetamine, and noted that most of the methamphetamine they saw came in the form of Ecstasy tablets. The crime lab also reported cases of powder and glass-type methamphetamine. The purity, according to the crime lab, was moderate (30%-60%).

Few could place a price on methamphetamine. One user stated that a small, clear, rock-form of methamphetamine sold for \$25. Another user estimated the cost of a gram of methamphetamine to be between \$100 and \$150. Common street names for methamphetamine include, “ice,” “water,” and “crystal.”

Users were in disagreement with regard to the source of methamphetamine in Cleveland. While

Methamphetamine Availability



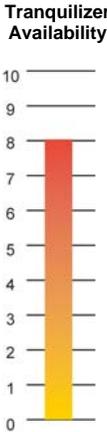
some believed the drug to be manufactured locally, others reported that the drug was imported into the area from other states.

Methamphetamine users were described as being individuals who worked long hours and thus needed the drug to remain awake. Some respondents identified smoking as the most prevalent mode of use. Others believed intranasal inhalation to be more prevalent. Respondents reported that “downer drugs” (e.g., pharmaceutical tranquilizers) were typically used with methamphetamine for the purpose of bringing a user down from the methamphetamine high.

OTHER DRUGS

Benzodiazepines

Tranquilizer Availability



Overall, respondents rated the availability of benzodiazepines between a low of 3 and a high of 10. Xanax® (alprazolam) was the most commonly mentioned among other pharmaceutical tranquilizers. One user noted that pharmaceuticals, including Xanax®, were not common in the inner-city where he resided. This user stated, “*In the ghettos where we come from, they don’t use all them all-brand pills and stuff like that. It’s just straight forward for the crack, the wet, the heroin, and the Ecstasy. I’m being for real.*”

One user group rated Valium® (diazepam) a 10 in availability. Klonopin® (clonazepam) was perceived as increasing in availability with a rating of 10. One user noted, “*That’s gotten way easier to get in the past year.*” Another user said, “*That’s growing in popularity.*” The crime lab indicated high and increasing availability of Xanax® and other benzodiazepines.

Prices for Xanax®, commonly referred to as “bars” or “footballs” on the street, ranged from \$2-\$5 per tablet. Klonopin® tablets reportedly sell for \$2-\$3. The drugs can be eaten, inhaled intranasally, or injected. Respondents suggested that the drugs are commonly used in conjunction with stimulant drugs such as cocaine to come down off a high.

Benzodiazepines are also commonly used with alcohol and marijuana.

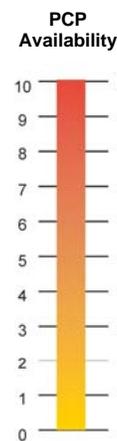
Other Pharmaceuticals

Respondents reported an increase in the availability of Soma® (carisoprodol). According to respondents, some users will use Soma® in conjunction with Percocet®. According to one user, “[People use] Soma® and Percocet® to get a heroin high. They won’t buy a Percocet® unless they can get a Soma®.” The crime lab reported low and unchanged availability of Soma®.

The crime lab reported high, increasing availability of pharmaceutical stimulants and Seroquel® (quetiapine).

Hallucinogens

Without too much thought, respondents quickly rated the availability of PCP (phencyclidine) at 10 on a scale 0-10. According to users, PCP is very easy to find in the Cleveland area. According to one user, the drug is sold in one of two ways. It can be purchased in liquid form packaged in bottles that vary in size and sell for \$50 and up to \$500. Cigarettes dipped in PCP can be purchased for \$5 each. The crime lab reported high and unchanged availability of PCP.



Psilocybin mushroom availability was seasonal, and was considered to be limited mainly to individuals who frequented dance clubs. One user reported that psilocybin mushrooms sold for \$20 per ¼-ounce. Similar to the prior reporting period, the crime lab rated psilocybin availability as low.

Ecstasy/MDMA was thought to be readily available in the Cleveland area, and selling for between \$5 and \$30 per tablet. The crime lab reported high and unchanged availability of Ecstasy/MDMA, and moderate, increased availability of piperazines. Focus group participants noted Ecstasy popularity among the inner-city users.

The crime lab reported low, unchanged availability of LSD and ketamine.



Ohio Substance
Abuse Monitoring
Network

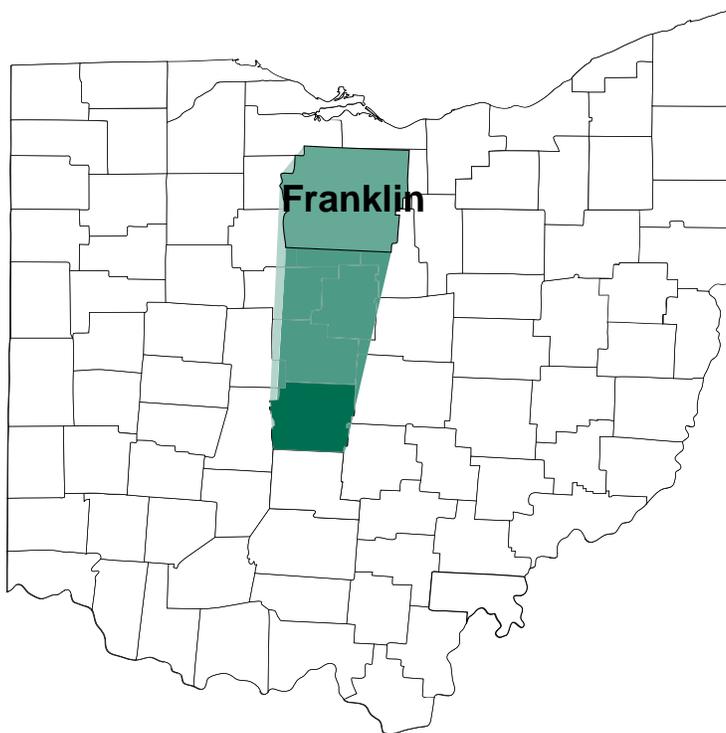


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Columbus Area



Randi Love, Ph.D.

The Ohio State University
College of Public Health
Division of Health Behavior/Health
Promotion
Room 448 Cunz Hall
1841 Neil Ave.
Columbus, Ohio 43210
USA
(614) 292-4647 Voice
(614) 292-3572 Fax

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

In Collaboration with Wright State University and the University of Akron

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%

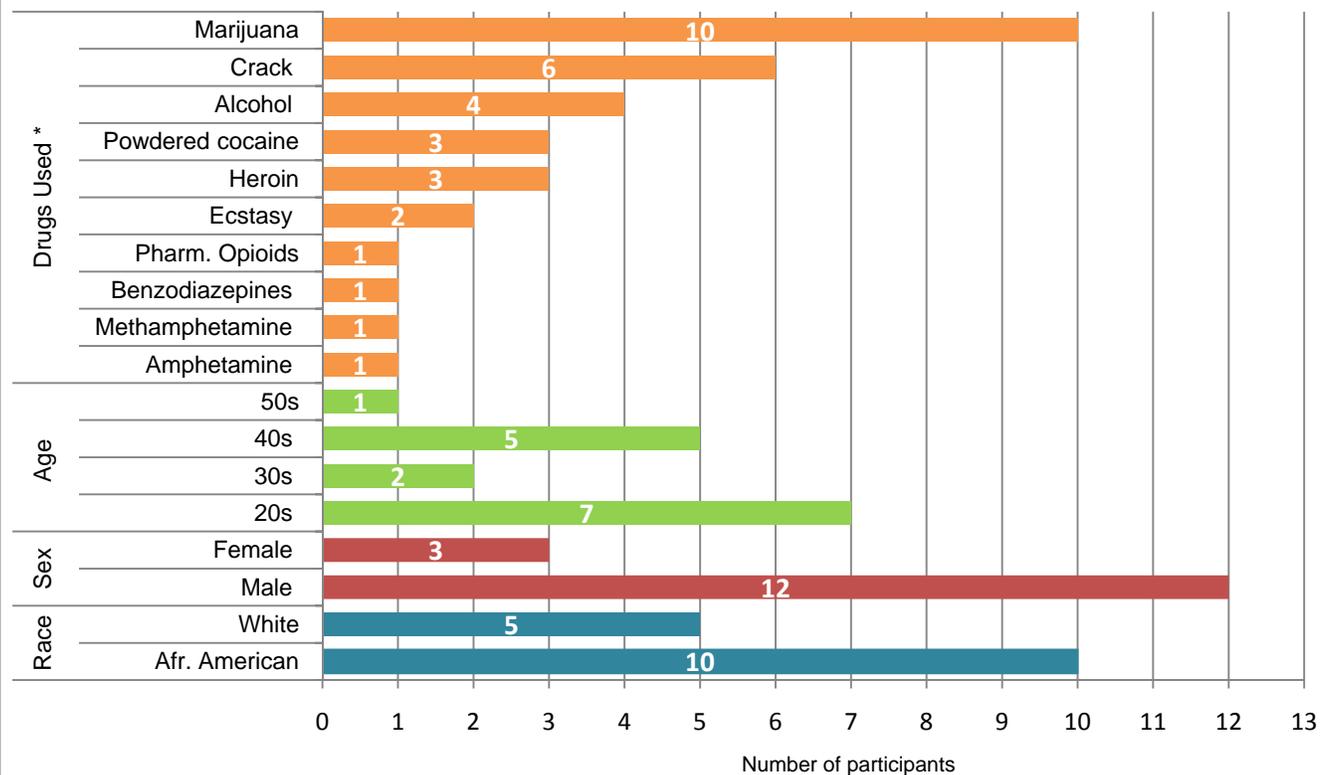
DATA SOURCES

Interviews Conducted in the Columbus Area		
Date	Number	Participants
04/08/08	9	Active users
04/11/08	6	Active users
04/09/08	3	Crime lab professionals
Total number:		
Focus groups	3	
Ind. Interviews	0	
All participants	18	
All users	15	

Qualitative data: This report is based upon data collected in three focus groups with drug users and crime lab professionals.

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

User Characteristics (N=15)

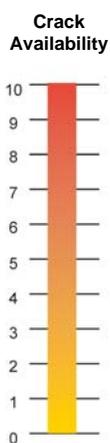


CRACK COCAINE

Historical Summary

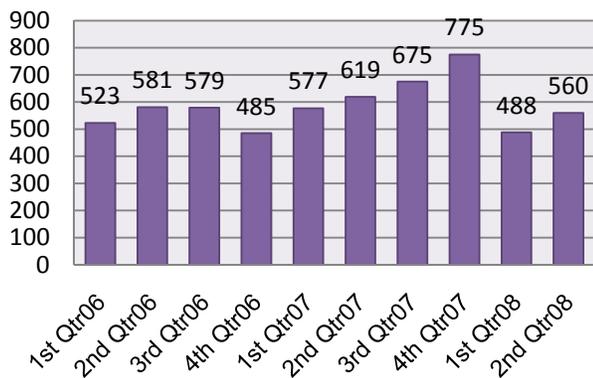
Consistent with previous reports, crack availability was assessed as high, a “10+” on a scale of 0-10 by users and crime lab professionals. Users reported a brief crack-cocaine “drought” in the Columbus area during May and June of 2007. During this time period, crack cocaine was more difficult to obtain and several users reported going to Detroit to purchase the drug. Both active and recovering users priced crack at \$40-\$60 per gram and \$120 per 1/8 ounce. Although smoking was the most common form of administration, there were increased reports of crack injection. Crack was used with alcohol, marijuana, Valium® (diazepam), Xanax® (alprazolam), and heroin.

Current Trends



Again all focus group participants and rated crack-cocaine availability as a 10 on a scale of 0-10. Crime lab reports confirmed high availability, but reported a decreased number of cases this reporting period. In the first half of 2008, the crime lab analyzed 1,048 cases of crack (Figure below). Users commented on the high availability saying, “I’d say that’s the drug of choice in Columbus.” Crime lab professionals reported that over the last year crack cases were double the number of powder cocaine cases, and comprised 60% of the total number of drug cases analyzed.

Crack Cases Analyzed at the Columbus Police Crime Lab per Quarter



Users were unable to report gram prices during the current period as the majority bought unweighted “rocks” or “pieces” priced at \$5, \$10 and \$20. One user commented, “If I have a little bit of change like \$5, they’ll give me a dime sack or something. If you know the dope dealers, they’ll drive you around and get the shit. They know what you want. You help them out. I can go up for so many grams and so much money and they don’t bug me. They know I’m good for it. Or if they want me to do something for them, I’ll go do a run for them. I bring customers for them all the time.”

Crack is sometimes used in combination with heroin and alcohol. Crack cocaine is also sprinkled in marijuana cigarettes called “primos,” and smoked. Although typical crack-cocaine users were described as varying with regard to age and demographics, dealers were reported as being younger, many in their early teens.

POWDERED COCAINE

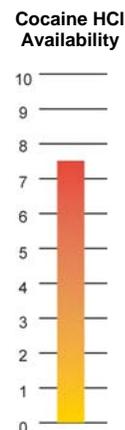
Historical Summary

Previously, the availability of powdered cocaine was stable and moderate, with users rating it 5-8 on the 0 to 10 scale. Prices ranged from \$60-\$70 per gram and \$100-\$150 per 1/8 ounce. Intranasal inhalation was the most common mode of administration; however there were reports of injection, particularly among heroin users. Typical users were described as white, middle-class individuals, crack-cocaine dealers, and Hispanic males. Powder cocaine was commonly used with heroin, pharmaceutical opioids, and alcohol.

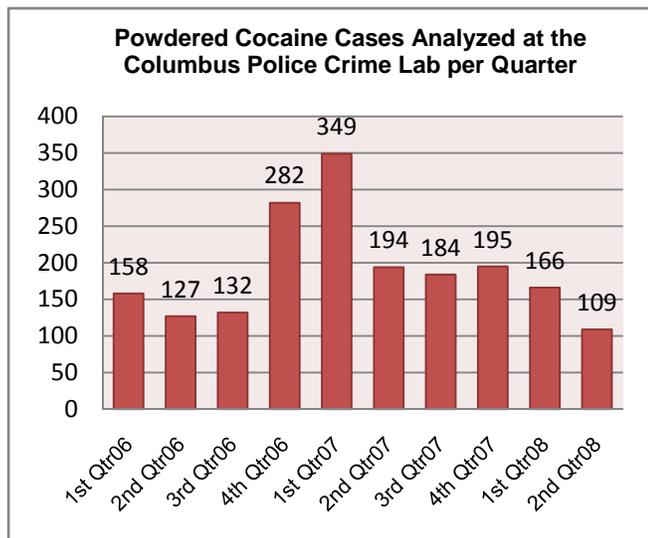
Current Trends

The availability of powdered cocaine (cocaine HCl) varied this reporting period. Some users felt that it was more available, some less, and some reported that it stayed the same. Availability ratings ranged from 4 to 9 on a scale of 0-10. Columbus crime lab professionals rated current availability high, an 8 on the 0 to 10 scale. One crime lab professional commented, “It’s constant. Like, anywhere from, you know, the single use, small packages up to kilo quantities; it’s not uncommon for us to get three kilos that they’ve seized from FedEx, so we know mass quantities are coming in.”

Crime lab professionals noted a decline in powdered



cocaine cases analyzed over the first half of 2008 (Figure below).



Users stressed that obtaining good quality powder was dependent on the relationship with the dealer. Common cutting agents include baking soda, baby powder and baby formula. Crime lab participants noted, *“We’ve noticed a change in that, we think, in that’s been going on; it’s getting cut a lot more with things such as benzocaine, creatine, types of sugars.”*

Crime lab professionals also reported that for a short time in the past six months, they saw cases of powdered cocaine cut with diltiazem, a potent vasodilator commonly used to treat hypertension. Overall, crime lab professionals agreed with users and estimated quality of smaller quantities of powdered cocaine to be poor: *“Obviously, the kilos that are coming in are, you know, straight off the brick, that’s very high purity. But what’s being sold like both to our narcotics officers and just street level is just appears to be heavily cut.”*

Currently, a gram of powdered cocaine sells for \$50 and \$125-\$150 per 1/8 ounce. Most common forms of administration are smoking and intranasal inhalation. Some users reported mixing powdered cocaine and marijuana in a Black and Mild cigar wrapper and smoking; this method was referred to as “freak it.”

HEROIN

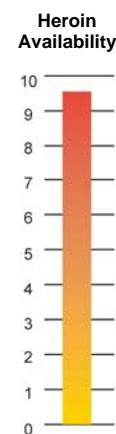
Historical Summary

In the prior reporting period, participants reported an increase in heroin availability. Most users rated the availability as moderately high, 6-10 on a 0-10 scale. Many users attributed the increase in heroin use to the decreased availability of OxyContin® (oxycodone, controlled-release). All user groups reported increasing availability of the drug. Crime lab professionals reported a 128% increase from 2006 to 2007 in heroin cases with larger quantities of heroin per case than seen in the past. Although brown powder was available, black tar heroin was the predominant form. Media reports also reflected an increase in black tar heroin in the Columbus region. Younger white users priced tar heroin as low as \$50 per gram, while older users priced it at \$90 a gram. Brown powder was priced at \$100-\$130 per gram and typically sold by African American dealers. Injection was the most common form of administration.

