



The **Ohio Substance Abuse
Monitoring Network**

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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO



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

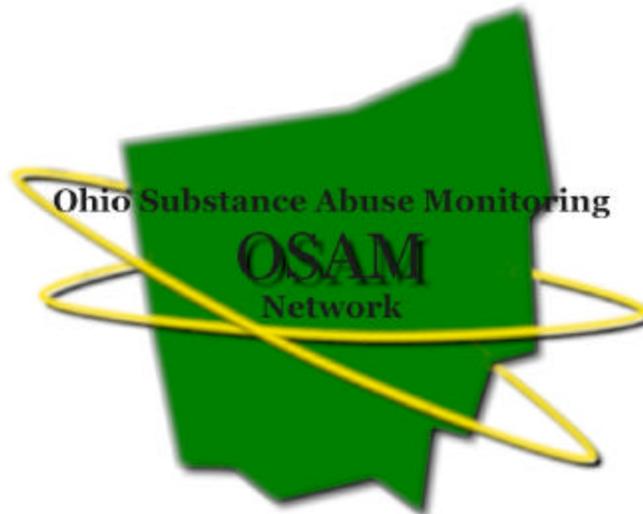
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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

JANUARY 2000



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

**Ohio Department of Alcohol and
Drug Addiction Services
280 N. High St., 12th Floor
Columbus, OH 43215-2537**

(614) 644-9140

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DRUG TREND REPORTS

**PATTERNS AND TRENDS OF DRUG USE IN
AKRON AND CANTON, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

JANUARY 2000

Jill L. Dickie, M.P.A., LISW, CCDCIIE

University of Akron
55 Carroll Hall
Akron, Ohio 44325-1980
(330) 972-8250
E-mail: jdickie@uakron.edu

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ABSTRACT

Alcohol, the most commonly abused substance in Akron and Canton, is increasingly used in combination with other drugs such as marijuana, crack or methamphetamine. Use of crack cocaine is steadily increasing, particularly among the middle class and the drug continues to be viewed as the cause of devastating social problems. Cocaine hydrochloride (HCL) is also a problem among the middle class where extensive use is particularly evident among groups of construction workers and employees of small businesses. Methamphetamine is on the rise in Akron and reportedly may develop into the “new number one problem” there. Use is most common among young whites, particularly females. (Methamphetamine does not seem to be a problem in Canton) . There are two main groups of heroin users, older African-American males over age 40 and young people. There has been a definite increase in heroin use in Akron (not Canton) that is mainly attributed to youth and young adults who snort rather than inject the drug. Marijuana continues to be widespread in both communities with an increase in frequency of use and amount used, particularly with the young who are smoking large amounts in the form of blunts. Primos are also popular among youth. Hallucinogens (LSD and mushrooms) are popular with white adolescents and use of Ecstasy is on the rise in Akron particularly among white youth and young adults. Pharmaceuticals that are most commonly abused are Dilaudid, Soma and Oxycontin. There is also abuse of the over-the-counter drugs, Coricidin, TheraFlu and Tylenol P.M. In looking at racial patterns, it seems that Blacks mainly abuse alcohol, marijuana and crack; whites use everything. Of further note is the pattern of multigenerational family use that is increasingly apparent to providers.

INTRODUCTION

1. Area Description

Akron, Ohio is a city of 223,019 people (1990 Census) located in Summit County in northeast Ohio. Approximately 74% of Akron’s population are white, 24% are black and 2% are other ethnic groups. Summit County is inhabited by approximately 514,990 people. Of these, 87% are white, 12% are black and 1% are of other ethnicity. The median household income is estimated to be \$28,996. Approximately 12% of all people of all ages in Summit County are living in poverty, and approximately 18% of all children under age 18 live in poverty. Approximately 43% of the people in Summit County reside in the city of Akron. Summit County contains several other incorporated cities around Akron. The largest of these cities are Cuyahoga Falls (containing approximately 10% of the population of Summit County), Stow (5%), Barberton (5%) and Tallmadge (3%). The remainder of Summit County’s population lives in smaller towns and townships.

Canton, Ohio is a city of 84,161 people (1990 Census) located in Stark County. Approximately 81% of Canton’s population are white, 18% black and 1% are other ethnic groups. Stark County is inhabited by approximately 367,585 people. Of these, approximately 92% are white, 7% are black and 1% are of other ethnicity. The median household income is estimated to be \$27,852. Approximately 11% of all people of all ages in Stark County are living in poverty, and approximately 16% of all children under age 18 live in poverty. Approximately 23% of the people in Stark County reside in the city of Canton. Stark County contains two other incorporated cities, Massillon (containing approximately 8% of the population of Stark County) and Alliance (6%). The remainder of Stark County’s population lives in villages and townships.

2. Data Sources and Time Periods

- **Qualitative data** were collected in 6 focus groups conducted between October 1999 and January 2000. The number and type of participants are described in Table 1.
- **Treatment admissions data** per drug category are available from the OSAM Network for the counties of Summit and Stark.

- **DUI citations** are available from the Akron Police Department for January 1994 through December 1998.
- **Drug-related statistics** are available from the Akron Police Department for January 1994 through December 1998.
- **Drug-related statistics** are available from Canton Police Department for January 1996 through December 1999.
- **DUI citations** are available from the Canton Police Department for January 1996 through December 1999.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
10-26-99	5	Drug Users
10-27-99	10	Treatment Providers for Adults
10-27-99	6	Treatment Providers and Probation Officers for Juveniles
11-19-99	5	Drug Users
12-29-99	4	Narcotics Officers
1-21-00	4	Drug Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
N/A	

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
6	34	0	34

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Akron narcotics officers state crack is a “huge” problem in the area and “there are more problems caused by people using crack than any other drug.” They report a “steady increase” in use. The price of a rock is \$20, a price that has remained stable. Since the cost is lower in other parts of the country, there is significant money to be made from transporting to the Akron area. Officers report an influx of crack from Detroit. “There is a lot of money to be made from crack. In a recent arrest, a dealer had \$142,000 in a safe at the end of his bed.” The allure of the drug scene is powerful for youth. “Why would a kid work at MacDonald’s for \$6/hour when he can make \$500/day peddling rocks on the corner.”

Officers reported that it is “commonplace” to see people ages 16 to 40 coming into the city from surrounding suburban areas like Hudson, Stow, Medina, Portage County, etc. to buy crack. “Crack is about the only thing you can buy on the street from an unknown person.” In terms of ethnic groups and socioeconomic class, officers report little difference in use, although African-American youth definitely engage in the majority of street corner selling. There also is a change in the way crack houses operate. “There may be 3 – 4 people selling out of the same house so it is hard to establish who lives there.” In addition, dealers will also use addicts to sell out of the addict’s home in exchange for crack. Dealers frequently use rental cars so they can’t be seized. Overall, “the dealers are getting smarter and have learned how to stay one step ahead of us (officers)”.

Providers of adult treatment in Canton state there appears to be no shortage in the area; cost is \$10 - \$15 per rock. Price hasn’t changed much in 10 – 15 years; a gram costs about \$100; an ounce is \$800 – \$1200. One person reported there “is a lot of junk out there with crystal meth mixed in” “By the time crack hits Akron, Ohio, it has been stepped on at least 7 times so quality is garbage by then.” Others commented that quality depends on the dealer. Providers unanimously agreed there is no decline in use stating, “They can’t stop it in the Akron area.” We see a “lot of clients using \$200 - \$300/night or even up to \$750/night.” In Akron, white middle-class college grads are entering treatment, “they have thrown everything away” for drugs. There is an overall increase among the middle class; “it is infiltrating the colleges, even the private colleges.” Providers pointed out that although many “users start at middle class, the drug takes them down pretty quick.” Providers also report multigenerational patterns of use, even up to three or four generations. In the past few years, they have also noted increasing use among health care providers.

The majority of treatment providers of adolescents report that dealing is more of a problem than use. One provider disagreed, stating “kids are using right in the restroom at school.” All agreed that the number coming into treatment for crack is very small. They also agreed that the majority of adolescents who are involved with crack have parents who are users.

Users in Akron said, “Akron is a crack town.” Another stated, “Crack is the most powerful drug on this earth right now!” They agreed that the quality fluctuates and “around election time, crack became straight garbage.” They agreed that quality in Akron now is good. Users in Canton said crack is very available, “you can get it anywhere.” “There is no project (public housing) in Canton where crack isn’t sold out of their houses.” All agreed that quality has declined lately, so people have to spend more money to get same effect. Cost is between \$20 - \$30/rock. Users believe there has been a resurgence in crack in last few years.

1.2 COCAINE HYDROCHLORIDE

Akron narcotics officers report an increase in price in the area from \$24,000/kilo the beginning of 1999 to \$28,000/kilo by year end. As a result of increased price and increased arrests, availability is currently down. However, an officer who has worked in narcotics for 15 years commented that the price has remained remarkably stable over the past fifteen years. There have been periodic fluctuation similar to the one that has recently occurred but overall the price has remained the same, i.e. a gram has cost about \$100 since 1984. One difference they did report however, is in the quantity of cocaine that is seized in drug raids. “Ten years ago only a handful of people would have a kilo, today there are hundreds who have a kilo and a few months ago we got 7 kilos in an arrest.” They agreed that middle class whites mainly use powder cocaine.

Although one treatment provider reported little use of powder cocaine in the area, most agreed that it is a problem. Several providers reported widespread use among middle and upper-middle class owners of construction businesses. “They have substantial habits on powder cocaine, often they and the entire crew go through thousands of dollars/day.” Another provider said, “It is typical to see it with people who own businesses; employees of these people come in with problems saying they can’t get away from it because the boss provides it.” A provider from a jail-based program reports significant

use of powder, particularly among dealers. However, all agreed that area use has decreased since the onset of crack and there has been a “significant decline in quality.” When financial problems begin to occur as a result of use of powder, users turn to crack.

Treatment providers for adolescents report minimal use of powder cocaine among adolescents. Those who do use live in the suburbs or rural areas. One provider said, “If they use it at all, they use a lot. Quality must be low; one kid reported doing 20 lines in one day with little ill effect.”

The majority of Akron users said that powder cocaine is not as prevalent as crack. “In the last year I’ve only talked to one person who had powder cocaine and it costs more than it used to.” They all agreed that use is limited to the upper middle class, i.e. “Powder is a money drug; you’ve got to have money to party; people with money use powder.” Users in Canton said powder is more prevalent in the suburbs, “it’s a rich kids drug.” “Younger, rich kids mainly snort but some mix it with water and inject it into their toes to hide needle marks and to avoid nosebleed; the main way is snort and inject.” The quality varies, “depending on who cuts it.” One user commented, “Quality is junk; when you snort it, it burns the heck out of your nose.” In the Canton area overall, crack is more common, but powder is more prevalent in the suburbs. It sells for \$700/ounce, \$250. for an eightball. Main determination about who uses powder and who uses crack is based on who has money. All users agreed that once users “cross over” to crack they don’t return to use of powder.

2. Heroin

Akron narcotics officers report that heroin “is not as prevalent or available as crack but it is out there.” There are two groups of users: (1) a “tight knit group” of approximately 50 African-American males over the age of 40. “They have been doing it together and dealing with the same people for years. They won’t turn on each other.” (2) the Rave crowd who are between 25 – 35 years old and not exclusively African-American. The majority (95%-98% inject) although “huffing” is also used. Police report that a bindle (.03 grams) costs \$30; a gram is \$900.

Providers have seen an increase in heroin addicts, especially with young people. “Now it is so prevalent and is spreading across all socioeconomic groups.” Of all detox clients in the past few months, 65-70% have been there for heroin. All agreed that there has been a dramatic increase in heroin use with many addicts using 3-10 bags/day. One provider said, “When I started we had 13 clients; now we have 350.” One Canton provider stated use has not increased there, although another provider in the area disagreed stating they have begun to see an increase in heroin use. One provider told stories of addiction to poppy tea. There was an observation that there is increased use among the middle and upper class. They see “a lot of people getting into use through snorting; particularly popular among young people. A Canton provider stated, “Many females are turned on by boyfriends and they begin by shooting because the boyfriend shoots them up.” All agreed that there are few “pure” heroin addicts. Some will get cocaine when heroin isn’t available. Another substitute is cough syrup, “an 8-ounce bottle can bring \$100.” Others agreed that cocaine use is not unusual among the methadone population; “most end up getting detoxed at the clinic because of cocaine use.” Older methadone clients (in 50s) talk about using cocaine “to put me to sleep.”

Providers of adolescent treatment agreed that heroin use is not common for adolescents. They say, “No, never; they can’t imagine injecting heroin.” Those who have used it, “tend to be kids who use a variety of drugs or kids who have parents who are drug users.”

In a group comprised of heroin and other opiate users, the consensus was that heroin was “readily available” in Akron. All agreed that heroin is “definitely on the rise” particularly among younger people. Youth as young as 15 or 16 years old are using and use is even more widespread among young adults in their 20s. Of the young group of users, the majority are white and evenly divided among females and males. This is in contrast to the older user who is predominately African American and male. All agreed that among older users, there are about 65% male and 35% female; among the age 25 – 35 group “they are 50/50 white/black and male/female.” Many of the younger users are middle

class. Price has been stable during the 90s with a bag (containing a spoon of heroin) costing \$30, a bundle (10 bags) \$250 and a brick (5 bundles) \$600 - \$800. Users agreed that a bag in Cleveland contains more drug and also is cheaper, "a bag is \$20 in Cleveland and there is more in it." All agreed the quality in Akron is good and at times is "exceptionally good." Approximately 8 months ago, several people overdosed on a high quality type of heroin called "red rum (murder spelled backward)" Most use is intravenous with skin-popping next. Users resort to skin popping "if their veins are too bad or to make the high last longer." Snorting is another method of use and is more popular among the young user. Younger black men "cook it up with crack and smoke it." (This is a speedball or goofball.) Canton users also talked of mixing heroin with cocaine (speedballs). However, they said heroin use is not that prevalent. "If you do it, you can get it though." "You can find it in rich areas." They made reference to factory workers who "have money" and this "older group" of heroin users that is a "contained" group. All agreed there has not been any increase in use in the Canton area and it is "mainly for people with money."

3. Other Opioids

Narcotics officers report a reduction in the use of hydromorphone (Dilaudid). "In the past year there have only been 1 or 2 cases." Overall, they see little trafficking in prescription drugs. They also believe the networking of pharmacies has contributed to the decrease of abuse of prescription drugs. They pointed out, however, that there is a special unit that handles prescription abuse.

Providers of adult treatment report extensive prescription use. One provider said, "They mainly use when the heroin market is dry." Dilaudid and Vicodin are the most common drugs of choice. They also reported abuse of Oxycontin and Soma (carisoprodol). Providers agreed that Somas are a major drug of abuse. The fact that there is no test for it compounds the problem. One provider said, "According to our physician and police, it is one of the most highly abused drugs in Summit County." Providers stated it isn't a scheduled substance, but is highly addictive. They also noted that there is an increase in abuse of nasal spray, particularly among professionals. One provider believes the increase they have seen in people admitted to treatment for prescription abuse is due to a tracking system that now identifies abusers.

Providers of adolescent services state that opiates are not generally a drug of choice. Those who have used have obtained them at home because a family member takes them.

Canton users report adults use Percocet, Demerol, Vicodin, Tylenol III and IV. They sell for \$5/pill. Another said the young are also using pills, particularly Vicodin and Demerol although generally, taking pills is "not a big thing" among youth. Akron users said it is much more difficult to get prescription drugs than it was in the past, due to the computer system in drug stores and physicians being more reluctant to prescribe. "In the 70's there was no problem doctor shopping and getting whatever you wanted." Percodan used to sell for \$3 - \$4/pill in the 80s and now it is about \$10/pill. Since it is not uncommon to take 50 pills/day, it is an expensive habit. Other pills of abuse are extra-strength Vicodin selling at \$6 - \$10/pill or Dilaudid selling at \$45/pill. Another drug of abuse that is "on the rise in the last 6 months" is Oxycontin which they described as a "slow-release morphine." "Chewing them gives an instant buzz"; one users reported using them rectally. They sell for \$10/pill. Fentanyl patch (for pain) is also being abused. People reportedly extract the medicine from the patch, mix it with water and inject it. Phenergan use is also on the rise; "it is used with heroin to make the high last longer; if you use one about 3 - 4 hours after taking heroin, it stretches out the high." Cost for a Phenergan suppository ranges from \$1 - \$10 and "it is very easy to get." Users disagreed about the use of Soma with several believing they were declining in popularity and another stating, "people are getting more into it, particularly older women." Users told stories of friends using it with heroin and having adverse effects. They also said it was popular among methadone clients because it did not show up in urine tests. Those who believe popularity has declined in the last 3 years state it is due to the "funky effects" it can have. Several members of the group expressed concern about the number of young middle class white youth, "as young as 14 years old" who are using "strong drugs; they are starting out with Percodan." All agreed that prescription drug use is most common among white

women ages 35 – 50. Several of the women in the group said older people on fixed incomes will sell part of their prescription medication. They said, “There is a lot of drug selling going on in those senior-citizen high rise apartments.”

4. Marijuana

Narcotics officers said “there is unlimited availability of marijuana and people don’t think of it as a drug. It has almost been made legal.” Cost ranges from \$800 - \$1500/pound with very high grade selling for \$3,000 - \$5,000/pound. “Lime green is the best; the brighter green with red/brown hairs in it is better quality.” Officers said, “This is big business and the price has gone through the roof.” One officer said there are two crucial issues related to marijuana abuse: “It is not looked at as a drug and there is so much money to be made from it.”

“Blunts (marijuana in cigar wrappers) and primos (blunts laced with cocaine) are the most openly abused drug you see.” Officers state it is not unusual to see groups of high school students in the school parking lot smoking blunts. Marijuana use crosses all socioeconomic classes, race and gender. It is the drug most frequently used by youth.

Providers state price has gone up and quality has increased. For adults, it is the #2 drug in Canton among those who come into treatment. “They don’t identify it as an addiction; they don’t come in for the marijuana.” Providers in Akron aren’t seeing an increase in the numbers of people who use, but they do see an increase in the amount used. “There is an increase in constant daily use; they smoke 5 blunts a day; they smoke all day long.” “Old timers who have been smoking since 1960 are still doing it even though it may cause consequences at work.” There are no differences in use across socioeconomic class or race. Multigenerational issue is significant. Currently, an ounce is \$150 - \$400, depending on grade. A pound cost \$120 in 70s and is \$1000 today. In terms of racial differences, providers said “A lot more whites smoke strictly marijuana; blacks lace it.”

Treatment providers of adolescents state that almost all the adolescents they see in treatment smoke pot. “It is the number 1 problem among adolescents.” “For 95% of them, it is accepted in the family. They think treatment providers and probation officers are the only people who don’t smoke.” Most agreed that families of youth don’t see marijuana as addictive. Providers stated that quality of marijuana is higher, i.e. “it is 15 – 20 times stronger than in the 70s.” It is not unusual to see kids smoking 10-20 blunts a day. They are also seeing some use of primos. A Canton provider stated they aren’t seeing use of primos, but are seeing “wets” (marijuana soaked in formaldehyde.) Wets are more common among younger people, although used by all ages. Several providers state that use of wets has decreased from 3 –4 years ago when they were very popular. There is no difference in marijuana use across race, gender and socioeconomic class.

Users in Akron agreed that “weed has always been here and it will always be here.” One commented that “weed and crack are running a tight race.” All agreed that marijuana is readily available and “is on the rise due to the younger generation; it’s like the 60’s all over again.” It is usually smoked in blunts and people generally smoke more than in the past. “They are spending \$200 a day smoking reefer.” All agreed that youth are smoking “faster” than they (focus group members) did when they were young. They also believe the quality is lower than it was in the 70s. They also talked about the extensive use of primos among youth.

Canton users stated that marijuana “comes in large shipments.” They said, “everyone is doing it” and use crosses age, gender, and race. One said “they put angel dust on it and sell it for \$10/joint.” Another commented “they mix marijuana with everything else, dip it in PCP or mix it with crack.” They commented about the fact that “lots of kids” are using and they are “getting younger and younger starting at 8 or 10 years old.” Blunts are the “latest fad” with youth and they are often “sprinkled with coke.” Blunts sell for \$5 for a pack of 5. There was disagreement about availability with some saying the “supply during the previous few months was slow” to another saying that it was “very available.”

One user said he thought the “dealers are sitting on it” to increase the price . “People are paying top dollar for it.”

5. Stimulants

5.1 METHAMPHETAMINE

An Akron narcotics Sargeant believes that “Methamphetamine is the new number one problem. Two years ago there weren’t any labs in the area; today there are 18.” This drug poses particular challenges since it “can be produced at home from ingredients bought in the store. All you need is privacy, running water and electricity and you have a lab.” It is easy to get recipes from the Internet. Officers believe it “may take over crack cocaine. It is ten times more addictive and the high lasts ten times longer.” The cost in the Akron area is \$100 - \$300/gram. Users tend to be predominately white lower to middle class males and females. It is usually snorted or smoked.

Providers state this is a drug used predominantly by whites; “blacks don’t use it.” (“Blacks use alcohol, marijuana and cocaine; whites use everything.”) It is on the increase in the Akron area, i.e. “it is heavily on the rise.” Providers report that is cheaper and the high lasts longer. “There are 15 guys in the jail right now classified as master chefs.” “White women who are exotic dancers go to crystal meth because it is cheap, they stay thin.” Providers agreed there are more women than men who abuse meth. Canton providers haven’t seen meth abusers in treatment.

An adolescent provider stated there was one boy in treatment who had a lab at home. He learned how to make it from the Internet. “He was very intelligent, got good grades; it was very difficult to get away from it.” All agreed that there is an increase in the Akron area, predominately with adolescents from the suburbs. Most users are female. One provider said she “has seen a tremendous increase among kids who have a bent toward anarchy.” Providers state it is highly addictive. “Trying to kick it is very difficult; cravings are powerful.”

Users in the Akron group weren’t aware of methamphetamine use. (“In crack cocaine circles, you don’t do no other drugs.”) One user made reference to someone he knew who had a lab, but it was mainly “kitchen crank”. Group members agreed it was predominately a white drug and not prevalent “in our circle.” (It is important to note that 4 of the 5 members of this group were African-American). Canton users said it was “not too common” but growing. “A hit is \$10 – \$20. All agreed that there is not much available in the Canton area.

6. Depressants

The group of narcotics officers are not aware of a significant problem with depressants. They are aware of problems with Gamma-hydroxybutyrate (GHB) though; “it is on the increase in the University of Akron bars.” It is used mainly by white middle class college students and is put into female’s drinks. Officers commented that “an officer had some put into a drink in a bar.”

Treatment providers for adults said that Benzodiazepines are heavily abused, especially among the heroin population. There is also continuing abuse of Xanax; “It has taken the place of Valium.” Providers are seeing some abuse of GHB among adults and it is reportedly popular with gay males.

Adolescent treatment providers have not seen a problem with depressants generally. In terms of GHB, they said, “Kids know it is out there; no one wants to use it.”

Canton users report “lots of use” of Valium, Xanax, Tranxene, and Flexeril. They usually sell for \$1/pill. Pills are usually taken with alcohol and are most popular among adults over the age of 35.

6.1 ECSTASY

Narcotics officers believe Ecstasy is on the rise in Akron. "It's a hodgepodge of drugs though; there is no test for Ecstasy."

Treatment providers said Ecstasy is used mainly by youth, although it is popular with adult gay men. According to an Akron provider of adolescent treatment, use is on the rise; "every kid at a Rave has used it." Two of the providers in the group are not aware of increase in Ecstasy use. In Akron, an 18-year-old female college student recently died after taking Ecstasy at a New Years Eve party. (*Akron Beacon Journal*, January 2, 2000)

Canton users report an increase in Ecstasy in the last year; "lately a lot of it is around." One user believes it is the "up and coming drug." He said that supply can't meet the current demand. It is most popular with white college students and young adults. "It keeps you high all day long and is almost like LSD." It costs \$25 - \$50 for a pill. Users are "60% male and 40% female. One user said he had "never heard of a black person having it."

7. Hallucinogens

Akron narcotics officers do not see much LSD abuse. They believe it is most prevalent at the University of Akron. It is used at Raves, but "they are more underground now and harder for police to get in." Price varies from a nickel a hit to \$2.00. Cost averages \$1.00/hit if a sheet is purchased. Occasionally, police find mushrooms or psilocybin, usually in connection with traffic arrests.

Regarding PCP, narcotic officers state they "never see it anymore."

Providers stated that African Americans don't use LSD. They thought "it seems to be pretty popular with teens and college age youth." Adults don't tend to use hallucinogens. In Canton, the Rave group between age 18 - 21 use it. "In doing histories, it gets the most negative play." There is no significant increase in use among the adult population in Akron or Canton. Providers are not aware of PCP abuse in either Akron or Canton. Special K is being used in Akron although is not wide spread.

Adolescent treatment providers agree there is widespread use of hallucinogens; "both acid and mushrooms are big." A Canton provider said, "100% of my kids have tried it (LSD)." There is frequent use of acid at Raves. All agreed that it is predominately a white drug and there is an increase everywhere but in the inner city schools. The quality varies and availability "comes in waves." "It is a cheap high - \$2 - \$3 gets a hit of acid." One provider talked about a new hallucinogen, gypsum weed, that has surfaced in Akron. One adolescent ate it and "30 hours later was on an I.V. in the hospital. It caused hallucinations." PCP is not used by adolescents. Users in Akron stated that PCP was popular in the 60s and 70s. They said it is not used now.

Canton users said blacks don't use hallucinogens. LSD is available in some areas of Canton, mainly with young whites. They agree that there is "not too much of it though." PCP is sometimes mixed with marijuana and sells for \$5/joint, but it is "never used alone; always in conjunction with marijuana." All agreed that it was "not a big thing in Canton."

8. Inhalants

According to Akron narcotics officers, the problem with inhalants "has been mostly eliminated by the vice squad." They are aware of canisters of nitrous oxide being stolen from hospitals; the nitrous oxide is put in punching bags and sold for \$10/bag

Treatment providers have seen use of freon, particularly among adolescents. One provider has only two clients who are schizophrenic who use inhalants (“something that you use to clean your VCR with”). A Canton provider said it is often used as a last resort if “you can’t get anything else.”

Adolescent treatment providers said use of inhalants “comes in waves.” They reported that many of their clients had experimented with it, but it tends to be viewed as a “kiddie drug.”

One of the users in the Akron group said inhalants were “popular for sexual pleasure.” Others were not aware of use of inhalants. Canton users said they didn’t “see it much.” One user said, “Some kids buy whippets (nitrogen) or do propane; most of those who do it are burned out on everything.” At festivals, a balloon sells for \$5 (“you put nitrous from tanks in balloons”) This is most common among white youth.

9. Alcohol

Providers of adult treatment said that “years ago 80% of our clients were alcoholic only, now 10% are.” All agreed that the majority use alcohol with other drugs, “particularly used as a downer after cocaine or meth.” “It is still the number one drug of abuse.” One provider said, “I see the chronic phase come sooner; last year I had 7 people between the ages of 33 and 44 who were liver transplant candidates.” Providers believe this is due to the polysubstance abuse and resultant liver damage. In addition, there is a dramatic increase in hepatitis C that causes liver damage.

Providers of adolescent treatment agreed that alcohol is a major problem, “it is second to marijuana.” They are seeing a trend from beer to liquor. All agreed that alcohol was viewed as “acceptable, not a drug.”

An Akron user said, “Alcohol is the worst drug of all.” Most agreed that alcohol use is an ongoing problem. Canton users talked about how easy it is for kids to get alcohol. They said that young people are drinking liquor, not beer. They tend to “drink it with blunts.” They also talked about wine with ginseng and commented about the fact that “young kids 12–13 years old are drinking hard liquor” or fortified wines. “They are getting younger, drinking hard liquor and smoking marijuana with it.” They “start drinking young and get tired of the alcohol, so by 16 they are going to crack.”

10. Others

A provider of adolescent treatment in Akron reported problems with abuse of Coricidin, an over-the-counter cold medicine. “If you eat a whole box of pills it has an effect like speed or acid.” In the past three months, there have “been a lot of suburban girls coming through for this. Another provider in Akron and one in Canton have also seen problems with Coricidin as well as TheraFlu. A pharmacist in the Akron area collaborated this abuse, stating “at one point it got so bad we took all the Coricidin off the shelf.”

Treatment providers for adults said they have recently seen abuse of Tylenol p.m. “They take tons of it, up to 60 per night.” Others agreed that Tylenol p.m. and Benedryl are both “popular” now. In the group of opiate abusers, several said that Tylenol p.m. has been abused “ever since it came out” in the early 90s. Most agreed that “no one considered it as using drugs.” It is not uncommon to use Tylenol p.m. to “come down from crack.”

Canton users report steroid abuse, particularly in high schools and work-out centers. They also talked about youth as young as 12 years old taking Creatine when they work out. (Creatine can be purchased in health food stores) “A lot of kids are taking Creatine and it can lead to steroids.” They commented that Creatine can have the same effect as steroids, i.e. irritability and outbursts of anger.

Canton users also talked about “selling Viagra on black market in the Akron-Canton area.” They sell for \$20/pill. “Mostly younger kids want to do it; mainly white kids and a lot of gays are using it at the downtown gay bars.”

Canton users talked about a bar that sells “everything”. As they described it as a pharmacy that has anything a person could possibly want to buy.

11. Special Populations and Issues

11.1 YOUTHS

Treatment providers described several obstacles to adolescent treatment: transportation, family use of drugs, confidentiality issues, insurance limitations, limited groups for adolescents and lack of individualized treatment. The following excerpts illustrate these obstacles:

L: They don't want to take the bus to treatment or may live where they can't get the bus. Mom can't get them there because she is working. Family use is a hindrance; they think it (treatment) is “bullshit.” There is lots of family conflict and domestic violence in the home. If I have a P.O. behind me it is more likely I'll get that kid back (in treatment) than if I have a parent behind me.