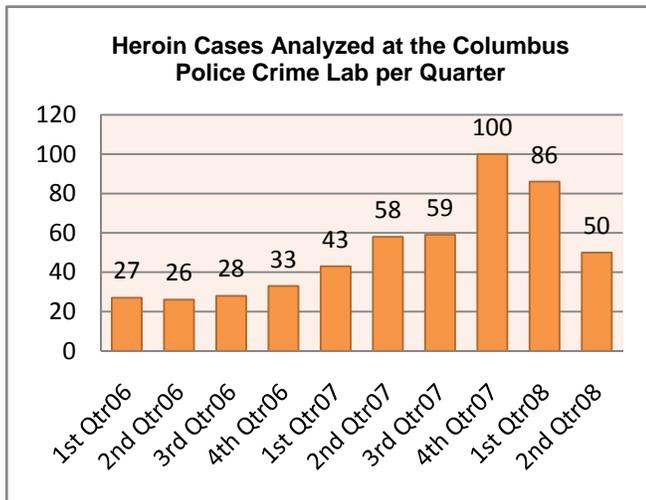
Current Trends

Drug users and Columbus crime lab professionals continue to report high levels of heroin availability in Columbus. Users rated availability at 9-10 on a scale of 0-10. Likewise, crime lab professionals have been reporting high numbers of heroin cases since September of 2007. One crime lab professional commented, *“Yeab, I mean, we were getting’...our patrol stops seem to be, you know, one or two balloons, but we’ve had patrols submit I think it has 196 balloons, that was just from one traffic stop. Our narcotics officers have submitted upwards of 500 or more balloons at once that they’ve bought off someone, so there are some major quantities bought and sold.”*

The Columbus crime lab reported that in the first half of 2008, a total number of 136 heroin cases were analyzed at the lab. This compares to 159 heroin cases in the last two quarters of 2007 (Figure below).



Although users perceived the quality to be high, crime lab professionals were seeing lower purity levels. One professional commented, *“One case, which was over a kilo of heroin, I thought for sure...it’s gonna be nearly a hundred percent pure...it only gave me, I think it was, a 47% match to heroin, so it was horribly cut as well, even in that huge a quantity...and I’m sure it was destined to be cut several more times.”*



Black tar remained the most common form of heroin sold by what was perceived as “Mexican” dealers. A “balloon” of tar heroin (1/10th of a gram) sells for \$20. There is some powder available, but very few cases were reported by focus group participants during this period. According to the crime lab reports, tar was the most commonly seen heroin type, but cases of brown powder were reported as well.

Most commonly heroin is used intravenously but is also administered through intranasal inhalation and smoking. There were reports of “speedballing” or injecting a mixture of heroin and cocaine.

Users again reported that OxyContin® users were switching to heroin because of the lower cost and better high. Users also reported seeing heroin use among whites adolescents and young adults, some as young as 14, living in suburban areas.

The crime lab reported a few cases of heroin being cut with cocaine, and one heroin user reported testing positive for cocaine but never knowingly using the drug.

OTHER OPIOIDS

Historical Summary

Over the past year, opioids most frequently mentioned by both users and treatment providers included OxyContin® (oxycodone, controlled-release), generic oxycodone controlled-release, Percocet® (oxycodone and acetaminophen), Vicodin® (hydrocodone and acetaminophen) and methadone tablets/wafers. OxyContin® availability was rated as moderate by users and was priced between \$0.50 and \$0.75 per milligram with an 80-milligram tablet commonly selling for \$55. Vicodin® and Percocet® were rated at 10 on a scale of 0-10. Vicodin® sold for \$2 per 5-milligram tablet and Percocet® was priced at \$4 per 5-milligram tablet. Users in treatment providers reported moderate street availability and abuse of methadone tablets/wafers, sold at \$0.50 per milligram. Most users reported ingestion and intranasal inhalation were the most common forms of pharmaceutical opioid administration.

Current Trends

Consistent with previous reports, the most commonly abused pharmaceutical opioids are Percocet®, Vicodin® and OxyContin®. Percocet® and Vicodin® were rated at 8 on a 0-10 scale, with OxyContin® being slightly less available. In the past six months, users reported a decrease in OxyContin® availability. This decrease in availability was corroborated by active and recovering users. One user commented, *“You need to know somebody...”* then added, *“...you can find anything you want if you are in that circle.”* Reportedly, users obtain opioids from emergency rooms, “doctor shopping” and on the street.

Crime lab reports indicated moderate availability of OxyContin®, a slight increase from the previous reporting period. Crime lab reports indicated an increased, moderate availability of generic oxycodone extended-release. It also noted moderate availability of hydrocodone and other oxycodone - containing products.

OxyContin® sells for about \$0.75-\$1 per milligram, up from \$0.50 and \$0.75 per milligram last reporting period; 80-milligram tablets were commonly sold for \$60 each. The crime lab also reported that

methadone was moderately available, an increase from the previous reporting period. Most cases analyzed in the lab were liquid form. Users also indicated availability of liquid methadone but felt it was low, rated as a 4 on the 0 to 10 scale. A crime lab professional commented, *“And it’s being bought and sold as well. One of the cases I just worked that, the narcotics officer was just here to pick up, was of a buy they had done and they bought liquid methadone and heroin balloons, from the same person....”*

Users mentioned that Darvocet® (propoxyphene and acetaminophen) was also available at low levels. Low levels of Darvon® (propoxyphene) and Dilaudid® (hydromorphone) were also reported by crime lab professionals.

There were no user reports of Suboxone® (buprenorphine and naloxone) abuse or diversion this reporting period. Columbus crime lab professionals reported moderate availability of Suboxone® and low availability of Subutex® or Buprenex® (buprenorphine). One crime lab professional commented on Suboxone®, *“I’ve been slowly seeing more and more in case work. I’d say probably nine months ago I wasn’t seeing any, and now it’s becoming more common.”*

The most common form of administration of pharmaceutical opioids was ingestion. Crime lab personnel noticed an increase in cases of crushed pharmaceutical opioid tablets sold in powder form: *“One thing I’ve kinda noticed is people crushing up the pills and then sellin’ the powders. With the officers submitting it as cocaine powder, usually it’s acetaminophen and oxycodone or acetaminophen and hydrocodone... Just a little partial baggie, and the officers don’t know what it is, but, they think it’s cocaine. And as soon as you see it, it just has a different consistency – it’s a little bit heavier, grittier... It used to be a very uncommon thing to get crushed tablets, and it’s becoming not so unusual.”*

METHAMPHETAMINE

Historical Summary

The estimated availability varied among user groups. Users in treatment, primarily opiate and crack-addicted, rated methamphetamine availability as low, between 2 and 4 on the 0 to 10 scale. A few active users rated availability at 7-8. One user quoted

prices as \$100 per gram. Columbus crime lab reports indicated glass crystals as the most common form of methamphetamine. Methamphetamine is typically smoked. Users also reported insufflation and injection, although injection is far less common. Typical methamphetamine users include gay males, middle-aged whites, and “bikers.” Users reported using the prescription sleep aid, Ambien® (zolpidem tartrate), to come down from a methamphetamine high.

Current Trends

According to users, methamphetamine availability continues to be low, rated as 4 on a scale of 0 to 10. Columbus crime lab also reported low and decreasing availability of the drug. Crime lab professionals reported powder and glass forms of methamphetamine, but noted it was most commonly found in pressed tablets thought to be sold as Ecstasy. Users perceived that most of the methamphetamine in Columbus is shipped in from out of state as opposed to being locally produced. 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 reaches the street. Methamphetamine is sold for \$1200 per ounce.

Users reported that injection was a common form of administration, and that most people begin by smoking or inhaling it, but sometimes progress to injection.

Crime lab participants reported a decrease in methamphetamine cases but commented, *“Overall, it’s in like, virtually every Ecstasy tablet we get in.”* According to the crime lab reports, crystal form was the most commonly seen form of methamphetamine. They also noted that methamphetamine was commonly “cut” with dimethylsulfone (MSM, a dietary supplemented used to treat or prevent arthritis) or Epsom salt (magnesium sulfate, used in a variety of medical remedies).

Methamphetamine Availability



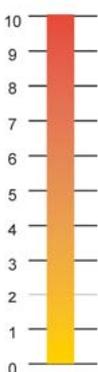
MARIJUANA

Historical Summary

As in the past, marijuana availability was rated high by users. Columbus crime lab professionals confirmed high availability of the drug. Users described it as a 10 on the 0 to 10 scale. All groups reported that the current quality of marijuana was very good. High quality marijuana or “Hydro” was sold for \$350 per ounce, and medium-grade or “commercial” marijuana sold for \$100-\$125 per ounce. Marijuana cigarettes laced with crack cocaine, or “Primos,” were said to be popular with younger users and “dope dealers.”

Current Trends

Marijuana Availability



Currently, marijuana availability is high and stable, users rated it a 10 on scale of 0-10. Crime lab also reported high and stable availability of marijuana. In the first half of 2008, the crime lab analyzed 1,384 cases of marijuana.

Users report that quality is good. Prices were reportedly higher this period, with high quality, “Purple Haze” selling for \$500 per ounce and “hydroponic” or “hydro” selling for \$250 - \$400 per ounce. Users mentioned poor quality marijuana,

known as “dirt” as available, but not desirable. Crime lab participants reported seeing all grades but mostly “*stuff with stems and seeds in there, and the stuff we get, we get our fair share, but the bulk quantities are the Mexican Press.*”

Marijuana is often smoked in combination with crack cocaine or powdered cocaine.

OTHER DRUG TRENDS

Benzodiazepines

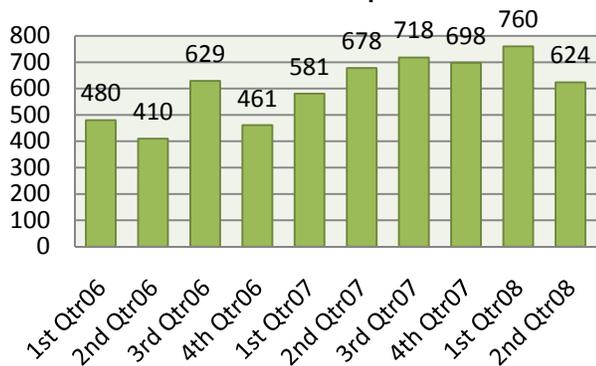
Previously, Ativan® (lorazepam), Xanax® (alprazolam) and Valium® (diazepam) were all rated as a 10 on a scale of 0-10. In the current reporting period, pharmaceutical tranquilizers were generally seen as undesirable by the user groups. Availability was reported as low, a 2 on a scale of 0-10. One user commented, “*You definitely have to know someone.*” Users typically administer via ingestion or and intranasal inhalation of crushed tablets. Columbus crime lab professionals rated the drugs moderate on the availability scale and reported seeing mostly Xanax® followed by Valium® (diazepam). Incidences of Ultram® (tramadol) were on the downswing. Pharmaceutical tranquilizers are used in combination with pharmaceutical opioids and alcohol.

Ecstasy (MDMA)

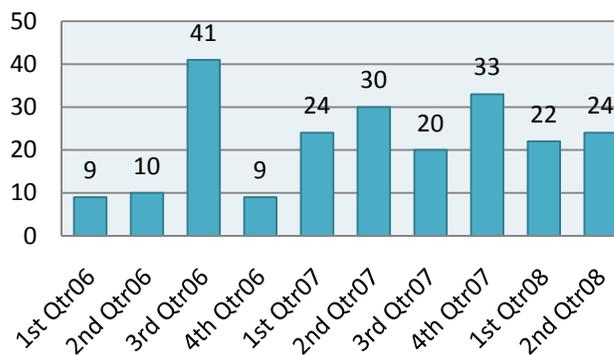
Currently, Ecstasy availability was rated by users as high, 10 on a scale 0-10, and increasing. Crime lab reports indicated moderate and stable availability of the drug. According to the crime lab data, in the first half of 2008, the crime lab analyzed 46 MDMA cases.

Crime lab professionals also noted that Ecstasy tablets continue to contain polydrug combinations, including, MDMA, benzylpiperazine, methamphetamine, ketamine (“Special K”) and

Marijuana Cases Analyzed at the Columbus Police Crime Lab per Quarter



MDMA Cases Analyzed at the Columbus Police Crime Lab per Quarter



TFMPP (trifluoromethylphenylpiperazine.) A crime lab professional commented on the variety of Ecstasy tablets, “...and before, if we were going to get a hundred tablets in they’d all be the same, same 100 tablets, for the entire baggie, but now if you get a hundred tablets there are 16 different things in there, you know, 10 of this one, 10 of that one. We really don’t know why that is.” They went on to say, that, even recognizable markings on Ecstasy tablets may have differing ingredients from one batch to the next adding, “...So, even though the orange Nike swoosh you got, in January, is not gonna be the same contents as the one you gonna get today, so, which, that used to be, a major thing. Everything we would get in, you know, if it was the same logo, they were gonna be the same, and it’s just not that way anymore.”

Ecstasy tablets are priced as a “single stack” selling for \$8 and a “double stack” for \$15. One user commented, “X, number one with the young crowd,” and reported the drug’s popularity in the rave and club scene.

Other Pharmaceutical Drugs

There were no user reports of Seroquel® (quetiapine fumarate) abuse this reporting period. Crime lab reports indicated low availability of Seroquel®, Soma®, and pharmaceutical stimulants.



Ohio Substance
Abuse Monitoring
Network

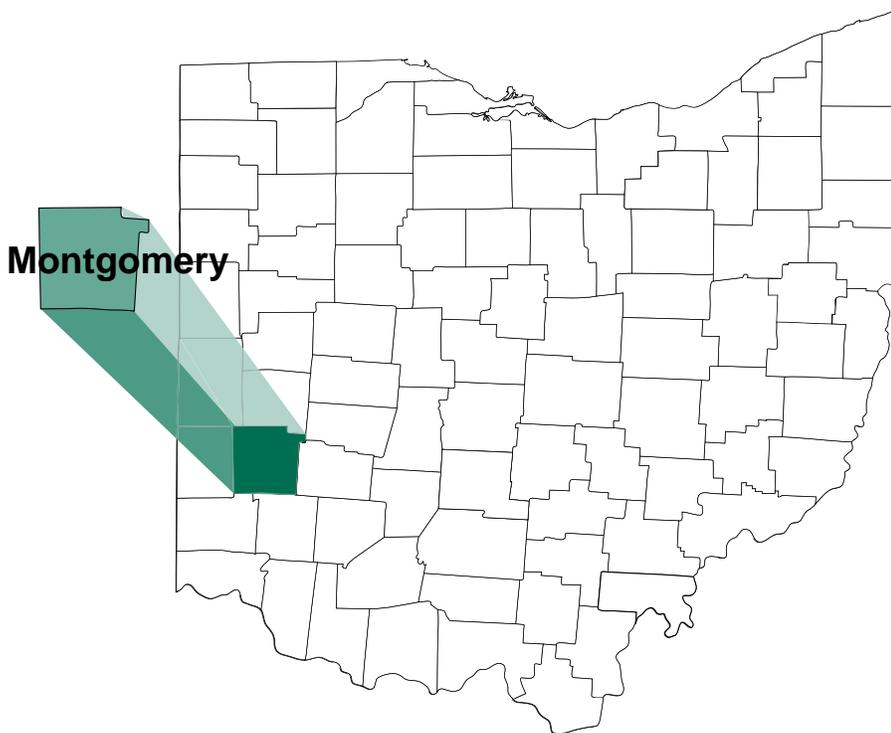


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Dayton Area



Lawrence J. Hammar, Ph.D.
Raminta Daniulaityte, Ph.D.
Tamara N. Hansen, M.P.H.
Russel Falck, M.A.
Robert G. Carlson, Ph.D.

Wright State University
Department of Community Health
Center for Interventions, Treatment and
Addictions Research
110 Medical Sciences Building
3640 Colonel Glenn Highway
Dayton, Ohio 45435
(937) 775-2066 Voice
(937) 775-2214 Fax
E-mail: robert.carlson@wright.edu

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

In Collaboration with Wright State University and the University of Akron

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

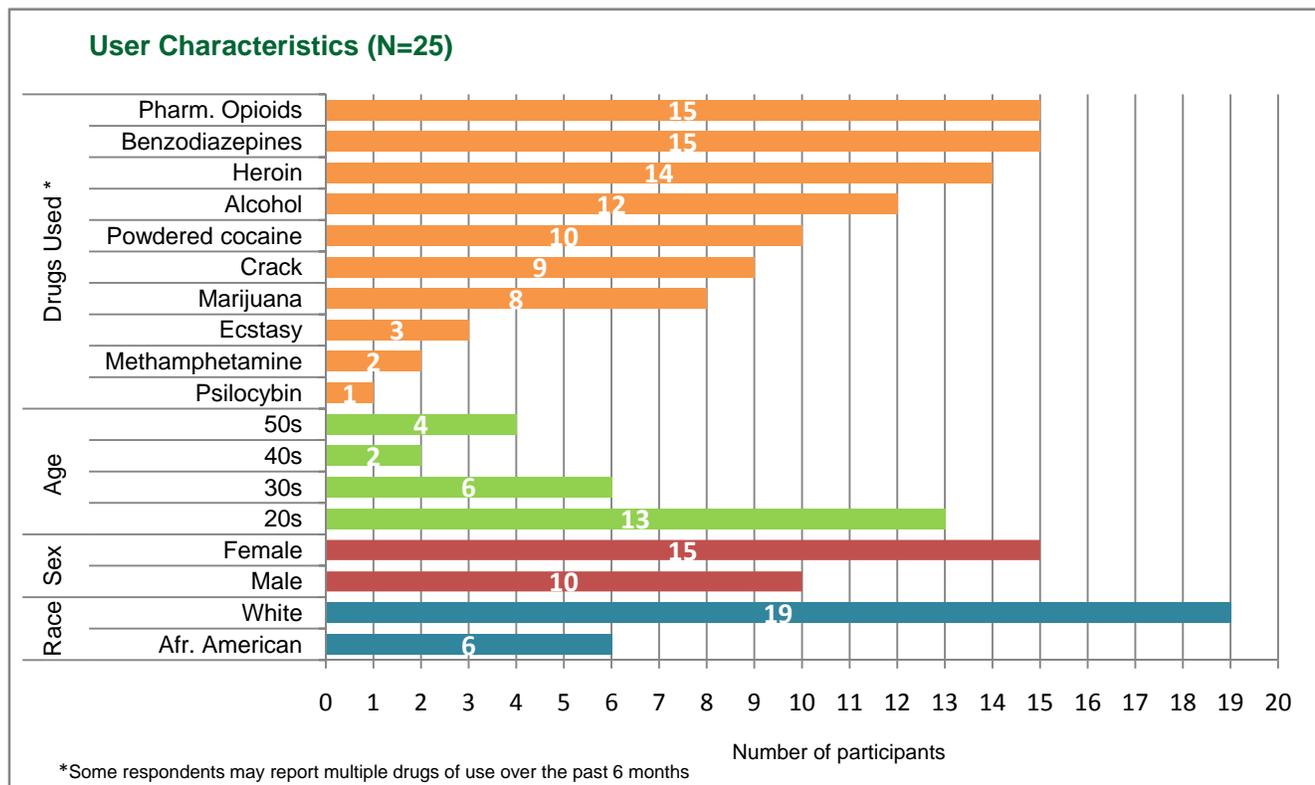
Interviews Conducted in the Dayton Area		
Date	Number	Participants
03/12/08	9	Active users
03/31/08	5	HIV prevention specialists
04/07/08	1	Active user
04/11/09	6	Active users
04/15/08	9	Recovering users
04/17/08	1	Physician, buprenorphine prescriber
04/18/08	1	Physician, buprenorphine prescriber
04/18/08	1	Office manager, treatment center
04/28/08	1	Physician, buprenorphine prescriber
05/08/08	2	Treatment providers
05/09/08	9	Treatment providers
Total number:		
Focus groups	6	
Ind. interviews	5	
All participants	45	
All users	25	

Qualitative data: This report is based upon six focus groups and five individual interviews.

Crime lab data: Data obtained from the Miami Valley Regional crime lab were used to supplement qualitative data sources.

Dayton Area Drug Survey was also used to supplement the report. In the spring 2008, 17,315 students from 17 Miami Valley school districts participated in the survey. The majority of the sample was white (about 83 percent), largely suburban, and nearly evenly split between boys and girls (<http://www.med.wright.edu/citar/dads/>).

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

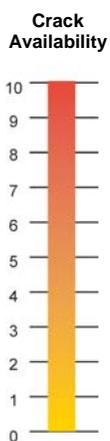


CRACK COCAINE

Historical Summary

During the previous reporting period, the availability of crack cocaine was rated 10 on the 0 (not available) to 10 (extremely available) scale. Brief “droughts” in supply of crack and powdered cocaine were noted. Crack sold for \$45-\$55 per gram and \$80-\$125 per 1/8 ounce. Users reported low, declining quality, but the crime lab indicated purity of at least 60%. Treatment providers noted decreasing crack-related admissions. Use was noted in whites and African Americans, often of lower socioeconomic status, who ranged in age from teens to 60s and 70s. Crack use was also reported among Hispanic males. Smoking was the most common mode of its use, although its injection was noted among primary heroin users. Crack was reported to be used also alongside pharmaceutical opioids and tranquilizers. Some users smoke heroin in order to “come down.”

Current Trends



The current availability of crack cocaine, referred to as “hard,” “rock,” “girl,” “dirty girl,” and “medicine,” was said by users, treatment providers and HIV prevention specialists to be 10 on the 0-10 scale. Crack-cocaine users said it is “everywhere,” “easy,” and “very, very easy to find”; “Man, it’s off the charts!” The Dayton-area crime lab also noted high and stable availability of crack cocaine.

Crack cocaine is sold as “rocks” for \$50, \$2, \$5, \$10, \$20 or more. Grams were said to range from \$40-\$50. A white female primary user paid \$80-\$100 for an “8-ball” (1/8 ounce), and a white male primary user paid \$100. Two younger white male users also reported \$100 prices but for what they claimed weighed three, not three and a half grams. Five participants reported prices for 1.5 gram amounts of \$45-\$60.

Crack-cocaine quality was perceived to have declined since October and November of 2007, such that now it was “poor,” “terribly poor,” and “horrible.” Suspected adulterants included: cotton balls, wax, Benadryl, Baby Orajel, baking soda,

Novocain and Adderall® (amphetamine mixed salts). The crime lab reported unchanged, high purity (60%+) of crack cocaine.

Smoking out of a “stem,” or “straight-shooter” (crack pipe), remains the primary mode of crack use, but users and treatment providers reported its sprinkling into marijuana joints and “Black & Mild” cigars (a “Primo”). Crack injection was reported as rare, but a 43 year-old white male heroin and crack-cocaine user explained that he has been injecting it more frequently because of the poor quality of powdered cocaine. He used Kool-Aid, vinegar or citrus to dilute the crack: “[This] separates, breaks it down and then you, uh, basically, just draw it up and [inject it] . . . You can sometimes taste the vinegar or the Kool-Aid [after injecting crack].”

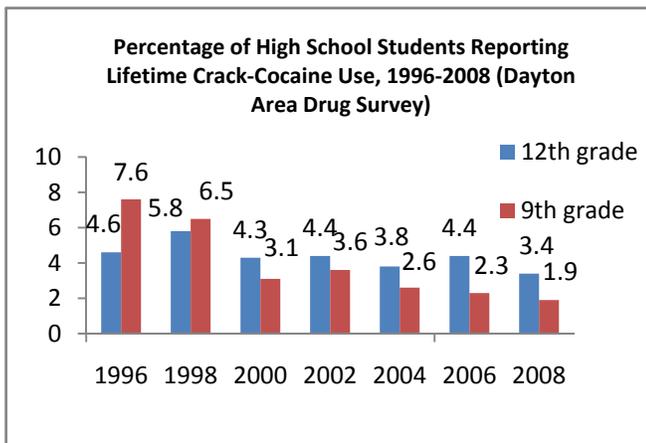
Five treatment providers reported ongoing declines in crack cocaine-related treatment admissions. One asserted that crack was “on the decline as, so far as use.” Another said that, “Yes, it’s more marijuana [admissions] now than crack cocaine.”

Regarding crack-cocaine user groups, one participant mentioned African-American “kids” in a low-income Dayton neighborhood, but others explained that dealers of crack were typically younger than its users. A treatment provider said that 30-60 year-olds “are the cocaine users, the crack cocaine users. The crack cocaine dealers are your 20s and so forth.” Others noted few differences of ethnic affiliation or gender regarding crack-cocaine usage: “there is probably a wide variety of all cultures using crack cocaine,” said a treatment provider. Other participants noted people of higher socioeconomic status being introduced to crack. One said, “I’ve dealt with people that had [high-paying] jobs, making good money and coming and spending all their money on some crack.” HIV prevention specialists also reported that some long-term heroin users have switched to smoking crack cocaine. Crack cocaine use was attributed also to Hispanic males involved in sexual networking. A white female user explained: “Cause I have some girlfriends that are hookers and they tend to go over there to get money . . . And they go over and get high, get money from the Mexicans . . . but yeah, I’ve seen cases where that’s, it’s been a situation [in which Hispanic males have] picked them up and wanted to have sex or whatever; the girl wants to get high and so that be the case, they get high and have sex.”

Crack-cocaine is frequently used in combination with alcohol and marijuana, and a white female said that crack users take “a lot of benzos to come down from the crack.”

Participants provided vivid evidence about the stigma of crack-cocaine use. An African-American woman in her 20s, who had grown up amongst crack-using family members, explained: “Because you know the effects . . . I’m not gonna smoke crack, because you grow up watching crack-heads . . .” A treatment provider shared the attitudes of some of her clients who used powdered cocaine: “I’m not as bad as [a crack cocaine smoker], okay? . . . So they kind of get this thing going on in their head, ‘well, I don’t smoke crack, [so I am better].”

According to the results of the Dayton Area Drug Survey, in 2008, 3.4% of 12th grades and 1.9% of 9th graders reported lifetime use of crack cocaine, which indicates relatively stable or slightly declining trend since 2000.



POWDERED COCAINE

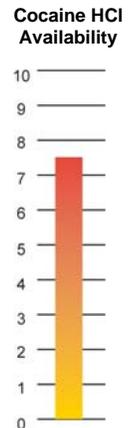
Historical Summary

Most users rated the availability of powdered cocaine (cocaine HCl) during the previous reporting period as 8-9 on the scale of 0 (not available) to 10 (extremely available). Crime lab data suggested moderate availability and high quality (60%+), but users noted great variation in quality. Powdered cocaine sold for \$20-\$25 per 1/2 gram, \$40-\$50 per gram, and \$100-\$125 per “8-ball” (1/8 ounce). Treatment providers noted few admissions for primary powdered cocaine use. Users were

described as being middle-class, late-30s to early-40s white males; suburban high school students; and African-American male crack dealers. Use via intranasal inhalation or injection (by primary heroin users) was common. Heroin and alcohol were commonly consumed with powdered cocaine, the former via “speedballing,” the latter so as to “come down.”

Current Trends

Users said that current availability of powdered cocaine (cocaine HCl), known as “soft,” “girl,” “salt” and “snuff,” was moderate to moderately high, and stable. Some rated availability as 5-7, but others, including HIV prevention specialists, said 7-10. A young white female user of Xanax®, alcohol and powdered cocaine said that “my friend, her boyfriend sells coke and, like . . . he always has coke. Always, no matter what, he always has it.”



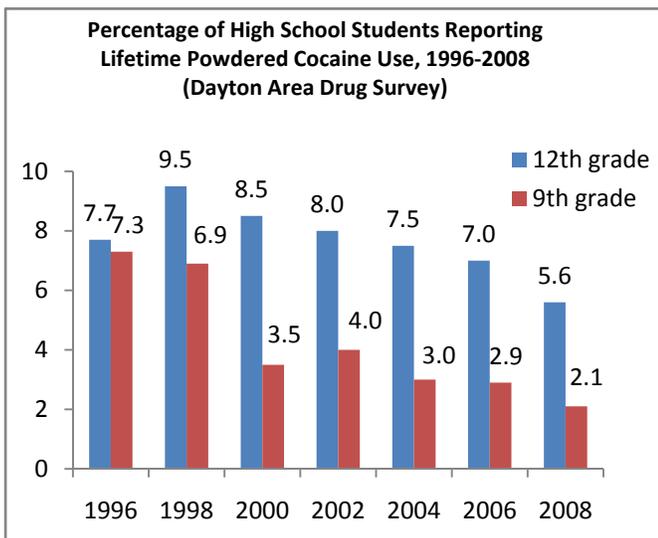
The availability of powdered cocaine in the Dayton area was said by the crime lab to be high and increasing. Several large-scale drug busts were reported in local news media. Police seized 121 pounds of powdered cocaine from homes in a nearby township in April. The suspected ring-leader died in custody in Georgia (Dayton Daily News, May 2, 29, June 24, 29, 2008; Yellow Springs News, May 8, June 1, July 2, 2008).

Users reported prices ranging from \$55-\$85 for a gram of powdered cocaine, but some reported lower prices, in the range of \$30-\$50. Reported “8-ball” prices (1/8 ounce) ranged generally from \$100-\$150. Powdered cocaine is also sold by heroin dealers in \$5-\$10 “caps” for those who prefer to inject powdered cocaine in conjunction with heroin.

Powdered cocaine quality hinges on social proximity to the dealer, its current supply, and the amounts purchased. An HIV prevention specialist remarked that “it really depends on who you gettin’ it from . . . if you spendin’ the right type of money, then you gettin’ a little bit of quality.” Users disagreed about the general state of quality, but two noted recent rebounds; one reported that she had purchased some that was “impressively good for Ohio.” The crime lab reported

moderate purity (30%-60%) of powdered cocaine. Treatment providers described powdered cocaine users as ranging in age from their 20s to their 40s. A female primary user said there are “[m]ale and female [users], but . . . in the bars and stuff, like, where I go and I find my powder, it’s mostly the older men, using the powder.” HIV prevention specialists associated its use with employed, “upper-class people,” males and females evenly, and one noted that powdered cocaine use was more common among whites than African-Americans, including suburban housewives and weight-conscious single females. Cocaine and opioid users associated powdered cocaine use increasingly with those in their teens and 20s; with whites as opposed to African-Americans; and with IV heroin users. Powdered cocaine use was also reported as common among crack-cocaine dealers in their early 20s. As one treatment provider indicated, “[they] don’t correlate it [snorting powdered cocaine] with ‘oh, crack. It’s different’, you know, they separate it . . . and . . . the majority of the dope dealers will snort cocaine.”

Powdered cocaine is usually inhaled intranasally, but injection use was reported as common among primary heroin injectors. Powdered cocaine was typically used alongside alcohol, pharmaceutical opioids and benzodiazepines. A 34 year-old white male user explained: “Cuz when you’re doin’ the coke, you’re real high, high, you know, you’re really nervous, and then when you go, like, if you wanna go to sleep, you’re gonna have to do heroin, Xanax, you know, [to come down] . . .”



According to the results of the Dayton Area Drug Survey, in 2008, 5.6% of 12th grades and 2.1% of 9th graders reported lifetime use of powdered cocaine, which indicates a declining trend since 1998.

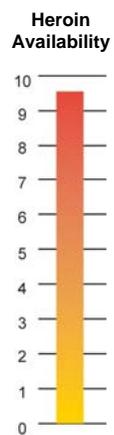
HEROIN

Historical Summary

In the previous reporting period, heroin availability was rated at 9-10 on the scale of 0 (unavailable) to 10 (extremely available). Crime lab data also indicated high availability of heroin. Users reported declining quality of heroin, although the crime lab indicated moderate purity (30%-60%). Brown powder was the most commonly available form, but users reported some availability of black tar. Heroin sells as \$10-\$20 “caps,” but grams were priced around \$100. Treatment providers noted an increase in heroin-related treatment admissions, mostly among young, suburban whites. Participants reported that heroin is frequently used with benzodiazepines, powdered cocaine and crack cocaine. Pharmaceutical opioid abuse was reported to enable the transition to heroin use. Injection was the most common mode of use, but younger users also inhale it intranasally.

Current Trends

Users, treatment providers and buprenorphine-prescribing physicians, reported availability of heroin as 9-10 on the 0-10 scale. Users reported increasing numbers of dealers and geographic expansion of its availability. A 52 year-old African-American male said that, “I know five or six different places I can go to right now and every one of them got it [heroin].” Several users noted aggressive marketing strategies of some dealers; a white female in her 20s remarked: “I mean, we’ll be driving and they’ll be, like, ‘Hey, test this, call me.’ On the X side of town, if we just sit at a red light . . . people will pull next to you and tell you to roll your window down and [try] to give you free dope and everything.” Crime lab personnel indicated that heroin availability declined from high to moderate.



Treatment providers and users reported that white,

off-white, tan and brown powder were the most available forms of heroin. The Dayton-area crime lab noted that brown-powder was the most available form. Availability of tar heroin was rated by primary users between 2 and 6 on the 0-10 scale, which represents a slight increase compared to the previous reporting period. The crime lab reported no cases of black tar heroin. Three users reported the brief appearance of poor-quality “Purple” or “Kool-Aid” heroin. A 50 year-old African-American male explained: *“I mean it was . . . not purple, it was like in a brown form of chunk and then when you crush it up with your water, it would be purple.”*

Heroin users perceived an overall declining quality of heroin. Physicians and treatment providers indicated a great variation in quality: *“Well, it varies, ‘cause some of my clients talks about, one minute they got some good heroin out there ,and then the next minute some people dyin’ from some heroin . . . ‘Cause it’s pure.”* Some users thought that heroin was adulterated with fentanyl and in some cases benzodiazepines. One of them, a 43 year-old white male, explained: *“They’re mixing [heroin] with fentanyl, and they’re putting . . . the fentanyl is killing people, though. So they started putting Xanax in it, I think, because you’re nodding real quick on it, which some people like the nod and . . . you don’t have the chance to get the needle out of your arm, and you’re about to sleep.”* The crime lab noted two cases of heroin/fentanyl mixtures and overall moderate quality heroin (30%-60%).