J: They don't want to share. They want to go somewhere else other than a group where they know other kids. They don't trust the confidentiality when it comes to counselors. They're afraid it will get pack to their P.O. There are not enough evening hours at the agencies. Transportation is a big thing. I often have to get them there myself. They don't want to get off the bus at the agency and have people see them. Transportation is a real big issue for kids in suburbs. There is a lack of resources, particularly experiential learning opportunities. Many don't do well just sitting and talking. Different kids have different learning styles. Learning disabilities have an effect. Families are a big hindrance. Some kids are only doing it because someone is making them.

J2: A big problem is what is there after treatment. Once they get back into the environment and aren't accountable, it is so easy to fall back into pattern they had before. There aren't enough 12-step programs for teenagers and they are lost out there.

W: Managed care has stopped us from doing aftercare. Transportation isn't available to get them where they need to go. Parents won't take them. Agency budgets are cut and kids take a hit first.

D: Family's use is a problem and transportation is an issue. Friends and family are using. Insurance is a big problem. Treatment is perceived as a punishment and is marketed by court as punishment. A lot of the time it is equated with detention. Kids in residential do better than those in outpatient. They are better connected. Outpatient kids go back to the neighborhood and family. If get connected with a support group and the family is supportive, that is the key thing. Friends are better at convincing kids to use than kids are at convincing their friends they don't want to use.

A: Agency professionals need to reach out into the community more.

CONCLUSIONS

Alcohol continues to be the most commonly abused drug in the Akron and Canton areas and is frequently used with other drugs, especially marijuana, crack or methamphetamine. Due to this polysubstance abuse, there is an earlier onset of physical problems such as liver disease. In addition,

among adolescents there is an increased use of hard liquor, as opposed to beer, with use beginning as early as 12 years of age.

Marijuana is not commonly perceived as a drug. Providers haven't seen an increase in the numbers of people who use, but they do see an increase in the amount used. This increase is particularly evident among youth who tend to smoke more than adults and are often daily smokers. Marijuana is viewed as the "number 1" problem among adolescents with multigenerational use within families becoming more common. Young people smoke blunts; use of primos is increasing. Use crosses all socioeconomic classes, race and gender.

There are more problems caused by crack than any other drug in the area. Use is increasing, particularly among the middle class. Providers have seen a trend toward increased use among college students as well as health care providers. As with marijuana, multigenerational use is prevalent. Crack is readily available in both Akron and Canton. Although powdered cocaine is not as prevalent as crack, it is viewed as a problem among specific middle and upper-middle class groups, particularly construction workers and business owners who make it available at the workplace. All agreed that powdered cocaine is a "money drug."

There has been an increase in heroin use, particularly among young people who snort rather than inject the drug. The younger users tend to be predominantly white females and males; users in their mid 20s – 30s are equally represented by men and women, blacks and whites; this is in contrast to the older heroin addict who is predominantly African-American male.

Another drug to watch, according to police and providers, is methamphetamine. Narcotics officers in Akron believe it may become the "new number 1 problem." It is reportedly more addictive than crack and the high is longer lasting. Methamphetamine is used predominantly by whites and is usually snorted or smoked. At this point, the problem seems limited to Akron; it has not penetrated the Canton area.

There is widespread use of hallucinogens (LSD and mushrooms) among adolescents. Ecstasy is also on the rise and is used almost exclusively by whites who are college students and young adults. A female Akron college student recently died as a result of using Ecstasy.

Abuse of prescription pharmaceuticals continues to be a problem according to providers. Dilaudid, Vicodin, Oxycontin and Soma are mentioned as the most frequently abused. Providers report Soma as a drug of significant abuse; users believe Oxycontin is on the rise. There is also abuse of over-the-counter drugs, particularly Coricidin, TheraFlu and Tylenol p.m.

RECOMMENDATIONS

- I. Since data indicate that youth are using marijuana at increasing levels and are also using both heroin and hallucinogens (LSD and Ecstasy), the following is recommended:
 - A. Additional data is needed to collaborate these findings.
 - B. Prevention efforts should be increased and targeted on new drugs of abuse.
 - C. Treatment should be tailored to address these newly-emerging trends.
 - D. Resources need to be available for transportation for adolescents needing treatment.
 - E. Treatment needs to be geared to different learning styles of adolescents, particularly the learning-disabled youth.
 - F. Aftercare programs and alternative activities need to be available for youth, i.e. groups for recovering adolescents and neighborhood recreational centers.

- II. Since the majority of increased use of heroin, crack and cocaine HCL is reportedly occurring in the middle class, particularly with young adults,

- A. Additional data needs to be obtained to corroborate these findings.
 - B. Prevention efforts that specifically target these groups should be increased.

- III. Since methamphetamine seems to be emerging as a drug that could rival crack in addictive properties and widespread social consequences,
 - A. Additional data should be obtained about these findings.
 - B. Prevention efforts should be increased.
 - C. Treatment strategies to treat methamphetamine abusers need to be developed.

- IV. In consideration of an increase in polysubstance abuse and concomitant multiplicity of health and social problems,
 - A. There needs to be a recognition that additional time is needed in treatment for medical stabilization.
 - B. There is a increased need for additional long-term residential treatment.
 - C. Transitional housing should be available for newly recovering people.
 - D. Transitional housing should be available for single parents and their young children.

- V. Strategies need to be developed to deal with multigenerational patterns of abuse.

EXHIBITS

- Exhibit 1: Admissions Data per Drug Category for Summit County
- Exhibit 2: Admissions Data per Drug Category for Stark County
- Exhibit 3: 1994 – 1998 Akron Police Department DUI Citations
- Exhibit 4: 1994 – 1998 Akron Police Department Drug Abuse Arrests of Adults
- Exhibit 5: 1994 – 1998 Akron Police Department Drug Abuse Arrests of Juveniles
- Exhibit 6: 1998 Akron Police Department Drug Arrests by Age and Gender
- Exhibit 7: 1996 – 1999 Canton Police Department Drug Abuse Arrests
- Exhibit 8: 1996 – 1999 Canton Police Department DUI Citations

EXHIBIT 1: Admissions Data per Drug Category for Summit County

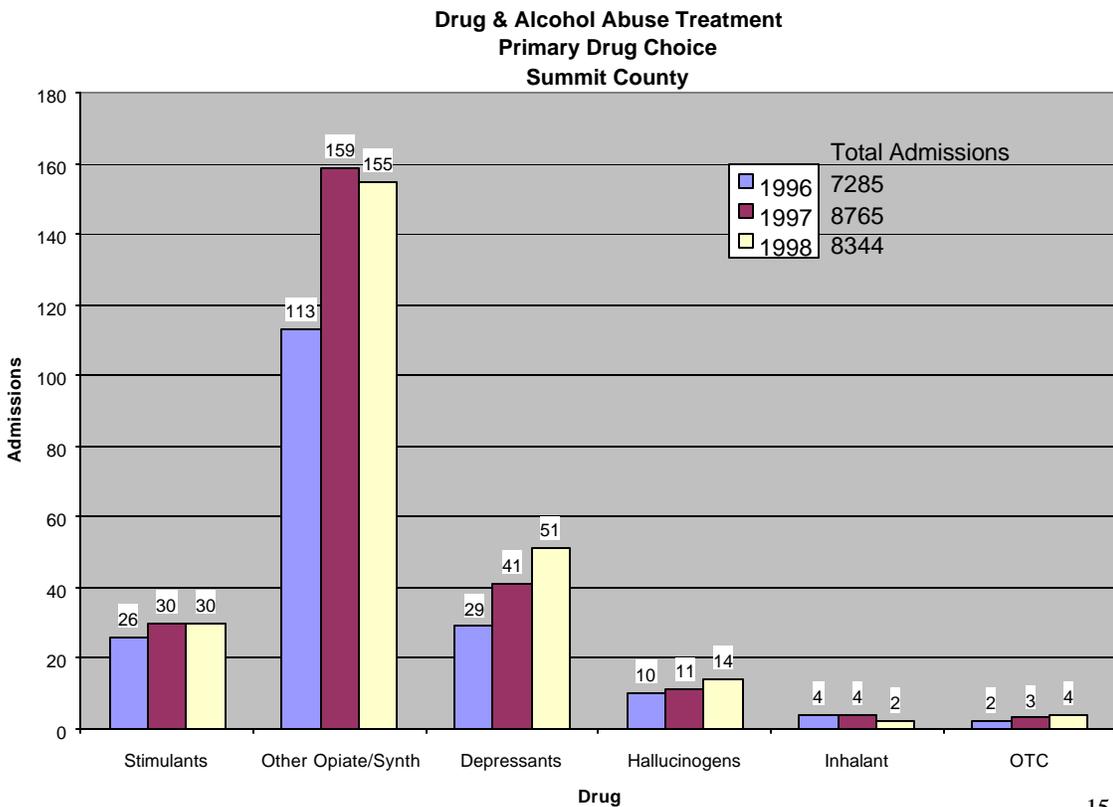
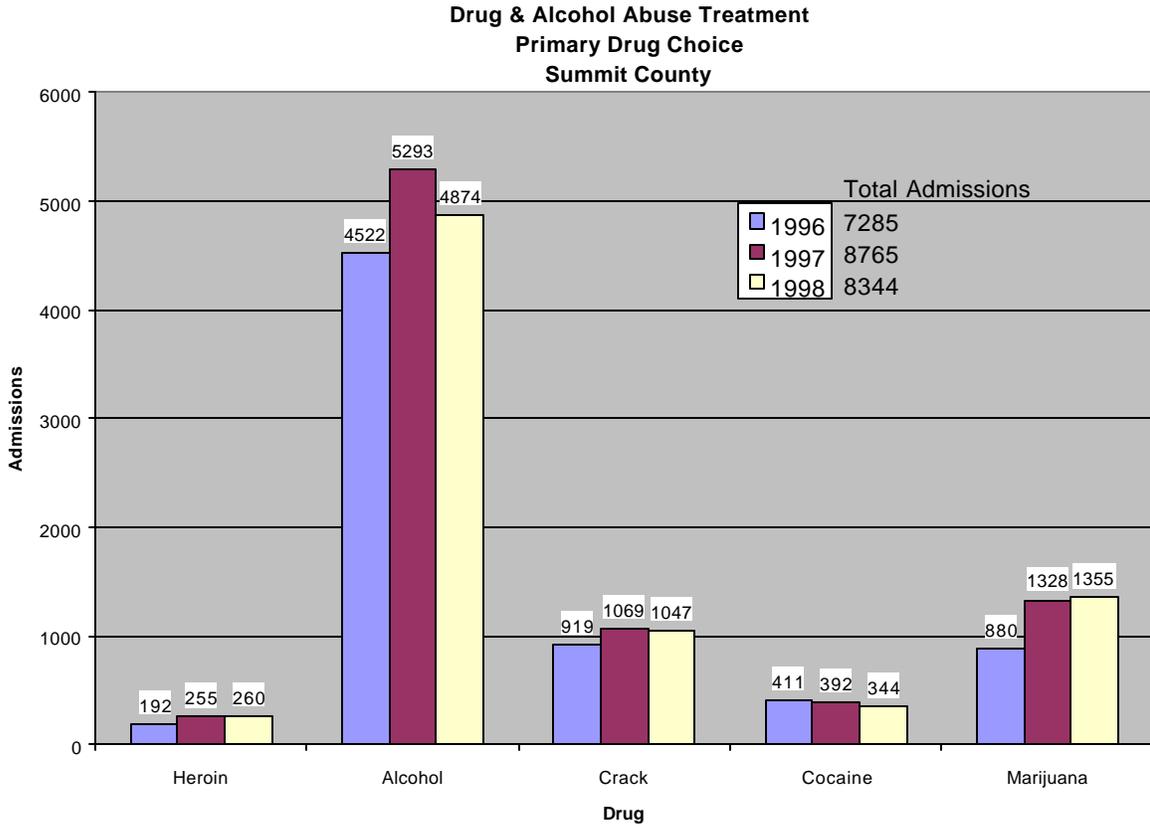


EXHIBIT 2: Admissions Data per Drug Category for Stark County

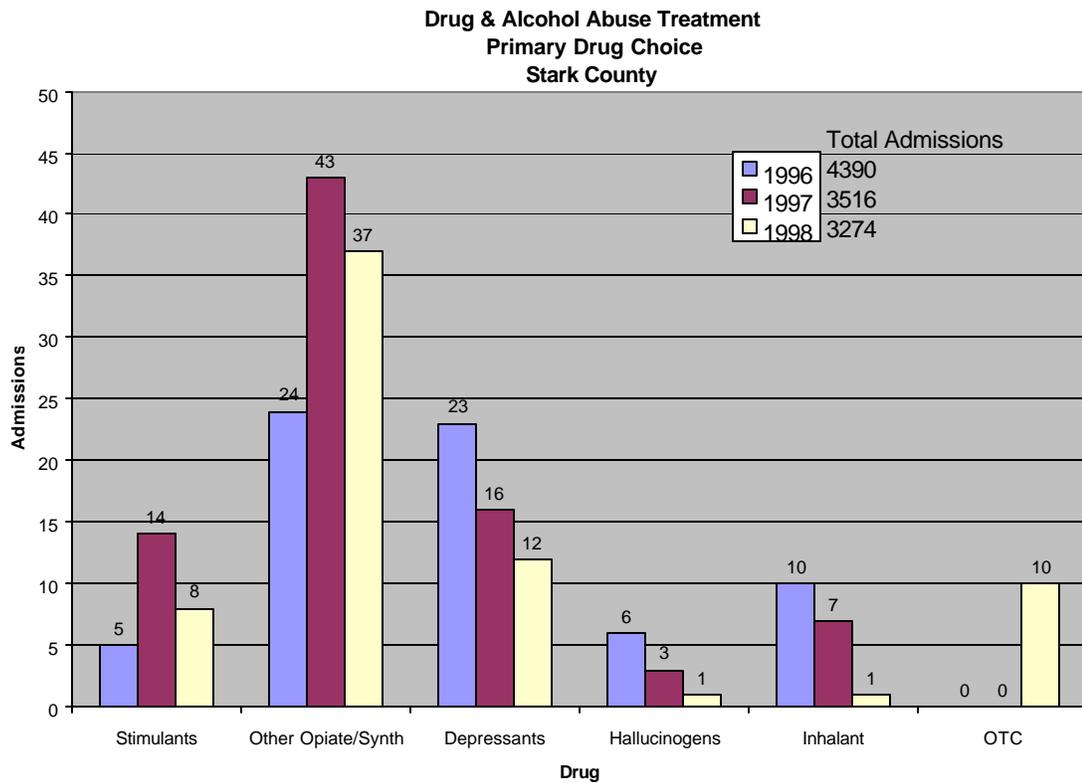
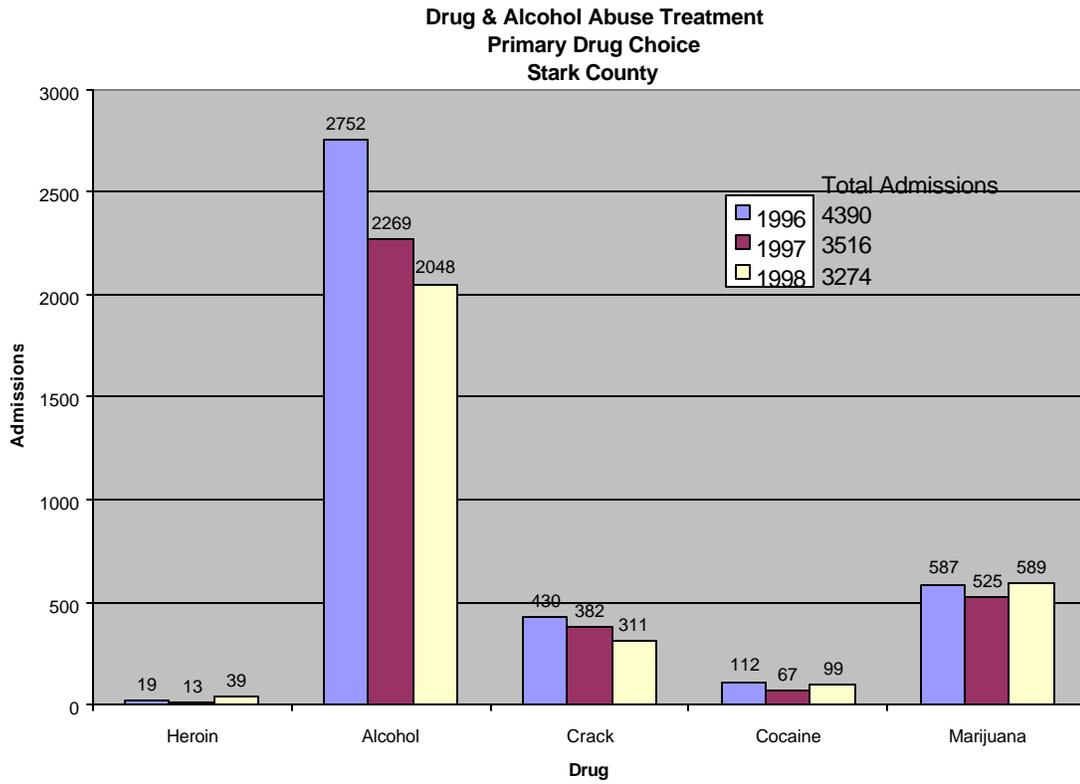