Brown and off-white powder heroin sell for \$10-\$15 per cap and \$90-\$120 per gram. Tar heroin sells for \$15-\$20 per cap and \$120-\$150 per gram. Users also reported paying \$50 for 3/10 of a gram.

Users and treatment providers said that injection remains the most common mode of heroin use. However, a participant noted that many *“start with snorting it, and then people usually want a better high so they start shooting it up, ‘cause one of their friends talked them into it.”*

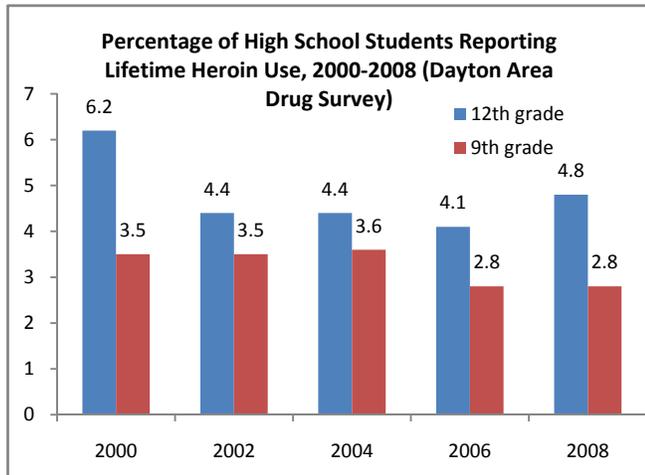
Treatment providers noted increases in heroin-related treatment admissions. For example, a local methadone clinic representative remarked that he and his colleagues had to *“get more counselors to do more screenings . . . We were having all these additional referrals and, when I looked at the April quarterly reports, there were*

additional 132 referrals.” He and his colleague confirmed that this upsurge was mostly of IV heroin users. Users and treatment providers associated the increasing trend of heroin use with white youth and young adults. A young white female heroin user noted that *“if you go into the methadone clinic all you see is white people, you’ll see, like, two or three black people.”* Fewer heroin-related treatment admissions among middle-aged and older African Americans were noted by a treatment provider: *“10 years ago . . . the average age [of heroin users admitted to the methadone clinic] was about 35, but now I’m seeing a much younger population, and even in the entry interview . . . they’re [reporting] starting off as young as 16 year olds, IV drug users.”* A buprenorphine-prescribing physician based in a pain-management clinic noted that its heroin users among the clinic’s clientele tended to be white adolescents and young adults, including high-school students. Another Suboxone®-prescribing doctor reported heroin users being typically between 20 and 30 years of age, and both African-Americans and whites.

Participants again noted that pharmaceutical opioid abuse enabled the transition to heroin use. A white male primary user of heroin noted that OxyContin® (oxycodone, extended-release) was *“gettin’ harder to get”* and doesn’t remain *“your drug of choice for very long because you go straight to heroin.”* Another male user added, *“yeah, ‘cu’z it’s cheap. Can’t find [OxyContin®] and can’t afford it.”* A treatment provider said that those who couldn’t find Vicodin® (hydrocodone and acetaminophen) fast enough were *“coming for the heroin.”*

In addition to powdered cocaine (when consumed in a “speedball”), heroin users also consume benzodiazepines, pharmaceutical opioids and, to a lesser extent, Tylenol PM® (acetaminophen and diphenhydramine) to extend the effects of heroin. A heroin-using white female noted that she and her partner took Tylenol PM® nightly so as to be able to sleep, and added: *“the Tylenol PMs do help with the nod also, kinda like methadone.”* Some users noted use of heroin with Phenergan® (promethazine).

According to the Dayton Area Drug Survey, in 2008, 4.8% of 12th graders reported lifetime heroin use, which represents a slight increase since 2006.



OTHER OPIOIDS

Historical Summary

The 9-10 ratings provided by users during the previous reporting period regarding availability of Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) were confirmed by crime lab data. Both users and the crime lab rated availability of OxyContin® (oxycodone, extended-release) as moderate. Availability of methadone tablets/wafers was rated as moderate or moderately high. Users of heroin and other opioids mentioned diversion of Tylenol® 3 or 4 (codeine and acetaminophen) and of Darvocet® (propoxyphene and acetaminophen). Participants reported little to no availability of Duragesic® (fentanyl transdermal patches), morphine tablets, Dilaudid® (hydromorphone) or Suboxone® (buprenorphine and naloxone). Street prices for OxyContin® ranged between \$0.50 and \$1 per milligram of opioid content. Use of pharmaceutical opioids was associated with whites in their early-mid 20s; high-school students; nurses; and middle-class, middle-aged people. Usually ingested, these drugs were also sometimes crushed and inhaled intranasally, or, in the case of OxyContin®, crushed, diluted and injected.

Current Trends

Participants rated the overall availability of pharmaceutical opioids as steady and high. Vicodin® and Percocet® availability was again rated by users as 9-10 on a scale 0-10, and some noted the

moderate and perhaps declining availability of OxyContin®, which was rated 5-6. Availability of methadone tablets and wafers was rated at 5-7 on a scale 0-10. Users rated the availability of Duragesic® as low, and that of Roxicet® (oxycodone and acetaminophen) as moderate (4-5).

The crime lab data suggested that availability of OxyContin® and methadone tablets/wafers declined from moderate to low, and that of hydrocodone-containing products such as Vicodin® declined from high to moderate in the current reporting period. The crime lab rated availability of generic oxycodone extended-release tablets as moderate, which represents an increase. Availability of immediate-release oxycodone products (Percocet®, Percodan®) was rated as low and unchanged.

Street prices of most pharmaceutical opioids, including Vicodin®, Percocet®, methadone tablets/wafers and OxyContin®, typically ranged between 0.50 to \$1 per milligram of opioids content. Overall, pharmaceutical opioids prices remained stable since the last reporting period.

Street prices of pharmaceutical opioids		
Vicodin®	7.5 mg	\$3-\$5
	5 mg	\$2-\$3
Percocet®	5 mg	\$3
	7.5 mg	\$5
OxyContin®	20 mg	\$15
	40 mg	\$20-\$30
	80 mg	\$40-\$60
Methadone	40mg (wafer)	\$20-\$40
Dilaudid®	2 mg	\$4
	4 mg	\$7
Fentanyl patch	25 mcg/hr	\$20
Suboxone®	8 mg	\$5-\$20

Users, HIV prevention specialists, and treatment providers noted the popularity of methadone tablets/wafers, especially among heroin users. According to treatment providers, methadone in a tablet/wafer form is the third most frequently abused pharmaceutical opioid, behind Vicodin® and OxyContin®. A Suboxone®-prescribing medical doctor explained that patients bought diverted methadone “as a stop-gap to prevent withdrawal from other narcotics.” A 43 year-old white male heroin

user commented that methadone tablets/wafers are “so popular, it’s hard to even get, but if they’re out there, if, say, I had 500 of them, I’d have them gone today.”

Users confirmed the diversion of Suboxone® and rated its street availability as a 5. An HIV prevention specialist noted its use among self-medicating heroin users: “Suboxone is the thing you grab hold of. If you want... If you tryin’ to keep from being sick, grab a Suboxone, right?” The crime lab reported no cases of Suboxone® or Buprenex® (buprenorphine), but did report low availability of Subutex® (buprenorphine). Considerable diversion of Suboxone® was reported in nearby Clark County.

In tablet form pharmaceutical opioids are normally ingested orally. Users, doctors and HIV prevention specialists reported that OxyContin® tablets are typically crushed and inhaled intranasally. A doctor reported that those who inject heroin might also inject OxyContin®.

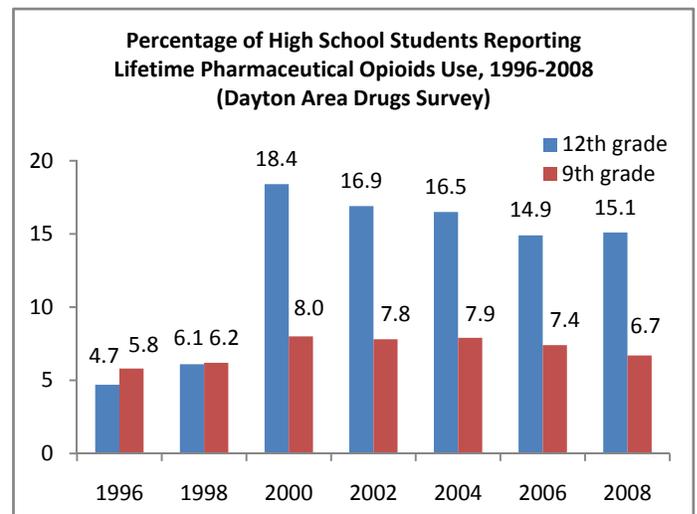
As in the prior reporting period, users and treatment providers linked abuse of pharmaceuticals to initiation of heroin use. A substance abuse counselor said that “I’ve had an increase in heroin users through the use of . . . oxycodone and . . . pain pills.” A physician said that “a lot of the suburban kids start out their first abuse when they’re doing [pharmaceutical opioids] recreationally . . . and they mix and match . . . and the progression in narcotics is to go into methadone, OxyContin, heroin.”

Treatment providers reported increases in admissions related to pharmaceutical opioid abuse and highlighted the recent decline of the prominence of OxyContin® abuse among their clients and its replacement with Vicodin® and Percocet® abuse. A provider said, “I think they realize [OxyContin®’s] a real dangerous drug, and people are backing off of shooting that or taking that as much.” Pharmaceutical opioid abuse was noted in both working-class and white-collar, professional clients, especially nurses, “suburban kids,” and “housewives.” Pharmaceutical opioid abuse was also reported among heroin users. User group members remarked that illicit use of pharmaceutical opioids “is across the board,” that “a lot of people take pills.” Nevertheless, use was associated less with African-Americans or Hispanics than with whites.

A Suboxone®-dispensing physician reported that pharmaceutical opioid abusers that come for Suboxone® treatment are typically in their 20s and 30s, equally male and female, suburban and white, and whose parents have money and insurance: “They started with recreational drug use and escalated rapidly.” This doctor noted that many of the pharmaceutical opioids abusers “are people that are employed, have full-time jobs, have insurance; I have several patients that are vice-presidents of corporations in town.”

Another physician reported that the majority of the clients who came for Suboxone® treatment at his clinic are heroin users. However, he described a general practice clientele who were poor, frequently unemployed, and who divert pharmaceutical opioids to supplement their income. This physician said, “[We] have very few people that would abuse our prescription medications, I mean for themselves,” and then added that, with diverted pharmaceutical opioids, “they do everything, they pay their rent, they . . . buy groceries, pay for [their] rent, run their life; they have never had a job, you know, they’ve applied for social security disability, they don’t get it, one, two, three chances.”

According to the Dayton Area Drug Survey, in 2008 15.1% of 12th graders reported non-medical use of pharmaceutical opioids at least once in their lifetime. The rate of lifetime use was 6.7% among 9th graders.



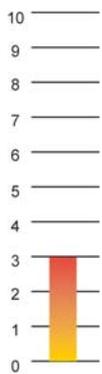
METHAMPHETAMINE

Historical Summary

In the prior reporting period, methamphetamine availability was rated at 2 by most participants, but one primary user said that *“It’s all over Dayton”* and rated it an 8 on a scale 0-10. Crime lab personnel reported moderate availability, and rated its quality as moderate (30%-60%). Prices were reported of \$40 per gram. Its production and use are associated with rural areas and whites in their 30s to 40s. Powder was the form most commonly reported. Smoking remained the most common mode of use.

Current Trends

Methamphetamine Availability



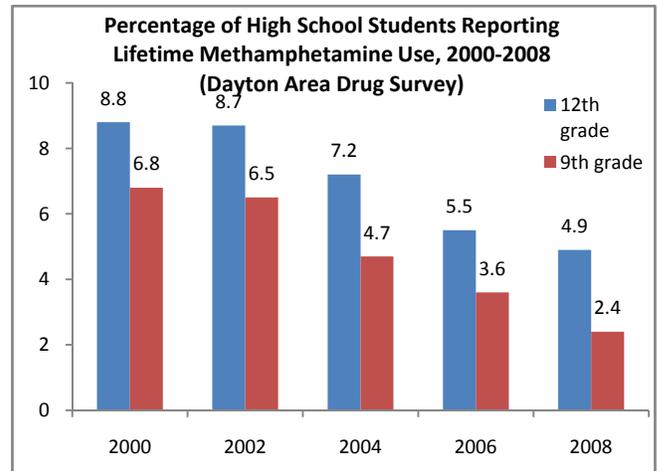
In the current reporting period, participants estimated declining availability of methamphetamine in Dayton. The same primary user who rated methamphetamine availability at 8 in the prior reporting period, rated it at 3 on a scale 0-10, and commented, *“crack’s the real big heavy thing here in Dayton right now . . . I’d have to do some searching [for methamphetamine].”* Several white males provided availability ratings in the range of 2-7 but indicated no specific recent

knowledge. The Dayton area crime lab reported unchanged, moderate availability of methamphetamine, and rated purity as high (60%+). Powder was reported as the most commonly seen form, according to the crime lab.

Users noted availability of *“shards,” “crystal,”* and *“glass-like”* forms. A non-user said prices were *“[p]robably about \$100 dollars a gram,”* while a former user noted prices of \$20 for 1/5 of a gram and of \$120-\$150 per gram. Smoking remains the most common mode of use. A primary user described its use in the adjacent rural community as involving individuals from 13 to 40 years of age. Younger, polydrug users reported *“older people”* and *“biker”* users, but others hinted at its use by younger users in party and club settings.

Dayton Area Drug Survey indicates a declining trend of methamphetamine use among the area high

school students. In 2008, about 4.9% of 12th graders reported lifetime use of methamphetamine, which is comparable to the rate for heroin and powdered cocaine use, and significantly lower than the rate of pharmaceutical drug use.



MARIJUANA

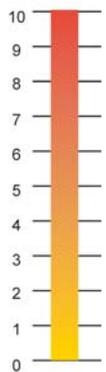
Historical Summary

In the prior reporting period, participants rated the availability of marijuana as an overall 10 on the 0 (not available) to 10 (extremely available) scale. Users and crime lab personnel noted the high quality of marijuana. Such high-quality grades as *“Hydro”* and *“Purp”* were reported to sell for up to \$300 per ounce or for \$50-\$60 per 1/8 ounce. *“Regular”* grades sold for \$20-\$30 per 1/8 ounce. Marijuana is perceived as a *“low-risk,”* socially acceptable drug whose use cuts across ethnic and class lines, involves males and females alike, those from age 12 to 70, and particularly young African-American male drug dealers. Treatment providers reported increasing admissions for primary marijuana use. Marijuana is frequently used with alcohol and benzodiazepines.

Current Trends

The availability of marijuana was again rated by participants as high and stable: *“Everywhere, that’s a 10-plus,”* said one treatment provider; *“Five times triple!”* Other users replied *“10,” “15”* and even *“300.”* The Dayton crime lab again rated overall availability of marijuana as high and unchanging.

Marijuana Availability



The highest grades include “[Texas] Blueberry,” “Hydro,” “dro,” and “Purp.” Two users reported smoking high grade marijuana (“Grand-Daddy Purp”) that they suspected was laced with crack or another drug. An HIV prevention specialist said that *“this stuff . . . I’m tellin’ you, you almost need a mask, ‘cuz you won’t be able to breathe.”* “Regular,” “ganja,” or “Reggie” refer to lower quality marijuana. The crime lab reported high quality of marijuana in

the Dayton area.

Young male users reported prices for the highest grades of marijuana of \$40-\$50 per 1/8 ounce and \$100 per 1/4 ounce. By contrast, 1/8 ounces of “regular” were priced at \$10-\$20, ounces of it sold for \$80-\$90, and ounces of “dirt-weed” could sell for as low as \$40-\$50. Pounds of “regular” sold for \$600-\$700, and of the better grades of “commercial” for \$1,200-\$1,500.

Smoking is the most common mode of use.