Exhibit 3: 1994-1998 Akron Police Department DUI Citations

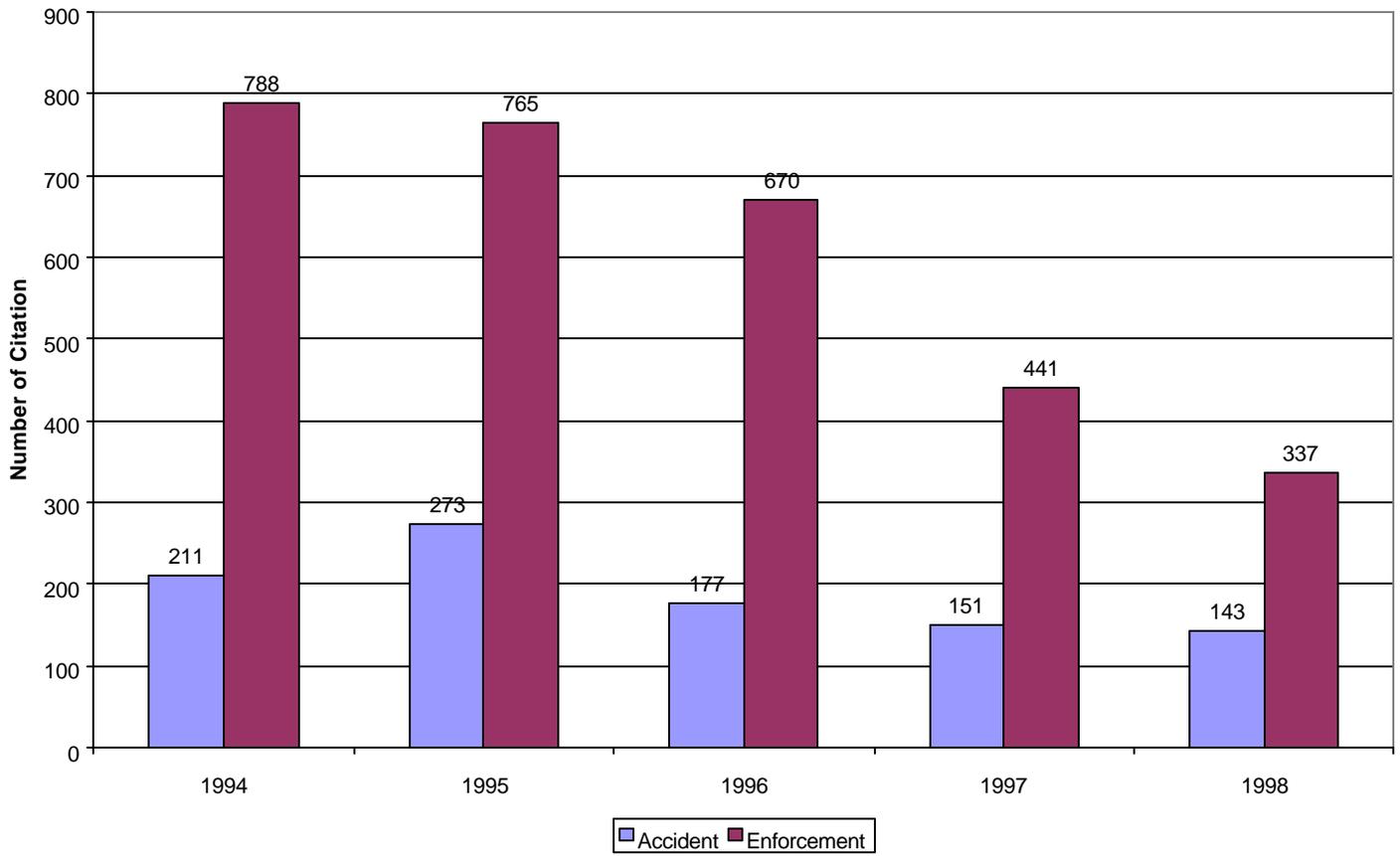


Exhibit 4: 1994-1998 Akron Police Department Drug Abuse Arrests- Adults

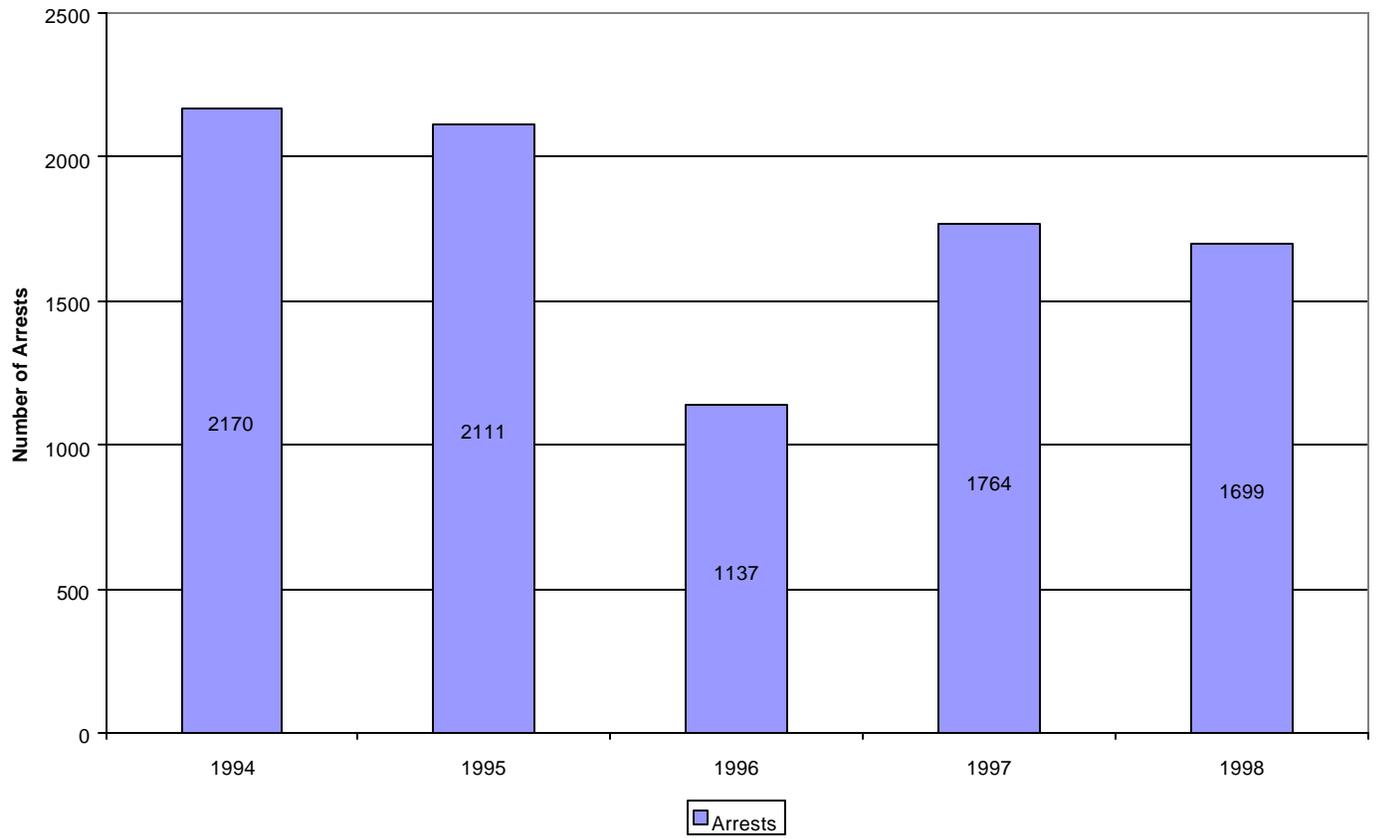


Exhibit 5: 1994-1998 Akron Police Department Drug Abuse Arrests- Juvenile

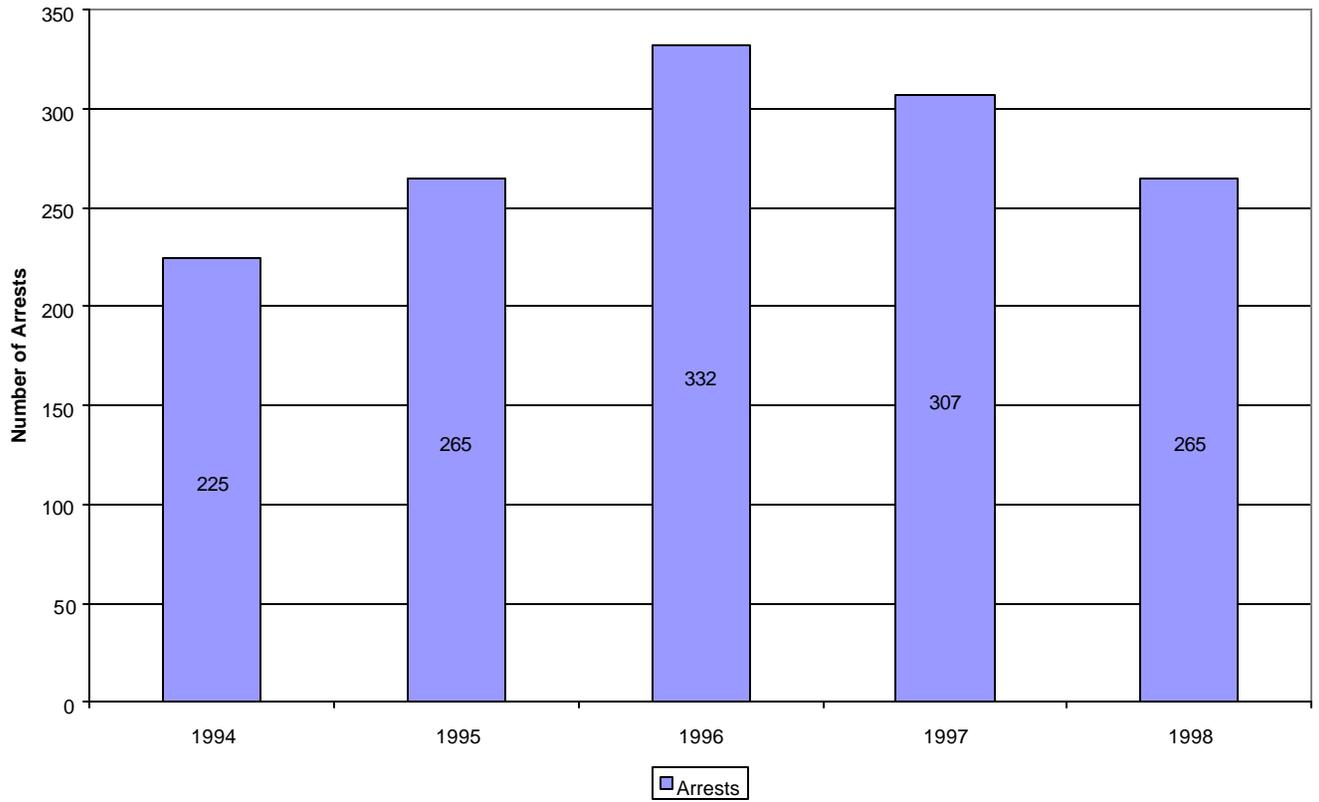


Exhibit 6: 1998 Akron Police Department Drug Abuse Arrests by Age and Gender

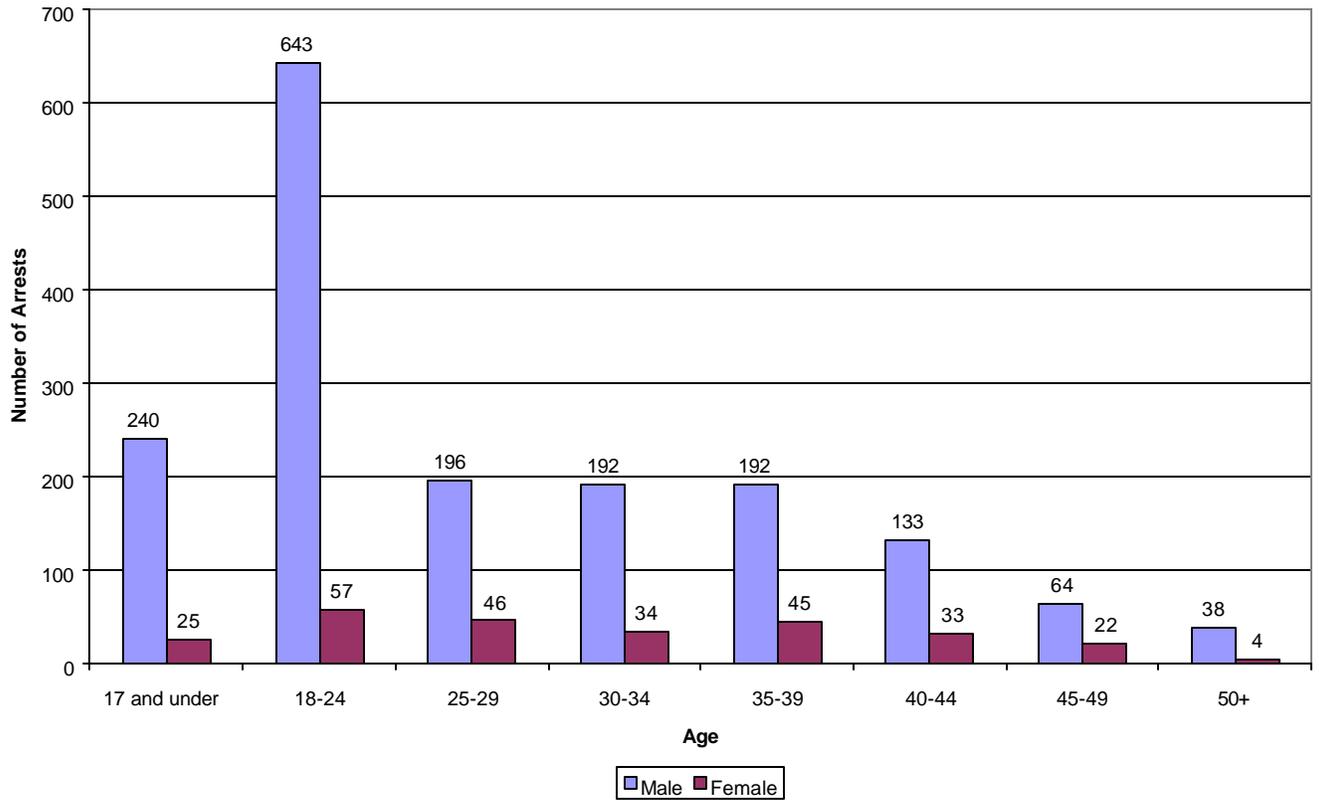


Exhibit 7: 1996-1999 Canton Police Department Drug Abuse Arrests- Adults

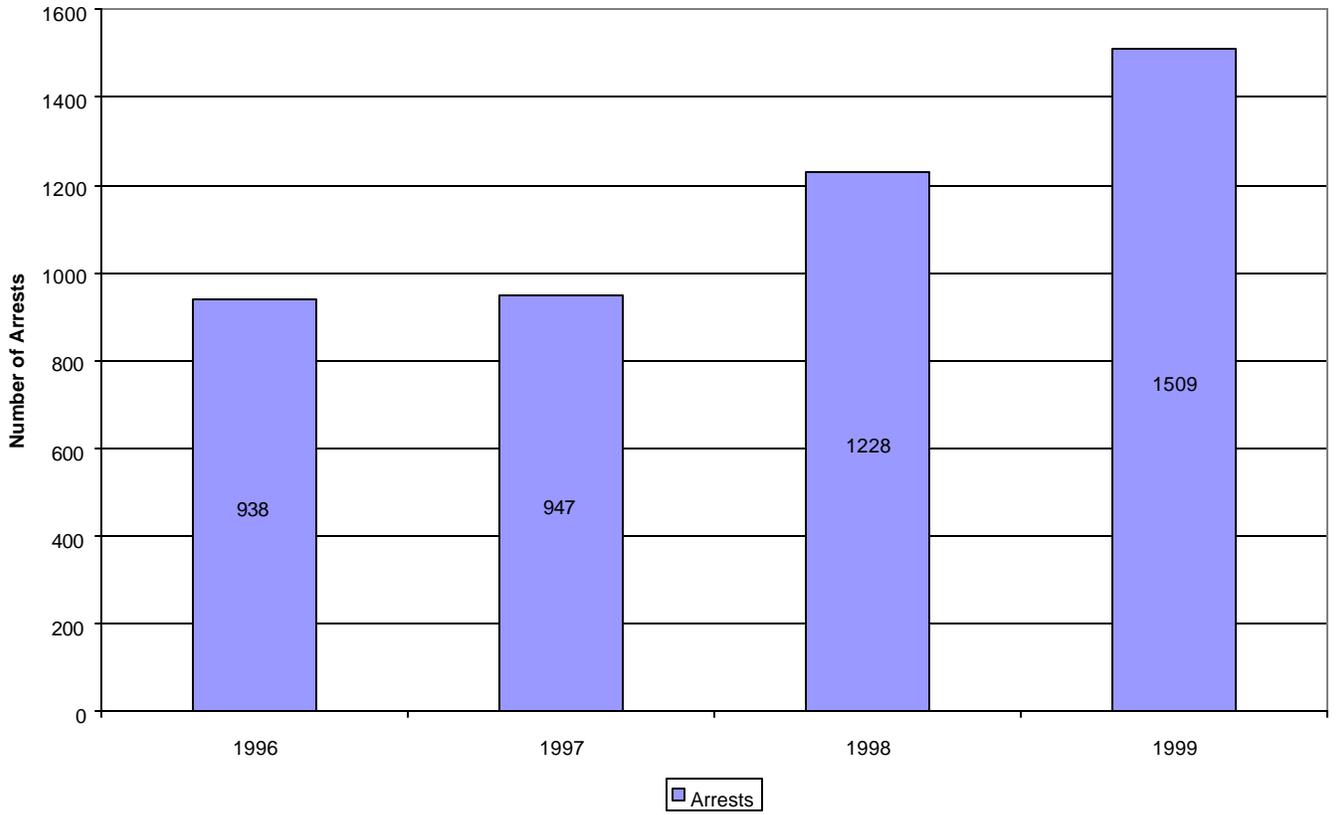
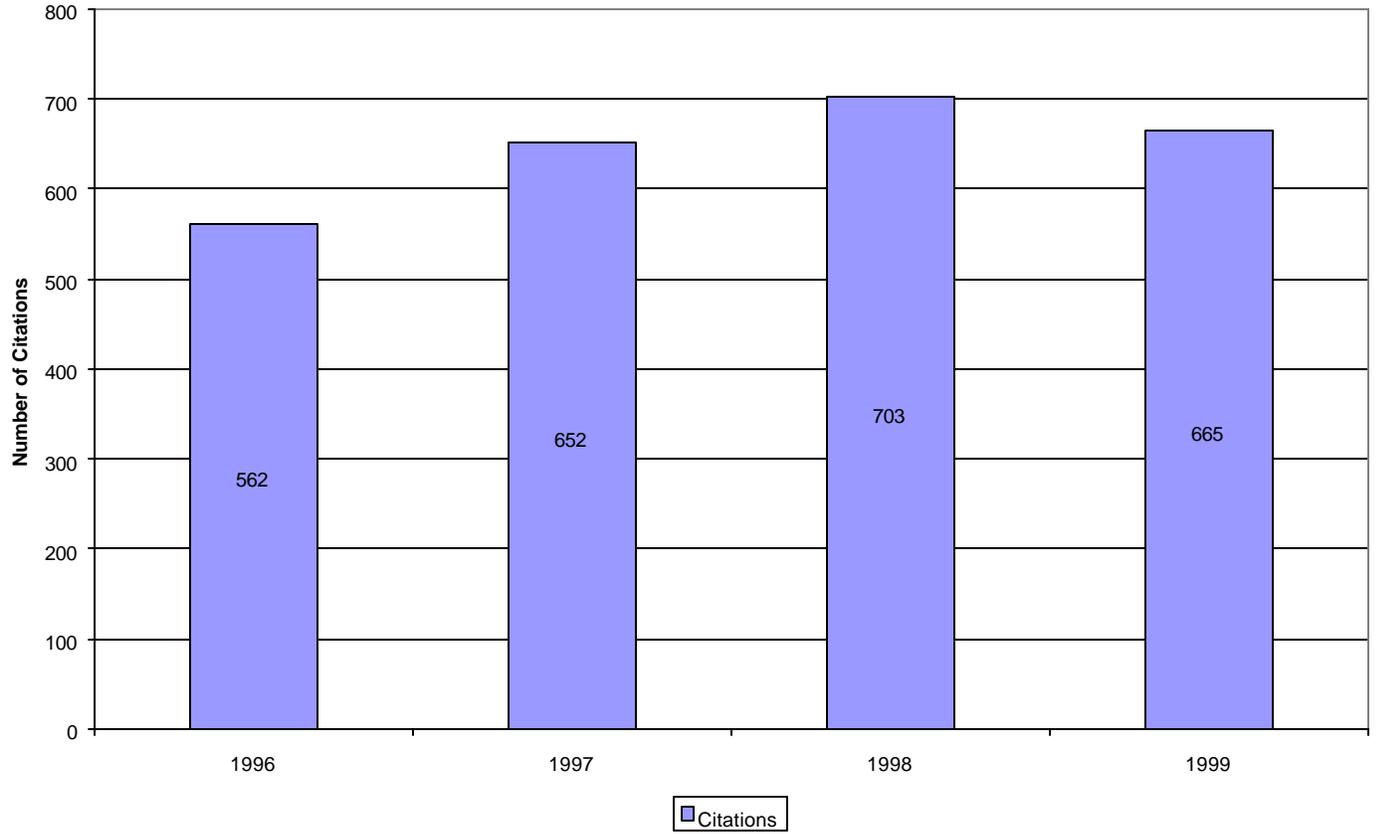


Exhibit 8: 1996-1999 Canton Police Department DUI Citations



**PATTERNS AND TRENDS OF DRUG USE IN
CINCINNATI/SOUTHWEST OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

January 2000

Dr. E. Don Nelson, Professor
**University of Cincinnati College of Medicine Department of
Pharmacology & Cell Biophysics**
NIDA/NIAAA Career Teacher in the Addictions

University of Cincinnati
1075 Stratford Hill Drive
Cincinnati, Ohio 45230-4145
(513) 751-8593
FAX: (513) 558-1169
E-mail: nelsoned@uc.edu

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ABSTRACT

Cincinnati Hamilton County continues to have a relatively poor quality heroin supply, an abundance of cheap crack, expensive and rare powdered cocaine, relatively expensive marijuana, little or no ICE, significant solvent abuse, well above average abuse of opioid tablets, by the oral and intravenous route. Drugs and alcohol continue to be involved in accidental, homicidal, and suicidal deaths in Hamilton County. The patterns of drug seizures and drug diversion arrests indicate a continuation of the historical patterns of drug availability and abuse in Hamilton County. Chemical dependency treatment is available with waiting lists considered short in comparison with other cities. Organizational problems continue in the planning and delivery services to dually diagnosed patients. The impact of H.B. 484 needs to be studied, and changes made if indicated.

INTRODUCTION

1. Area Description

The greater Cincinnati area is home to about 1.5 million people. The population of the City of Cincinnati is about 750,000. The population of Cincinnati is comprised of African-Americans, Caucasians. Sub populations of Appalachians and smaller sub populations of Hispanics and Orientals are also present. Cincinnati is a city of smaller neighborhoods, each with different specific socio-demographic characteristics. The African-American population is relatively stable and accounts for a significant portion of the total Cincinnati population. The Appalachian population is well established and relatively stable. The Hispanic population is small, but has grown significantly in the past five years.

2. Data Sources and Time Periods

- Cincinnati Drug and Poison Information Center (DPIC) the DPIC is the regional drug and poison information center for southwest Ohio. The annual report of the DPIC is attached.
- The Cincinnati Pharmaceutical Diversion Unit (PDU). The Cincinnati Pharmaceutical Diversion Unit is a unit of the Cincinnati Police, which is responsible for the investigation of the diversion of pharmaceuticals from legitimate use. Dr. Nelson is a member of the Ohio chapter of the National Association of Drug Diversion Investigators (NADDI).
- The Early Prevention and Intervention Project (EPIP). EPIP is a street outreach project directed at people at high risk of infection with HIV, STI's and TB. The program has six outreach workers and contacts thousands of people each year on the street who are active users.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
JANUARY 20, 200	12	Women in treatment

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
None	NA

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	12	0	12

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine is readily available and cheap. Powdered cocaine is both an item of commerce and more rare than crack. The cocaine/crack price differential has pretty much disappeared. Its form and price depends on market variables. Crack tends to be used by African-Americans, and the lower SES population. Crack use by middle and upper SES populations certainly occurs as is evidenced by the pattern of buys in the inner city by suburban users. This use pattern is less visible than the use pattern by lower SES people. Crack on the street is a number of different chemicals and varies from day to day. Street Crack usually contains some cocaine, but may also contain lidocaine, procaine, xyloacaine, benzocaine, or other local anesthetics. These adulterated forms of crack are often referred to on the street as “fleece”, denoting that the purchaser has been “fleeced” by the seller as in having the wool pulled over their eyes. Unfortunately, all of these other local anesthetics are toxic. Crack is smoked in pipes or other devices suited for heating and vaporizing the drug. There are no reported cases of the injection of Crack in Cincinnati. Crack use is associated with prostitution and some low level gang behavior.

1.2 COCAINE HCL

Powdered cocaine tends to be used most often by higher SES users. The drug is nearly always used by insufflation “snorting”. Rarely it is injected by older IDU’s. The socio-economically-defined patterns of cocaine use are truly remarkable.

2. Heroin

Historically, the supply of heroin in Cincinnati has been the poorest in the Midwest. The reasons for this are many. Law enforcement in Cincinnati is among the best in the country. In the past, heroin has come down I-75 from Detroit. This continues to be the main route of supply. However, the influx of Hispanic emigrants has brought Mexican heroin with them as a source of income. When available, heroin is relatively expensive.

3. Other Opioids

Nationally Cincinnati is a city known as a “Pill Town”. This means that the vast majority of opioid drugs abused in Cincinnati are opioids diverted from pharmaceutical channels. The opioids are sometimes extracted from the tablet dosage forms and then injected intravenously. More of this kind of drug use goes on in Cincinnati than any other city in the country. A summary of opioids diverted is attached.

4. Marijuana

The use of marijuana is moving toward a socio-systonic behavior in many of the drug using groups in Cincinnati. In interviews many users do not consider marijuana to be a drug, but many consider it to be part of the background of their existence, much like tobacco and alcohol. It is a difference in perception between heavy drug users and the general population. The use of beer and marijuana is so common many groups do not consider beer to be alcohol or marijuana to be a drug. The use of marijuana is the most common second only to alcohol. Marijuana is very available and not cheap. Several qualities of marijuana are available including Mexican, Jamaican, domestic and various forms of hashish, which tends to be less available. Use rates of marijuana tend to be at the national norm.

5. Stimulants

Street stimulants include Crank, which varies in content, but usually contains some amphetamine in the hydrochloride or sulfate form. Most comes from underground laboratories, which vary considerably in quality. The motorcycle gang group tends to transport and sell Crank. Ice has showed itself very infrequently in Cincinnati.

Look-alike drugs are widely available. These drugs contain phenylpropranolamine, caffeine, and or ephedrine, and are sold at truck stops and in underground magazines, newspapers, and on the street. This is so even though these drugs are illegal in the State of Ohio. There is abuse of methylphenidate is as a gateway drug and drug of second choice, almost exclusively among adolescents.

The advent of ICE is a major concern in Southwest Ohio. Careful attention must be paid to the law enforcement and prevention aspects of this potentially dangerous drug abuse pattern.

6. Depressants

The abuse of depressants occurs for its own sake and as a way to come down from stimulants, e.g., Crack, ICE, and Crank, etc. Among the benzodiazepines, Xanax-R is preferred by “downer” users. Carisoprodol is sought after because it is easily available and produces the same effects as other “downer” drugs. Methocarbamol is also sought after since it is readily available and produces the same effects as other “downer” drugs. Depressants are often combined with alcohol to intensify their effects. Unfortunately, such use is dangerous and accounts for a large proportion of the depressant related deaths.

7. Hallucinogens

The available hallucinogens in the Greater Cincinnati area are:

1. LSD, the usual doses are quite small at 25 to 75 micrograms. Psilocybin is available as “shrooms” which is dried psilocybe mushrooms or regular mushrooms with LSD added.
2. Mescaline is virtually unavailable.
3. MDMA and MDA are readily available. The drugs are widely available and most often used at RAVE parties by people in their twenties. There is also considerable use of MDMA and MDA by the gay community. Unfortunately these drugs are neurotoxic to serotonergic neurons.

8. Inhalants

Inhalants account for a significant number of drug abuse-related deaths in southwest Ohio every year. All volatile solvents and gases have potential to be abused. Spray paint and isobutane are particularly popular as inhalants of abuse. They tend to be used by young people ages nine to fifteen. Occasionally older people use inhalants. However, there is usually a developmental delay or other mental health problem, which pre-disposes to such use. The abuse of volatile nitrites is low and found mostly in the gay community.

9. Alcohol

The use of alcohol in the Greater Cincinnati area has become relatively stable. The use patterns begin with age of first use averages of age 12. By early adolescence a small percentage of children are engaged in regular drinking to drunkenness. Still other adolescents are “binge drinkers” who drink to drunkenness, typically on weekends. Alcoholism is the most common chemical dependency in the Greater Cincinnati area. Most chemically dependent people use alcohol in addition to their other drug of choice, be it crack, marijuana, stimulants, opioids, or other drugs. The incidence of alcoholism for most groups in Cincinnati is close to the national average. The beverage of choice for street and poor groups tends to be high alcohol content beers and wines. Most adolescents prefer beer. People in their 20's tend toward distilled spirits as do more affluent heavy drinkers.

10. Special Populations and Issues

10.1 MENTALLY ILL

The continued separation of the mental health and chemical dependency treatment systems continues to pose problems for planning, training, certification, and reimbursement for services delivered to dually diagnosed patients in both systems.

10.2 YOUTHS

Some excellent prevention programs are offered for youth. Most areas of Hamilton County suffer from erratic funding for prevention, and a lack of integration of prevention in the chemical dependency treatment system. The emergence of the certificate in prevention has been a very positive step forward. More prevention and treatment opportunities should focus on the needs out of school youth.

CONCLUSION

The substance abuse epidemiology of the Greater Cincinnati area reflects the cultural realities of the region. Specifically, the population of the area is divided into neighborhoods, each with specific SES characteristics. The drug and alcohol using patterns tend to be derivative of the neighborhoods in which they exist. The exception may be RAVE scene in which urban and suburban youth congregate in inner city large buildings to “party”. In general, the area tends to be conservative. The city of Cincinnati is losing population to the suburbs. Several large corporations dominate the commercial life of the city. The social service community of the area is in relatively good operating order.

The “Pill Town” aspect of the Greater Cincinnati area is truly unique. This is thought to be derivative of the high quality of law enforcement, i.e., keeping heroin out and more conservative intravenous drug users. A new problem, which has presented itself in the past few months, is the impact of US HB 484. This bill, designed to limit the amount of time a child can spend in foster care before the mother loses custody, is having a negative impact on the mothers’ willingness to allow their children to be treated in residential programs. Women are worried that the child’s time in a residential treatment program will count against the child’s 484 time, even though that is not true. An aggressive public education campaign is needed.

EXHIBITS

Exhibit 1: PHARMACEUTICAL DIVERSION DATA

Exhibit 2: EPIP DATA

DRUG STATISTICS

TOP DOSAGE UNITS DIVERTED FOR 1999

1.	HYDROCODONE	85,808
2.	OXYCODONE	31,780
3.	DIAZEPAM	13,676
4.	ACETAMINOPHEN W/CODEINE	13,399
5.	CARISOPRODOL	10,572
6.	PROPOXYPHENE	8,775
7.	ALPRAZOLAM	8,380
8.	ULTRAM	7,004
9.	LORAZEPAM	5,018
10.	BUTALBITAL	4,430

PDS DRUG STATISTICS OCTOBER 1, 1990 - AUG. 31, 1998

PRESCRIPTIONS 23,422
DOSAGE UNITS 1,840,839

TOP PRESCRIPTION DRUGS DIVERTED OCTOBER 1, 1990 - AUG. 31, 1998

1. HYDROCODONE (Vicodin) - 461,431 (\$6)
2. PHENTERMINE HYDROCHLORIDE (Adipex, Fastin, Ionamin) - 272,303 (\$6)
3. OXYCODONE (Percocet, Percodan, Tylox) - 135,056 (\$6 - \$8)
4. ACETAMINOPHEN W/CODEINE (Tylenol w/Codeine) - 93,303 (\$3 - \$5)
5. DIAZEPAM (Valium) - 78,063 (\$1 - \$2)
6. PROPOXYPHENE (Darvon, Darvocet) - 67,680 (\$2 - \$4)
7. BUTALBITAL (Fiorinal) - 48,711 (\$3 - \$5)
8. CARISOPRODOL (Soma) - 46,039 (\$3 - \$4)
9. MORPHINE (MS Contin/Injectable/Oral) - 40,088
MS Contin - (30mg - \$30; 60mg - \$45; 100mg - \$60)
Injectable/Oral (2mg = 1 d.u.) (N/A - H/P Usage)
10. PENTAZOCINE (Talwin) - 31,413 (\$2 - \$4)
11. ALPRAZOLAM (Xanax) - 28,961.5 (\$3 - \$4)
12. DEXTROAMPHETAMINE (Dexedrine) - 28,591 (\$8)
13. MEPERIDINE (Demerol) - 28,053
(25mg = 1 d.u.) (N/A - H/P Usage)
14. ULTRAM - 16,934 (since 9/97) (\$1)
15. METHYLPHENIDATE (Ritalin) - 15,144 (\$10 - \$15)
16. HYDROMORPHONE (Dilaudid) - 14,519 (\$60)
(2mg - 1 d.u.)
17. CODEINE COUGH SYRUP - 13,986 (\$3 - \$4)
18. LORAZEPAM (Ativan) - 9,669 (\$2)
19. FENTANYL - 9,133
(N/A - H/P Usage)
20. FLURAZEPAM (Dalmane) - 7,940 (\$3 - \$4)

**EARLY PREVENTION
INTERVENTION PROJECT
EPIP**

SEMIANNUAL REPORT

JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, 1999

**EARLY PREVENTION AND INTERVENTION PROJECT (EPIP),
A COOPERATIVE PROJECT OF
THE CCHB AND THE DPIC**

**2601 MELROSE AVENUE
SUITE 102
CINCINNATI, OHIO 45206
513-961-9930**

JANUARY, 2000

SUBMITTED BY:

**Ms. Sandra Driggins-Smith, Administrator, CCHB
Ms. Elizabeth Presley-Fields, Project Director, CCHB
Dr. E. Don Nelson, Project Evaluator, DPIC**

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I.) EXECUTIVE SUMMARY

THE CENTRAL COMMUNITY HEALTH BOARD (CCHB) and THE CINCINNATI DRUG and POISON INFORMATION CENTERS (DPIC) collaborate in THE EARLY/PREVENTION INTERVENTION PROJECT/HIV (EPIP). EPIP provides HIV early intervention, prevention, education, and outreach to persons in Hamilton County whose behavior puts them at risk for infection with HIV, STIs and TB. The target groups for EPIP have been defined to deliver services to those in who might not otherwise receive such services. In the first 6 months of FY 00, EPIP has been successful in providing outreach services to those previously identified as being in need EPIP services. EPIP uses proven intervention, prevention, education, and outreach methods to change behaviors which place such persons at risk of acquiring or transmitting HIV infection, TB and STIs. The EPIP evaluator uses process, outcome, and impact measures to evaluate the performance of the project in relation to its goals and objectives. EPIP uses the risk reduction model and proven public health measures in the delivery of services. Confidential testing is now offered by EPIP in addition to anonymous HIV testing, TB testing and STD screening evaluation are offered on or off site. Persons positive for HIV are referred to the AIDS Treatment Center (ATC) at the University of Cincinnati for appropriate CD4 monitoring and institution of appropriate anti-viral therapy. New programmatic thrusts in 2000 are focusing on outreach to the homeless; prevention in adolescents in school based programs, presentations to the criminal justice system. Data from the EPIP project are reported to the Hamilton County ADAS board and to ODADAS.

EPIP provided the following units of service from 7/1/99 to 12/31/99

1. NO. OF CLIENTS RECEIVING EDUCATIONAL SESSIONS.....	3682
2. NO. OF EDUCATION SESSIONS PROVIDED.....	268
3. NO. OF CLIENTS RECEIVING RISK ASSESSMENTS.....	822
4. NO. OF CLIENTS RECEIVING HIV PRE-TEST COUNSELING.....	956
5. NO. OF CLIENTS RECEIVING HIV BLOOD DRAWS.....	935
6. NO. OF CLIENTS RECEIVING STD BLOOD TESTS.....	68
7. NO. OF CLIENTS RECEIVING POST HIV TEST COUNSELING	798
8. NO. OF CLIENTS RECEIVING NURSING ASSESSMENTS.....	126
9. NO. OF AGENCY STAFF TRAINING SESSIONS.....	32
10. NO. OF STAFF TRAINED IN EXTERNAL TRAININGS.....	276
11. NO. OF CLIENTS RECEIVING OUTREACH CONTACTS.....	5296
12. NO. OF CLIENTS RECEIVING INTERIM SERVICES.....	1350
13. NO. OF FAITH BASED CLIENTS.....	396
14. NO. RECEIVING AWARENESS SERVICES.....	1411
15. NO. OF CLIENTS RECEIVING ADVOCACY	
16. MEAN PRE VS. POST TEST SCORE.....	6.6 VS. 8.9
17. MEAN TRAINING EVALUATION SCORE... 0 (POOR) TO 4 EXCELLENT	3.7

2.) BACKGROUND

The Early Prevention and Intervention Project EPIP which began in 1995 is a collaborative project of the Central Community Health Board (CCHB) and the Drug and Poison Information Center (DPIC). EPIP initially targeted only those persons in Hamilton County chemical dependency treatment programs. EPIP is responding to the documented need to provide services to those on waiting lists for chemical dependency treatment programs as well as those on the street in desperate need of EPIP services, intervention and referral to chemical dependency treatment.

EPIP trains the Staff of Hamilton County agencies, which care for clients who engage in behaviors, which put the clients at high risk of HIV, STIs and TB infection. This "train the trainer" approach amplifies the impact of the EPIP.

Although the original RFP indicated that the EPIP should obtain T4/T8 cell counts and initiate anti-viral therapy, it was decided in discussions with ODADAS that it would be more appropriate in the Hamilton County venue to refer all HIV positive persons to the University of Cincinnati Infectious Diseases Treatment Unit (IDTU). This system is working well. The original RFP requested that data be gathered and reported regarding the treatment and clinical course of persons referred for treatment of HIV infection. It was decided that doing so would not be a good use of scarce resources, given that the IDTU already performs these clinical functions. It was agreed that our significant local experience and expertise should guide EPIP to focus on prevention, education, outreach, and intervention services in Hamilton County.

3. THE REAL WORLD OF EPIP: WHAT PARTICIPANTS SAY

The following are examples of feedback from EPIP program participants. They reflect the deep appreciation for and impact of the program. These comments are quoted here to communicate some of the qualitative human aspects of the work done at EPIP. The comments reflect how well the education sessions are received.

In response to the question "Other comments, feedback, or thoughts you would like to tell us" The respondents offered the following.

1. Speakers were very knowledgeable
2. Good speaker well displayed
3. Thank you Paula
4. Keep coming, its working
5. I really enjoyed this presentation, I have learned so many things about STD's and AIDS that U did not know before. The spokeswoman did an excellent job.
6. Was very responsive to all, concerned with all questions
7. Keep up the good work and hold on a little while longer
8. I think you conduct yourself in a very professional manner keep up the good work
9. I felt the presentation is very educational and helpful. This is the best idea to come along ! Thank you !
10. I am scared, and I know I have it, please help.

11. **She teaches a good class. She was helpful**
12. **Thanks for coming, I learned things I never knew in my life.**
13. **Keep up the good work it is good to see some positive attitudes in jail- very inspiring**

3.) PROGRAMMATIC CHANGES

In many instances, EPIP staff have to go beyond the boundaries of the treatment centers in order to reach those persons who are engaged in active addictive behavior or are at very high risk of addiction owing to their drug and alcohol use patterns. It appears that many of the persons encountered on the street have been in treatment, have relapsed and now are on the street again. Some of these people are on waiting lists for treatment, but the number of persons needing treatment far exceeds the number so available treatment slots. EPIP has initiated outreach to such high risk areas as Washington Park (Over the Rhine) and in doing so has identified a vast population of persons who are engaging in unprotected sex and using alcohol, street drugs and injecting drugs intravenously. Use rates for alcohol, marijuana, and cocaine are particularly high in this population. Some sex workers are doubtless HIV infected and engaging in unprotected sex with their customers for money or drugs.

Considering the above, the EPIP has made strategic changes to more comprehensively address the HIV, STD and TB prevention, and intervention needs of persons in Hamilton County, who are at risk of infection due to risky drug, alcohol and sexual behaviors. These changes are reflected in the increase in delivery of interim services.

The specific programmatic changes, which have been productive, are as follows.

A.) Schools

The focus of EPIP's work in the schools is abstinence based prevention education. EPIP does not advocate alternative lifestyles, or sexual irresponsibility. EPIP does not demonstrate safer sex techniques. (At the Grads program at Taft High School, the students have requested safer sex demonstrations). These students for the most part are sexually active. Many are already parents. EPIP presents from a wellness model of taking good care of yourself through healthy choices. This includes saying "no" to life destroying activities like taking drugs, having sex before you are mature enough, drinking alcohol, smoking cigarettes or marihuana, or engaging in violence based behavior.

All EPIP presentations are age appropriate. We are currently working with grades five through twelve at the School for the Creative and Performing Arts, Robert A. Taft, Heberle and Hayes schools. EPIP works in the latter two schools in collaboration with the Seven Hill Neighborhood House Inc.

The Goal of the EPIP school based work is to provide basic information regarding the transmission of HIV and other sexually transmitted infections (STI's). EPIP presentations discuss what the STIs are, how they are transmitted, and how not to get infected. The connection is made between drug and alcohol use, impaired judgement, sexual irresponsibility and STIs.

B.) Probation.

After nurturing and developing a relationship with the Hamilton County Adult Probation Department, EPIP conducted a series of trainings for all probation officers. EPIP had instituted an ambitious initiative with the encouragement of the Hamilton County Adult Probation Department to train all probation officers in how to best prevent the spread of HIV, (sexually transmitted infections) STI's, and TB in their client populations. Plans are underway to institute a similar training series at the River City Correction Center (on the site of the old Hamilton County Workhouse). This probation department training illustrates the need to work consistently to develop good working relationships. Dr. E. Don Nelson is conducted the probation department trainings. EPIP is now at the point where people are aware of, and seek out EPIP services. EPIP currently offers testing and education every Wednesday at the first Lutheran Church in Over the Rhine for those indigent residents of the community who come to the church to eat lunch.

C.) Seniors.

The statistics for new cases of HIV/AIDS in the over 55 population are rising at an alarming rate. Many of the seniors that we have identified are alcoholics and or drug addicts. Many have discontinued drug use in their later years.

EPIP began its outreach to people 55 and over, after receiving statistics regarding the numbers of seniors infected with HIV. An HIV educator with access to the Internet found a program in Fort Lauderdale Florida called SHIP that works with seniors in a four county area. The director of SHIP agreed to send EPIP a packet of information, including statistic, new articles, reports, program guidelines, and a resources list. The packet included information about an HIV prevention film for seniors produced by AARP, which EPIP has ordered for the EPIP library.

The outreach effort consisted of telephone contacts and personal visits to senior recreation centers, housing, and agencies, which serve seniors. Ninety percent of the sites approached did request education sessions or information for their clients, which were men and women, age 65 to 70. To date, HIV prevention education, outreach, awareness, and staff training has been provided for over twenty sites with an average of 60 clients per site. Four agencies serving elderly and senior AA groups started receiving services in January 1999.

D.) Hispanics

Outreach to the Hispanic, and other needy street populations, which have been very receptive to the delivery of vital EPIP services. Thus the new outreach effort is showing benefits in terms the delivery of services to people who would otherwise not receive the HIV, STD and TB prevention, and intervention services. EPIP staff feels strongly about the need to deliver services to those who are putting themselves and others at great risk of being infected.

5.) EPIP PROCESS EVALUATION

The process evaluation documents the extent to which chemically dependent persons in and out of treatment are receiving EPIP services. Program participation is being described in terms of: race (Black, White, Hispanic, Asian, other) sex (Female, Male), sexual orientation,(gay, lesbian, bisexual or heterosexual) age, and drug(s) of choice. The process evaluation is a continuing integral part of EPIP.

6.) EPIP GOALS

GOAL 1. To use the Public Health Model of agent host and environment to monitor the progress of the project.

This goal is achieved through monitoring the incidence and prevalence of positive HIV tests in those tested by EPIP vs. the population tested at the Cincinnati Health Department. The HIV positivity rate in the EPIP population is less than 1%, which is roughly comparable to the positivity rate in those tested by the Cincinnati Health Department. In addition EPIP staff keep up with Hamilton County trends in HIV, STI's and TB.

GOAL 2. To use risk-reduction models to deliver EPIP services.

All education, training, and services offered by the EPIP use proven risk-reduction techniques to decrease the rate of transmission of HIV, STIs and TB. Drug and alcohol treatment decreases the risk for infectious disease transmission.

GOAL 3. To deliver EPIP services in a manner consistent with the philosophy of the treatment program.

Individual meetings with the administration of each agency served assure that EPIP delivers services within that agency which are consistent with the treatment philosophy in that treatment program.

GOAL 4. To target all people in drug and or alcohol treatment programs in Hamilton County with state-of-the-art HIV prevention/education.

EPIP staff has delivered services to 105 agencies in Hamilton County. The agencies served include drug abuse, criminal justice, and social service agencies. The quality and currency of the EPIP services is updated through regular staff trainings such as those in which the Office of Treatment Improvement "Treatment Improvement Protocols –TIPS) are used as study guides. New information is accessed from abstracting services, CDC, and other government and private resources.

- GOAL 5. To use culturally sensitive education/skill building interventions to change HIV risk taking behaviors (drug use and sexual practices) of persons in chemical dependency treatment and their sexual partners.

EPIP is always alert to new opportunities to address issues of cultural specificity. One example from this quarter is the translation of outreach materials into Spanish. Doing so and distributing the materials to Spanish speaking people resulted in numerous Spanish speaking individuals coming to EPIP to be tested and counseled. The Spanish-speaking clients usually come in a group with one of the group functioning as a translator. If a single Spanish speaking individual presents and requests translation services will be arranged. Beginning recently three questions have been added to the EPIP services/presentation questionnaire. Participants and clients were asked to rate the cultural appropriateness of the EPIP presentation and whether the presentation was appropriate for them. On a scale of 1= strongly disagree, disagree, 3 agree, and 4= strongly agree, EPIP services were rated an average 3.7 meaning agree to strongly agree.

- GOAL 6. To provide proven STD (including HIV) risk reduction methods.

All EPIP services encourage universal precautions (now called "standard precautions") and risk reduction behaviors. EPIP staff are trained in the Office of Treatment Improvement "TIPS", CDC, and NIDA publications. Many of the methods used by EPIP were developed during the NIDA, National AIDS Demonstration and Research (NADR) program. The Cincinnati NADR project was called the "Reaching Everyone: AIDS and Cincinnati's Health-REACH". The NADR project proved which methods were effective in changing behavior to decrease the risk of transmission of HIV, STI's. These are the methods used by EPIP.

- GOAL 7. To screen and refer for TB treatment.

T.B. screening is done as part of the nursing assessment. In the last six months 126 nursing assessments were done. All clients in chemical

dependency treatment programs in Hamilton County are screened routinely for T.B. People encountered on the street by EPIP are made aware of their risk to TB and referred to the Health department or TB Control for TB screening.

- GOAL 8. To assure access of all participants to appropriate social and medical services .

All clients served by EPIP are made aware of the spectrum of social and medical services , which are appropriate to their needs, and referrals are made to the appropriate services. Interim services were provided to 1350 contacts.

- GOAL 9. To provide mobile HIV, and other STD, Education/prevention services to all ODADAS certified chemical dependency programs in Hamilton County.

One hundred and two agencies in Hamilton County have received services from EPIP since it began serving the community. In the past six months EPIP has served 5296 outreach contacts throughout Hamilton County on the streets, in alleys, in locations like Washington Park, various "strolls, and elsewhere in Hamilton County.

- GOAL 10. To assure the program engagement of the sexual partners of persons in chemical dependency treatment in Hamilton County treatment.

EPIP has encountered logistic barriers in engaging the sexual partners of program contacts. The major barrier is childcare for sexual partners during the time they meet with EPIP staff. Another barrier is that when sexual partners visit clients in treatment, they want to spend the time with their significant other at that time. A small number of sexual partners have received EPIP services, however logistics continues to be a barrier to more contact with sexual partners of those in chemical dependency treatment.

- GOAL 11. All EPIP project activities will be documented and collated for reporting purposes.

All EPIP activities are documented on service tickets and on "outreach", interim Services, and "Agency Service" sheets. The data from these

sources as well as education and training evaluations is collated and analyzed to document the progress and output of EPIP. Data is reported in the Semi-annual report and Annual report to the Hamilton County ADAS Board and ODADAS.

7.) EPIP OUTPUT INDICATORS

FOR JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, 1999

A. OUTPUT INDICATORS

1. NO. OF CLIENTS RECEIVING EDUCATIONAL SESSIONS.....	3682
2. NO. OF EDUCATION SESSIONS PROVIDED.....	268
3. NO. OF CLIENTS RECEIVING RISK ASSESSMENTS.....	822
4. NO. OF CLIENTS RECEIVING HIV PRE-TEST COUNSELING.....	956
5. NO. OF CLIENTS RECEIVING HIV BLOOD DRAWS.....	935
6. NO. OF CLIENTS RECEIVING STD BLOOD TESTS.....	68
7. NO. OF CLIENTS RECEIVING POST HIV TEST COUNSELING	798
8. NO. OF CLIENTS RECEIVING NURSING ASSESSMENTS.....	126
9. NO. OF AGENCY STAFF TRAINING SESSIONS.....	32
10. NO. OF STAFF TRAINED IN EXTERNAL TRAININGS.....	276
11. NO. OF CLIENTS RECEIVING OUTREACH CONTACTS.....	5296
12. NO. OF CLIENTS RECEIVING INTERIM SERVICES.....	1350
13. NO. OF FAITH BASED CLIENTS.....	396
14. NO. RECEIVING AWARENESS SERVICES.....	1411
15. MEAN PRE VS. POST TEST SCORE.....	6.6 VS. 8.9
16. MEAN TRAINING EVALUATION SCORE... 0 (POOR) TO 4 EXCELLENT	3.7

B. DEMOGRAPHIC DATA

RACE, N=5912-

BLACK.....3482
WHITE.....2164
HISPANIC.....187
ASIAN.....54
OTHER.....25-

SEXUAL ORIENTATION, N=2149-

HETEROSEXUAL.....1776-
HOMOSEXUAL.....313-
BISEXUAL.....41-
TRANSSEXUAL.....19-

AGE, N=4923-

UNDER 18.....785-
18-25.....984
26-35.....1409-
36-50.....1253-
OVER 50.....492-

SEX, N=4923-

FEMALE.....2,568-
MALE.....2,355-

DRUG OF CHOICE, N=1586-

ALCOHOL.....712-
CRACK/COCAINE.....432-

MARIHUANA.....204-
HEROIN, OPIOIDS.....174-
OTHERS.....64-

8.) AGENCY INTERACTIONS

In the course of the provision of EPIP services, EPIP staff has interacted with ODADAS certified chemical dependency treatment programs in Hamilton County. In addition, EPIP had delivered services to numerous other agencies in Hamilton County. All agency interactions (105) have been well received by the host agencies as reflected in feedback and evaluation forms.

9.) EPIP TRAININGS AND PRESENTATIONS

EPIP presented 32 separate staff trainings totaling 58 hours. The staff trainings were presented to the staff of the University of Cincinnati Central Clinic, and the Hamilton County Adult Probation Department (Municipal court and Common Pleas divisions), the Salvation Army, Talbert House Turning Point, AVOC, DPIC and other chemical dependency treatment agencies. The training evaluations were very positive, i.e. 3.7, on a scale of, 1= POOR, 2= FAIR, 3= GOOD, 4 = EXCELLENT. The written comments from the evaluations of the trainings reflected a high degree of satisfaction with the quality of the training experience. Comments included the following.

10.) FUTURE PLANS AND PROGRAM DIRECTION

In the next 6 months EPIP will continue to offer confidential testing in addition to anonymous testing. EPIP is also exploring the feasibility of offering saliva antibody testing for HIV antibodies, given that the test has proven to be relatively sensitive and reliable. EPIP plans to widen the spectrum of those receiving services, and expand the capacity of the program to provide interim services. EPIP will continue the important expansion into the mental health system, criminal justice system, and selected schools to which EPIP has been invited.

**PATTERNS AND TRENDS OF DRUG USE IN
CUYAHOGA COUNTY, OHIO:
A REPORT PREPARED FOR THE OHIO SUBSTANCE ABUSE
MONITORING NETWORK (OSAM)
FOR THE OHIO DEPARTMENT OF ALCOHOL AND DRUG
ADDICTION SERVICES**

January, 2000

Anne Koster, RNC, ND, MBA

Funding for this report provided by the Center for Substance Abuse Treatment under Contract No. 270-97-7033 (State Demand and Needs Assessment: Alcohol and Other Drugs).

Abstract

Crack Cocaine and heroin remain Cuyahoga County's primary drug abuse problem. High utilizers of these two substances continue to be African-American males in their late twenties, early thirties. New user groups of youth abusing heroin and hallucinogens have emerged. Depressants, such as diazepam (Valium) and lorazepam (Ativan) continue to be commonly utilized. Marijuana remains the most common drug used within the region, often used in conjunction with other drugs and alcohol. Many treatment barriers exist for many of the drugs mentioned - especially cocaine and heroin. Reimbursement related to treatment issues and lack of residential treatment programs are the two predominant challenges facing treatment providers throughout Cuyahoga County.

INTRODUCTION

1. Area Description

More than 1.4 million people live in Cuyahoga County, the most populous and urbanized of Ohio's 88 counties. About half a million reside in Cleveland. Although the poverty rate in the county suburbs has gradually increased (14%), the rate in Cleveland remains more than eight times higher - approximately 45% of Cleveland residents live in poverty. Poverty rates have increased while unemployment rates have declined to a record low in most areas.

2. Data Sources and Time Periods

\$ Qualitative data were collected in four focus groups and 2 individual interviews conducted in November and December, 1999 and January, 2000. The number and type of participants are described in Table 1.

\$ The Community Health Indicators Project provided drug and alcohol abuse treatment data, aggregating primary drug of choice amongst users throughout Cuyahoga County.

\$ Availability, price and purity data available from Cuyahoga County Sheriff's Department and local suburban police departments for January, 1999 through January, 2000.

Table 1: Qualitative Data Sources

Date of Focus Group	Number of Participants	Front-Line Professionals (treatment providers/counselors, social workers)
11/18/99	7	Treatment providers/counselors, outreach workers, Social workers
11/30/99	7	Treatment providers, social workers, Registered Nurses, corrections officers
1/19/00	8	Treatment providers/counselors, active drug users
1/21/00	4	Treatment providers/counselors, recovering addicts

Date of Individual	Active Drug Users of Front-Line Professional
12/14/99	Front-Line Professional: Director of Treatment Facility
12/28/00	Active Drug User

DRUG ABUSE TRENDS

1. Cocaine

< Crack cocaine remains the predominant drug of choice with drug users residing within Cuyahoga County. Cocaine in the form of crack vs. powder is the most popular form being utilized. Low cost and availability are the two most common reasons verbalized for crack cocaine's continued high rate of utilization amongst user. Snorting is usual administration route.

< Crack cocaine crosses both genders, race/ethnicity and age groups. Participants report that African-American males, ages 18-35 characterize the usual crack cocaine user. Some participants report an increase in utilization amongst older males - i.e. 50-55 years of age and older.

< Many treatment issues associated with powder/crack cocaine de-tox is not available, minimal residential treatment available; thus, users rely on out-patient treatment with environmental barriers.

2. Heroin

< Next to alcohol and crack cocaine, heroin is the primary drug of choice for users in Cuyahoga County.

< Steadily increasing in utilization among users - have seen a significant increase in utilization among women and youth (ages 17-23) potentially due to easy availability and low cost (approximately \$10 a bag), improved quality and potency.

< Current popular method of administration is smoking vs. injection - which may be contributing to increased utilization rates. Also, the removal of HIV drug abuser stigma and decreasing fear of infections (i.e. HIV/AIDS, meningitis) from possible needle contamination.

3. Other Opioids

< Popular opiates currently being utilized in Cuyahoga County are *Percodan*, *Vicodan* and *Demerol*. These opiates are easily available on the street and can be provided through medical professionals - e.g., prescriptions from dentist, ER visits, prescriptions from elderly parents, children and friends.

< *Ultram/Tramadol* has seen some regional increase in utilization - these drugs are expensive and require a significant number to attain desired effect.

< Primary users continue to be predominantly women, although treatment providers report an increase in male users.

4. Marijuana

< Marijuana remains the most common drug used within Cuyahoga County, often used in conjunction with alcohol and other drugs. Most users do not consider marijuana really a drug - recreational use remains high. Due to this perception, treatment is not actively pursued.

< Marijuana is everywhere - is present in all schools and is being utilized by a much younger population group (average age at experimentation reported to be 5th-6th grade ... may be earlier).

< Currently, availability of marijuana is limited (cocaine and heroin more readily available); thus, the price is high (approximately \$5 for a joint), potent quality.

5. Stimulants

< Very minimal stimulant utilization reported. The use of methamphetamine (crank) is increasing, particularly among individuals who work long/evening hours (i.e. truck drivers, exotic dancers and other all-night occupations)

< Most drug users reported that the different stimulant drugs have been replaced by other, more potent and effective drugs of choice.

< *Ritalin* was not reported as being a popular stimulant amongst youths or other populations.

6. Depressants

< The benzodiazepines remain the Depressant class drug of choice among users - *Valium* is the most common drug utilized. *Ativan* is another depressant commonly utilized.

< There are several treatment issues related to *Valium* addiction - namely, treatment programs for *Valium* addiction is lengthy, has not demonstrated successful outcomes.

< Depressants are available through prescription channels, physicians and on the street.

< User profile: predominantly white female, mid-30's and up. Treatment providers have seen a slight increase in male users noted in certain regions of the county (outlying suburbs).

7. Hallucinogens

- < Minimal utilization reported of *LSD* and *Amushrooms* throughout the Cuyahoga County area. Users relate this minimal utilization to a generational gap - these hallucinogens are no longer popular with the younger population currently abusing substances - viewed as old school.
- < Moderate utilization of *PCP* reported - in conjunction with marijuana and predominantly being used by African-American and Hispanic males, ages 18-35.
- < An increase in *Ecstasy* utilization reported among younger users (ages 14-22 years) - predominantly found in bars and *Araves*. *Ecstasy* is readily available, reasonably cheap (approximately \$10-\$20/hit)

8. Inhalants

- < *Amyl Nitrate* is the most common inhalant reported being utilized - predominantly among younger population (ages 13-18).
- < Inhalants are usually utilized during the experimentation phase of drug use with the younger users.

9. Alcohol

- < An active drug user stated Alcohol is the backbone of all addiction problems.
- < Most active drug users reported utilization of alcohol in conjunction with their primary drug of choice.

CONCLUSIONS

Alcohol, crack cocaine and heroin remain the most commonly abused drugs in the Cuyahoga County area. Alcohol use and abuse is so widely practiced and accepted that it is not perceived to be a chemical substance by active drug users. Crack cocaine crosses both genders, race/ethnicity and age groups. Heroin is steadily increasing in utilization among users. The past two years have resulted in a significant increase in utilization among women and youth (ages 17-23), potentially due to easy availability, low cost and social cache that heroin is perceived amongst younger users.

Several new drug abuse trends have been reported in the Cuyahoga area. Hallucinogens are enjoying a resurgence among the counties youth (ages 14-22 years of age). The primary hallucinogen being utilized is Ecstasy - which is readily available throughout the regional bar scene and weekend *Araves*. Marijuana is present in *all* schools and is being utilized by a much younger population group of eleven and twelve year old youths. Abuse of prescription pharmaceuticals (*Valium*, *Ativan*, *Vicodan* and *Demerol*) was reported to be on the increase, both in males and female user groups.

Many treatment barriers exist for many of the drugs discussed - especially cocaine and heroin. Detoxification programs that are available for cocaine addiction are predominantly offered on an out-patient basis with a very low success rate. Heroin treatment programs are available through in-patient hospitalization programs; however, many insurance carriers will not provide reimbursement for this type of treatment program. Many active drug users reported that due to the paucity of drug abuse treatment programs, they must rely on Alcoholic Anonymous programs for detoxification. Many experience stigma-related prejudice related to their drug dependency from AA group participants - resulting in a very high drop-out rate for these specific programs.

Recommendations:

- **Residential treatment is desperately needed for addiction treatment, following intensive in-patient and in conjunction with out-patient treatment – particularly for cocaine and heroin addiction.**
- **Reimbursement for treatment providers (i.e., CDCII/III counselors) needs to be adjusted in terms of pay scales in an effort to entice qualified individuals to the field of chemical dependency treatment and improve the quality of treatment provided.**
- **There is a complete lack of treatment programs available for dual diagnosis clients. Treatment programs that address both mental illness and chemical addiction are needed throughout the region and state.**

EXHIBITS

Exhibit 1: Drug & Alcohol Abuse Treatment: primary Drug Choice, Cuyahoga County

Exhibit 1: Drug & Alcohol Abuse Treatment: primary Drug Choice, Cuyahoga County

**Drug & Alcohol Abuse Treatment
Primary Drug Choice
Cuyahoga County**

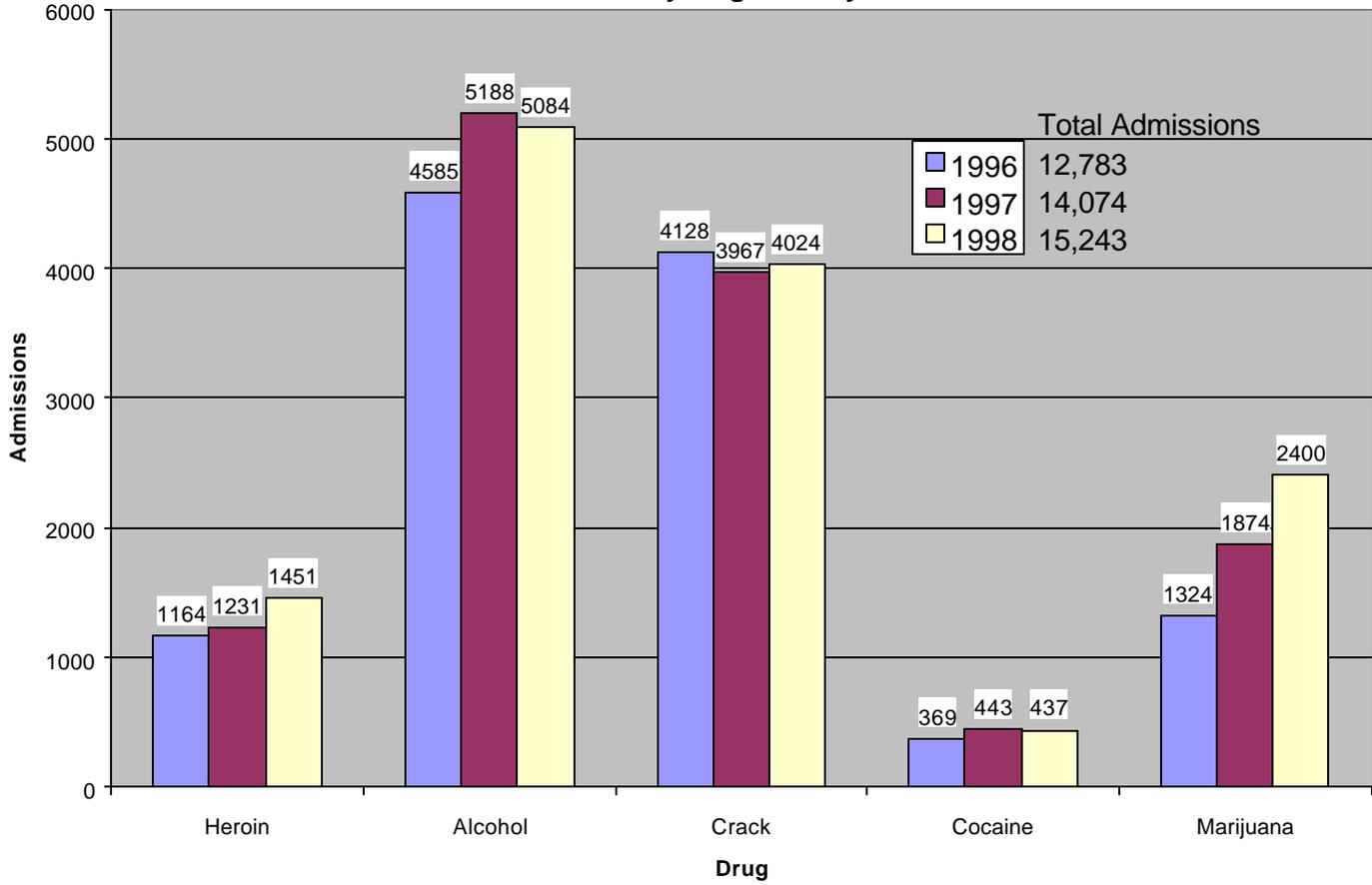
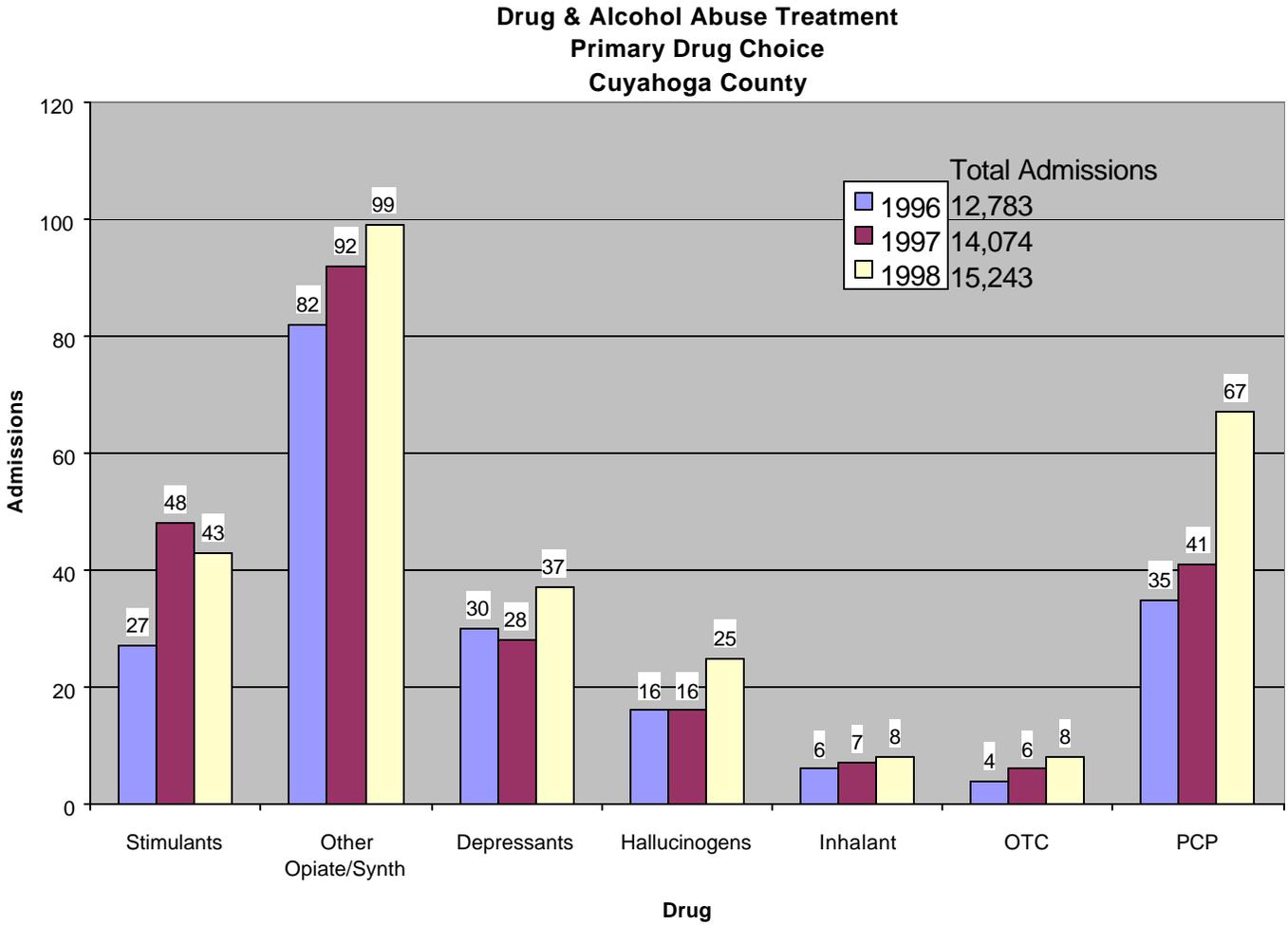


Exhibit 1: Drug & Alcohol Abuse Treatment: primary Drug Choice, Cuyahoga County (Continued)



**PATTERNS AND TRENDS OF DRUG USE IN
COLUMBUS, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

January 2000

Randi Love, Ph.D.

Ohio State University
496 West Third Avenue
Columbus, Ohio 43201
(614) 293-3925
FAX: (614) 293-3937
E-mail: love.45@osu.edu

Funding for this report provided by the Center for Substance Abuse Treatment under Contract No. 270-97-7033 (State Demand and Needs Assessment: Alcohol and Other Drugs).

Abstract

Anecdotal accounts indicate that drug use is increasing in all categories except for pharmaceuticals. Participants felt that use was increasing among young teens (13-14), particularly the use of crack and there were higher observed rates of exchanging sex for this drug. Recently, there were several reported incidences of heroin cut with dilaudid, causing users to go into a deep nod. There have also been reports of methadone “wafers” available on the street. Marijuana use is widespread. Ativan, Vicodin, Percoset, Xanax, and Valium are the most readily available pharmaceuticals. Club drugs are very popular among teens and young adults and may require unique prevention and treatment strategies due to the user group and the perception that they are not addictive. Other recommendations include greater accessibility to and availability of methadone maintenance slots and halfway houses.

INTRODUCTION

1. Area Description

Since the last report, there is a reported increase in the population of Franklin County. The U.S. Census Bureau indicates that the county has a population of 1,021,194, 11.7% of whom live in poverty. The median household income is \$37,221.

There are few significant changes since the June report. The city has a new mayor, Michael Coleman. Mayor Coleman is a Democrat and the first African American mayor. His election platform strongly supported the rebuilding of neighborhoods. Also of note, is the federal investigation of the Columbus Police Department. Several reported instances of police brutality initiated this investigation.

2. Data Sources and Time Periods

Data presented in this report were collected in November, December, and January of 99-00. Data were analyzed in January for the purpose of presentation to OSAM per contract guidelines.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
11-2-99	3	2-recently in recovery 1-active user

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
11-11-99	Former user (1 year clean)
11-11-99	Former user (3 months clean)
12-3-99	Former user (2 months clean)
1-18-00	Active user
1-18-00	Active user

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	3	5	8

DRUG ABUSE TRENDS

1. Cocaine

Powder cocaine is still very much associated with being middle or upper class. It was described by middle class participants as easy to get and by lower class participants as difficult to get. Those who were able to easily get it reported an increase in use and more observed use among young people (late teens. early 20's). The more that is purchased from the same source, the less expensive it tends to be. Its use was described as "very acceptable." There was said to be no particular "type" of user. The common denominator was having enough money to afford it. Reports of the cost of powder varied widely; \$50-\$100 for a gram, \$75-\$150 for an eightball, and \$200-\$500 for an ounce.

All participants were in agreement as to the widespread use and ease of availability of crack cocaine. You can get it "any corner, any place - outside your front door." Use is increasing "like wildfire" among all ethnic groups. Participants noticed that younger people were using it, particularly younger girls who routinely turn tricks to obtain it. Younger people appear to be selling crack more frequently than before, but sellers are never users of this drug. Quality varies. As indicated in the last report, it is often cut with other substances. Sometimes an additive will make the rock appear larger. This is known as "blow up."