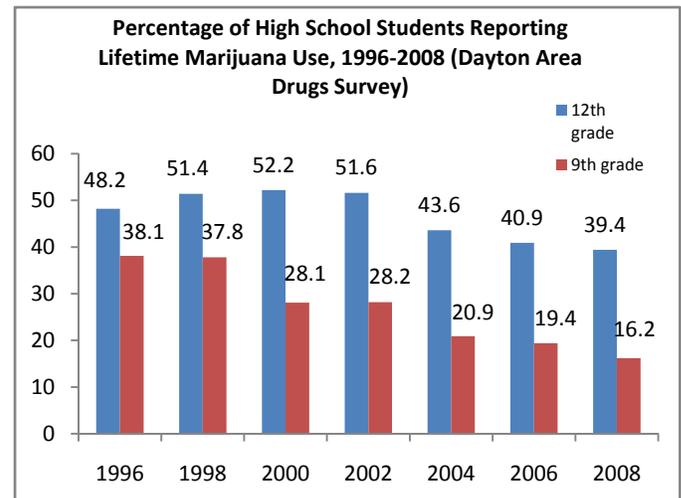
Alcohol, cocaine and benzodiazepines are typically used with marijuana. Participants again noted the lacing of joints or blunts with powdered or crack cocaine: *“You got some people that call it ‘Primo,’ right? They, they rolled it, and they would only smoke [crack cocaine] in weed.”*

User groups were composed of *“everybody, young, old, older.”* Use was said to commence as young as at ages 11-13, and to extend well into the 60s and 70s. A 28 year-old white male cautioned that: *“But it’s older people, too, ‘cuz people smoke weed their whole life and still smoke it.”* Marijuana is smoked also by those who smoke crack cocaine. A counselor at a treatment provider agency affirmed a two-year trend in upsurge of treatment admissions for primary marijuana use. *“Yes, it’s more marijuana now than crack cocaine,”* he said, and added, *“when I started . . . 70% of my case was cocaine, and here it’s pretty much the opposite, like, 75[%] marijuana and then cocaine decreasing to maybe 20[%], and then alcohol.”*

Several treatment providers commented upon the difficulties they had in convincing clients of the health risks of marijuana use. A treatment provider remarked that, *“One thing that I . . . would say about . . . the marijuana users is it’s very, very difficult to convince them*

that it’s bad for them.” A provider at a methadone clinic commented that *“The younger group don’t see it as a drug,”* and added: *“You know, they don’t see it as a drug of abuse, you know, it’s something that they start, and I think their use started before 16, their use begins . . . and, and it appeared to them as not a drug of abuse, so it’s continued.”* Her colleague added that, *“And you know, they look at marijuana and alcohol as not a problem, and they will tell you that.”*

In addition to reporting clients who commence marijuana use at age 12 and 13, treatment providers said that some crack cocaine dealers are “connoisseurs” of high-grade marijuana. One added: *“Most of the ones that I serve that smoke weed, they don’t, they just talk about the top of the top: ‘that’s what I smoke. I don’t mess with nothing else but the good stuff, you know?’”*



Dayton Area Drug Survey indicates a slight decline in marijuana use among the area high school students. According to the 2008 data, about 39% of 12th graders and about 16% of 9th graders reported lifetime use.

OTHER TRENDS

Soma® (carisoprodol)

The street availability of Soma®, which is prescribed to relax muscle spasms, was noted by younger users and rated by older opiate and cocaine users as a 10. The Dayton-area crime lab, however, reported only low availability of carisoprodol. Participants reported the sale of Soma® for \$2-\$3 per tablet. Typically, 40-60 year-old users ingest it with alcohol,

but overuse leads to the “Soma shakes” or “Soma coma.”

Benzodiazepines

In the prior reporting period, participants rated the availability of Xanax® (alprazolam) as a 10. They suggested that the availability of Klonopin® (clonazepam) has increased to moderately high levels and that of Valium® (diazepam) increased to moderate levels.

In the current reporting period, interviewees noted the “*all-day, everyday*” nature of benzodiazepine availability. Users rated Xanax® and Klonopin® availability as 8-10 and that of Valium® as low (2-3) to moderate (5-6). Availability of Xanax® specifically was rated by the crime lab as high and of other benzodiazepines as moderate and declining.

“Doctor-shopping” and over-prescription were reported to contribute to high rates of benzodiazepine diversion and abuse. A treatment provider said: “*You have a lot [of] Dayton . . . doctors that freely write prescriptions for, uh, benzos and clients are aware who the doctors are and you go in there, fake a symptom, the doctor will write it.*”

Two-milligram “Xanny bars” sell for \$4-\$5, 1 milligram tablet sells for \$3-\$4, and 0.5-milligram tablets sell for \$2-\$3. Klonopin® tablets sell for \$1-\$2. A 5-milligram Valium® sells for \$4-\$5. Ativan® (lorazepam) was said to sell for \$4.50 per tablet, although it was little mentioned.

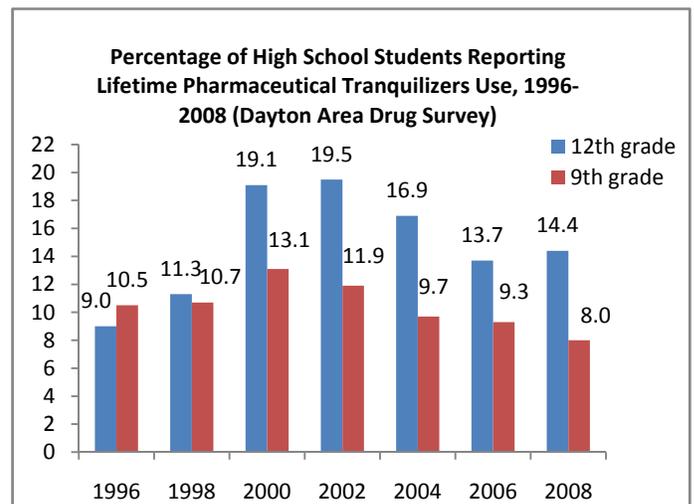
Users typically ingest benzodiazepines orally, and only scattered mention was made of their inhalation intranasally. Benzodiazepines are frequently used with alcohol and marijuana. Two substance abuse counselors described a practice of mixing benzodiazepine tablets into alcoholic drinks: “*Well, they’ll drop those Xans, they’ll drop them, a couple of bars into their drink, and then they’ll take the handful of them and still put some in the alcohol to dilute it, and they’ll drink it that way as well;*” *that’s a club drink. Xanax is a club drink.*” Users of methamphetamine and crack cocaine also use benzodiazepines to “come down.” Benzodiazepine use was also reported as common among heroin and other opioid users. A buprenorphine-prescribing doctor commented: “*And so, now, a lot of people who abuse opiates like benzos.*”

They’re both depressants and they tend to be more anxious people where things that calm them down make them feel better.”

Three user group members noted the popularity (and dangers) of consuming Xanax® with methadone. As one white female heroin and pharmaceutical opioids user commented, “*they say the methadone and the Xanax is like doing heroin.*”

Users and treatment providers reported benzodiazepine abuse especially among “younger,” 18-25 year-old recreational users and 30-50 year-olds who self-medicate “life stressors.” Some suggested that use was more common among whites than African Americans, and among females than males.

According to the Dayton Area Drug Survey, in 2008 more than 14% of the surveyed high school students reported non-medical use of pharmaceutical tranquilizers at least once in their lifetime. Compared to 2006, rates increased slightly among 12th graders and declined among 9th graders.



Prescription stimulants

During this reporting period, only one user and a few treatment providers discussed illicit use and availability of Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts). A 43 year-old white male opiate user noted that he had been offered Ritalin® at \$3 per tablet. He said that if one were willing to look for it, availability would be “*probably a 7.*” When asked “Who’s using Ritalin and Adderall?,” a treatment provider replied: “*Well, first of all, the kids are getting that prescribed to them and their*

parents are taking it and then selling it [affirmations all around]. It is a real comeback . . . because if I could make my kid go in there and jump up and down, and kinda act a little weird, and the doctor write 'em a script, that's all I ever wanted." A buprenorphine-prescribing physician noted the considerable street availability of diverted Adderall®.

Seroquel®

In the previous reporting period, school counselors and treatment providers noted the abuse of the anti-psychotic medication Seroquel® (quetiapine fumarate) by high-school students. In February of 2008, a television station reported that six Dayton-area high school students "mysteriously fall asleep" in class and were then taken to a local hospital following consumption of Percocet®, a generic form of Xanax® and Seroquel® (WHIOTV.com on February 26, 2008).

In the current reporting period, users rated street availability of Seroquel® at 7-9 on a scale 0-10. The Dayton-area crime lab reported low availability. Three HIV prevention specialists mentioned a certain stigma attached to its use: "since it's considered a schizophrenic drug, don't nobody wanna take it; they're afraid they'd get schizophrenic," and her colleague added: "They don't want that label." Several users noted its undesirable side-effects. "I hate Seroquel," said a 20 year-old polydrug-using white female, while a slightly older user added, "I just hope don't nobody take that . . . When I was in penitentiary, it, Seroquel had everybody walkin' around like a Zombie." Several users reported that it is typically used to self-medicate insomnia or heroin withdrawal or to enhance the effects of methadone. One said, "But for Seroquels, like, if I knew I wasn't gonna have any money for dope or stuff, I would try to keep all my Seroquels for, like, if I was dope-sick, 'cause I could take 'em and they would . . . knock me out right there."

DXM

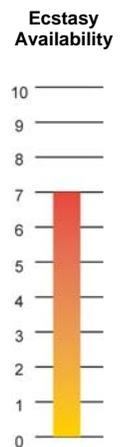
DXM (dextromethorphan), the active ingredient in over-the-counter cough suppressants and cold-and-flu medications, can have a dissociative effect upon users who over-consume it. School counselors previously noted that abuse typically increased in the

winter. In the current reporting period, users again reported cases of DXM abuse among youth and young adults and its theft from stores or from family's medicine cabinet. One treatment provider asserted that DXM abuse was "coming back": "I've been hearing about that now . . . on my side of town."

According to the Dayton Area Drug Survey, in 2008, 3.8% of 12th graders reported lifetime use of DXM; in 2006, the rate of lifetime use was 4.9%.

Ecstasy/MDMA

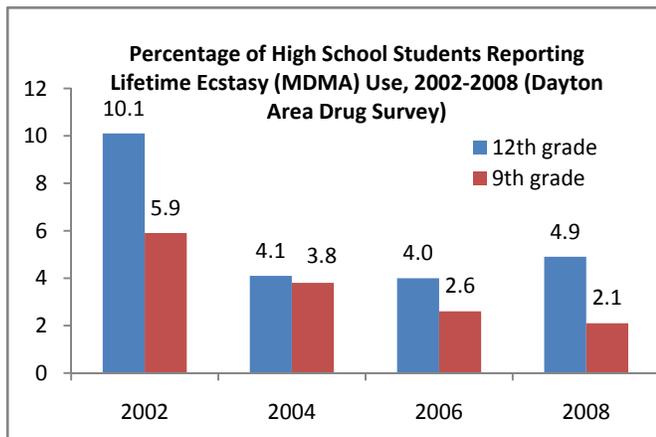
Two polydrug user groups noted the seasonal and perhaps increasing availability of Ecstasy. Users rated availability between 5 and 9 on a scale of 0-10, but the crime lab reported low and declining availability. A young white user explained, "Yeab, it, like, went away, and it was kinda hard to get for awhile . . . In the past couple of years, it's, it's been making a comeback." Another added: "[y]eah, you can get that from the weed [from a marijuana dealer]; you can get [Ecstasy]. It's a phone call away."



Users noted the marketing of Ecstasy tablets by pop cultural logos of Louis Vuitton, Mercedes, Mitsubishi, *Transformer*, and *Superman*. These users complained, however, of increasing adulteration with, as one user put it, "meth, caffeine, and . . . DXM . . . with all kinds of, like, household drugs." No one mentioned other than oral ingestion. Some users said that prices had remained between \$10 and \$20, but others said that \$25-\$35 per tablet was more typical.

As previously, use of Ecstasy is associated mostly with youthful consumers at dance-club and night-club settings and occasional underground, "rave" parties. One user noted "it's the younger, it's the 20 year-olds that's doing the X." When asked, another user affirmed use among African-Americans but without providing any specific details. Three African-American female users in a third group discussed broad changes in use patterns now involving more young people, and one noted that "It's, it's a lot of blacks that's doing it now."

While other regions reported the adulteration of tablets of Ecstasy with benzylpiperazine (BZP), no such cases were reported this time by the crime lab. According to the Dayton Area Drug Survey, in 2008 almost 5% of 12 graders reported lifetime use of Ecstasy, which indicates a slight increase since 2006. Among 9th graders, the rate was 2.1%.



Other Hallucinogens

Focus group participants were divided as to the availability of hallucinogens. Older users for a long time had seen neither psilocybin mushrooms nor LSD in Dayton. Of the former, one commented, “*We don’t see those around, not like there used to be. There used to be a lot of mushrooms.*”

Younger, polydrug users, however, rated psilocybin availability as 6-7, and one priced 1/8 ounce of dried mushrooms at \$25. HIV prevention specialists and treatment providers associated their use with young whites. The crime lab reported moderate and increasing availability of mushrooms, but only low availability of LSD.

A treatment provider mentioned that his 22 year-old female client had at intake reported recent use of *Salvia divinorum*.



Ohio Substance
Abuse Monitoring
Network

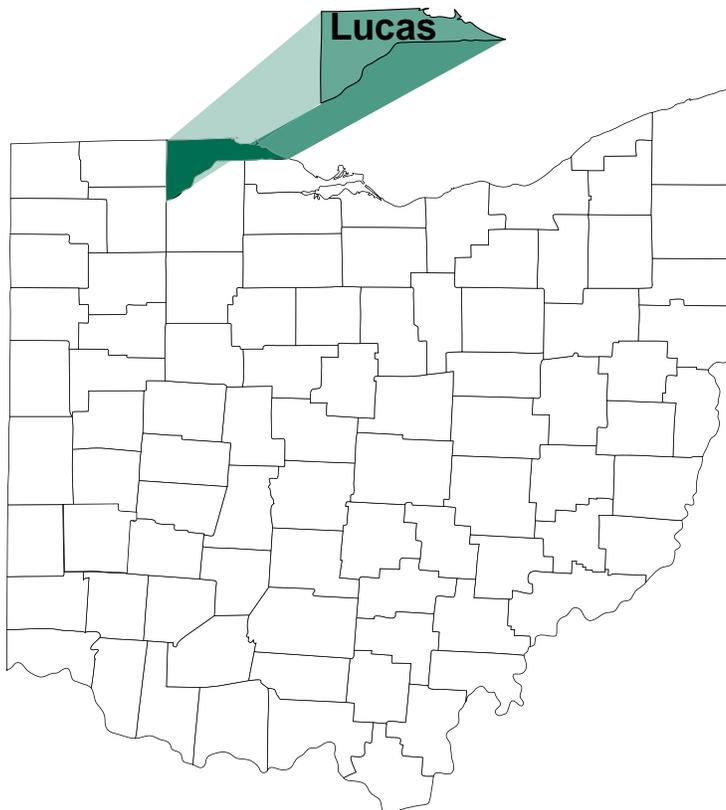


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Toledo Area



Celia Williamson, Ph.D.
University of Toledo
Department of Social Work
2801 W. Bancroft St., MS119
Toledo, OH 43606
(419) 530-4084
(419) 530-4141 (fax)
Email: celia.williamson@utoledo.edu

Tamara Hansen Reese, M.P.H.
Wright State University
Center for Interventions, Treatment and
Addictions Research
110 Medical Sciences Building
3640 Colonel Glenn Highway
Dayton, Ohio 45435
(937) 775-2066 Voice

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

In Collaboration with Wright State University and the University of Akron

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%

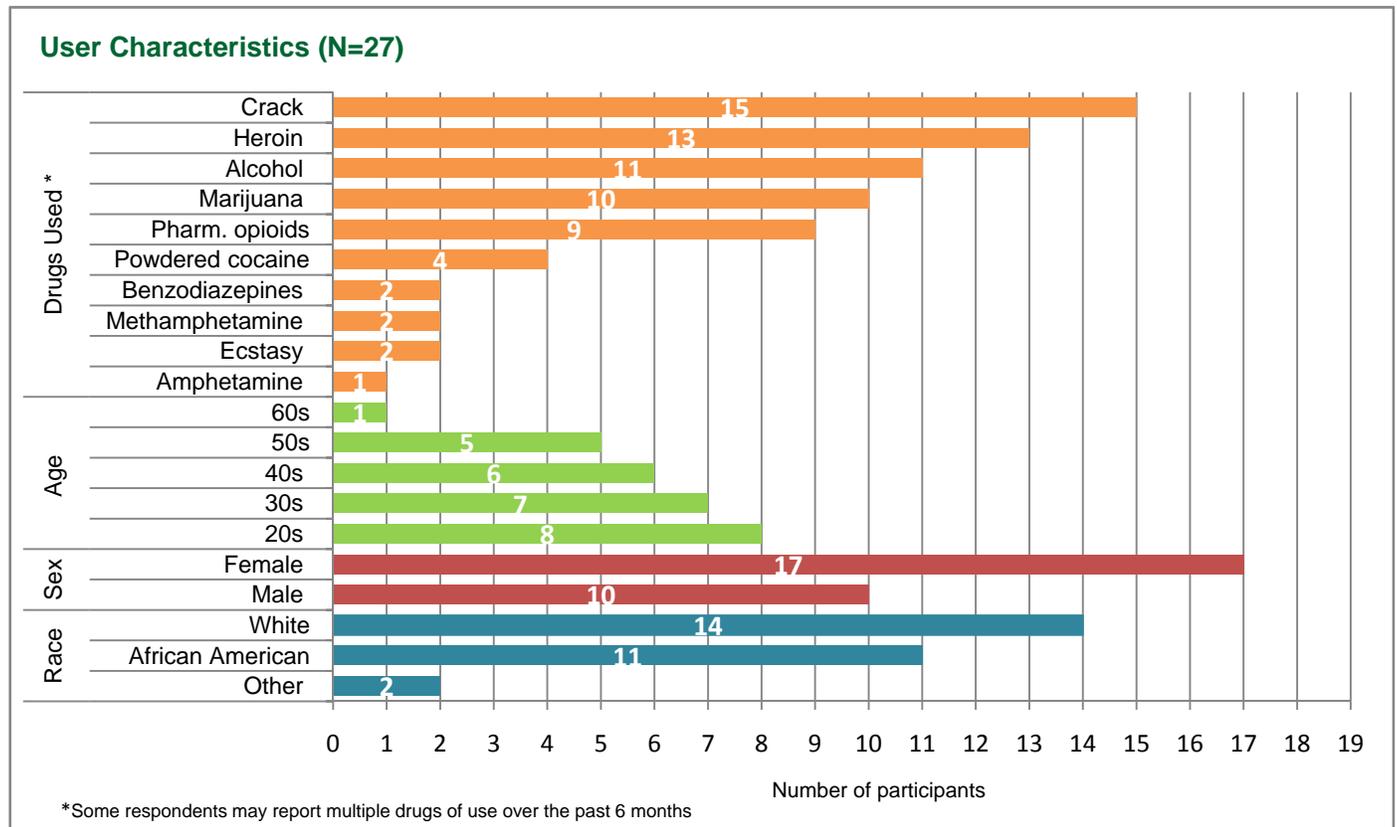
DATA SOURCE

Interviews Conducted in the Toledo Area		
Date	Number	Participants
02/07/08	2	Active users
05/14/08	9	Active and recovering users
05/14/08	10	Treatment providers
05/15/08	5	Active and recovering users
05/15/08	3	Active and recovering users
05/15/08	8	Active users
05/15/08	4	Law enforcement officers
Total number:		
Focus groups	7	
All participants	41	
All users	27	

Qualitative data: This report is based upon seven focus groups with drug users, treatment providers and law enforcement officers.