It is difficult to purchase a rock under \$20. Usually rocks are sold for \$40, \$50, or \$100. An eightball goes for \$150-\$250 and an ounce for around \$1,000. Professional-looking people who are buying crack are referred to as "marks." Typically, crack is smoked and rarely injected. There were reports of people using crack to "come out of a drunk."

2. Heroin

Heroin is plentiful and easy to get. There are reports of the quality increasing. An ounce of heroin sells for \$3000, a gram for \$250. One user is currently on methadone and reported seeing more young people enrolled in methadone maintenance. Use occurs in all ethnic groups. Apparently, a few months ago, dilaudid was mixed with heroin causing users to go into a deep nod. There were a few deaths associated with this occurrence. Users described people nodding off halfway out of their cars or on street corners. If there are reports of a heroin-related death, people get excited about the "good dope." The user on methadone also identified the methadone clinic as the best place to get heroin in Columbus.

3. Other Opioids

Other frequently mentioned opiates were Dilaudid and methadone. Methadone "wafers" are available out on the street. The methadone clinic has had people on a waiting list for close to a year. Dilaudid costs \$25 for 4m.

4. Marijuana

As indicated in the last report, marijuana use is widespread. There are no unique user groups. The quality is generally described as good. There is a perceived increase in the numbers of young people using this drug. No significant changes from the last report were indicated. Prices ranged from \$5-\$10 for a joint, \$10-\$20 for a blunt, \$25-\$50 for 1/4 ounce, and \$80-\$150 for an ounce. The price disparity is indicative of the quality.

5. Stimulants/Depressants

In June, there was a reported difficulty in obtaining prescription drugs due to changes in drug classifications. This still appears to be the case. The most readily available pharmaceuticals on the street are Ativan, *Vicodin*, and Percoset, as well as Xanax and Valium. *Vicodin* costs \$5-\$7, Xanax costs \$2, and Valium costs \$3-\$4. Apparently, there has been more Ultram available. This muscle relaxer sells for fifty cents to one dollar a dose. Ultram is viewed as a drug for the inexperienced user.

6. Hallucinogens

Hallucinogen use is confined primarily to young people. LSD sells for \$10 a hit and MDA for \$5-\$15 a pill. One user reports that at outdoor concerts, people will put liquid LSD into squirt guns and spray the crowd at random. However, LSD cannot be absorbed through the skin.

7. Inhalants

None of the participants had any input on inhalants.

8. Alcohol

There is no pertinent information on alcohol to add to this report.

9. Special Populations and Users

Club drugs are gaining in popularity in this area. Users tend to be of high school/college age. Central Ohio has a high concentration of college students. One participant reported the use of a drug with the street name of "G". The effects are like codeine. Most accounts of club drugs however, revolved specifically around ketamine or ecstasy. The quality depends on who you know. These drugs are often cut with rat poison or baking soda. Ketamine (Special K) is often stolen from veterinarians. It is sold at the clubs for \$20-\$40 a gram and is inhaled. One participant used to deal this drug. She put the liquid drug on a plate and microwaved it until it became crystallized. She then was able to cut it. Perception is that ketamine quickly potentiates the effects of ecstasy, so these drugs are often used together. Coming down from this drug is referred to as the "K hole."

Ecstasy (X) sells for \$20-\$45 and comes in capsule or powder form. It is often cut with heroin. It is very easy to get and can be chewed or snorted. Ecstasy (X) mixed with cocaine is known as "candy flipping." Ecstasy (X) with heroin in it is brown in color and more expensive. It frequently causes vomiting. Crystal meth is also popular in this user group and sells for \$30-\$5 a gram. It is perceived to bring the user back to the beginning of an ecstasy trip.

Typically, these drugs are used in bars and particularly at raves. Raves are large gatherings with as many as 2,000 attendees. Participants are typically young, white, and middle class. Raves are advertised but the location is kept a secret until the day before when those interested can call a hotline number. Because no alcohol is served, young people as young as 13 and 14 attend. Raves are known for their techno music which, along with the drugs, is a big part of the appeal. Raves last all night and often young people attend after parties where drugs also abound. People often stay up for days.

Raves occur every weekend in the Central Ohio area. Off duty policemen are stationed outside but are there to deter violence. They look the other way when someone goes in with a backpack, which is an identifier of a dealer. Lines of K and coke are plentiful. Often dealers will give out free samples. Drugs are ingested in the bathrooms and even out in plain view.

One participant described the structure of a rave. Those in the back by the bar are doing drugs. Those lined up along the sides of the room are really “fucked up.” Those in the front and the middle of the room are really into the music and dancing. Sometimes Vicks VapoRub is smeared on the inside of surgical masks. This is thought to increase the high from X. Some will be sucking on pacifiers and lollipops because some of these club drugs cause the jaws to lock.

The perception is that these drugs are not addictive because the effects cause the user to feel so much love toward fellow human beings. Participants commented, “How can it be bad when you feel so incredibly happy” and “If only the whole world could do this, we’d all be at peace.”

CONCLUSIONS

There appear to be few changes in use and availability of cocaine, heroin, marijuana, and pharmaceuticals since the last report. A slight increase in the use of crack, heroin, and marijuana among young people was reported. Club drugs were investigated for the first time and the findings are alarming. Not only are large numbers of young people attracted to raves but the drugs associated with these events are perceived as totally recreational, even good in the sense that they make the user feel so connected with others.

Inpatient treatment was perceived as not readily available. Those without resources have only Maryhaven as a choice. This facility occasionally has an open bed and the user must check the availability status every day. The focus group discussed how treatment was misrepresented on t.v. Marketing is aimed at those with money. Participants also discussed how counterproductive it was to be released from treatment back into the same environment. Halfway houses were cited as a solution.

The participant on methadone emphasized the need for more methadone treatment. The wait is close to a year. Also, the hours were thought to be inconvenient for some.

RECOMMENDATIONS

1. More inpatient treatment slots should be made available to those without resources.
2. More halfway houses should be made available to ease the transition from treatment to everyday life.
3. More methadone maintenance slots should be available to ease the long waiting period. Also, clinic hours are perceived as inconvenient for some.
4. Treatment and prevention strategies for those engaging in the use of club drugs need to be researched and developed. These drugs present some unique challenges in that they are used primarily by the young, there is a certain panache attached to them, they are perceived as non-addicting, and they increase the seductive feeling of belonging while reducing feelings of isolation.

**PATTERNS AND TRENDS OF DRUG USE IN
DAYTON, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

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Robert G. Carlson, Ph.D., Project Administrator
Deric R. Kenne, MS, Project Manager
Harvey A. Siegal, Ph.D., Principal Investigator

Wright State University
Department of Community Health
Center for Interventions, Treatment, and Addictions Research
143 Biological Sciences Bldg.
3640 Colonel Glenn Highway
Dayton, Ohio 45435
USA
(937)-775-2156
FAX: (937)-775-3672
E-mail: robert.carlson@wright.edu

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Abstract

Although alcohol continues to be the most widely used drug in Montgomery County, crack- cocaine use continues to present the most recognizably serious problems to the area. Participants agree that the prevalence of crack cocaine use is relatively unchanged, but that a broadening in the using population is occurring. Specifically, our data suggest there is an increase in upper and middle class working professionals using the drug along with a decrease in lower class users who have recognized the negative impact of the drug. Since the June, 1999, report, cocaine HCL use has appeared to stabilize. This stabilization is reportedly due to cocaine's decreased availability in the Dayton area and may also be reflected in increased admissions of people reporting powder cocaine as their primary drug of choice to drug abuse treatment. The increase in heroin use reported in June, 1999, appears to remain unchanged, especially among working class males between the ages of 18 and 25. A significant increase in oxycodone (OxyContin) injection, particularly among the white population, was reported by outreach workers and active users. These individuals reportedly inject heroin only when they are unable to obtain Oxycontin. Marijuana continues to be one of the most popular drugs used in Montgomery County, especially among juveniles. Treatment providers and probation officers reported an increase in clientele referred from local businesses because of positive urine tests for marijuana. Professionals report difficulty treating marijuana users because they do not perceive the negative consequences of their use. We reported that methamphetamine use was increasing in Montgomery County in our June 1999 report; however, this trend appears to have diminished, partly due to the bust of a major meth lab on the East side of Dayton. Prescription depressants are easily accessible but do not appear to be presenting significant problems to the Dayton area. However, Xanax is reportedly very popular among the juvenile population and is increasing in use. "Club drugs" such as LSD, Ketamine (Special K), and MDMA (Ecstasy) appear to be increasing in use among the younger population. This increase is most noticeable among college students and teens, and the use of these drugs is heavily associated with parties and Raves. Inhalant abuse remains at a steady, but apparently low level in the community.

INTRODUCTION

1. Area Description

Dayton, Ohio, is a medium-sized city of 182,044 people (1990 Census) located in Montgomery County in southwest Ohio. Over 58% of Dayton's population are white, 40.4% are Black, and 1.1% are of other ethnicity. Montgomery County is inhabited by approximately 570,000 people. Of these, 80% are white, 18% are Black, and 2% are other ethnic groups. The median household income is estimated to be \$34,474. Approximately 12% of people of all ages in Montgomery County are living in poverty, and approximately 20% of all children under age 18 live in poverty. About 33% of the people in Montgomery County reside in the city of Dayton. Montgomery County contains several other incorporated towns around Dayton. The largest of these towns are Kettering (containing approximately 11% of the population of Montgomery County), Huber Heights (7%), Centerville (4%), and Miamisburg (3%). The remainder of Montgomery County's population lives in smaller towns, unincorporated townships, and rural areas.

2. Data Sources and Time Periods

- \$ **Qualitative data** were collected in 6 focus groups and 5 individual interviews conducted between October, 1999, and January, 2000. The number and type of participants are described in Table 1.
- \$ **Alcohol and Drug Abuse Treatment admission data** are available from the Ohio Department of Drug Addictions Services for fiscal years 1996 through 1998.
- \$ **Drug-related arrest statistics** are available from the Dayton Police department for January 1995 through December 1999.
- \$ **Drug-related accidental death** data are available from the Montgomery County Coroner's office for

January, 1992, through September 17, 1999.

\$ **Drug Urine Screening** data are available from the Montgomery County Adult and Juvenile Probation Departments for years 1996 through 1999.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
10/20/99	7	Probation Officers (Adult Clients)
10/27/99	6	Treatment Providers
11/8/99	3	Treatment Providers (Juvenile Clients)
12/2/99	2	Adult Probation Clients
12/10/99	8	Probation Officers (Juvenile Clients)
1/20/2000	6	Outreach Workers

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
11/12/99	Outreach Worker
11/18/99	Active User
11/19/99	Active User
11/22/99	Active User
12/2/99	Adult Probation Client

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
6	32	5	37

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack-cocaine abuse is still a primary concern in the Dayton area. Most participants described it as the number one drug problem in terms of its devastating impact on society. Participants reported that people could easily purchase a “straight-shooter” glass pipe, lighter, and choi (screen) for \$6 in local convenience stores.

Dayton probation officers report that the majority of their clients are abusing crack cocaine. As seen in Exhibit 1, 37% to 41% of urine tests conducted on adult probation clients have been positive for cocaine

metabolites. Among juvenile offenders, 9% to 10% of urine screens produce positive results for cocaine (Exhibit 2). Crack cocaine is the second most frequently found drug in both adult and juvenile probationers.

The June 1999 report on drug trends in Montgomery County alluded to a possible “plateau phase” in crack cocaine use. Data obtained from substance abuse treatment centers seem to indicate a downward trend in crack cocaine admissions in Montgomery County among adults (Exhibit 3) as well as among juveniles (Exhibit 4). However, positive urine screens for cocaine metabolites have increased from 8.5% to 10.0% in the past year among juvenile probationers (Exhibit 2).

Both probation officers and treatment providers in Montgomery County believe that the prevalence of crack cocaine use is relatively unchanged. However, they report a broadening in the range of clients they serve. Crack cocaine use appears to be increasing among the middle and upper socioeconomic classes of Montgomery County. Outreach workers confirmed this observation. Specifically, this population is described as a white, working middle and upper classes. As one treatment provider commented:

...in terms of whether it's [crack cocaine] going up or down or staying the same, I think that it's probably near the same - it just switched in terms of who it is. From the poor younger group of people to the working class, middle - so called middle - working class people.

Treatment providers and probation officers listed business owners, college professors, lawyers, retired military personnel, and dentists as specific examples of clientele representing this emerging population. The age range of this new user group has also made a shift. Participants describe these users as being in their 30s with some as old as 55 to 70 years of age. What may be most alarming is that in many of these cases, crack cocaine is the first illicit drug ever used by these clients. Participants suggested that the majority of these middle and upper class users become addicted to crack through recreational use of the drug, especially in conjunction with prostitution. As a probation officer described:

With the older, especially gentlemen, I think, I know personally I'm finding that their associating themselves with the younger women that are, that are out in the streets, that are drinking and drugging and doing these things. And it's like kinda of change of life type situation where they've met this young girl. This girl likes to party. I partied with her. Before you know it, they're saying, "Hey, I'm involved because I was trying, basically, to keep this young lady"

The new emergent user group presents a stark contrast compared to the “traditional” crack cocaine user. With this contrast, new challenges have risen to both treatment providers and probation officers. A Montgomery County probation officer explains:

What you'll find with individuals that are holding jobs, that they will come in and they will manipulate it [the system] as much as they can. 'Oh, I can't do a urinalysis right now 'cause I have to get back to work.' And 'I run this business and I have to do this and I have to do that.' And they tend to be more manipulative...

However, as described by a treatment provider, the outcome is the same:

But they're losin' everything. Or they've gone through their bank account or they've run up humongous bills on their credit cards. And then they come in in a panic, you know. Because they can't believe what's happened to them. So they're usually, the time that they're usin' is usually very short. 'Cause in the matter of a few months, they have hit bottom.

Based on several client reports, one probation officer theorized that crack cocaine addiction might stem from the client's inability to obtain prescription pain medication that he or she has become dependent upon. Consequently, the client has to go to the streets to obtain the prescription medications and this introduces the client to other drugs such as crack cocaine. The probation officer describes this scenario:

...they got some type of injury, or put on pain medications. Um, doctor refused to prescribe any more of the pain medications, but they were addicted to the pain medications. Where, where can you get another prescription refilled for this medication? You can't get another doctor to prescribe it, so you go to the street

to get that medication. And in turn, while you're getting the medications off the street, you're also opening the door for another street drug. Which is crack cocaine. ...And then, I don't have these pills that you want, but this is what I do have at a cheaper price. So, why don't you try this? It will take your pain away. It will do this. It will do that.

Treatment providers describe crack cocaine use among juveniles as experimental, declaring marijuana as the primary drug of use among this young population. Treatment providers indicate that crack use is stable among youths. According to treatment providers, juveniles primarily sell crack cocaine because of the tremendous financial gains that can be made through its sale. Likewise, as reported in the June 1999 report, use of crack cocaine carries a negative connotation (i.e., "crack-head") with it that juveniles wish to avoid. The following describes these observations:

I think they sell it more. Uh, because, you know, the geekers, what they call geekers, people that are, you know, out at, you know, midnight and three in the morning, are, they're funny. You know, those are really low-life folks that would, you know, trade their last whatever for, um, cocaine. And some of it is, they're caught up in the, the culture of selling so they can talk the talk, and that's romantic to them.

However, probation officers working in the juvenile justice system have seen an increase in (suspected) crack cocaine use among their clientele. As a probation officer observed:

...I'd say, in the last year or so I've had a lot more kids testin' positive for cocaine. And testin' higher for the cocaine, you know. Because if I had anybody test for it before, it was like lower on our scale. Like now, it's testin' off the charts for it. On a regular basis...I think before it was more lacing and now it's using out right. ...I don't think they have access to the powder like they used to have. ...It's more rock.

The price of crack cocaine varies, depending on the purity of the drug after it has been rocked up, the location of the purchase, the buyer's ethnicity, and experience. In general, prices remain similar to those reported in June 1999: an eighth-ounce costs approximately \$100, a quarter-ounce costs \$175 - \$300, and an ounce costs \$800 - \$2000.

In summary, while crack use may be reaching a plateau, the plateau shows no signs of diminishing due, in part, to the emergence of new user groups, particularly from the working, middle, and even upper classes. While this observation requires further substantiation, crack remains readily available on the streets of Dayton with widespread devastating effects.

1.2 COCAINE HYDROCHLORIDE

The June 1999 report described a significant increase in snorting cocaine hydrochloride (HCL) in the Dayton area over the past several years, especially among the younger population. Since that report, participants described a leveling off in the prevalence of cocaine hydrochloride use, related to decreasing availability. Probation officers working with adult clients stated that clients reporting powder cocaine as their drug of choice is rare and clients injecting the drug are even more so.

Participants agreed that snorting powder cocaine is fairly limited to the younger population (i.e., teens and college students) and typically occurs as part of the club scene. Several probation officers believe the reason for the relative paucity of powder cocaine users is because those users have now escalated to crack cocaine. One probation officer explained:

With the population that we serve, powder cocaine is coming less prevalent. Powder cocaine, they started out with that maybe five years before now. And their use has escalated to crack cocaine.

The increase in use of powder cocaine we reported in June 1999 is reflected in an increase of clients in treatment reporting cocaine HCL as their primary drug of choice. As seen in Exhibit 3, the percentage of clients reporting cocaine HCL as their drug of choice jumped from 3.2% in 1996 to 15.3% in 1998. This increase makes cocaine HCL the second-ranked drug of choice among Montgomery County adult clients in treatment in 1998. (Data for 1999 are not yet available).

Since June of 1999, prices for powder cocaine have remained relatively unchanged. A gram of cocaine HCL sells for \$50 - \$100. An eightball (1/8 of an ounce) reportedly sells for about \$250 - \$300 and an ounce for about \$1000. Users and outreach workers report that the price varies based on location, purity, and buyer's ethnicity and connections.

2. Heroin

In June, 1999, we reported that heroin use was on the increase, especially heroin snorting among the younger population of Blacks and whites. Participants agreed that this increasing trend in heroin use persists in the Dayton area. Based on data from the adult probation department in Montgomery County, drug screens for opiates have increased steadily from 1997 to 1999 (Exhibit 1).

Although typical heroin users in the Montgomery County area have been described as middle-aged Blacks, it appears that a new user group is emerging. This emerging population is described as a younger (i.e., 18-25 years of age), working class of individuals comprised primarily of men, but also including women. Similar to our June 1999 report, there is a negative perception associated with heroin injection. Young people perceive heroin as less harmful and more socially acceptable if it is smoked or snorted.

Participants believe that the availability of heroin has increased. One treatment provider offers the following to support this claim:

What I have noticed, too, I think is that in the halfway house a lot of males that probably have had a longer time of sobriety, even like ten years or so, that the drug of choice was heroin, have all of a sudden now like they're back through the door. ...Just for the access for it to be there, just tempting himself that much.

Treatment providers working with juveniles maintain that they rarely have clients who proclaim heroin as their drug of choice.

In June of 1999, active heroin injectors reported a significant increase in heroin overdoses, but data were not available to confirm this trend. Data obtained from the Montgomery County Coroner's Office since that time suggests that this increase was present. From 1998 to September of 1999, the number of heroin-related overdose deaths doubled (Exhibit 5). In fact, this is the highest number of deaths related to heroin overdose since 1993.

The price of heroin appears to have remained stable since our report in June, 1999, and readily available. At that time, about \$200 could buy a gram of heroin. A gram currently sells for \$150 - \$250.

3. Other Opioids

In the June 1999 report, it was reported that drugs such as hydromorphone (Dilaudid), morphine sulfate (MS Contin), and oxycodone (OxyContin) were not seen as significant problems in the Dayton area. Participants reported a significant increase in the injection of OxyContin, particularly among white people. These individuals reportedly inject heroin when they cannot obtain OxyContin.

Treatment providers and probation officers reported what appears to be an emerging trend in the use of pain medications such as Demerol and morphine among nurses. These nurses were described as younger, white females who had sustained some type of injury that resulted in prescription pain medication. Participants stated that these nurses then begin stealing pain medication during working hours. As one treatment provider explained:

I have, uh, three or four people that I've seen over the last maybe nine months and we have talked about this in staffing. I've seen a lot of nurses with pills who are diverting medication.

What is perhaps most alarming with this trend is the fact that some of these clients have switched to heroin because of fears that they would be caught stealing medications and consequently lose their job. A probation officer

described this scenario:

I've had a lot of nurses that get hooked on, uh, the pain, the pain medications. The Demerol, the morphine. I've had three nurses... Um, injuries sustained, you know, during their employment. And then, you know, skimmin' off the top of the meds that they're giving the patients and stuff like that. And I've had a couple that ended up shooting up heroin because of fear of losing their job, fear that someone was watching them.

This suspected trend within the medical profession warrants future investigation.

4. Marijuana

With the exception of alcohol, marijuana remains the most popular drug used in Montgomery County, especially among juveniles. There appears to be no ethnic, gender, or socioeconomic discrimination among the population using the drug. Every participant interviewed suggested that marijuana was either stable or increasing in use. Urine screens from the Montgomery County probation departments detect cannabis approximately 50% of the time among adults and over 80% of the time among juveniles (Exhibit 1 & Exhibit 2). This trend has been relatively unchanged over the past three years.

As one treatment provider explains, although marijuana use is prevalent among the adult population, clients typically do not view its use as problematic:

...it's almost an afterthought that marijuana is something that they use everyday. You know they'll tell you about the crack, they'll tell you about [other drugs], and you'll say "what about marijuana?" "Oh, well, yeah. I smoke four joints a day." But it's like it's a non-issue for them, "but that's not my problem; crack is my problem." And there still seems to be very much that that's a non-issue when it comes to their drug use. And a lot of times until you ask them, they never offer that information. It's just, like, "well yeah, yeah I use marijuana everyday."

Based on data from Montgomery County residents involved in drug abuse treatment programs, marijuana has been the third most frequently reported drug of choice, behind alcohol and crack cocaine for the past three years (Exhibit 3). It has been the primary drug of choice among juveniles receiving drug treatment during this same time period (Exhibit 4). In fact, most participants argued that marijuana was more popular than alcohol among the juvenile population. One participant stated:

...weed is easier to get than to go through the hassle of gettin' or buin' the alcohol. ...it's easy to walk up to the dope house and give 'em a 20 spot or whatever and you can just get it. Don't have to have no ID, they don't card you, you just get it.

Probation officers and treatment providers who work with adult clients have been confronted with an emerging trend that has created a difficult situation for them. Reportedly, there has been an increase in the number of clients referred to treatment or put on probation because they have tested positive for cannabis during a drug test conducted by their employer. As one treatment provider describes, these clients are difficult to treat because they do not feel their use of marijuana is problematic:

...Extreme resistance because they feel like it's an affront, an invasion of their privacy... Because they ain't hurt nobody and they aren't doin' anything... "I go to work... What do you want me to talk to you about? I'm doin' everything that society says I'm supposed to do... What's the problem?"

This emerging population is described as individuals in their late 20s to 50s who are employed in blue-collar occupations and typically report marijuana as the only illicit drug they use. Treatment providers report that they have received many referrals from businesses like General Motors and the Ohio Department of Transportation. Treatment providers expressed the need for new treatment approaches in treating these resistant clients.

In June of 1999, we reported that marijuana use, especially among the younger population, was near epidemic proportions. In fact, the use of marijuana was described as so acceptable that it was, "not

considered fringe behavior.” That *epidemic* appears to be persisting in the Dayton area. The use of “blunts,” or marijuana cigars, is popular, and blunt papers are sold in drive-through stores. Treatment providers report that it is not unusual for their young marijuana smoking clients to smoke three to seven blunts per day, and providers report that the juveniles they see in treatment typically have been using the drug daily for at least one year prior to any treatment intervention.

Participants agreed that ignorance about the negative consequences of marijuana use and the acceptability of marijuana use among parents has contributed to marijuana’s acceptability in the Montgomery County area. As one probation officer described:

The parents attitudes, like I'm thinkin' about a family I just interviewed, and it was one of these situations of a football player. It's like the parents go, yeah I don't like him usin' but, gee, they're all usin', you know. So they really thought the court was comin' down hard on their kid. It's only marijuana. The attitude of the parent is, he's just smokin' a joint. He's not drinkin' and drivin', he didn't kill nobody, he didn't steal no car, he just smoked a joint.

Several probation officers reported that many of their clients have parents who use marijuana. A treatment provider stated, “the whole family gets together and they smoke pot together. And we hear that a lot. ‘Yeah, you know, my mom smokes it and Friday nights we’ll get together and we’ll smoke it.’”

In our June 1999 report, treatment providers identified an alarming trend of lacing marijuana with crack cocaine. According to treatment providers, this lacing was occurring without the knowledge of the purchaser. Further exploration of that trend indicates that this lacing still occurs. However, most participants believed that users are lacing their marijuana to enhance its effects. Participants do not believe that the lacing is occurring without the user’s knowledge.

Since our last report, the price of marijuana seems to have remained unchanged. Although the price varies dependent upon factors such as quality and location, one pound generally sells for \$1250 and an ounce sells for about \$150. A pound of “high-end” marijuana reportedly sells for as much as \$2400.

5. Stimulants

5.1 METHAMPHETAMINE

In June of 1999, we reported that Methamphetamine (crank) appeared to be making a resurgence in the Dayton area. Further investigation of this trend indicates that crank use is a relatively minor problem that is directly related to availability. In our June, 1999 report, we suggested that switching from crack cocaine use to methamphetamine smoking was an emergent trend. The bust of a major methamphetamine lab in Dayton has apparently impacted this trend. While some people still use Bazedrex inhalers to make small amounts of crank, most methamphetamine in the area is now being brought in from other areas. Those people among whom it remains popular includes dancers and others who work long hours.

One probation officer working with juvenile clients commented that she had noticed a higher usage in the population she served. Specifically, clients residing in the Brookville and New Lebanon areas of Ohio. The apparent increase in crank use reported in June and the apparent current decline is a good example of the ways that availability impacts use patterns.

5.2 MDMA (ECSTASY)

MDMA (Ecstasy) is another “club” drug reportedly on the rise in the Dayton area. Dayton area police arrested two men in December for trafficking in Ecstasy. This was the third such drug bust since June (*Dayton Daily News (DDN)*, December 1999).

Probation officers who work with juveniles have seen an increase in rape cases associated with the use of

Ecstasy. They report that females attending parties become intoxicated with the drug and are then victimized.

6. Depressants

6.1 PRESCRIPTION MEDICATIONS

Diazepam (Valium), lorazepam (Ativan), and Alprazolam (Xanax) were all easily accessible as reported in our June, 1999, report. All participants agreed that these prescription medications were still extremely prevalent in the Dayton area. Based on participant reports, Xanax and Vicodin appear to be the most popular of these medications. In fact, as seen in Exhibit 2, a lab technician working in the Montgomery County juvenile court system reported that the increase in Benzodiazepine positives is directly related to an increase in Xanax use.

Participants indicate that people of all ethnicities and ages use these medications, and that their use is generally in conjunction with other drugs. However, some treatment providers suspect that the use of these medications is increasing among juveniles. Several reasons may account for this possible increase:

'Cause that's a lot easier to say take this [pill], than it is to say smoke this [cocaine]. 'Cause I mean, you'll smell it [cocaine]. People are afraid their parents or people are gonna smell it. Or they're afraid that, you know, their nose'd run. 'Cause if you're doin' cocaine, there's every possible way you could tell. Unless you're takin' every precaution in the world...And, some people just don't want to do that extra step. They just want to enjoy it. So, it's easier just to pop a pill and swallow water.

...it's harder to get busted for too. Yeah. Because most of 'em [pills] are prescription.

6.2 KETAMINE

Considered a "club" drug, Ketamine (Special K) is reportedly gaining popularity, especially among the young, white population (i.e., college students). Its use is typically associated with Raves. Participants agreed that Ketamine is easily accessible in the Dayton area.

7. Hallucinogens

Reports from individuals participating in the focus groups in June of 1999 were inconsistent regarding the prevalence of hallucinogens in the Dayton area. Treatment providers, probation officers, active users, and outreach workers interviewed since that time indicate that the use of hallucinogens, especially LSD, is increasing. This increase is most apparent in the younger (age 18-25), white, middle-class segment of the population, particularly in suburban areas. Data from treatment centers in Ohio show a significant increase in the number of Montgomery County residents identifying hallucinogens as their drug of choice.

Although increasing in popularity, the number of clients reporting hallucinogens as their drug of choice is very small, comparably. Hallucinogens are not considered the primary drug of choice for most users. Typically, the drugs are used at parties or Raves.

Some very alarming issues surfaced when participants were asked about the use of hallucinogens among the population they served. Probation officers working with adult clients described this dangerous occurrence:

I have a couple of girls that are doing some stripping and their big thing is, you walk in before a show and they leave you a surprise. And you don't whether that surprise is in a hot dog, you know, a drop of acid, or you don't know whether it's in your coffee or whatever it is, but they're definitely gonna give you some mood-altering substance before you get up on that stage. And that is the norm. That was, every night before I dance, I get my surprise. I don't know how I got it.

8. Inhalants

Nationally, inhalant use has continued a downward trend of use since 1995 (National Institute on Drug Abuse, 1999). This trend is reflected in the Dayton area as well. Other than an increase in treatment admissions for inhalant use in 1998, inhalant use has dropped significantly since 1996.

With the exception of one probation officer, who acknowledged an increase in inhalant use, participants did not recognize inhalant use as a particular problem in Montgomery County. In fact, most participants described inhalant use as a very rare occurrence—typically happening experimentally among the younger population. One treatment provider stated, “the kids that I’ve seen that are huffing, its usually kind of like, there wasn’t anything else there that they could’ve gotten high off of.”

9. Alcohol

Alcohol has been the primary reason for drug treatment admissions in the Dayton area for the last three years among the adult population. In reference to the juvenile population, alcohol is second only to marijuana.

According to a *Dayton Daily News* article (10-18-99; 1a), binge drinking (having 5 or more drinks at one setting continues to be a significant concern among local college students. At the University of Dayton, 59% of the students reported binge drinking in the previous two weeks, compared to 44% of students at Wright State University.

Arrests for DUI in the City of Dayton have dropped dramatically since 1997, while arrests for public intoxication have risen sharply during that same period of time. It should be noted that the Dayton Police Department’s Crime Analysis Department incurred substantial changes to their crime reporting system starting in 1998. Consequently, data obtained after 1997 may not perfectly coincide with data obtained before 1998. It may be best to consider 1998 and 1999 data as a baseline for future comparisons.

10. Special Populations and Issues

10.1 MENTALLY ILL

As reported in June, 1999, treatment providers voiced their concerns over the paucity and limited capacity of treatment programs that can address chemically dependent, mentally ill clients (i.e., SAMI and CAMI). These concerns remain extremely strong:

S: And we have no place to refer them. I mean, we're not the right place for them because we're not a dual diagnosis program. And my dual diagnosis program is very limited in their capacity to receive.

RC: So you do have some limited capacity where ...

S: Very limited, yes.

RC: You have some capacity to deal with people who are severely mentally ill and have a substance abuse problem?

S: Uh-huh. But it's so small, I mean, you know. Even that we can maintain 25 beds. That sounds a lot just to say that... It's just a scratch in the surface.

Treatment providers agreed that this particular population is increasing in the Dayton area.

Probation officers commented on the problems they face when trying to get their clients mental health and/or chemical dependency treatment. As illustrated below, they argue that treatment providers do not understand the population served by probation officers.

I think there's plenty of, there's plenty of treatment agencies out there. And there are a lot of empty beds when I go around lookin' places. They just don't want to deal with our population. They don't want to deal with someone who's got a felony offense because they're afraid of 'em.

They don't like arsonists. They don't like people who've committed offenses of violence, and they don't know how to deal with the population because they're loud, uh, they cuss, they don't know how to deal with anger.

They don't know how to deal with, uh, hormone issues. All they want to do is kick everybody out of treatment. Because they don't know how to deal with other parts of [the client's] life, and to me that all goes along with treatment.

...you get an individual that's chemically dependent and dual diagnosed, and you get them involved in a treatment facility, inpatient, and after a week, they call you up and tell you we can't keep this person here because they're acting out.

They're gonna act out. You know? They're chemically dependent and mental health, so what are you gonna do to address these issues, and that's, it seems like everyone is willing to just kinda, "Well, they're on probation, at least they won't be in jail." Or, even sometimes, they'll call us and suggest that we put 'em in jail. And that's no solution.

Probation officers lamented that they are sometimes forced to send dual-diagnosed clients back to prison because there is no treatment available for them.

10.2 DRUG USE IN SCHOOLS

Focus groups conducted with recently graduated active users and probation officers working with juvenile clients revealed that drug use in the Montgomery County schools appears to be a significant problem. Participants agreed that very little was being done within the schools to curtail the problem. As one probation officer stated:

I have teachers maybe 3 or 4 times a week come up to me and say, I smelled this weed on this kid. I know he's smokin' weed, but I can't do anything about it. Then, I don't know. You get into confidentiality about notifyin' parents. But it's a big problem and I don't see the school havin' a focused program or attention to that problem. Because all these kids are the ones causin' major problems. You know, the kids goes in class stoned, cusses the teacher out, the principal out, you know, and then you realize that earlier that morning he was in the car parking lot just smokin' his little heart out.

Another probation officer describes the efforts of some suburban schools in the Dayton area:

Some of the suburban schools that I deal with periodically, twice a month, they actually have the police department come in and run their dogs through the, you know, while the kids are not there, okay. But, you know, I don't know if that's, you know, how valuable that is when the kids are actually gone. I don't think too many kids are stupid enough to leave their stash in their lockers.

Active users and probation officers indicated that a lot of drug use in the schools actually happens before school starts. An active user commented, "most people will do something before they get to school just so they could tolerate it."

A probation officer who spends part of his work week in the schools described this interesting situation:

The other thing I've seen was a kid with alcohol on his breath is treated a whole lot more harsher than the kid that smells like weed. 'Cause alcohol, everybody knows alcohol. When a kid gets nailed for alcohol, he has to come down and we refer him down to, uh, through our court or whatever. But the kid with the weed, we don't do a lot because there's a lot more services, I guess, for alcohol than for smokin' the weed.

CONCLUSIONS

Alcohol continues to be the most widespread drug problem in the Dayton area. Along with the use of marijuana, alcohol seems to be prevalent among all age groups and ethnic groups. Its legal status (among adults), acceptability, and portrayal in the media, no doubt, have contributed to its popularity.

Among juvenile drug users, participants had considerable difficulty determining whether marijuana or alcohol was more popular. Although marijuana is extremely popular throughout the population, most users do not consider its use to be problematic. In fact, despite relatively high amounts of daily marijuana use, clients tend to implicate drugs other than marijuana for their addiction.

The “plateau” described in June of 1999 concerning crack cocaine appears to remain in the Montgomery County area. However, several participants believe that this population of users is broadening. Specifically, crack cocaine use appears to be moving into the white, working and upper socioeconomic classes. In some instances, crack cocaine is the first illicit drug used by these individuals.

From the perspective of treatment providers, law enforcement officials, active users, and outreach workers, crack cocaine persists as the most detrimental drug of abuse in the Dayton area. Addiction to the drug is so encompassing, that users often “hit bottom” in a very short period of time—leaving them panic-stricken and in disbelief.

The prevalence of powder cocaine use appears to have temporarily leveled off in the Dayton area. While snorting powder cocaine remains popular among younger users in the bar and club scenes, its decrease in popularity seems to be related to its relative decrease in availability.

Heroin use continues to increase in the Montgomery County area. With this increase, a new, younger, working class population of users has emerged. If smoked or snorted, heroin users avoid the negative stigma associated with intravenous injection of the drug. This may be contributing to its increased acceptability.

Abuse of prescription medications such as Xanax and Vicodin remains a substantial problem. Most participants described the use of these medications as increasing and readily available on the streets. Abuse of these medications is similar, regardless of ethnicity or age.

“Club” drugs such as LSD, Ketamine, and Ecstasy are reportedly increasing in usage in the Dayton area. This increase is especially evident among the white segment of the population between the ages of 18 and 25. The popularity of the drugs appears to be fueled by the Rave scene. Reported increases in rape cases among young females using the drug Ecstasy deserves close attention.

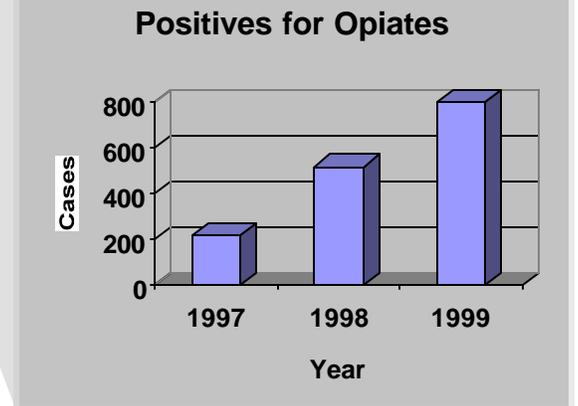
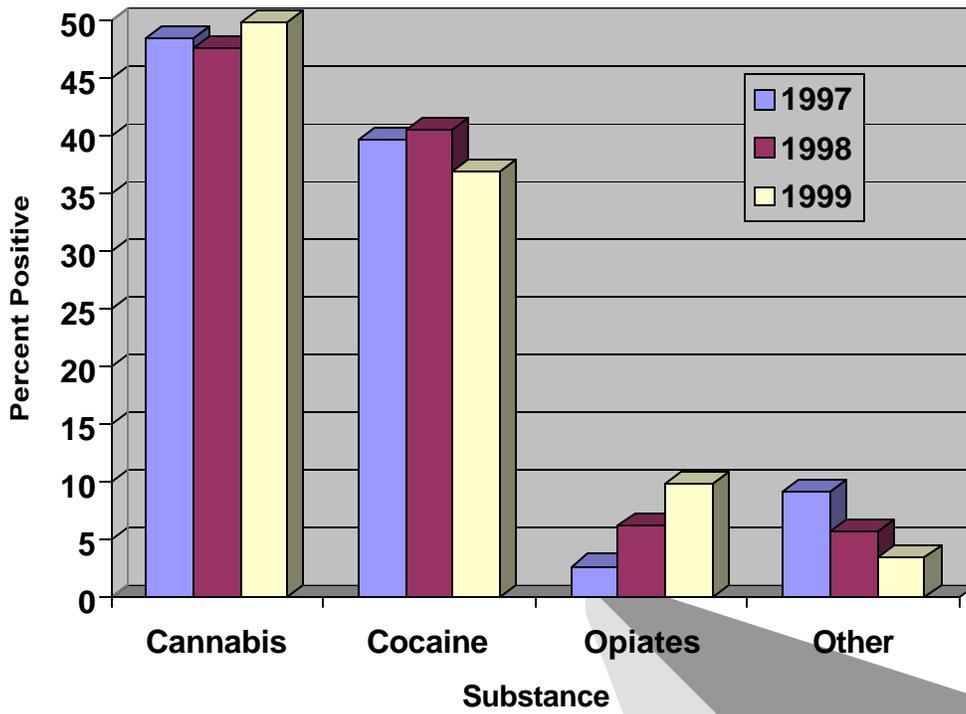
RECOMMENDATIONS

- I. Our investigation indicates some emerging populations in terms of drug use in Dayton that suggest the need for expanded prevention services.
- Increases in crack cocaine use among upper and working class professionals.
 - Increases in powder cocaine use among juveniles.
 - Increases in heroin use among working class, white males between the ages of 18 and 25.
 - Increases in the use of LSD, Ecstasy, and Ketamine among college-aged students and juveniles in conjunction with Raves.
- II. Drug use among the younger population warrants increased drug prevention efforts.
- The practice of lacing marijuana with heroin or crack cocaine is especially alarming given the highly addictive properties of these two drugs.
 - The absence of knowledge about the detrimental social and physical effects of marijuana use appears to be contributing to its alarming acceptability and high rates of use.
 - Ignorance about “club” drugs such as Ketamine, LSD, and Ecstasy may be fueling their use.
- III. Three main concerns were voiced among individuals participating in focus groups and interviews.
- There is a need for treatment programs that are able to serve mentally ill/dual diagnosis and substance abusing/dependent individuals. Of the programs that do exist, availability is extremely limited. Also, probation officers express a need for treatment providers to have a better understanding of clients involved in the criminal justice system.
 - Based on reports from active users, treatment providers, and probation officers, juveniles are abusing alcohol and drugs in the schools, and there is a paucity of knowledge and resources to combat this problem.

EXHIBITS

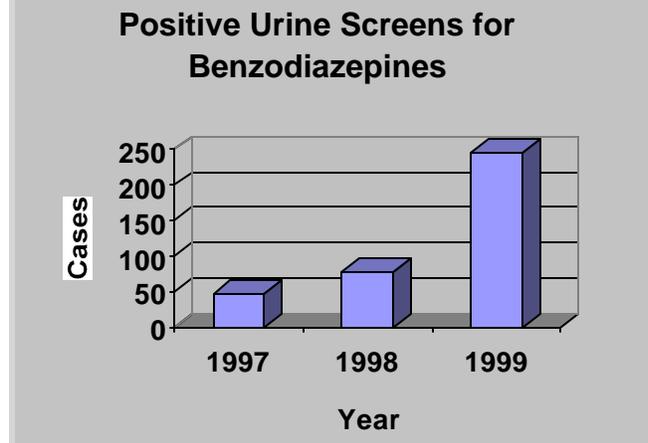
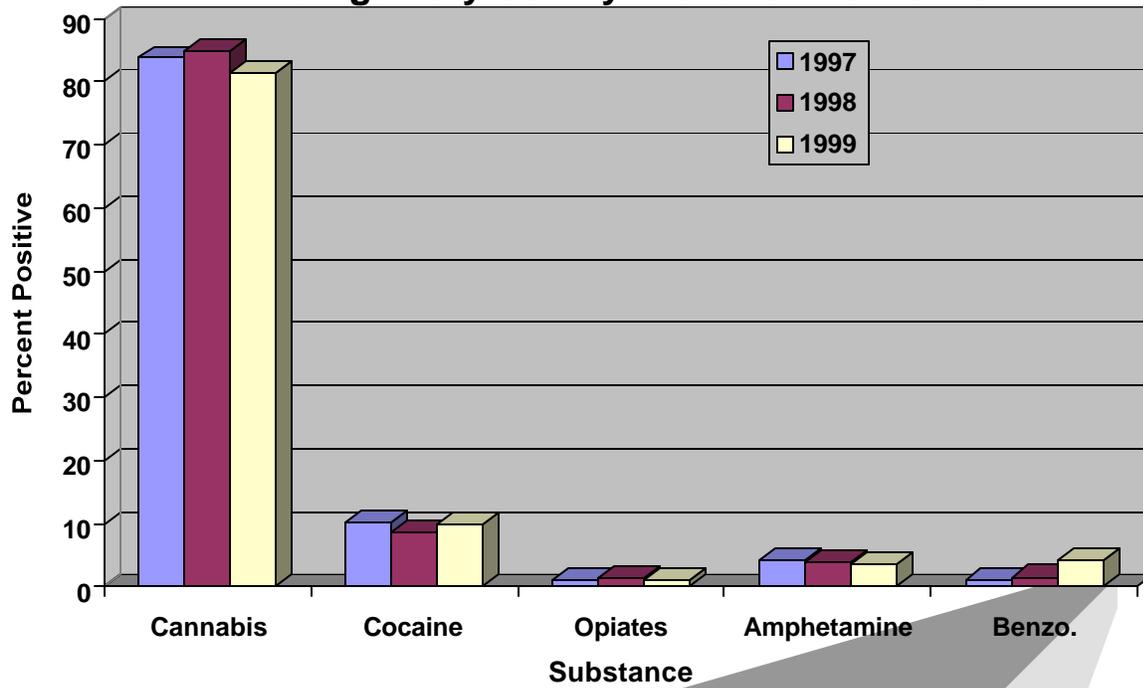
- Exhibit 1: Positive Urine Screens by Substance
Montgomery County Adult Probation
- Exhibit 2: Positive Urine Screens by Substance
Montgomery County Probation – Juveniles
- Exhibit 3: Reported Drug of Choice for Substance Abuse Treatment Admissions
Montgomery County Residents Age 18 or Older
- Exhibit 4: Reported Drug of Choice in Substance Abuse Treatment Programs
Montgomery County Residents Under the Age of 18
- Exhibit 5: Heroin-Related Overdose Deaths
Montgomery County

Exhibit 1. Positive Urine Screens by Substance Montgomery County Adult Probation



Note: Individual urine screens are represented. A client could submit more than one positive urine test.

Exhibit 2. Positive Urine Screens by Substance Montgomery County Probation - Juveniles



Note: Individual urine screens are represented. A client could submit more than one positive urine test.

**Exhibit 3. Reported Drug of Choice for Substance Abuse
Treatment Admissions
Montgomery County Residents Age 18 or Older**

Rank	1996*		1997*		1998*	
	Substance	%	Substance	%	Substance	%
1	Alcohol	44.8	Alcohol	43.1	Alcohol	41.5
2	Crack	28.0	Crack	23.0	Cocaine	15.3
3	Cannabis	10.7	Cannabis	13.8	Cannabis	15.1
4	Heroin	9.1	Heroin	8.6	Crack	14.0
5	Cocaine	3.2	Cocaine	6.2	Heroin	11.2
Total Admissions	2139		5329		3580	

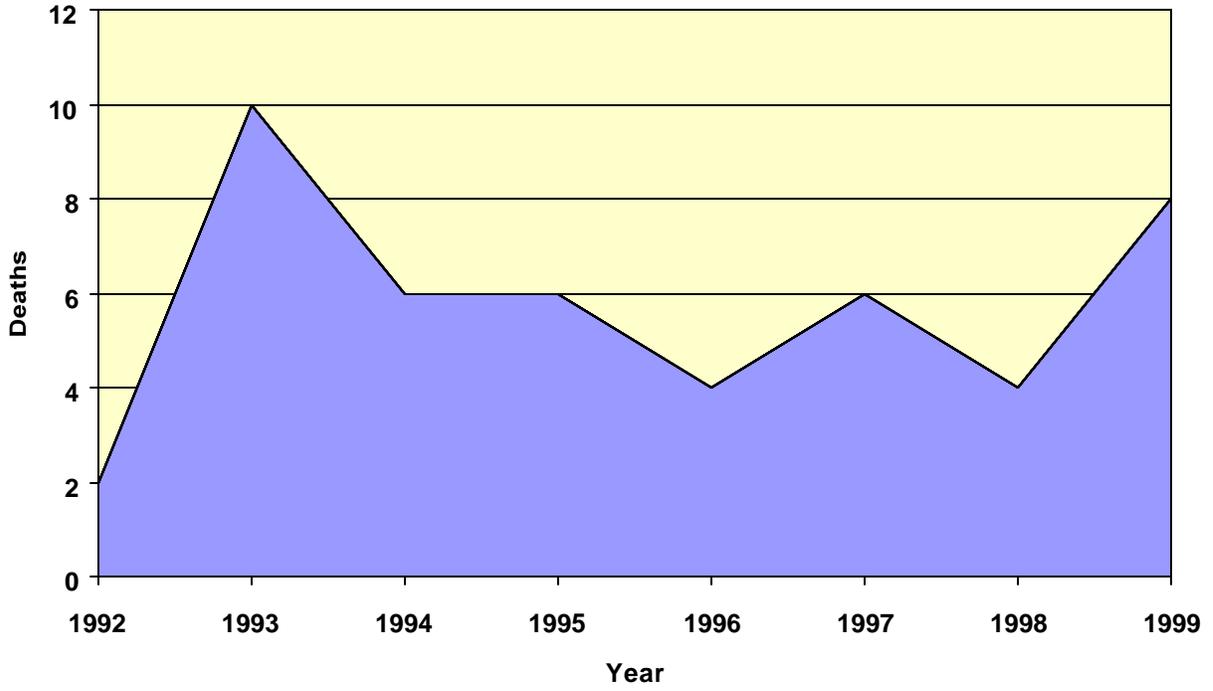
*Represents Fiscal Calendar Year

**Exhibit 4. Reported Drug of Choice in Substance Abuse
Treatment Programs
Montgomery County Residents Under the Age of 18**

Rank	1996*		1997*		1998*	
	Substance	%	Substance	%	Substance	%
1	Cannabis	73.1	Cannabis	72.7	Cannabis	70.3
2	Alcohol	17.1	Alcohol	10.1	Alcohol	16.0
3	Stimulants	1.4	Cocaine	5.1	Cocaine	2.2
4	Crack, LSD, Heroin	.9	Crack, LSD, Amphetamines, Barbiturates	1.0	Tranquilizers	1.0
5					Crack	.6
Total Admissions	216		99		313	

*Represents Fiscal Calendar Year

Exhibit 5. Heroin-Related Overdose Deaths Montgomery County



Note: 1999 only includes deaths up to September 17th

**PATTERNS AND TRENDS OF DRUG USE IN
LIMA, ALLEN COUNTY, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

JANUARY 2000

Therin C. Short II, BA (Key Informant)
Sallie Johnson (Stenographer)

Lima Urban Minority Alcohol and Drug Abuse
Outreach Program, Inc. (UMADAOP)
405 E. Market Street
Lima, Ohio 45801
PHONE: 419-222-4474
FAX: 419-222-7044

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*In 1998, the city of Lima experienced a 21% increase from the previous year in the number of drug cases that were sent to the Allen County Prosecutor. Lima's location in proximity to other large cities (one hour south of Toledo, one hour north of Dayton, one and half hour east of Columbus, and one hour west of Ft. Wayne Indiana) makes Lima a lucrative drug market for drug dealers who can sell their drugs for more than they could in their respective cities. Another factor is the large number of remote rural areas which make it ideal for growing marijuana. The use of **Powder Cocaine** among middle class whites between the ages of 25-60 has been the trend for some years and has not seen a significant increase. **Crack cocaine** use is the #1 drug problem in Lima. There was a 177% increase from 1997 to 1998, in the number of crack cocaine purchases as seized by undercover law enforcement officials. According to reports by focus group participants; crack, alcohol, and marijuana are being used concurrently and/or sequentially, and treatment admissions for crack is up significantly from the previous year. **Heroin** use in the Lima area has not been reported as being a problem. Treatment admissions as compared to previous years have decreased. The number of new **Marijuana** users entering treatment has shown a steady increase since 1996. Reports indicate that the use among teens ages 16 and up are a significant part of that increase. **Alcohol** use in the Lima area has increased, with the number of admissions for treatment rising over the previous year. Although focus group participants have reflected that crack is starting to resurface, the use of **Methamphetamines** and **Hallucinogens** have not been reported as being a problem in Lima. Minimal data was collected on the use of **Depressants**. **Inhalants** continue to be widely used among youth.*

INTRODUCTION

1. Area Description

Allen County is located 70 miles southwest of Toledo, and according to the 1990 census, has a population of 109,299. Of this population 87% (96,177) are Caucasian, 11% (12,313) are Black, and 2% (809) are Hispanic. Median family income for Allen County is estimated to be \$32,573.00. Lima, which is the largest city in Allen County, has a population of approximately 45,243. Of this population 75% (33,049) are Caucasian, 24% (10,940) are Black, and 1% (681) are Hispanic and other Ethnicity. The median family income is \$25,775 per household, with 11.7% of household population earning \$14,999.00 or less, and 8.1% of household population earning between \$50,000 - \$74,999. Approximately 41% of Allen County's population live in Lima

2. Data Sources and Time Periods

- Qualitative Data was collected in five (5) focus groups conducted in September and October of 1999, and January of 2000. The numbers and types of participants are described in Table One (1).

TABLE 1: QUALITATIVE DATA SOURCES

Focus Groups

Date of Focus Group	# of Participants	Active Drug Users Or Front Line Professionals
Thursday, Sept. 2, 1999	6	Police Officers/Detectives
Thursday, Sept. 21, 1999	6	Active/Former Drug Users
Monday, Oct. 18, 1999	5	Front Line Professionals
Tuesday, Oct. 19, 1999	8	Treatment Counselors
Thursday, Jan. 20, 2000	9	Active/Former Drug Users

Totals

Total # of Focus Groups	Total # of Participants
5	34

DRUG ABUSE TRENDS

1. Cocaine

1.1 Cocaine Hydrochloride (HCL)

Powder cocaine according to focus group participants, is readily available in Lima and its use is increasing in the 17-25 age group. Prices range from \$25 for a quarter gram to \$1,000 for an ounce. An active user stated that **“the quality locally is not that good because it has been stepped on (cut) by the time it hits Lima. If you’re buying a large quantity and it’s coming straight from New York or out west, chances are it will be a lot purer.”** Snorting powder cocaine continues to be the most widely used form of administering it, but it was stated that users are injecting cocaine more frequently. Youth are mixing cocaine with marijuana and smoking it, a term referred to as **“Primos or 51’s”** or mixing with **“blunts.”** Treatment counselors stated that **“youth snorting cocaine in the restrooms during school hours is becoming very common place.”** An investigator with the Lima Area Drug Enforcement Task Force stated, **“Treatment is an issue. I talk to people on a daily basis and somebody needs to come up with some sort of new treatment, because I don’t believe what’s currently available out there, for the most part, has done much good. I talk to people that have been addicted to cocaine for 10 years, even 20 years, and they find that if they go into a traditional treatment facility; it may work for the immediate future but it doesn’t have a lasting effect.** A Lima City Police Officer states, **“There was an individual that I spoke to who has been a cocaine addict for the better part of 15-20 years and has gone through rehab 17 times.** The way this individual put it to me was, ‘the treatments that are out there basically cover up the wound; but when the band aid comes off and they’re put in front of that same situation again or the cocaine is put right in front of them, you have the person totally addicted again.’ The programs that are out there, obviously for some of these people just don’t have the long lasting effects they need.”

1.2 CRACK COCAINE

Crack Cocaine abuse and/or sales accounted for 70% of all drug arrests in the city of Lima during 1998. According to an investigator with the Allen County Drug Task Force, “It seems as though there is not an area where it cannot be found. It’s like an out-of-control disease.” Active and former drug users state that you can purchase crack any time of the day or night. “It’s just like Dominos Pizza delivery, you pick up the phone, order, and the dealers will bring it to you.” (A), who is now in recovery, stated that he had an income of almost \$5,000 a month as an insurance salesman with major accounts in the Lima area. **“After I started smoking crack, I went from \$5,000 a month in income to \$0. in less than three (3) months.** I began to steal jewelry and electronics from my relatives in order to purchase crack.”

The numbers of youth using crack are “deceiving” according to a Lima Police Officer. **“A lot of youth are getting into the sale of and not the use of crack because of the laws. Individuals that are adults are now seeking out youth to make a fast buck and deliver their product to the actual users, because the consequences are nowhere as great as they are for adults. They might be more prone to get caught with the rock, but they’re selling and not using.”** An active user had a different view, stating that the majority of his crack customers are 20 years or younger. A treatment counselor, stated **“When I was on the Allen County Drug Task Force over 9 years ago, we actually caught a third grader going into the school to sell crack. It doesn’t make any difference what race, in fact I think I saw more with the white race that would use their children as a front, because they knew if they got busted the penalty wasn’t going to be too bad. I even know of a counselor one time that relapsed and ended up using her twelve-year-old son to deal with in the community.”** Methods of administering crack range from glass crack pipes to a brillo pad and a 7/16” socket.

Treatment admissions in 1998 for crack cocaine use have increased 30% from the previous year. One active user stated that “the focus for treatment of crack cocaine users should be the same as treatment for alcohol abuse. I think that at least here in Lima you’re looked down on and they think you’re not going to get better anyway; you’re not going to change, you’re just in treatment because you need a break.” A consensus from all focus groups indicates that whatever amount you are willing to spend, from \$2.00 (for crack crumbs) to \$10 - \$100 for a “rock (s)” of crack.

2. HEROIN

Lima, Allen County, has not experienced a heroin problem. Although active user groups report that it is available, you have to search in order to find it. In 1998 the Lima Police Department and the Allen County Drug Task Force, reported that there were no heroin related arrests. According to a Task Force investigator, most heroin purchases are made either in Toledo or Dayton and brought back to Allen County. A Treatment Counselor stated, “I have began to see an increase in use among my younger clients 16-18 years old but not enough to say that heroin use is starting to become a problem here in Lima; its certainly a concern but not a problem.” A participant in an active user focus group stated, **“I know of at least ten (10) people who smoke crack and are using more heroin to them to get off crack.** Although it’s not as easy to find here as crack is, you can still usually get it from the same connection that you get powder cocaine from.” Heroin use is more widespread among working class and has been in Lima for many years. Heroin, which is typically administered by injection, is also reported to be smoked in “blunts,” with marijuana and cocaine. One user stated that heroin is expensive, that it costs anywhere from \$350 - \$400 a gram depending on the purity and the type (i.e.: Black Tar, China White). “Treatment for heroin addictions is like taking you off of one drug and putting you on another, methadone,” according to an active user.

3. OTHER OPIOIDS

According to a Lima Police officer there have not been many reported cases of use of Dilaudid in the city. An active drug user stated that he used to buy hydromorphone (dilaudid) and “cook them” so they could inject them, but since they’ve changed to capsule it is more difficult. There was no response or knowledge of other opiates within the focus groups.

5. MARIJUANA

According to a Lima Police Officer, “the use of marijuana with youth ages 14-18, has shown a significant increase and it is more available than crack cocaine.” Another officer states “if someone is walking down the street smoking a joint or carrying a small bag of marijuana, they know all we can do is write them a ticket because the laws are so relaxed.”

The quality of marijuana ranges from “ditch weed” which can be purchased for \$1,000 per pound to “Hydroponic” or “Hybird” which cost between \$400-\$450 an ounce. According to an investigator with the Allen County Drug Task Force, “The THC potency levels are about 75 – 80% greater than in the 60’s and 70’s.” It has been estimated by the Allen County Sheriff’s Department stated that because of a large rural area, approximately 40% of marijuana sold in Allen County is grown in Allen County.

Both active and former users state that they have smoked marijuana at some point, and 80% of the participants agreed that they began smoking marijuana before moving on to other drugs. “I smoke blunts almost everyday,” commented one active user; another states “I’ve smoked weed for twenty years. I started when I was 9-years-old and I don’t see any harm in it.” A Treatment Counselor told us that a client stated “blunts” are the popular choice with high school youth. Another states, “I am counseling a youth now who has been suspended from school because he’s been caught smoking marijuana at school for the second time in three months. This boy is in the 7th grade, and what really disturbs me is that the mother doesn’t think him smoking marijuana is all that bad.” The mother said, “at least he’s not smoking crack.” Another counselor informs us that among his clients, smoking “primos” (a process of mixing crack with marijuana) is the popular choice of younger users.

Treatment has not been found to be an issue for marijuana users. One user states, “I would have to say that I would get laughed out of the treatment center if I was addicted to marijuana because it’s like a ‘victimless crime.’ It’s not like being addicted to crack or heroin.” A Treatment Counselor stated that most of his clients don’t see marijuana as a drug, so they feel there is no need for treatment. “Most of my clients that smoke marijuana don’t enter treatment for its use, it’s usually because of associating with other drugs like crack or alcohol.”

5. STIMULANTS

There have been some reported cases of crank use in Allen County, according to an investigator with the Allen County Drug Task Force.

“Although it’s not commonly used in the outer areas, I have made two arrests here in the city (Lima) for possession of crank.” An active user states, “I have recently used crank.” When asked to describe crank he said, “It’s like powder cocaine but it tastes different. You can snort it or shoot it, you get the same high as crack but it lasts longer and it’s cheaper.” He further stated that you can buy crank for \$100-\$125 a gram and it will last for about a week.

6. DEPRESSANTS

According to the Allen County Drug Task Force, there have been recorded cases of the use of Gamma-Hydroxybutyrate on the local college campuses.

7. HALLUCINOGENS

There has not been reported any widespread use of hallucinogens in the Allen County area. There was a major arrest by the Narcotics Task Force, in which a large quantity of methamphetamines and LSD was seized. Task Force investigators stated it was an isolated case and the county is not experiencing a problem in these areas.