Crime lab survey: Data obtained from the Toledo crime lab and the Bowling Green Bureau of Criminal Investigation and identification (BCI&I) were used to supplement qualitative data sources.

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



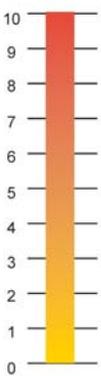
CRACK COCAINE

Historical Summary

In the previous reporting period, Toledo users and treatment providers reported that crack cocaine availability was high (10 on the 0 to 10 scale) and had remained steady over the previous six months. Although users reported the quality of crack cocaine was decreasing, crime labs reported high purity of the drug (above 60%). African-American users reported paying \$60-\$80 per gram, and younger white users (aged 20-30 years-old) reported crack prices \$40-\$50 per gram. All users reported paying between \$100 and \$130 per 1/8 ounce. Quantities were also sold in increments of \$5, \$10, and \$20 “rocks.” Crack cocaine was primarily smoked with very few reports of injection.

Current Trends

Crack Availability



According to users, treatment providers, and law enforcement officials, the current availability of crack cocaine is high. Both users and treatment providers rated the availability as “10+” on the scale from 0 (not available) to 10 (highly available). Crack users reported that marijuana was equally as available, but socially seen as more acceptable than crack. Both the Toledo crime lab and BCI&I Bowling Green confirmed high availability of crack cocaine.

Users reported prices for crack cocaine from \$30-\$70 per gram and \$125-\$150 per 1/8 ounce. According to users, the quality of the drug was low to average. The Toledo crime lab reported high purity of crack (60%+). Low quality crack was commonly referred by users as “elephant.” One user reported availability of “peanut butter” crack, which was described as a yellow rock consisting of crack cocaine and heroin.

Again, users reported that selling crack in \$5-\$10 “rocks” remains common. Users described open-dealing practices on the streets of Toledo with dealers approaching potential crack customers, by saying “*Are you straight, Auntie? Are you cool?*”

Crack-cocaine use was reported among individuals of diverse ethnic and socioeconomic backgrounds. Law enforcement reported that white suburban users come into the city of Toledo to purchase crack cocaine, and then drive back to the suburbs to use or distribute the drug.

Users reported using crack cocaine in combination with alcohol and heroin. Crack cocaine is typically smoked. Intravenous use was uncommon and was limited to IV heroin users. The transition from intranasal inhalation of powdered cocaine to smoking crack cocaine was identified by several younger users. One 21 year-old white male user reported: “*In my age group, it’s more, um, a downfall on us because we more want to sell it [crack]. We don’t want to be viewed as ‘a crackhead,’ because for us, that was negative. We would sell it and make the crackheads, but then later you catch the boys like me who used to sell it and first snorting coke, and you move up to hiding in the bathroom with a pipe.*”

POWDERED COCAINE

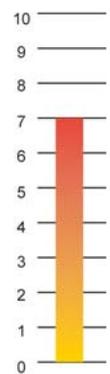
Historical Summary

During the previous reporting period, the availability of powdered cocaine ranged from moderate to high. Prices ranged from \$40-\$60 per gram and \$120-\$150 per 1/8 ounce. Typical users were reported to be middle-income whites between the ages of 20 and 30, crack dealers, and younger individuals aged 18-21 involved with the party scene. Powdered cocaine was typically administered via intranasal inhalation, but was also used intravenously in combination with heroin.

Current Trends

Users reported the availability of powdered cocaine (cocaine HCl) to be 7 on the scale of 0 to 10. This reflects a decrease from the previous six months, with most users reporting it has become slightly more difficult to obtain in Toledo. Toledo crime lab confirmed moderate and stable availability. The BCI&I Bowling Green also reported moderate availability but indicate a decrease over

Cocaine HCl Availability



the last six months. Users reported that dealers were more interested in “rocking it up” to sell as crack cocaine than selling the powdered form. Crack cocaine was viewed as more addictive and therefore more profitable than powdered cocaine.

Users reported low quality and felt that it had been “stepped on” or cut too much. However, the Toledo crime lab reported high purity (above 60%) of the drug. Users reported a gram of powdered cocaine sells for \$50-\$65 and \$110-\$150 per 1/8 ounce, depending on the quality. Good quality cocaine reportedly sells for as high as \$90 per gram. A “teener” (1/16 ounce) was reported to be selling for \$70.

Powdered cocaine is commonly administered via intranasal inhalation. Although injection of powdered cocaine was not viewed as common, there were scattered reports of such among intravenous opioid users. One white male user spoke about two types of powder, one for “snorting” and one for “shooting”: *“And when it comes to powder, there’s a difference. When you shoot it, you don’t want what’s called ‘snorting powder’, because when you shoot it, you want to put it in the spoon, put the water on it, and it all clears up. When you get ‘snorting powder’... you see all the cook [cutting agent], it’ll be stuck in the spoon.”*

Users reported using marijuana laced with powdered cocaine (“coco puffs”) and using powdered cocaine with heroin (“speedballing”). Users believed powdered cocaine was used most often by middle-class whites. Dancers, those engaged in the bar scene, and African-American crack dealers were also said to be typical user groups. Powdered cocaine users were also more likely to maintain jobs as opposed to crack users. Users reported more prestige is afforded to those who snort cocaine when compared to those who smoke crack cocaine. One user commented, *“People who do powder think they’re better.”*

HEROIN

Historical Summary

Previously, heroin was rated as moderately available but increasing in the Toledo region. Heroin was reported to be “on the comeback” by users, treatment providers and crime lab professionals. Users rated

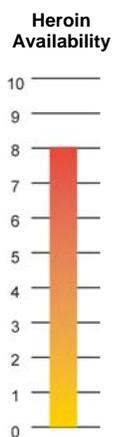
the availability to be between 7 and 10 on the 0 to 10 scale. Users reported tar heroin was of good quality and sold for \$125-\$170 per gram. Brown powder, reported to be of lower quality, was less expensive at \$50-\$75 per gram. Users also bought brown powder in \$20 “papers,” which were estimated to be 0.2 grams each. Users reported they bought “China White” or “White,” which in most cases was believed to be Fentanyl powder sold as heroin. Although the typical user was described as white and between the ages of 20 and 40, there were several reports of younger users (aged 16 to 23) who start out using the drug via intranasal inhalation and transition to intravenous use.

Current Trends

Heroin continues to be on the rise in Toledo, with users reporting availability between 7 and 9 on the scale of 0 (not available) to 10 (extremely available). Treatment providers at an opiate-specific program believed the availability of heroin was a “10” and reported that more people are seeking treatment for heroin abuse. They reported that approximately 70% of their total case load is now comprised of heroin users, a shift from 90% of pharmaceutical opioid-addicted clientele one year ago.

Toledo crime lab reported moderate availability of heroin and BCI&I Bowling Green reported high availability of the drug. Both labs reported increasing numbers of heroin cases over the last six months. Toledo crime lab reported moderate purity (30%-60%) of the drug.

Users reported that brown powder is the most common type of heroin. They reported increases in tar heroin and some availability of white powder. Powder-form heroin typically sells for \$90-\$100 per gram and \$170-\$200 per 1/8 ounce. Tar sells for \$25 per bag or \$125 per gram, although one group of white males in their 20s reported purchasing a gram of tar or powder heroin for \$45 and, a “teener” for \$60. One white user commented, *“Heroin is pretty cheap, that’s why people get it. You can go*



and get a dime of heroin and it'll last you all night, compared to going and getting a dime of crack and two minutes later and you're out back, getting more."

Again this reporting period, younger whites (aged 20-25 years) reported buying "fentanyl packs" or "china white." This white powder form was referred to as, "Toledo's version of heroin" and is sold by African-American dealers in \$10 "papers" (0.1 grams) or \$80-\$100 per 10-pack "bundles." When asked about recent fentanyl cases, a Toledo crime lab professional commented, *"We haven't seen that in a while; a detective brought us a bag of white powder a few months ago that he claimed was fentanyl, but that came back as heroin."* Crime lab professionals also confirmed user reports that this form was said to be coming from Detroit. Heroin is sold primarily by Mexican-American and African-American dealers.

When discussing common modes of administration, one user reported, *"In my area, I've seen it snorted the most... [by] 18 to 22 year-olds."* Younger people reportedly "snort" heroin, while older drug users, aged 30-60, typically administer it intravenously. Younger white users described the progression of heroin use, beginning with intranasal inhalation and the transition to intravenous use. A white male aged 21 commented, *"Yeah, people who have never shot up before will typically snort it..."* and another white male added, *"...but they always end up shooting."* Although tar heroin is typically used intravenously, two participants, one a 20 year-old and the other, a 21 year-old white male described "chopping up" tar heroin and "snorting" it off of a mirror. One user explains, *"You got to chop it up on a mirror,...and let it dry out."* Heroin is commonly used by whites and African Americans in their late 20s to early 50s. There were a few scattered reports of young heroin users aged 14-15 years-old.

Heroin is used in combination with numerous other drugs, including alcohol, marijuana, pharmaceuticals, and cocaine, although "speedballing" was reported as "rare." Several reports emerged during this reporting period of heroin being used in combination with benzodiazepines such as Xanax® (alprazolam).

OTHER OPIOIDS

Historical Summary

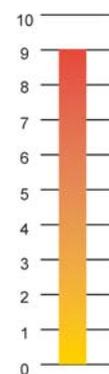
In the previous reporting period, users and treatment providers reported high availability of Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen). However, respondents indicated that availability of OxyContin® (oxycodone, extended-release) had decreased over the previous six months. Users rated it between 6 and 9 on the 0 to 10 scale, but all participants indicated that the drug has become more difficult to obtain. Toledo crime lab professionals confirmed decreases in availability of pharmaceutical opioids and rated both OxyContin® and hydrocodone-containing products as "low." Street availability of methadone, of both tablets and wafers, was reported by users and treatment providers as moderate but increasing. There were several reports of Suboxone® (buprenorphine and naloxone) diversion. Users indicated that "orange stop signs" or "bupe" sells for \$10-\$20 per 8-milligram tablet.

Current Trends

In the current reporting period, users rated OxyContin® and generic oxycodone extended-release availability as high, an 8-10 on the 0 to 10 scale. Users reported that you *"have to know people to get them."* Toledo and BCI&I Bowling Green crime labs reported drastic increases in OxyContin® going from "low" in the previous reporting period to a rating of "high" for the current period. In contrast, treatment providers believed that street availability of OxyContin®, although high (10) a year ago, has decreased over the past six months (to a rating of 5). They believed pharmaceutical opioid users were replacing the drug with diverted methadone. Providers report reasons for the shift: *"We had doctors prosecuted in the past six to twelve months that were heavy, heavy suppliers [of OxyContin]."*

Vicodin® availability was reported to be high, 8 to 10 on the 0 to 10 scale. According to users,

OxyContin® Availability



hydrocodone was the most available pharmaceutical in Toledo. One user reported using Vicodin® when other opiates are unavailable, *“They’re not as strong as the others, you know. . . . They’re, like, last resort, you know?”* The availability of Percocet® was reported by users to be 10 on a scale of 0 to 10. As one white female user commented, *“I usually got into my addiction, about 40 [tablets] a day.”* Toledo crime lab reported high availability of other oxycodone products and moderate availability of hydrocodone-containing pharmaceuticals. BCI&I Bowling Green reported high availability of oxycodone products and hydrocodone-containing pharmaceuticals.

Users reported a drastic decrease in methadone wafer availability, rating it as low (2 on the 0 to 10 scale), although the 10-milligram tablets or “tabs” were highly available. Users reported that methadone liquid was largely unavailable. Both crime labs also reported decreases in methadone. Toledo crime lab reported low availability and BCI&I Bowling Green reported moderate availability of methadone tablets/wafers.

OxyContin® was priced at \$40-\$50 for an 80-miliagram tablet and generic oxycodone (extended-release) sold for \$25-\$50 for a 40-milligram tablet. Vicodin® tablets were priced at \$2-\$3 per 5-milligram tablet and Percocet® sold for \$3- \$5 for a 5-milligram tablet. The 40-milligram methadone wafers were priced at \$40 each, up from \$0.50 cents per milligram reported during the previous period. Users reported methadone tablets (“tabs”) as being more available (5-7 rating), with 10-milligram tablets selling for \$5-\$7 each.

The availability of Duragesic® (fentanyl transdermal system) was reported by users and treatment providers to be 3 on the scale of 0 to 10; however,

one user reported availability to be a 10 on the east side of Toledo. Duragesic®, although uncommon, was seen on the streets and used by those who typically injected heroin. Duragesic® sold for \$50-\$60 per patch. Fentanyl patches were reported to be sold by clients in pain management clinics more so than by street dealers. Younger whites in their 20s reported seeing 18-22 year-old users administering the adhesive patches to their foreheads. One user reported that it had a similar effect to heroin but that, *“you get dope sick quicker”* with fentanyl.

Again, there were several reports of Suboxone® (buprenorphine and naloxone) diversion. Treatment providers believed Suboxone® to be very available and increasing, to a level of 8 on a scale of 0 to 10. Administrators at a local treatment center reported drastic increases in phone calls related to Suboxone® over the last three months, commenting, *“Lately, people are calling us, saying they got Suboxone® on the street and they want to know how to use it. I can’t give them that information so I direct them to call a doctor.”* The clinic provides Suboxone® as an option, in addition to methadone, for opioid treatment. Users reported the 8-milligram tablets sold for \$15 each. Subutex® (buprenorphine) was mentioned by a white male user who had obtained it on the street in the Cleveland area. This was the first mention in Toledo of Subutex® abuse. Toledo crime lab reported no cases of any buprenorphine-containing drugs while BCI&I Bowling Green reported low availability of both Suboxone® and Subutex®.

Users reported a slight increase in Dilaudid® availability, a 6 on the 0 to 10 scale, while treatment providers continue to report low availability (3) of the drug. Both the Toledo and Bowling Green crime labs reported low availability of Dilaudid®. Users reported that typical Dilaudid® users are whites in their 20s and 40s. Users reported little interest or street value for Ultram® (tramadol,) although BCI&I Bowling Green reported an increase in tramadol cases.

Most pharmaceutical opioids are ingested or sometimes crushed and used via intranasal inhalation. Both OxyContin® and Dilaudid® were frequently used intravenously. Users and treatment providers reported that heroin, cocaine,

Street prices of pharmaceutical opioids		
Vicodin®	5 mg	\$2-\$3
Percocet®	5 mg	\$3-\$5
OxyContin®	80 mg	\$40-\$50
Methadone	10mg	\$5-\$7
	40mg (wafer)	\$40
Fentanyl	patch	\$50-\$60
Suboxone®	8 mg	\$15

benzodiazepines and marijuana are typically used in combination with pharmaceutical opioids.

METHAMPHETAMINE

Historical Summary

In the previous reporting period, there were no active methamphetamine users interviewed, and active drug users believed the availability of methamphetamine to be low, 2-3 on a 0-10 scale. Toledo crime lab professionals reported moderate availability of methamphetamine and an increasing numbers of cases; meanwhile, BCI&I Bowling Green reported low and decreasing availability of the drug. Several transient users had experience with the drug but did not purchase it locally. A “yellowish” powder was the most common form of methamphetamine, and this type was thought to be locally manufactured. Crime lab professionals reported moderate purity of the drug (30%-60%). The drug was typically sold for \$100 per gram. Users believed it to be more available in rural areas and being used predominately by white, rural residents between the ages of 30 and 40.