8. INHALANTS

Inhalant use such as sniffing paint thinner, lighter fluid, and aerosols, continues to be widespread among youth in the area of Allen County according to the Narcotics Task Force. Treatment Counselors had limited responses to the use of inhalants, It's mainly limited to the White community. Minimal responses from user focus groups also.

9. ALCOHOL

"Alcohol is the worst of all drugs because it's legal," was the comment made by a user focus group participant. He further stated that the worst thing a parent can do is to allow their children to drink socially at home. "I allowed my son to do that and now he's an alcoholic just like I am." Treatment for alcohol abuse has increased by almost 40% over the previous year in Allen County. A Treatment counselor states, "I'm beginning to see clients that are as young as 16 & 17 years old being counseled for alcohol abuse." A focus group user states, "The first time I was served alcohol in a bar I was 13 years old, now you see young people in a bar and you know they're not 21." One Lima Police Officer commented, "we are making alcoholics out of our children at a very young age. You've got 14 & 15 year olds drinking 2 – 3 40's (40 oz. of malt liquor) a day." Drinking one 40 oz. is the equivalent of 5 shots of whiskey, according to a Treatment Counselor. A focus group High School Counselor stated that Lima City Schools conducted a survey, and 46% of students surveyed felt that drinking wine coolers was acceptable and saw no harm in it. They felt that drinking wine coolers was less harmful than drinking beer.

CONCLUSION

In conclusion, we asked the following question of all of the focus group participants:

If you could say anything to the policy makers concerning the drug and alcohol problem in Lima, Allen County, what would that be?

The following is what we felt to be the strongest expression from each group:

Police Officers, Drug Task Force, Detectives Focus Group: "We need some sort of medical study done to find some type of medicine that can be given to crack cocaine addicts, because it's an epidemic. When you work a job where you see so many families are being affected, that's when you find out how bad the problem is. This drug is affecting family life in the Lima area in the worst way. Present treatment doesn't seem to be enough. Either we need more treatment programs or a medical breakthrough.

Treatment, High School Counselors: "There needs to be more of an effort or programs working with the families of people addicted to drugs. Children need to be a part of some type of drug education so they don't begin to emulate their parents, who are currently using or going through treatment.

Active and Former User Groups: "There needs to be an education program for children in the schools; the same way they have to learn math, science, and how to read, they should also be required to learn about how harmful drugs can be and how they can ruin your life. They need to be taught starting in the fourth grade; that smoking weed usually is the first step to using other drugs and being a dope boy (selling drugs), which in turn most of the time turns into using. Teach children in school that crack is instant death, and although you don't die physically right away, you die slowly. More treatment counselors that are ex-users need to be hired. One user states, "I've been in treatment programs where the counselors have book knowledge, but have no idea how to deal with someone that is using. How can they? They have never used so how can they tell me how to stay off of drugs. I'm not saying that all counselors should have used drugs in order to counsel, but it would help if some of the counselors knew what it was really like."

Another user contends, "If you go into a treatment center for crack addiction they look down on you, they will keep you three (3) days and send you home. But if you have an alcohol problem, you can stay as long as you need and you'll get all the help you need too. Being a crack addict, the perception is you're not going to change anyway, you're just in treatment because they need a break and as soon as you get out you'll be back to stealing. There needs to be a more conscious effort to treat crack cocaine addicts."

EXHIBITS

- EXHIBIT 1: The number of Drug related purchases and seizures in 1998 as reported by Allen County Narcotics Task Force.
- EXHIBIT 2: Drug and alcohol abuse treatment admissions in fiscal years 1996, 97, & 98 as reported by Ohio Substance Abuse Monitoring (OSAM) Network.
- EXHIBIT 3: Drug and alcohol abuse arrests in 1998 as reported by the Lima Police Department.
- EXIHIBIT 4: Statistical Comparison

EXHIBIT ONE

ALLEN COUNTY NARCOTICS TASK FORCE

Controlled Cases Made.....	229
Controlled Substance Buys.....	154
Defendants Involved.....	115
Crack Cocaine Cases.....	90
Crack Cocaine Purchased or Seized.....	1 lb. 7 oz.
Powder Cocaine Cases.....	29
Powder Cocaine Purchased or Seized.....	9.7 oz.
LSD Cases.....	6
Doses of LSD Purchased or Seized.....	480
Marijuana Cases.....	55
Weight of Marijuana Purchased or Seized.....	65 lb. 3 oz.
Marijuana Plants Involved.....	65
Prescription Cases.....	6
Meth Cases.....	5
Search Warrants Executed.....	24
Consent Searches Executed.....	17
Thefts During Controlled Buys.....	3
Miscellaneous Cases.....	16
Open Cases as of 1-9-99	110
Weapons Seized.....	33 Firearms- 15 Other
Cash Seized.....	\$26,080

EXHIBIT TWO

**LIMA POLICE DEPARTMENT
AGE, SEX, AND RACE OF PERSONS ARRESTED
18 YEARS AND OVER
1/01/98 THRU 12/31/98**

Offense						
Classification	Sex	18-24	25-44	45-UP	Total	
Race/Ethnicity						
Drug Abuse Violation	F	4	8	0	12	4 Black 6 White 2 Hispanic
	M	38	46	5	89	37 Black 43 White 9 Hispanic
Sale/Manufacturing	F	0	2	0	2	2 White
	M	8	8	0	16	4 Black 12 White 9 Hispanic
Opium/Cocaine	F	0	2	0	2	1 Black 1 White
	M	6	7	2	15	15 Black
Marijuana	F	0	0	0	0	
	M	0	1	0	0	1 Black
Possession	F	4	6	0	10	3 White 7 Black
	M	27	38	35	73	23 White 38 Black

EXHIBIT THREE

LIMA POLICE DEPARTMENT
 AGE, SEX, AND RACE OF PERSONS ARRESTED
 UNDER 18 YEARS OF AGE
 1/01/98 THRU 12/31/98

OFFENSE CLASSIFICATIONS	SEX	TOTAL	RACE		
			Black	White	Hispanic
Drug Abuse Violation	M	9	5	4	
	F	1			
Sale/Manufacturing	M	2		2	
	F				
Opium/Cocaine	M	0			
	F	0			
Marijuana	M	2		2	
	F	0			
Possession	M	7	3	4	
	F	1		1	

EXHIBIT FOUR

STATISTICAL COMPARISON 1997 – 1998

Total Cases Made.....	45% increase
Total Buys Made.....	123% increase
Total Cases to Prosecutor.....	21% increase
Total Persons to Grand Jury.....	100% increase
Total Crack Cocaine Purchased or Seized.....	177% increase
Total Powder Cocaine Purchased or Seized.....	10.2% increase
Total LSD Purchased or Seized.....	15% decrease
Total Marijuana Purchased or Seized.....	869% increase
Prescription Cases.....	13% decrease
Total Weapons Seized.....	120% increase
Total Cash Seized.....	353% increase

**PATTERNS AND TRENDS OF DRUG USE IN
PORTAGE AND TRUMBULL COUNTIES:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING NETWORK (OSAM)**

January 2000

Christian Ritter, Ph.D

Kent State University
Merrill Hall #306
Kent, OH 44242-0001
(330) 672-2790
E-mail: jritter@kent.edu

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Abstract

The information provided by the participants in the focus groups in Ravenna (Portage County) and Warren (Trumbull County) suggest that the use of marijuana and cocaine continues to be prevalent. It appears as though marijuana use is considered normative among many, with no associated stigma. Powder cocaine is available and continues to be used among those who can afford it. Its use is reported as becoming less visible. Crack cocaine is extremely available and is also widely used. While lower in prevalence concern was expressed about the increasing use of methamphetamines, hallucinogens and inhalants. Little is known about heroin use and amphetamine use. There was however some reports that the misuse of depressants and medically prescribed opiates among the elderly.

Treatment challenges were reported for cocaine due to its addictive properties, marijuana due to its general acceptance, and inhalants and psychedelics due to their affect on cognitive functioning. In addition the need for in patient treatment was also mentioned.

INTRODUCTION

The information provided by the participants of the focus groups is presented in the following report. Participants in the focus groups were asked about their perceptions of price and use patterns of the array of illicit drugs. The goal of this research is to attempt to get a picture of drug use trends from the perspective of users, treatment providers and the police.

1. Area Description

Portage County has a population of 151,222 (1999 census estimate). About 96 percent of this population is European American, 3 % African American, and 1 percent Asian American. In 1995, the median household income was \$37,825. In terms of poverty rates, 8.9% of the population was below the poverty line (12.9 percent of those under 18 years of age and 10.7% of related children 15-17 were in families in poverty). In 1990, 79.3% of the population had graduated from High School and 17.3% had graduated from college.

Trumbull County has a population of 225,066 (1999 census estimate). About 92 percent of this population is European American, 7 % African American, about 1 percent Asian American, and about 1 percent Hispanic American. In 1995, the median household income was \$34,487. In terms of poverty rates, 11.2% of the population was below the poverty line (18.5 percent of those under 18 years of age and 11.4% of related children 15-17 were in families in poverty). In 1990, 75.2% of the population had graduated from High School and 11.4% had graduated from college.

Five focus groups conducted between October 7, 1999 and December 9, 1999 with a total of 29 participants. Three of the focus groups took place in Warren and two took place in Ravenna. The focus groups in Warren consisted of a group of users who have recently begun treatment, a group of drug treatment providers from a local treatment facility and a group of police officers. The focus groups in Ravenna consisted of a group of users who have recently begun treatment and groups of drug treatment providers from a local treatment facility. The data contained in this report was gathered through successful completion of five focus groups that were audio-taped and summarized.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Type of Participants	Location of Focus Group
10/07/1999	9	Users in Treatment	Warren, Ohio
10/27/1999	6	Providers of Treatment	Ravenna, Ohio
11/30/1999	6	Police Officers	Warren, Ohio
12/3/1999	4	Providers of Treatment	Warren, Ohio
12/9/1999	4	Users in Treatment	Ravenna, Ohio
Total Number of Participants		29	

DRUG ABUSE TRENDS

1. COCAINE

1.1 POWDER COCAINE

Users and the Warren Police officers agree that powder cocaine is readily available but it is not seen much because of its cost. The treatment providers did not know anything about it, and they had not seen it in treatment.

Depending on quality, the price ranges from \$50-\$60 for a 1/4 gram and \$1,100-\$1,700 for an ounce. The quality is highly variable, and police indicate that the larger amounts are usually pure and the smaller amounts are usually of less quality. All agree that most that is available is of moderate quality. Increasingly however, it is being cut with dangerous things.

The method of administration is primarily snorting. However, it is also injected. Cocaine is also being used to lace marijuana.

It is mostly used among white, upper class 25-40 year olds. The police indicate that it is primarily a white man's drug. However, all agree that people of all ages are users to some extent. A lot of crack dealers use powder cocaine. Main users are not younger, they are upper class, with jobs, and use at parties on weekends.

Its availability and use has been consistent for quite a number of years. However, the visibility of its use dropped off in recent years. According to the police, it is used more behind doors.

Most indicated that there has been no detectable increase over time. However, the group of users in Ravenna indicated that it has increased in the last year. Relatively small numbers of users are seen in treatment. Clients have used in the past, but it is too expensive to continue use.

Treatment is limited by the availability of insurance. Users indicate that there is no residential treatment available. Also, treatment is not available in jail.

Recidivism is high—police see the same people time after time. Most treatment is court ordered. The treatment providers agree that with any cocaine use, relapse is more likely. There are a lot of cocaine horror stories concerning relapse. Users in Ravenna state that the biggest problem in recovery is hanging around with the same people after they come out of treatment.

One new trend that the Ravenna user group has noticed is that people are turning powder cocaine into crack themselves.

1.2 CRACK COCAINE

All participants agree that crack cocaine appears to be widely available in Portage and Trumbull Counties. The Warren police officers say that it is out of control, and people are getting smarter about concealing it. Users now include workers at Lordstown and G.M.

It is not uncommon for a dealer to have a bag of twenty \$20 rocks in his pocket standing on a corner flagging down customers in some parts of Warren. Its supply is abundant and it is available within walking distance of the police department. Treatment providers indicate that a lot of clients live in lower income housing where a lot of trafficking is going on and this triggers them everyday.

The price of a rock is between \$20 and \$40, although the price of crack cocaine begins at five dollars. For \$40 one would get about 1/8 of a gram. The quality is usually poor and it is often cut with dangerous stuff. Quality has gone down in the past 1-3 years. Because quality is worse, it has different effects than it used to. For repeat customers it is more likely to be cut with Agank@ (wax). There is, however, quality crack available if you know who to buy it from.

The method of administration is usually smoking it in bowls. There is some lacing of marijuana (a Aprimo@). Sometimes heavy reliance on granular will produce irritation in the nose. As a result, users will switch to crack to save the nostrils. People are also injecting it after mixing it with vinegar.

Whites and Blacks are equally likely to use, and its use mainly varies by social class. While most use is among lower class individuals, it is also used by the working class. The police in Warren indicate that the use is high among employees of the local car plants. The police in Warren probably see more blacks, but they indicate that this may be because of the distribution of race by class in the Warren area. People may start out doing powder but switch to crack because of cost. The lower the education and the lower the economic insecurity, the higher the use.

Not much use is noted among younger populations. Users are usually in their early 20's to 60's, but dealers are in fact younger (15-16 years old). While there are some users who are as young as 11-13, most use does not begin before 23-25 years old and continues until middle age. One of the reasons mentioned for why it is not used more in the younger populations is that adolescents have stereotypes against Acrackheads@. Therefore, adolescents won't use or admit to the use of crack.

One group of users stated that women were more likely to use crack. The treatment providers in Warren indicated that they are seeing more pregnant women coming in for treatment.

All participants agree that there has been a definite increase in the use of crack. No one reported that there was any sign that this was slowing down. This increase has continued since about 1990 with no perceived change in the past year or two. The police in Warren indicate that it has been highly prevalent since the late 1980's. However, at that time it was mainly in the projects (there were over 300 buys in 1989 in the projects alone). Then the projects were fully occupied, but now half of them are empty and the use of crack has dispersed through the city. Crack cocaine was easier to keep track of then, now it is spread out and harder to keep track of.

Treatment and recovery is difficult because it is a more addictive than other drugs. As soon as you come down you want more, and you will sell everything for it. There is a high relapse rate and high dropout rate. All agree that they have seldom seen treatment with recovery. Even among people with good jobs. Crack is addictive even to those who do not have a predisposition to addiction, and people who are not debilitated by other drugs are debilitated by crack. The same holds for powder cocaine.

Most clients are court referrals. One problem mentioned by a user group is that treatment is not available in jail. There are no obstacles particular to crack in getting treatment. However, the treatment workers in Warren indicated that they don't have clients in inpatient treatment, so that may be an obstacle. This type of treatment is needed for crack.

Findings by NIDA indicating that out patient treatment is more effective than inpatient treatment has had an effect on funding. There are not the resources in Trumbull county for necessary treatment and managed care has reduced funds that are available for inpatient treatment. Other obstacles for recovery from crack are financial situation and low income housing continued exposure.

2. HEROIN

There is not much known about heroin among participants. The Warren police indicate that it is rare in this area but coming back. There is a small group who has been using for 25 years and they are now in their late 50's and are very particular about who they sell it to. Treatment providers in Warren agree that it is easy to identify a hardcore user. None of the users knew anything about heroin.

The method of administration is injection, smoking and snorting. The known group of users in Warren are all black. However, this past summer, there was one white girl who was arrested.

It is not a problem among adolescents, and there has been a decrease in use among the general population since there was a jump in use in the late 1970's.

The user group in Ravenna said that crack dealers are starting to sell heroin. Recovery is very difficult. Treatment is available but users don't want to go through it. Treatment only occurs if by mandate from courts.

3. OTHER OPIOIDS

All participants agree that Vicodin, codeine, Tylenol III, and Percodan are readily available in Warren and Ravenna. These are available through the falsification of prescriptions, visiting several doctors with relevant symptoms and getting prescriptions, and visiting doctors who are known to over prescribe (readily prescribe).

In addition, black tar heroin has been seen a couple of times by the Warren police and by the user group in Ravenna. The user group in Ravenna also said that red and yellow heroin was available. However, they were not certain that it really was opium.

There is a lot of bartering on the street. Adolescents don't usually pay. They steal it from parents or grandparents. Its cost ranges from \$3-5 a pill depending on strength, and \$20 for one gram.

Use among youths is mainly experimental as most of the serious abuse is among adults. Usually for women its tranquilizers, whereas for men its generally pain pills. For men its use is often related to the type of employment (i.e., construction workers with back problems) which may result in abuse (using it in combination with alcohol and using more than prescribed).

Generally, the youngest abuser is in their late 20's. Although it is also increasingly common among the elderly. The treatment providers believed that there is slightly more use among women which began with a pain inducing disorder that brought on addiction.

Most who go to treatment get kicked out of treatment because it is an addiction to prescription medication and many users feel that it is alright to use. One of the user groups indicated that one problem with treatment for this is that users must go through treatment with other users. They also said that recovery was easier because prescription medications were not very addictive—more like marijuana.

4. MARIJUANA

Marijuana is extremely available. Next to alcohol it is the most available drug. The price is going up as the quality increases, and there is a great range of cost depending on quality. The quality depends on the time of the year (growing season or not). A quarter ounce is about \$60, a quarter pound is \$450 (for moderate quality), and generally \$2200-2400 per pound. Hydro is \$500-\$1,000 or more per pound, and price is steadily going up. Many adolescents generally barter for it, they do not buy it.

The quality is getting better and some very high quality marijuana is now available. Marijuana is getting stronger. Most of it comes from out of the area, but there is quite a bit that is locally grown.

It is mostly smoked, and is increasingly smoked mixed with other drugs—often laced with PCP or hallucinogens. It is also put in cigar wrappers, and some eat it, but this is not very affective.

It is widely used across various groups of people. Its use is very common among young people (as early as the 5th grade). One treatment provider in Warren reported that over 80 percent of high school kids, locally, have used it. It is difficult to find anyone who hasn't tried it. Its use is seen among all ethnicities, sexes, and economic groups.

The use of marijuana has steadily increased over the last 3-4 years and treatment providers in Ravenna believe that it has replaced alcohol as the most used drug. Its use is consistent and steadily increasing. Now considered to be the most commonly accepted drug.

Police in Warren state that arrests have no affect on users. One has to have 100 grams in order to be arrested, and citations are given for less. Increased volume is directly tied to its increased social acceptability. Since it is so socially accepted, there are no norms and standards for defining its use as abuse. Because marijuana has been pretty prevalent and stable for a number of years, it appears to be part of our culture at this point.

People don't generally go for treatment for marijuana use, but it is available. The greatest barrier to treatment is the widely held belief that marijuana is not harmful. It is very difficult to treat because of the lack of stigma that is associated with its use (they see people who are highly functioning while using marijuana). Treatment presents a challenge because it is difficult to see withdrawal effects, users can't overdose, and the fact that it has been legalized for medicinal use in California. Users have seen or know parents/grandparents who use it without problems (known), and this provides rational. Recovery is a problem because it is too readily available.

5. AMPHETAMINES

Not much amphetamine use is seen in either Ravenna or Warren. It is generally hard to get according to some of the participants. While the police in Warren haven't seen much of it, if you wanted to get it you could get it. The user group in Ravenna said that ecstasy is highly available.

They are very expensive—\$15-\$25 per capsule and \$25 per 1/10 gram. Quality is questionable as it is usually cut and of poor quality. It is either eaten, smoked, or injected. Rolls Royce, Arrowhead, Tweety Birds, Lemon Drops are the newer types that are being used.

Its use is mainly among younger, college age groups and white suburban youth ages 14-25. Users tend to be those who have relocated from the West Coast—not a lot of use in this area.

Treatment providers believed it to be more common among women, and women who don't have money for crack use kids=Ritalin. Also, sometimes it is used as a second choice if cocaine can not be obtained.

According to the user group in Ravenna, treatment is available in Portage County, but only in Ravenna, which is too far to travel for many. No inpatient programs are available, and one participant had to go to Cleveland for inpatient treatment and was put on a waiting list. There are no perceived recovery problems after 3 days.

The police also mentioned GHB and ecstasy. Ecstasy is said to be part of the “gay scene” by the Warren police.

6. METHAMPHETAMINES

The users in Warren had no knowledge of methamphetamines. The police in Warren are beginning to see it. Two labs in adjoining counties were busted in the last month. There was only one client seen by the providers in Warren and he came from the West coast. The users in Ravenna agree that it is uncommon, but availability has increased in the past year.

The price is around \$100 per gram, and people typically produce their own in order to insure quality. A Glass is the type known about among the participants from Ravenna.

Methamphetamines are often used among crack users because it is a cheaper alternative to crack. According to the treatment providers, when used by youth, it is used by those adolescents with poly-substance abuse. Among adults, use is typically among lower SES individuals, the trucking community and bikers. The users in Ravenna indicate that it is used by bikers and youth ages 14-25, mostly white males.

There is some indication that there has been increased use in the last year. Labs were recently busted, more people are learning how to make it from friends, and people are getting the recipe off the Internet.

There is limited treatment available. Problems with recovery include sleeplessness, and a change in eating habits.

7. DEPRESSANTS

Depressants are generally easy to get at times and harder at others. The participants did not know much about them.

According to the users from Ravenna, the price ranges from \$5-10. They also reported that the generic forms are cheaper, but produce the same effect. Valium, Percodan, Xanax, Vicodin, and various pain pills are commonly used. They are usually swallowed, but also people break it down and shoot, snort or smoke the drugs. The price of Special K was not known. Special K is boiled to produce a paste, and is then smoked.

It is often used after crack to calm down. Cocaine users use them to come down from other drugs, and it is sometimes a substitute when trying not to drink. A lot of people use depressants when they drink or smoke marijuana.

The treatment providers in Warren said that it is most common among females with dual diagnosis and addiction usually starts with physician prescriptions. The users in Ravenna state that women like downers and men go for pain pills. These users also indicate that it is used by kids as young as 14 who steal it from their parents.

The abuse of depressants is decreasing according to the providers of treatment in Warren. There has been a tightening up by doctors recently because of a few examples of doctors who were caught dispensing. However, the users in Ravenna think that there has been no change in abuse.

One problem associated with recovery is that people try to quit and go from one drug to another. The providers of treatment said that it is difficult to get a client to discontinue prescription drugs because there is a belief that prescription medications are not drugs. Clients won't sign a release to discuss the addiction with the client's

doctor because the client doesn't want to lose their medications. The users in Ravenna commented again that while treatment is available in the area, it is only at one clinic.

8. HALLUCINOGENS

Availability is variable. According to the user groups, when it's there, you use it.

The price ranges from \$3-\$10 a hit depending on quality, sugar cubes cost \$8-\$10, and a bottle of liquid costs about \$125.

The quality is good better than it used to be. The common types are LSD and mushrooms. LSD is much easier to get than mushrooms, and there is more liquid than paper in recent years. The method of administration is orally or dropped in the eyes.

Hallucinogen use is mainly by whites and according to the treatment providers, it is used by addicts who try everything or by adventure-seeking adolescents. All agree that it is a secondary drug generally not a first drug of choice. In the users' experience, it is entirely used by younger whites

There appears to be an increase in use among adolescents, and more adolescents are arrested for carrying large quantities. Conversely, there is a decreased use among adults. Adults experimented and didn't like the effects and feeling of loss of control. There has been an increase in experimental use among older adolescents who want to try something new, and there is also some recent increase in the rave scene. It is often used with alcohol and downers when you use it you can drink a lot more.

According to treatment providers, treatment is difficult because of the effects on cognitive functioning (difficult to do education because of memory loss).

9. PCP

None of the participants knew much about PCP. The treatment providers in Ravenna had only heard about it in terms of it being used to lace marijuana. Usually, PCP shows up in drug histories as experimentation they had not seen any PCP addictions.

10. INHALANTS

All agree that the availability is widespread, but not many people use it. There is a negative view about inhalants among drug users. It's considered a baby drug if you can afford better drugs you use them.

The types of inhalants mentioned were Locker Room, Rush, dry cleaning fluid, industrial strength glue, aerosols, propane, gasoline and freon. The police in Warren are seeing more huffing of propane (kids) and sniffing of gasoline (adults). One user in Warren said that you could buy a bottle of Rush or Locker Room for \$4.95 at the adult bookstore, or it can be bought off the Internet.

Propane, glade, nitrous oxide, rush, glue, spray paint, gasoline and freon are huffed and mainly used by teenagers and younger individuals. Sometimes inhalants are used when tripping and at raves by those in their 20s.

Inhalants were popular in the 1980's and is coming back. There is increasing use among adolescents as young as 11-13 years of age.

It is difficult to treat due to memory impairment. Most kids are brought into treatment by scared parents according to the treatment providers in Warren. However, the user group in Ravenna believes that most kids are not brought in for treatment because their parents do not know how dangerous inhalants are.

SUMMARY AND RECOMMENDATIONS

There are a number of recommendations that were offered by the participants in the focus groups.

- \$ Both the treatment provider groups and the user groups expressed a need for more residential treatment. The Portage County groups said that more facilities for treatment in general were needed in the county.
- \$ The treatment provider groups said that people need to be better informed about the harmful effects of inhalants. They felt that parents in particular need to know more about this drug type. They also said that there needs to be more education about the long term negative effects of marijuana. Finally, one of the provider groups thought that increased physician awareness of the abusive potential of prescriptions was necessary.
- \$ The recommendations unique to one of the user groups were that marijuana should be legalized. In addition, users recommended that treatment providers should be more aware of the problems faced by users trying to quit. In particular, they mentioned that the continued exposure in terms of availability and a culture supportive of us coupled with exposure to economic stressors make it very difficult to discontinue use.
- \$ The police in Warren recommended that there be more police available to help control the drug problem. They are presently experiencing layoffs due to lack of money.

**PATTERNS AND TRENDS OF DRUG USE IN
TOLEDO, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

JANUARY 2000

Charles Muhammad, MA, CHES, OCPC (Key Informant)
Sherlette Hobbs (Transcriber)

Self-Expression Teen Theater (SETT) Institute
1001 Indiana Avenue
Toledo, Ohio 43607
PHONE: 419-242-2255
FAX: 419-242-3152
EMAIL: settinstitute@netzero.net

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Abstract

Crack cocaine use is the number one drug abuse problem in the Toledo area. There is reportedly an increase among youth and young adults as dealers and users of cocaine, especially crack cocaine. The youth population according to treatment reports use cocaine and alcohol as **starter drugs**. Focus groups report cocaine – including crack – accounted for the largest number of drug arrests (primarily in the inner city), and the second largest number of treatment admissions (both inner city and suburbs). Reports indicate that individuals are using crack, heroin, alcohol and marijuana concurrently and/or sequentially. The increased availability and popularity of cocaine and cheap prices have remained stable and accounts somewhat for its increase usage. **Heroin** use as an injectable drug is reportedly a big problem in Toledo; and is experiencing a resurgence among white youth and older adults who smoke and snort the drug. The number of heroin users entering treatment remains low in comparison to other drugs of choice. **Marijuana** use is on an increase in the Toledo area, especially among youth and young adults in the inner city and suburbs. The proportion of marijuana users entering treatment has remained stable since 1993; however users 18 or younger constitute a larger proportion of this group. **Hydromorphone** or Dilaudids reportedly remains popular among older drug injectors. **Methamphetamine** (“speed/crank”) reportedly has not significantly hit the Toledo area. **Depressants** such as Gammahydroxybutyrate (GHB) known as the “date-rape” drug is reported as a huge problem in Toledo. Focus group participants gave varying reports regarding **hallucinogens** (PCP) as being a big problem to being no problem at all. **Inhalants** were reported a problem, primarily among white adults and youth. **Alcohol** use was reported as the most widespread drug abuse problem among treatment providers that impacts all ages and races.

INTRODUCTION

1. Area Description

Lucas County has a population of 471,741. According to the 1990 census figure, this represents about half the 925,903 people living in Northwest Ohio. 47% of this population are male, while 53% are female. Approximately 81.5% (384,469) are Caucasian, 14% (66,044) are Black and 3.5% (16,511) are Hispanic (U.S. Census S.M.S.A.). A local study of the likely area population conducted by the Toledo Metropolitan Mission of United Church Councils estimated there are more than 80,000 Blacks and around 30,000 Hispanics in the Toledo area (the Toledo Metropolitan Mission of United Church Councils, 1988). Approximately 15% of all people are living in poverty. The median household income is estimated to be \$30,000.00. Approximately 65% of the people in Lucas County reside in Toledo. According to Toledo economic indicators, 70% of Lucas County’s poor live in Toledo.

2. Data Sources and Time Periods

- **Qualitative data** were collected in 4 focus groups conducted in October and December 1999. The number and type of participants are described in Table 1.
- **Drug and alcohol abuse treatment** primary drug choice and treatment admissions for 1996, 1997 and 1998 in Lucas County, Ohio.
- **Needs Assessment Study** Prepared for Alcohol and Drug Addiction Services Board of Lucas County (conducted by Brown and Associates), December 1993.
- **Area drug price chart**(Toledo Police and Active Drug Users).

Table 1: Qualitative Data Sources

Focus Groups		
Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselors, police officers, social workers, etc.)
Friday, October 8, 1999	8	Active Drug Users
Monday, October 11, 1999	4	Active Drug Users
Monday, December 6, 1999	3	Police Officers
Monday, December 6, 1999	3	Front-line Professionals/Clinician Staff

Totals		
Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number Of Participants
4	18	18

INTRODUCTION

1. Cocaine

Crack cocaine abuse remains a major problem in Toledo, Ohio. A Toledo narcotics detective stated that “cocaine accounts for most drug-related crimes in Toledo.” The Toledo Police Department continues to focus its efforts primarily on crack cocaine arrests. A Toledo narcotics officer stated that “the people we see [prevalent users] are in their early 20s to their 30s and 40s and arrests are [predominantly] from the inner city.” Toledo narcotic officers report a rising trend in Toledo that “90% of the hydrochloride cocaine [powder] brought into Toledo is being converted into crack.” In 1998 crack cocaine abuse accounted for the second largest (26%) number (1,136) of drug treatment admissions in Lucas County, Ohio (Exhibits 1 and 2). However from 1996 to 1998 the aforementioned represent a drop from an all-time high of 1,627 (36%) of drug treatment admissions. Despite this decline, crack cocaine use in Toledo represents the second largest (36%) client admissions and discharges from drug and alcohol abuse treatment agencies in Lucas County receiving public monies under special reporting requirements.