Current Trends

While treatment providers and recovering drug users continue to report low availability of methamphetamine, two active methamphetamine users were identified and interviewed this reporting period. These two users, white males in their mid 40s, reported that methamphetamine was difficult to find, but was becoming more available in Toledo. As one white male, aged 44, reported, *“Well, crack you can buy just about at any corner of the city of Toledo. Meth, you gotta know certain people to get it.”* Another user commented, *“Uh, yeah, it’s pretty new here, I mean it, it ain’t new here but it, it, it’s real sparse in the city...”* One of the users had used methamphetamine previously on the west coast and reported it took him over five months to find it after moving to Toledo one year ago. He used crack cocaine until he was able to obtain methamphetamine and described how it was introduced to six others who also smoked crack cocaine, *“We were sitting, sitting around smoking crack and, and drinking and smoking marijuana and they broke out some meth, and I knew what it was already, so I knew how to use it and everything.”* They reported the current

availability of methamphetamine in their network to be 6 to 7 on a 0-10 scale of availability. Toledo crime lab reported low, decreased availability of methamphetamine, while the BCI&I Bowling Green lab reported increasing, moderate availability of the drug.

These users reported that methamphetamine was priced at \$40 per gram and \$160 per 1/8 ounce. They indicated that they preferred methamphetamine over crack cocaine: *“Yeah, there’s, there seems to be more coming in to Toledo because people are preferring meth over crack because it lasts a lot longer, the buzz does, and it’s cheaper.”* Although priced higher, users preferred to buy 1/8 ounce, commenting, *“Instead of calling them [dealers] all of the time ...once you get high, you know, you get, I get paranoid and I don’t like to go out and I don’t like to be seen. I’m afraid that, you know, I’m acting funny around people or something and then they’ll know, they know I’m high.”* Users reported that, currently, the quality of methamphetamine in Toledo is poor when compared to other parts of the country because it is *“stepped on,”* or mixed with other ingredients, *“too many times”* before it is sold.

According to the two users interviewed, methamphetamine is typically sold by crack dealers described as white males in their 30s and 40s. One user commented, *“...the people I get, they just deal it, they don’t, they don’t manufacture.”* They reported that they typically saw powder or glass-type methamphetamines, and they believed it was “shipped in” from the west coast.

Methamphetamine is typically smoked: *“Yes, it’s a different pipe. It’s got a, a ball on the end of it, a glass ball, and they do what they call rock the boat and they turn it back and forth real slow.”* Users report that injection is less common, with probably two out of ten choosing to inject methamphetamine.

Typical users are white males, described as both working and some collecting disability. Users reported that after staying up for days at a time using methamphetamine, they often used Xanax®, Percocet®, and/or OxyContin® to come down.

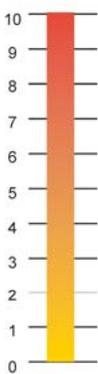
MARIJUANA

Historical Summary

In the previous reporting period users reported high availability of marijuana, “10+” on the scale of 0 to 10. High quality marijuana called “hydro” sold for \$110-\$125 per ¼ ounce. Mid-grade sold for \$40-\$50 per ¼ ounce. Users reported seeing an increase in marijuana use by adolescents. The Lucas County Assessment Project of 2007 reported an increase in use among those under the age of 30. “Coco puffing,” or smoking of marijuana laced with cocaine, was said to be common among African-American cocaine dealers in Toledo.

Current Trends

Marijuana Availability



Users, treatment providers, and law enforcement professionals again reported high and steady availability of marijuana (10+ on the 0 to 10 scale). Both the Toledo and BCI&I Bowling Green crime labs reported high and steady availability of marijuana.

Users reported marijuana cost is dependent on quality, with 1/4 ounce of mid-grade marijuana (“basic” or “swag”) selling for \$25-\$30 in Toledo. An ounce of mid-grade marijuana sells for approximately \$100. High quality marijuana such as “Hydroponic,”

“Hydro,” or “Dro” was less available (5-6) and sold for \$100-\$120 per 1/4 ounce. Several treatment providers believed higher THC levels in marijuana were resulting in physical dependence and withdrawal symptoms in users who received treatment services. One provider commented, “*We’ve never seen as much trouble people have had in the last year getting off of this.... It’s gotten stronger....I think the stronger the THC is getting, it’s starting to have some physical withdrawal.*” Providers acknowledged that, whether known or unknown to purchasers, marijuana is sometimes laced with other substances such as PCP, resulting in positive drug screens for other substances. Marijuana cigarettes soaked in PCP are sometimes referred to as “wets.” Users also reported combining marijuana with powdered or crack cocaine called “coco puffing,” although this

was more common among younger marijuana users.

Participants reported widespread marijuana use. Users were reported to be as young as 11 and as old as 60. It was reported that African-American users were more likely to smoke “blunts” (marijuana rolled in cigar wrappers).

Law enforcement reported that more school aged youth are getting involved in smoking marijuana and view it as a safe and socially acceptable drug. An officer in the schools also felt that marijuana use was not exclusive to the “typical drug group” anymore, and commented, “*...even the athletes will do weed.*”

There were limited reports of *Salvia divinorum* by users who described the high as “*... like being in a hole and not knowing what was happening.*” Other users had not heard of the drug.

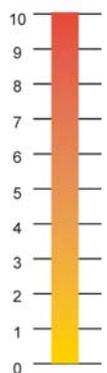
OTHER TRENDS

Benzodiazepines

Previously, benzodiazepines remained readily available in the Toledo region, although treatment providers perceived higher popularity than what was indicated by active users.

Current users reported drugs such as Xanax® (alprazolam), Valium® (diazepam), Ativan® (lorazepam) and Klonopin® (clonazepam) were easy to obtain either through legitimate prescriptions or on the street. Xanax® was reported by users and treatment providers to be the most available and most commonly abused benzodiazepine and rated it a “10”, highly available. The availability of Klonopin® was reported by users to be 8-9 on the 0 to 10 scale. Klonopin® was desired if users could not obtain Xanax®. One user reported, “*...if you take enough, it’s like Xanax.*” Valium® was seen as least desirable and availability was reported to be between 7 and 9 on a scale from 0 to 10. BCI&I Bowling Green reported high availability of Xanax® and moderate availability of other benzodiazepines. Toledo crime lab reported

Xanax® Availability



moderate availability of Xanax®, an increase from the previous reporting period.

Xanax® “bars” (2 milligram) sell for \$4-\$5 each . Prices for Valium were \$2 for a 10-milligram tablet. The price for Klonopin® was reported to be \$1 per 1-milligram tablet. Users reported commonly taking up to five Klonopin® tablets at a time, in order to achieve effects similar to that of a single Xanax® tablet.

Users reported that pharmaceutical tranquilizers are most commonly abused by women between the ages of 40 and 60, and they believed these users could more easily obtain them from their doctors. In turn, younger users (aged 16-20) steal tranquilizers from their parents’ medicine cabinets and use them at parties and in clubs, commonly with alcohol. Users reported combining benzodiazepines with heroin, Percocet®, methadone, cocaine, and alcohol. Treatment providers reported an increase in benzodiazepine abuse in association with polydrug use, commenting, “*We’ve seen a large increase with this issue...folks coming in for [opiate] detox and we use the screen and quite a few have shown positive for benzos.*” Users reported Xanax® was commonly used to come down after a crack-cocaine binge.

Seroquel®(quetiapine fumerate)

Users reported some abuse of Seroquel® (quetiapine fumerate), an antipsychotic pharmaceutical. Toledo crime lab indicated low availability of the drug, while BCI&I Bowling Green reported moderate availability. Seroquel® is reported by users to have little to no street value. Participants reported that it may be given away free of charge. It is typically used to “come down” off of stimulants or used for sleep. As one user reported, “*Doctors give that stuff away like candy around here.*” Another user commented, “*People give Seroquel away. Get it from their mental health providers...people go there, they give them bagfuls of that stuff.*” Participants reported that Seroquel® is used in combination with heroin, Xanax®, Percocet®, methadone, cocaine, and alcohol.

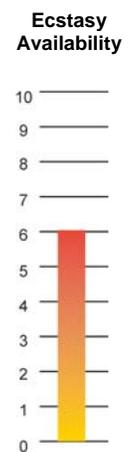
Prescription Stimulants

Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate) availability was rated as low. One user reported that Adderall® was abundant in the suburban area where he lived, commenting, “*[Suburb] is infected completely with amphetamines...everybody is prescribed with that stuff...they use it to get high, to do good in school, to work late hours, to stay up.*” Users were reported to be middle- and high-school aged youth. The drug was most commonly obtained through classmates who give away or sell their medication for \$3 per 30-milligram tablet or \$1 per 10-milligram tablet. A 20 year-old white male commented, “*I would take 15 of them at one time...my brother’s grade all the way from anyone from freshman to senior, that’s floating around our school like crazy. For every 10 people, 4 are prescribed.*” At the time of the interview this user was in inpatient treatment for Adderall® abuse. Both crime labs reported moderate availability of prescription stimulants.

Users reported ingestion of prescription stimulants as the most common mode of administration. However, there were a few mentions of injection of crushed tablets.

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 both 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 dexamine or ketamine or something like that, and you’ll feel like your 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.

Psilocybin

Users reported that psilocybin mushrooms are most available in the summer during concerts or festivals and sell for \$20-\$30 per 1/8 ounce or \$50 per 1/4 ounce. While Toledo crime lab indicated low availability, BCI&I Bowling Green reported high and increasing levels of psilocybin mushrooms in the region.



Ohio Substance
Abuse Monitoring
Network

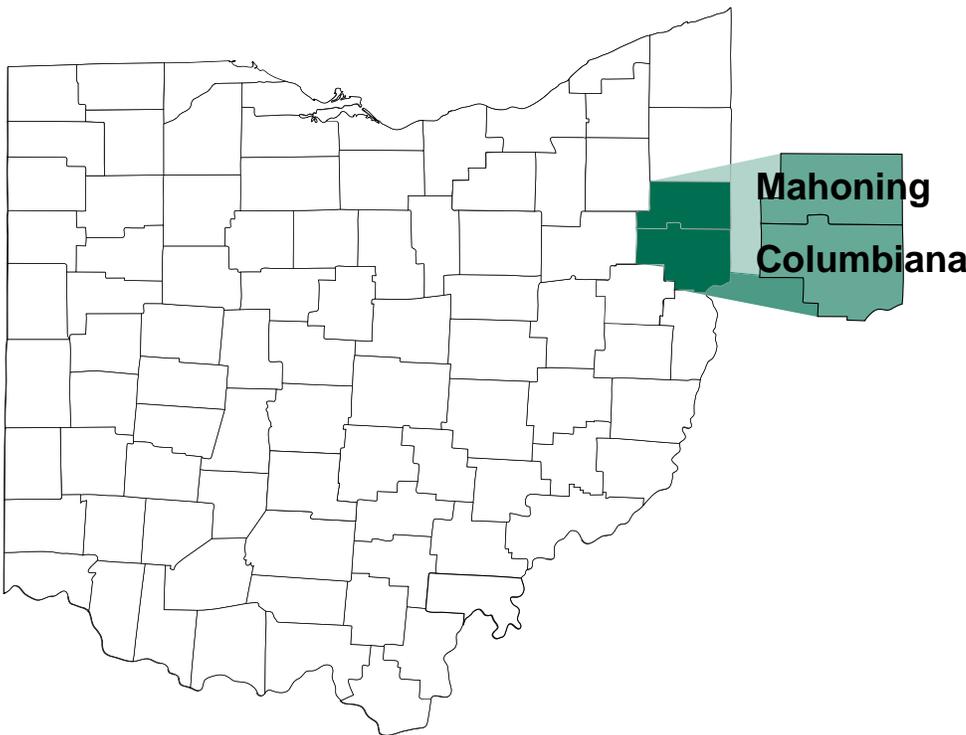


Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

Meeting Seventeen, June 18, 2008

January 2008 – June 2008

Drug Abuse Trends in the Youngstown Area



Institute for Health and Social
Policy Researchers:

Sonia A. Alemagno, Ph.D.

Richard C. Stephens, Ph.D.

Peggy Shaffer-King, M.A.

The Institute for Health and Social Policy

The University of Akron

Akron, Ohio

The Polsky Building, Room 520

(330) 972-8580 Office

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 the University of Akron

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

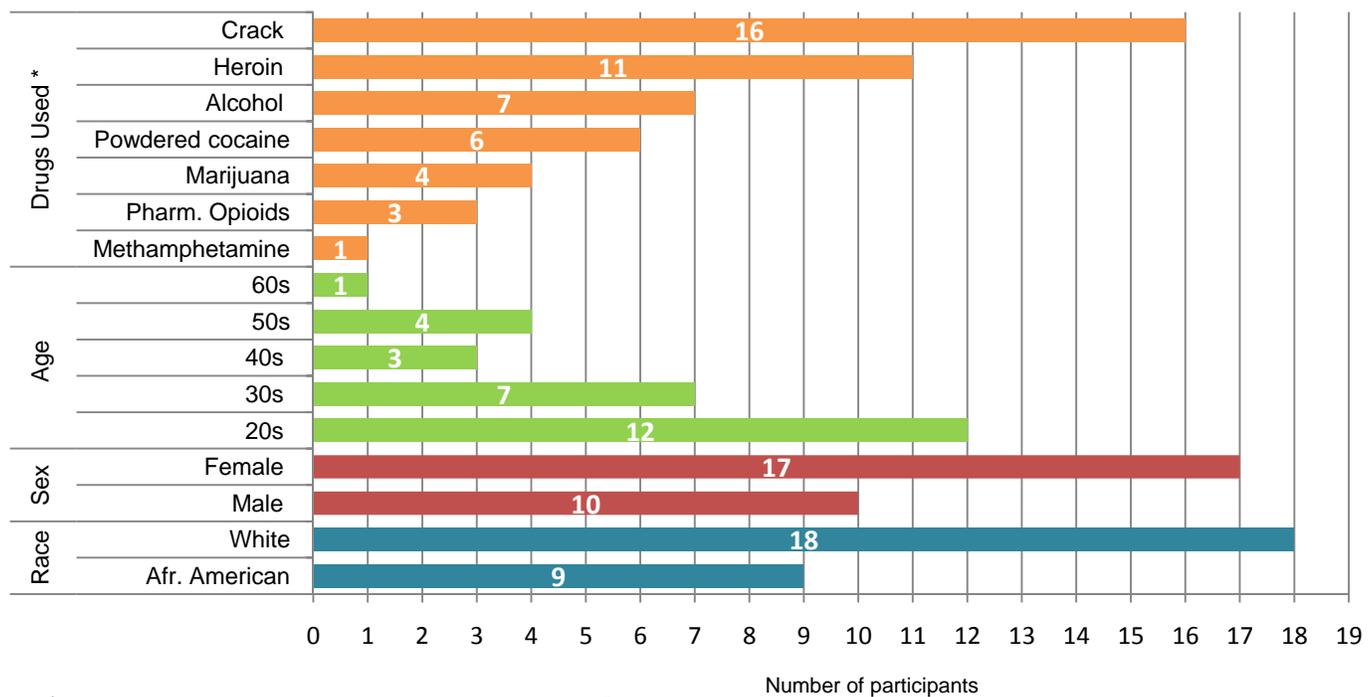
Interviews Conducted in the Youngstown Area		
Date	Number	Participants
05/07/08	10	Active users
05/22/08	8	Active users
05/29/08	5	Active users
05/29/08	4	Active users
05/27/08	3	Law enforcement officials
Total numbers:		
Focus groups	5	
Ind. Interviews	0	
All participants	30	
All users	27	

Qualitative data: This report is based upon data collected in five focus groups with drug users 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.

User Characteristics (N=27)

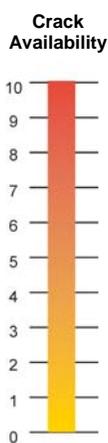


CRACK COCAINE

Historical Summary

As reported previously, participants rated the availability of crack cocaine as a 10 on the scale of 0 (not available) to 10 (extremely available). Despite reports of a brief drought, they indicated that crack cocaine was increasingly available in outlying areas. More often sold by the “rock,” grams of crack cocaine were reported to sell for \$40-\$80. Its quality was perceived by users to have declined, although the BCI & I Richfield crime lab reported that its quality remained high (above 60%). Most users consume crack cocaine by smoking it, but an increase of injections was reported. Some respondents indicated an increase in its use among Latinos.

Current Trends



Crack cocaine was again perceived to be “very available” in the Youngstown area, and ratings provided by all but one respondent were 10 on the 0-10 scale. Most users believed that availability had increased over the past six months. A user described crack availability: “Where I used to stay, there was about four crack houses on that street. And around the corner there were two here, and on the other end there were five more.” In addition, the BCI & I Richfield crime lab, serving Cleveland, Akron and Youngstown registered high

availability of crack and indicated the same number of cases.

An “8-ball” (3.5 grams, or 1/8 ounce) was said to sell for \$120. There were reports of ounces being sold for \$700-\$1,000. Most users said quality varied but was moderate overall, one group estimating 50%-80% purity. A user said, “You get anything above 50% pure around here, you got a major connection.” The BCI & I Richfield crime lab registered moderate purity (30%-60%).

Commonly referred to as “hard,” “rock,” “yay-o,” and “cavi,” crack cocaine is primarily smoked. Some users reported that it is injected by about 5%-10% of those who also inject heroin.

Our focus group participants during this reporting period found it difficult to describe the specific social and demographic aspects of crack-cocaine use, and reported simply that “everyone” was using it. One user commented, “[You] can’t classify. Anywhere from teenager to someone 60 to 70... Seems there’s a lot of people out there smoking.” Another user noted: “A lot more older people smoke crack. Younger people start with cocaine. And when they can’t get coke or they can’t get high on coke anymore, your nose gets messed up, then you graduate to crack because they don’t want the stuffy nose, the bloody nose, the sinus infection and all that stuff that comes with coke.”

Several users did suggest the intimate links between crack-cocaine use and provision of sexual services by female users. One user stated: “Most females will give that body in any form... A lot of time you could trade it for free. They want sex or oral sex. If a guy knows you smoke crack cocaine, that’s the first proposition he gives you. At first you say, ‘I’m never going to do that,’ but when you are in desperation at 3 a.m., you remember that guy and you call him.”

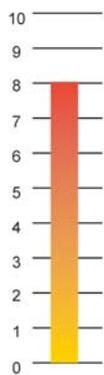
POWDERED COCAINE

Historical Summary

Ratings of powdered cocaine availability during the previous reporting period varied from 7-10 on the 0 (not available) to 10 (extremely available) scale. Law enforcement officials reported the price of an ounce of powdered cocaine as \$800-\$1,000, and users reported that 1/8 ounce sold for \$125-\$150 and that gram prices ranged from \$30-\$40. Respondents reported moderate quality of powdered cocaine. Crime lab data suggested stable and moderate quality (30%-60%). Although law enforcement officers reported use of cocaine HCl among diverse user groups, users specifically mentioned whites of higher socioeconomic status. The use of “slush” (cocaine mixed with other “downer” drugs) was reported to have become more common. Intranasal inhalation remained a common mode of use. Some respondents said that injection was the more common mode of administration among younger people who also injected heroin.

Current Trends

Cocaine HCl Availability



Ratings for the availability of powdered cocaine (cocaine HCl) varied from 4 to 10 on the 0-10 scale but clustered in the moderate to high range (7-10). Users remark upon the effects of law interdiction: *“It’s feast or famine. [Availability] has a lot to do with law enforcement. Secret indictments get put out and people move around. And there are only certain groups of people that know that can follow it. And it takes a little while, and then once it’s set back up, it’s everywhere.”* The BCI & I Richfield crime lab reported that

availability of powdered cocaine increased from moderate in the second half of 2007 to high in the current reporting period.

The Drug Enforcement Agency reported breaking cocaine-smuggling rings in October of 2006 (by seizing 41 kilograms) and in September of 2007 (of 32 kilograms) in Youngstown. In July of 2008, a DEA official reported the indictment of eight people who distributed cocaine for drug rings based in Cleveland and Youngstown (<http://www.usdoj.gov/dea>).

The prices reported for powdered cocaine, commonly referred to as “powder,” “girl,” “sugar,” and “soft,” were \$140-\$175 per “8-ball” (1/8 ounce, or 3.5 grams). A gram sold for \$35-\$50. Law enforcement officers who made street-level purchases of small and medium-size quantities reported paying \$850-\$1,100 for an ounce.

Most users said quality was poor, and several called current supply “horrible” or “garbage.” According to one, *“[Cocaine quality] varies. Right before I came into recovery, it was about 45% real cocaine. The rest was cut--isotol, comeback, blowout. I’ve been doing this for 28 years. We haven’t had any good cocaine on the street since the late ‘80s.”* The crime lab reported moderate and unchanged purity of powdered cocaine (30%-60%).

Intranasal inhalation remains the most common mode of administration. Some users said that primary heroin users commonly inject powdered cocaine. Powdered cocaine users were described as being young and as having more money: *“Cocaine users are people [who] have access to more money. With*

crack, anybody can go beg \$10.” Another user commented, *“A lot of drug dealers are snorting coke because they don’t think they have a problem because they’re not smoking crack.”* Many participants also perceived use to be more common among whites in their 40s and 50s. Participants noted that alcohol was commonly used with powdered cocaine: *“It’s [powdered cocaine] a bar drug. It’s used a lot with alcohol. If you want to get powder, you go to a bar. If you want anything else, you have to go to a different spot, a residence or a meeting spot or whatever. It’s easier to get powder in a bar because it’s used in combination with alcohol.”*

HEROIN

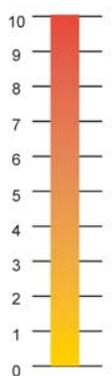
Historical Summary

In the previous reporting period, respondents indicated increasing availability of heroin. Brown powder was reported to be the most prevalent type available in the Youngstown area, being rated 7-10 by users and 10 by law enforcement officials. “China White” and black tar heroin were also available, but to lesser degree, being rated between 2 and 4 on a scale 0-10. BCI & I Richfield crime lab data suggested moderate and stable availability of heroin overall and also moderate purity (30%-60%). Brown powder, being the least expensive variety of heroin, was reportedly selling for \$90-\$125 per gram. Users reported cases of fentanyl being mixed with heroin. These reports were confirmed by the BCI & I Richfield crime lab. Injection of heroin remains the normative mode of its administration. Most respondents noted increasing numbers of 17-30 year-old whites using heroin.

Current Trends

The availability of heroin in the Youngstown area was reported to be increasing. The lowest rating provided by a user was a 7, but ratings clustered around 10. The BCI & I Richfield crime lab reported that heroin availability increased from moderate in the second half of 2007 to high in the current reporting period. According to one law enforcement officer, the expansion has occurred in the number of dealers: *“[W]e don’t ever seem to have a shortage of heroin, but it seems we get more dealers. I just see*

Heroin Availability



more people, more groups going toward it because they can make more money off the street sales. Dealers go to it to make more profit, but it becomes so labor intensive [and risky]...” Another law enforcement officer also indicated that *“[we] have a huge Hispanic population that deals. Younger Hispanics sell on the street. Because many have family back in New York, they have a line back there and easier access.”*

Powdered heroin varying in color from brown to beige to light-yellow and to gray, was the most commonly seen form of the drug. China White and tar heroin were rated as low in availability, the latter only a 3 on the 0-10 scale. Common street names for heroin included “stamps,” “boy,” and “H.” The BCI & I Richfield crime lab reported that powder-type was the most commonly seen form, although black tar was available as well.

Reports about heroin quality varied from low to good, and users said again that heroin sometimes contained fentanyl. The BCI & I Richfield crime lab reported high purity (60% or greater). The crime lab also noted cases of heroin that contained fentanyl. The price for a gram of heroin was reported to be \$100, but users reported that it was often sold in \$10 “bags” weighing about 1/10 gram each.

An emergent group of heroin users was reported to be 16-25 year-olds who are typically white and from suburban areas and who have higher disposable income. According to participants, initially these young users are more likely to inhale the drug intranasally, but are believed eventually to inject it. Many users believed that these young individuals were abusing pharmaceutical opioids prior to commencing heroin use. A law enforcement officer commented on the increasing trend of heroin abuse: *“Crack is still king, but I think heroin has dramatically increased in the past 2-3 years, and its use and abuse continue to escalate. We see a lot of suburban people who are abusing it and a ton of people from Pennsylvania coming in [to the city] to buy their product.”*

PHARMACEUTICAL OPIOIDS

Historical Summary

In the previous reporting period, availability of pharmaceutical opioids such as OxyContin®, Vicodin® and Percocet® ranged from moderate (5) to high (10) on the 0 (not available) to 10 (extremely

available) scale. Street availability of morphine was rated as low (3), and fentanyl was rated as of moderate availability (5-6). Prices for a milligram of OxyContin® varied from \$.50 to \$1. Vicodin® ES was selling for \$3-\$10 per tablet and Percocet® for about \$5 per tablet. Either swallowing or crushing and then snorting the drugs were reported as the two most typical routes of administration. Young whites, especially female, were again identified as a growing group of users.

Current Trends

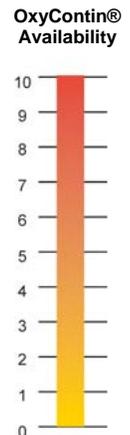
Availability of pharmaceutical opioids was reported to be high, but with some variation noted between groups.

Availability of OxyContin® (oxycodone, extended-release) was rated at 10 by many users. One commented, *“[you . . .] can get [OxyContin®] everyday. You can find them more quickly than marijuana.”* Another user rated OxyContin® availability at 7 but explained that it fluctuated throughout the month: *“People get their scripts filled at the beginning of the month, and then at the end of the month, that’s when people turn to heroin because they can’t get Oxy.”*

Other pharmaceutical opioids such as Vicodin® (hydrocodone and acetaminophen) were available as well, but at slightly lower levels. A law enforcement officer who rated local availability of Dilaudid® (hydromorphone) as low reported that he had been alerted by colleagues of its likely pending emergence as a significant problem.

The BCI & I Richfield crime lab noted decreases in availability of most pharmaceutical opioids, and indicated moderate availability of Oxycontin®, generic oxycodone extended-release tablets, other oxycodone, and hydrocodone, and low availability of methadone tablets/wafers.

Ratings of availability of Suboxone® (buprenorphine and naloxone) ranged from 6 to 10. Law enforcement reported an increase in Suboxone® availability. The BCI & I Richfield crime lab reported its moderate availability, which represents an increase from the previous reporting period. The crime lab indicated low availability of



both Subutex® and Buprenex® (buprenorphine). Participants reported illicit use of Suboxone® for purposes of self-medication or to help friends battling opiate addiction, but they noted that recreational use or use to get high was uncommon. According to one user, *“It’s people trying to help other people. I don’t see [Suboxone®] from the dope boys. I see it from people trying to help other people. They are sharing their own prescriptions to help other people get off of it [opiate addiction]. I live far away. There’s a lot of people who want to get off of the heroin or the Oxy’s or the other things that they’re on, and there’s not very many options down there. So those who find a Suboxone doctor and get it, they share it with their close, close friends. I don’t see it getting sold by the dealers or on the streets for a get-high purpose.”*

Another user commented, *“I was on Suboxone for 2 years. I never sold mine. I was working with the program. But about nine months I’d use the Suboxone until I ran out. A couple of times I ODED using the Suboxones to get high.”* A third user noted, *“I’ve bought [Suboxone®] for the withdrawals or to take so I could go to work or whatever, but never to get high.”*

The price for OxyContin® ranged from as little as \$0.40 to as high as \$1 per milligram of oxycodone content. The 7.5-milligram Vicodin ES® sells for \$5-\$7 per tablet. What were termed “morphine suckers” (likely Actiq®-brand fentanyl suckers) sell for about \$35 each. Methadone tablets were reported to sell for \$5 per 5-milligram tablet, and 40-milligram wafers sell for \$20 each. Street names for OxyContin® included, “OCs,” “big boys,” and “baby blues.”

According to users, besides oral use, intranasal inhalation and injection of pharmaceutical opioids were reported as common modes of administration. Users reported that illicit use of pharmaceutical opioids was common among younger individuals, although cases of abuse were also noted among older individuals. Youth in particular were said to have easy access to the prescriptions of their family members: *“Where the kids come in is that their parents get prescribed it or their grandparents or their uncle ... We got Oxy’s because we knew somebody who had a grandfather who was sick, and they don’t take them all because they’re not addicted.”*

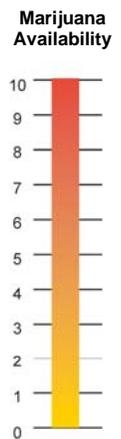
MARIJUANA

Historical Summary

During the previous reporting period, respondents indicated that especially mid- and low-grade marijuana was extremely easy to obtain and rated its overall availability as 9-10 on the 0 (not available) to 10 (extremely available) scale. Higher-grade varieties (generically dubbed “hydro”) were rated as less available (3). Crime lab data suggested high and even increasing availability of marijuana. While low-grade varieties sold for \$140-\$200 per ounce, high-grade varieties sold for upwards of \$500 per ounce. Users noted that some users were dipping marijuana joints or blunts in Tussionex®.

Current Trends

As reported previously, marijuana availability was rated high. The lowest rating provided was 9 on the 0-10 scale, and many said “at least” 10. According to law enforcement, high-quality marijuana such as “dro,” “dank,” and “gungie” is more difficult to obtain than mid-quality marijuana such as “good green” and “middies.” Low-grade marijuana, commonly referred to as “mersh” (i.e., “commercial”), “reggies,” and “dirt” is even more readily available than high-quality. One user noted great variety of available marijuana: *“[there is] such a variation of marijuana. If you’re going to buy pot, you can’t just call. You have to go, see what they have, quality, quantity. The quality and the price go hand in hand.”* Data reported by the BCI & I Richfield crime lab suggested the high and stable availability of marijuana. Overall quality was reported to be moderate (30%-60%).



According to the local news media reports, in January 2008 a man whom police said was “one of the biggest dealers” had been arrested on charges of marijuana trafficking, following the seizure of 24 pounds and \$350,000 in cash at three of his residences (*The Vindicator*, January 10, 2008).

Participants reported an increase in the availability of pre-rolled marijuana joints that have been laced with other substances. According to one user, *“You can buy pre-rolled blunts laced with heroin, laced with coke,*

dipped in formaldehyde. Different people call them different things. You can just use the term for the other drug: 'I'm gonna come grab a stamp,' and they know you want a blunt with heroin."

Price for an ounce of high-grade marijuana was reported at \$250-\$300, mid-grade sells for \$100-\$130, and low-grade sells for \$40-\$80. Participants also reported that a "blunt" (marijuana wrapped in a cigar casing) laced with heroin sold for \$7, while one laced with crack sold for \$10. Some participants believed that such practice as marijuana lacing was widespread and increasing, but others said that it was less common.

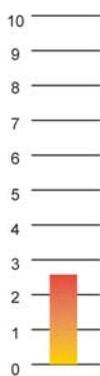
METHAMPHETAMINE

Historical Summary

In the previous reporting period, participants rated the availability of methamphetamine as 0-3 on the 0 (not available) to 10 (extremely available) scale, but two users said 6, and law enforcement reported recent increases. The BCI & I Richfield crime lab also suggested low availability of methamphetamine. A gram was reported to sell for \$100. Brown or white powder forms of methamphetamine were most commonly reported.

Current Trends

Methamphetamine Availability



Focus group participants once again had little direct knowledge about methamphetamine. Three users rated its availability as 2-3 on the 0-10 scale, and law enforcement officers commented that, although there were methamphetamine labs in the area, none were "major labs." The BCI & I Richfield crime lab, however, reported moderate availability, which suggests an increase from the previous reporting period.

According to users, most of the methamphetamine that is available in the area is of the locally produced, "bathtub" variety, which is commonly referred to as "peanut butter." Other types mentioned were "powder" or "little rocks." The crime lab reported that powder variety was the most commonly available, but also noted some

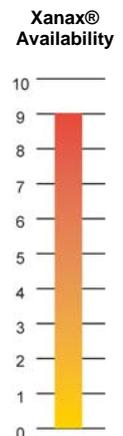
availability of glassy crystals. The crime lab reported moderate (30%-60%) purity of methamphetamine. According to focus group participants, "peanut butter" methamphetamine sells for \$50-\$75 per gram and "glass" type for \$200-\$250 per gram.

According to local news media reports, the Mahoning County Haz-Mat team was called in to decontaminate officers responding to a report of home-manufactured methamphetamine. This was the first such suspected methamphetamine lab identified in 2008 in that county (*The Vindicator*, July 1, 2008). A Bloomfield Township home in nearby Trumbull County was raided, and the materials needed to make methamphetamine via the so-called "Red-P" (Red Phosphorus) method were found (*The Vindicator*, February 15, 2008).

OTHER TRENDS

Benzodiazepines

Participants reported that benzodiazepines such as Xanax® (alprazolam), Valium® (diazepam), and Klonopin® (clonazepam) were available, especially Xanax®, which was rated 8-10 on a scale 0-10 by most participants. A single Xanax® tablet sells for \$3-\$5. The BCI & I Richfield crime lab reported the moderate availability of Xanax® and of other benzodiazepines.



Hallucinogens

Ecstasy availability was reportedly decreasing in Mahoning County, but increasing in Columbiana County. One tablet sells for \$25. Use is more common among those aged 16-30. According to crime lab data, the availability of MDMA was moderate and had thus declined from the previous reporting period. The crime lab reported moderate availability of psilocybin mushrooms and LSD, and low availability of ketamine, PCP, and piperazines.

Other Pharmaceuticals

Law enforcement reported an increase in the local availability of Adderall® (amphetamine mixed salts) and reported having directly observed its injection.

According to the officer, *“we’ve run into people who are shooting up the Adderall in syringes. You are getting as close as you can to methamphetamine. They’re shooting it, snorting it.”* According to the BCI & I Richfield crime lab, the availability of pharmaceutical stimulants was low, which represents a decline from the previous period. Low availability was reported by the crime lab also for Soma® (carisoprodol), and it reported no cases of Seroquel® (quetiapine fumarate).