Drug abuse treatment clinician providers and Toledo police detectives report that young people represent a major crack cocaine user population. The Needs Assessment Study, a survey of self-reported drug use by middle and high school students conducted by the Alcohol and Drug Addiction Services (ADAS) Board of Lucas County, indicated that in 1993, four hundred and forty school-age youth ages 12 through 17 had used crack at least once in their lifetimes (Exhibits III and IV). One clinician stated: “I am receiving more referrals from 16 and 17 year olds. Crack is drawing younger users. The 14, 15, 16 and 17 year olds are getting hooked a lot earlier. It used to be that young people would get hooked on alcohol, then move on. Now they are starting with crack cocaine.” A police vice officer stated that “crack is a kind of stepping stone kind of drug. Users commonly like to ‘cocoa puff’ [marijuana laced with crack] to reach a higher high.”

Drug abuse treatment clinicians and Toledo police detectives report a rising trend of young people ‘dealing’ crack-cocaine. An outreach worker states: “I would say there’s more dealers that are from maybe 10 to 14 [years of age] and they ride bicycles. Everybody knows who they are; you don’t mess with them. Everybody knows what they are doing. That’s [in] the south end; nobody says much.” A Toledo police officer corroborated the increase of youth dealing crack cocaine by stating: “We have arrested teens up to 21 as sellers of crack cocaine.”

Active drug users and drug abuse treatment clinicians characterize crack as “commonplace and available.” One clinician states “it’s very available because it is so cheap. A lot of people are getting arrested for dealing it, so a lot of charges are coming in [both dealing and consumption]. Majority of these arrests are taking place in the

inner city. Some arrests are taking place in the suburbs [Sylvania and Perrysburg], but most of these arrests [in the suburbs] are alcohol-related. Toledo Municipal Court, Lucas County Court of Common Pleas and Lucas County Probation cases are from the inner city.” A police vice officer reports: “As far as availability, it’s [crack] readily available. You as any other citizen could drive into areas where you could approach a car and have it sold to you unknown. You don’t have to know anyone to get it. You can get it anywhere you want, as often as you want.”

Toledo police, drug clinicians and counselors have observed a leveling off of the crack-cocaine problem. A Toledo narcotics officer reports: “I think we’re leveling out. In the Toledo area, in my opinion, we’re seeing a resurface of other drugs and a downplay on crack cocaine. Whether it’s because people are moving on to a more potent drug or longer lasting high, I don’t know, but I think crack cocaine usage is leveling out and is spreading out beyond cultural boundaries somewhat. Decrease in the amount of use in one drug [crack] over the increase of usage in another doesn’t seem like we’re seeing a tremendous increase in all; we’ve seized more [crack cocaine] recently, but it just leads to more harsh enforcement [arrests].”

A Toledo court official, addressing the historical magnitude of crack cocaine in Toledo, reports:

“...Cocaine, when it was the upper middle-class white person’s drug, was powder. And it was expensive. And the cartel and the dealers discovered if they processed it and made it crack, they could sell it in small pieces, easily concealed, cheap per pop and [for some reason] chose to market that in central city [Toledo], primarily African-American communities...and because it was sold in the streets and because it was marketed in the African-American community, [at least] visibly... white folks saw it as an African-American problem and would not acknowledge that white folks used crack cocaine. But to protect white folks using it, the decision [political] was made to arrest all of the dealers and the only dealers [crack] they could catch were the ones out it in the streets selling it...”

Although there appears to be a decrease of crack use in Toledo, an active drug user commented the following regarding other user populations:

“Back to your question on which race uses the most, the Black people are out there, and most of the people who are using those stereotypes, are the users, the main ones involved. White people and the Hispanics don’t want to be noticed, so they’ll go the inner city and get a Black person to cop for them, to do all their dealings for them, where it will be a Black person coming to their house and selling it to them. There’s all certain types of ways to not get into the limelight. And that’s what they do. I say the percentage wise of this situation is about 50/50. It’s just the white people are so...when a white person comes to a Black neighborhood, he gotta know what he’s doing, or he’s going to get beat. And if he don’t know who he messing with or around, and after you get beat after a certain amount of time, you learn ‘Okay, well I just got to pay somebody to do this for me.’ And that’s what they do, ‘cause they’re tired of losing their money and BS’d over.”

Crack use appears equally prevalent among Blacks and whites in Toledo. A Toledo vice officer stated that “the Black community is probably the more prevalent users but also the white community. We don’t see it in the Hispanic community. I haven’t seen it in the Hispanic community that much.” An active drug user, however, reported the following: “And you know, some of the Latinos will form into a group where they don’t want to be popularly known. And they might be, well, the one that I went to, I thought he was the only one, and then one time, he had problems with my Black friends, so we went outside Toledo, which is not very far from here, but it was the long way on the side of where Maumee is and then you take the outskirts. It’s really Rossford [Ohio]. But it’s Perrysburg-Rossford because it’s cross that line. When I got there it was a \$1,900 sale [crack cocaine], but I thought it was him; it was 5 other people. It was him, his wife, his brother and their daughter. And I was like, wow, and what I said what amazed me that I wondered when I met you [Hispanic male] how did you smoke that much dope.”

Toledo police detectives stated that “a lot of powder cocaine is being sold in bars and clubs. Most users are upper income. There is less jail time for those caught with powder than crack.” A Toledo narcotics officer stated that “the most prevalent users of powder cocaine are white middle class in their early 20s, 30s or 40s. Factory workers who have a lot of money who can afford it. There is less jail time for those caught with powder than crack.” Toledo vice

officers stated:

- J:** “One thing, as far as the courts are concerned, that we didn’t bring up with the drugs of cocaine and crack, as far as the state of Ohio is concerned, there’s a huge difference of penalty for someone to possess, say an ounce of crack versus an ounce of powder cocaine. Which makes no sense to us because from that ounce of powder cocaine someone can come up with 2 or 3 ounces of crack cocaine. To me powder cocaine is just as dangerous as crack because it produces the crack. You may have some guy with an ounce of crack and they’re facing a felony in the 1st degree which is a 3 to 7 mandatory prison term versus somebody with the same amount of powder cocaine looking at 4 years and it is presumed that you’ll be put on probation. It just makes no sense at all.”
- E:** “When we were at the DEA meeting back in June, there was rumor going around here that they’re going to make a little bit more stiffer penalties for powder cocaine. It hasn’t occurred and we haven’t seen anything yet. It’s ridiculous.”

An active drug user stated: “I have not seen very much of it [powder cocaine] in the street. When I do see it, people are usually injecting it. It is rare for people in Toledo to snort it.” Another user stated “I tried in 1982, 1983, and I did not like it. Now young kids are into snorting it. They call it **‘popping’**. Powder cocaine is really increasing with young kids. In fact my daughter, age 17, snorts it on a regular basis.” A clinician adds: “I find myself going to court more often for female clients who have had their children taken due to crack usage. A lot of legal problems, a lot of family issues.” Another clinician observed that: “Youth are suffering from neglect. Parents are getting overwhelmed with fighting their own addiction and still caring for kids. Youth are experiencing the emptiness and lack of fulfillment that their parents felt, which leads back to drugs. It’s a vicious cycle.”

Active users, Toledo police detectives and drug clinicians agree that most of the cocaine hydrochloride (HCL) [powder cocaine] in the Toledo area is being converted into the rock form [**crack**]. The **quality** of cocaine according to one drug user is lower than it was in the 1980s. An active drug user states: “As far as real cocaine here in Toledo, Ohio, it’s scarce. It’s not cocaine, it’s crack’ but it’s cut with baking soda, anything.” A Toledo police detective adds: “As far as quality, I would say, that if you measure it [crack] at the powder cocaine level, it’s poor, just because the dealer is out for profit; it’s a financial issue. They step on powder cocaine as often as they can until there’s very little cocaine in the crack.”

Active drug users and narcotic officers gave conflictual reports for cocaine prices in Toledo. Narcotics officers state that a gram of HCL sells for \$200, an eight ball (1/8th of an ounce or 3½ grams) sells for \$125, and an ounce sells for \$1,200 (Exhibits VIII and IX). The difference in the reported prices of cocaine coming into Toledo is an indication according to a Toledo detective “of how the purity of HCL [80%] pure, is cut down from its market value to street sales.” Most of the HCL is sold as “ready to rock” because the baking soda has already been added to the powder cocaine. The purity of crack is highly variable because of the varying amounts of “cut” (baking soda and additives) that are added to HCL to make crack.

2. Heroin

Most of the heroin in Toledo is white or brown powder and black tar. A police officer stated: “Black tar is a popular form of heroin, as well as brown heroin. Brown heroin is controlled and dealt by Latinos. Heroin is not particularly associated with violent crimes. Mostly white prostitutes are addicted to heroin, and most administer by needle.” Another narcotics officer stated: “There are a lot of HIV cases because of shared users. Most users are Caucasian and Hispanic.” One officer reported that “because of the risk of AIDS, cops are hesitant [careful] to arrest them.”

Heroin as an illegal, highly addictive-injectable drug reported by police is a big problem in Toledo and is very expensive to buy, an active drug user stated: “I was doing an eight-ball, which ran \$175 a shot. Usually you start on heroin. Heroin users and dealers are not prevalent on the street. You have to know someone or be able to drop a

name. There is a prevalent dealer family (Mexican) in Toledo. I began on heroin at age 17, and the quality has gone down significantly.”

Toledo police report that there are more heroin users now than there were in recent history: “In the Toledo area, I think it’s increasing. My opinion it’s increasing because they see the heroin high last them half a day, full day, depending on the level they are at. It builds up in the lungs, so it’s cheaper, so it costs a little bit more up front to buy heroin, but you will not have to continue to buy it throughout the day to continue the high.”

The proportion and number of heroin users entering treatment has not increased significantly during the past 3 years, from 230 in 1996, 327 in 1997 and 224 in 1998 (Exhibits I and II). A treatment clinician states: “It is hard to get treatment for a heroin addict; it’s almost impossible.

Treatment is bad in Toledo, Lucas County area. And when we’re dealing with crack; when we’re dealing with heroin, we’re talking about long-time recovery, not just a week or 2 weeks, we’re talking long-time residential, and we don’t have the facilities for it; it’s so hard to get them in the **one (1) facility** that we do have because of the procedures that have to take place first.” Toledo police and active drug users reported a significant increase in heroin overdoses, and deaths. One police officer reported: “Probably [over the] last 2 to 3 years, about 5 people died to their heroin usage. A couple of them contracted hepatitis from the needle and 3 from ‘hot shots’ where they died from just 1 injection.” An active drug user stated: “Last year [1998] my heroin friend died in my arms.”

Another police officer observed that “heroin is also attracting older users.” This observation was further corroborated by an active drug user who said: “I’ve been heroin addicted since 1975. In 1978 I moved to L.A. [Los Angeles, California] and did ‘china white’ there. But I never heavily used again until I moved back to Toledo. **Old-timers** now who have been doing for a long time are dying from it with ‘black tar’ and being drunk. I’ve overdosed [heroin and alcohol] 3 times. I was drinking heavily all 3 times.” A Latino/Hispanic clinician stated: “About 80% of my clients are ex-cons and Hispanics. Many are addicted to heroin. When they drink alcohol, they become violent, so they become addicted to heroin to relax and mellow. Once you get into heroin, it’s like being married to it. It’s very difficult to get off of heroin. Something else that I have noticed, especially in the older heroin users, that now they’re starting to use crack with heroin. At the moment, the clients coming in [south end of Toledo] are addicted to heroin.” Another clinician agrees that “it is difficult to get off of heroin because the side effects of the addiction are worse than those of crack. My clients are reluctant to try again in recovery after becoming violently sick when they tried it once before.” A Toledo police vice officer adds: “Once an addict [heroin] is out of treatment, they return right back to their drug of choice. Those [I’ve observed] who kick the habit for good do something permanent [change circle of friends, etc.]” A clinician observed that “with prostitutes, the best way to get her to work is to get her hooked on heroin. She will sell her body for heroin.”

Heroin reportedly increased among white students at Perrysburg High School and Clay High School in 1999 who were found to be using heroin. Clinicians observed that: “We’ve got a mix of hardcore users and kids who like to snort heroin. These adolescents have to be treated in hospitals. It starts with smoking, then snorting. Very few take it orally with pills. Those who do find out that it takes too long to get the high, so they switch over to smoking and snorting because there’s no marks. And you can’t always tell somebody is snorting it. I mean, it’s really hard to tell if someone’s on it. I have two white teenagers at Clay who are addicted heavily to heroin, acid and alcohol.” An active drug user stated: I’ve never tried it [heroin] but my daughter says they [youth] are smoking heroin in ‘swishers.’ Swishers are cigars made from marijuana and mixed with heroin, crack and/or powder cocaine.” A Toledo police detective adds: “They’re [youth] snorting it or doing something else with the drug as opposed to injecting it. What I do see is the young people within the families selling [heroin]. It’s kind of known that as you come up through the family, it’s going to be part of your job to take over where Mom left off or Dad left off. We’ve got one family [Hispanic] whose primary 3 people passed away [died] from using [heroin] themselves and it’s been taken over by brothers and other family members.

That’s where the youth get involved more so than being users.”

The purity of heroin in Toledo is reportedly of lesser quality. According to a Toledo police detective:

“The black tar in Toledo isn’t what black tar in its definition should be. You’re not seeing straight black tar [heroin]; it’s stepped on [cut] one or

two times. It's not quality of what black tar should be, but they [dealers] haven't taken it [cut it] to the point where it's brown (they can pass for a higher price), but you never know what you're getting in the heroin community. That's why it's taken over by the family business; people know that each family does its heroin its own certain way and each time you get it, it'll probably be the same way versus going to different people. You're not going to go out and branch out to 2 or 3 different sources because when you do, you jeopardize the quality of your heroin and what it's cut with. And we've heard goofy things as far as poisons that it's being cut with, from lactose to rat poison to kitchen supplies, and we've seen a handful of people in the Toledo area within the last months, they call them hot shots, one injection into your arm and you're dead. It's that uncontrolled as far as the supply of heroin. Since you put it right into your veins, it's a lot more dangerous than smoking a pipe."

According to a clinician: "Many clients travel to Detroit and/or Adrian, Michigan for a higher quality of heroin and cheaper price [\$200 per gram versus \$700 per gram]. The higher quality of heroin, versus other drugs, and access to cheaper prices may be a contributing factor to the rise of people of all ages snorting and smoking heroin in Toledo.

3. Other Opioids

A clinician reports that: "Old timers, among drug injectors, like hydromorphone (Dilaudid) because of the consistency and they know what they are getting. I see it as replacing heroin. One of the things with dilaudids is that it's measurable. Let's just say they [addicts] know what they are putting in their bodies because it's in a pill form, so I think that...they can predict more what's going to happen, where sometimes with the heroin, they can't." A Toledo police officer adds:

"As far as dilaudids, we do see quite a bit of it. It's similar to the heroin population where it's tight-knit; you're not going to buy it on the street corner. The sellers pretty much know all their customers; they're not going to someone blind not knowing...they have to get introduced by another customer. I'd say there's about 4 or 5 houses where we could go to right now and it would take 10 minutes to get someone to buy dilaudids."

Toledo police officers report: "We see a steady flow of it. We're told that it comes from Buffalo, New York to Detroit, so we're in the middle of those 2 cities." According to active drug users and Toledo police detective reports, 4 milligrams of Dilaudid cost \$25-\$50."

Another clinician reported that: "A lot of my female clients who have spouses who are on drugs are being prescribed depressants and are hooked on them. They don't want to be labeled as a 'druggie' or 'alcoholic' so they abuse prescription drugs. Since doctors prescribe them, they don't declare them **bad**. Older ladies (late 50s and younger 60s) are hooked on prescription drugs."

4. Marijuana

According to the **1993 ADAS Board of Lucas County Needs Assessment**, the prevalence of marijuana use in Lucas County was approximately 34,630 residents. The 18-25 age cohort had the highest prevalence at that time. Males were significantly higher than females, and of the three ethnic groups, African-Americans showed the highest prevalence of marijuana use, followed by Caucasians/other Hispanics (Exhibit VII). Treatment data shows that marijuana users accounted for the third largest proportion of treatment clients in Lucas County in 1996, 1997 and 1998 (Exhibits I and II).

The prevalence of marijuana use in the past year among young people appears to be increasing. A Toledo police officer explained: "Laws regarding marijuana are very relaxed. There's practically no jail time unless a person is

caught with a lot of marijuana [at least 200 grams]. Anything less than 100 grams is only a misdemeanor.” Another officer stated: “Dealers like to sell \$5 bags to kids [like a candy store]. Other officers observed:

- E:** “Most of the marijuana we see up here is poor quality; it’s garbage, a lot of junk weed from Mexico, although people are now dabbling in growing it themselves, ordering the seeds from Denmark or over the Internet and growing high quality marijuana themselves. I’ve heard of some of the higher quality marijuana coming up for \$3,000 a pound, which is double what the regular marijuana coming up from Mexico, or ditchweed from Indiana cost.”
- B:** “Selling it is a huge money maker. If caught, they’ll get fined and that’s it. Sentencing is lax.”
- E:** “And I see it in the younger population big time because they know the government has made the law so liberal that if you get caught with a bag of marijuana, it’s nothing more than a parking ticket.”
- B:** “And that’s the truth. We’re seeing houses that used to be crack houses selling marijuana now. And they know if they get caught with it, it’s no big deal. The courts and prosecutors don’t care; ‘it’s just marijuana’.”
- B:** “Only 20 narcotics investigators are in Toledo. The main emphasis is on crack. There are no differences in the users’ ethnicity, race, ages, but there is a huge increase use by youth.”
- C:** “It’s too time consuming to book somebody on marijuana. The marijuana laws need to be stiffened.”
- K:** “Marijuana is the first stepping stone to other drugs. If more penalties were placed on marijuana, there would be a domino effect on decreasing the usage of cocaine and harder drugs.”

Youthful marijuana users often prefer to smoke what they call “blunts,” which are cigars with the tobacco removed and substituted with marijuana. A narcotics officer describes the use of blunts among youth:

“A lot of kids [13, 14, 15, 16 and even younger] make the blunts and just walk down the street smoking the weed, or are in their cars smoking. We’ll arrest somebody for another charge and they’ll have a small bag of marijuana in their pocket. They’ll say ‘Oh, it’s just marijuana; I just smoke.’ That’s what you hear from a lot of young people.”

When the issues on marijuana was introduced to clinicians and outreach workers, they commented:

- L:** “I think marijuana is truly a gateway drug. Most of the clients that I’ve had who have had crack or alcohol for the past 20-25 years, when we go back to their history of use, it always starts out with marijuana at the age 14. And the users are still that age: 13, 14. And maybe even younger than that, but they’re still teenagers, experimenting with marijuana. Most of our clients have just gotten off of marijuana and have substituted with other drugs. I heard something today: ‘I’m not really much into marijuana anymore. You know, I’ve done it and it doesn’t do anything for me.’ The marijuana, the tolerance grows less for them; the high is no longer there for them, so the substitute.”
- N:** “Many marijuana clients have short-term memory loss. The drug stays in their system a lot longer. They are convinced that the drug is a ‘natural

herb'. It is a guessing game with them because they are so into manipulation. Their pot-addicted (from the womb) children who had the drug introduced to them do not comprehend well. Mothers are getting younger and are long-term users (beginning when they were 9 or 10 years of age). They use it so often that it is not normal for them to not use it. A person who thrives on marijuana is worse off than someone who thrives on alcohol, or in some cases dilaudids."

L: "Clients don't see how bad it is, using the excuse that they are not on the streets, etc. They don't see that it [marijuana] leads to other drugs. They can't understand that there are more positive and constructive ways to deal with their problems because they have seen their parents take this same avenue towards problem solving. Marijuana is a gateway drug."

J: "The potency of marijuana is much higher now, and people are smoking everyday in greater quantities called 'blunts.' It is not unusual to have a client who has been smoking 3 to 4 'blunts' a day since the age of 15. A 'blunt' is as big as a dime bag. The effects of marijuana on the brain are so subtle, that it usually takes 30 days before it leaves the system for the client to realize the negative effects it had. There is a noticeable increase of marijuana use, especially among youth."

C: "Yes. A lot of things that I'm hearing is that they're legalizing it, so I don't think our kids understand the dangers of it, and neither do the adults. If you talk to a parent and their kids on weed, 'Oh they're only smoking weed.' And that's what they used to say about beer: 'Oh, they're only drinking a beer.' And I think the attitude is scary; I think it's changed and it's acceptable and we just don't hear the dangers. Because now we know if a mother is pregnant and she gets a contact buzz and it goes into the baby she's carrying and damages the protozons, that baby is born, grows up and has children, those children can be born deformed. And nobody's talking about that. They're saying 'It's just weed,' and They' minimizing it, and of course use it for medical purposes."

L: "I'm seeing more people whose drug of choice is just marijuana. That's what I'm seeing, and that's interesting. It's harder, it's still difficult to treat the individual because they have the idea that it's only marijuana, and they love to be different and unique from other addicts and alcoholics. We see people coming in only with marijuana now."

C: "I've had a few where we do get the history strong where they smoked with the Mom or Dad or Grandpa or Grandma when they were 5, 6, 7 years old on a regular basis. And the family, no big deal, to the family and no consequences."

Along with an increase in the popularity of marijuana has been an increase in the price of the drug. An active drug user described the rise in marijuana prices:

D: "I started smoking marijuana when I was 15 years old, I smoked it for 25 years. I liked the buzz. I used it to help me with my problems. It went up in price: In the 1970s, you could get a quarter of an ounce for \$17.99. Now it is \$35-\$50 for the same quantity. An ounce costs \$100-\$150; now about \$250-\$400. You get a stronger high than before. The quality varies. Teenagers in high school use a lot of marijuana because they see their parents use it. I know

families where all the members use it. Some bars in Toledo allow marijuana smoking.”

Other active drug users added:

- D:** “I’ve seen kids 10 and up use it. Also, 40, 50 year olds still use it. Users of marijuana are looking for belonging.”
- T:** “I stopped smoking a few years ago because it costs too much and it made me paranoid. It takes 30 days before marijuana leaves your system.”
- D:** “You can get marijuana out of your system in three days if you drink a lot of juice and coffee.”
- K:** “Marijuana in Toledo is still a strong favorite like in the 1960s. The price has gone up because the quality has gone up. Marijuana is a starter drug; it drops your guard and opens you up to a world of addiction.”
- T:** “Everybody who starts out with marijuana always say that they’ll never use anything stronger. But they always end up out-growing marijuana.”

Clinicians reported a rising trend in Toledo of the smoking of marijuana and crack (called “primos”) as becoming common among crack smokers.

5. Stimulants

Stimulants, including methamphetamine, accounted for smaller percentages of treatment admissions in Lucas County area (Exhibits I and II). By comparison, stimulants were the primary drug of choice in less than 1 percent of treatment admissions.

Law enforcement officers stated:

“...that methamphetamine [speed or crank] abuse has not hit Toledo too badly. Meth, we may see once or twice a year. I’ve been up here about 2 years and we’ve never come across in the labs, the homemade labs [e.g. ‘bathtub crank’ and/or ‘meth-labs’]. From the DEA, I’ve been hearing that in southern Ohio [Dayton/Cincinnati] it’s working its way up. It started out west big time and creeping its way over, down south in the boondock counties and it’s working its way up but we don’t see it that often. A lot of cycle gangs are supposed to be dealing it, but they keep to themselves.”

In the 1960s and 1970s, “crank” was known as a “biker’s drug” and was brought into southern Ohio from southern California and Canada. Methamphetamine, a powerfully addictive stimulant that dramatically affects the central nervous system, appears to be gaining some popularity in the Toledo area. An active user commented:

“In the white community, it is prevalent. Methamphetamines, or crystal meth, the price range is the same. You get it for \$20; or for the same size as a \$20 rock [crack cocaine]. What you really do is weight it out on a scale, so if it’s 0.2, it’s \$20; if it’s 0.3, it’s \$30, and on up like that. Then when you get into quantity, you figure out an ounce of cocaine is \$600 and \$800, depending on how much you get. An ounce of crystal meth will probably run you \$1,000 to \$1,200 or \$1,300. But the crystal last all day; if you get some good crystal, it’s going to last you a couple of days. As far as how it’s administered, you can snort it. I really have not come in contact with a lot of people who shoot it up.

People are hesitant to put something in their veins as opposed to snorting something up in their nose. Crystal is not that prevalent in the Black community; a lot of white people use it.”

Active users report that crank is attractive to working people who work long hours. One addict stated: “You can work on it fine without any side effects.” Treatment providers reported two recent cases of methamphetamine use:

“Crank which you don’t normally hear about in this area, I’ve had two (2) recent clients this year.”

The reports of methamphetamine abuse emerging in the Toledo area requires further monitoring and examination.

6. Depressants

Depressants represent less than 1% as a primary drug of choice in drug treatment admissions from 1996 through 1998 in Lucas County (Exhibits I and II).

Gamma-hydroxybutyrate (GHB) known as “date-rape” drug, is present in the Toledo area. A police vice officer stated “GHB [date-rape drug] is present in Toledo and is a big problem.” Another officer stated:

“We’ve seen some GHB. We haven’t made any arrest on GHB because the Ohio laws that surround GHB reason that it’s not a schedule drug in their opinion at this time, so it’s really not an arrest offense. There have been females [who] were administered this drug and got into car accidents and been almost killed. In that case we did get from an informant the bottle where it came from. So it’s [GHB] out there. It’s in the same circle as the designer drugs; college campuses in Toledo probably have some GHB. Not real prevalent, but it’s there.”

Diazepam (Valium), Lorezepam (Ativan), Alprozolam (Xanax) and Vicodin are reported to be sold on the streets. A Toledo police officer reported:

“On the prescription drugs, we know they are sold on the street, and it’s not something that we target a lot; we do work with the local pharmacies as best we can on the forgeries and a lot of people are abusing Valiums, Percocets and Vicodins. They [addicts] go to the emergency room, grab a case, steal a prescription pad from a doctor; and it’s been going on throughout Northwest Ohio, Bowling Green, Waterville and Toledo. We’ve charged 3 people in the last 3 weeks.”

A drug treatment clinician added:

“I see a lot of Xanax, a lot of abuse of Xanax. Especially in our outpatients, we have an ambulatory detox, so a lot of our clients are not using their drug of choice, but they’re using Xanax. Now I see a decline in Tylenol and Codeine, and I’ve seen them replace them with Xanax. We see a lot of Percocet, a lot of those prescription medications, because they’re having pains and ills. But what a lot of our clients are doing is manipulating back pain because they know their doctors are not able to really diagnosis back pain, and so they’re getting their prescriptions from their doctors and they’re filling them and calling them in and they’re continuing to get them because the reason that I say that is because we had a client who actually had a walker and was concerned about back pain and she swore up and down that she had to take this Percocet and we had a fire drill, and she just threw the walker and ran down the stairs, and they’re manipulating back pain.”

Tranquilizer prescription abuse has reportedly not experienced a surge in popularity in the Toledo area. A drug

treatment clinician attributes the decline to doctors giving out less prescriptions: “It used to be every woman that you did an assessment on, somewhere along the line, a doctor had given them a prescription for tranquilizers. I don’t see the abuse of tranquilizers like I used to.” There is also a reported decline in Tylenol and Codeine abuse.

Although depressants are commonly used by youth due to their accessibility and often used in conjunction with drugs, none of the focus group participants elaborated on this area.

7. Hallucinogens

Hallucinogens, including PCP and LSD represented less than 1% as the primary drug of choice among treatment admissions in Lucas County from 1996-1997 (Exhibits I and II). Clinical staff of provider agencies report that “hallucinogens are difficult drugs to battle with treatment.” Another clinician added:

“Yeah, it’s [LSD and PCP] coming back with school kids, again to suburbia. As a matter of fact, there was a kid from Clay [High School], a very good home, and acid was one of his primary drugs, and he went into treatment and that was just one case, but there are so many more. If you did a survey of hospitals where there’s insurance, you’d get a much higher rate about kids on acid and hallucinogens. These are white suburbia middle-class kids, not Black children.”

A Toledo police detective corroborated the use of hallucinogens among youth:

“LSD, you will see occasionally. Again, I haven’t seen it myself in the 2 years that I’ve been up here, but I know that some of the other detectives have. But I think the LSD is more of the younger, high school and especially college crowd that go out on Friday night. Before painting the town and going drinking out all night.”

Toledo police reports LSD as not too prevalent in the Toledo area.

8. Inhalants

The 1993 ADAS Needs Assessment Survey Detailed Finding stated the prevalence of inhalant use in Lucas County at approximately 4,310 residents. The 12-17 year old had the highest prevalence of inhalant use followed by 18-25 year old, 26-34 year old, and 35 year olds (Exhibit V).

Clinical staff providers stated that “they receive a small number of clients who are abusers of inhalants, but they have a deadly problem. Brain damage is enormous.” By comparison, inhalants were the primary drug of choice in less than 1% of treatment admissions (Exhibits I and II).

Inhalant abuse in Toledo is predominantly restricted to the white community. The Toledo police department reports “inhalants are a minor problem.” Toledo police reports:

“It’s really not something that our office comes involved with. A lot of inhalant abuse is juvenile population that are under the parents. If a parent calls and says that their child just inhaled a bunch of butane or whatever they choose that day, it is usually handled by a 911 call or we’ll go out and talk to the kid. No charges are filed; we just try to straighten the kid out.”

9. Alcohol

The 1993 ADAS Needs Assessment detailed fact finding stated the prevalence of alcohol use in the past year for Lucas County as approximately 272,240 residents. The prevalence of alcohol use in 1993 was higher among all age

groups for the region in which Lucas County is contained as compared to the nation. The 18-25 year old and 26-34 year old cohorts have the highest prevalence of alcohol use followed by 35 and older and 12-17 year old cohorts (Exhibit VI).

Alcohol treatment admissions increased from 1996 through 1998 (Exhibits I and II). In 1996, admissions for primary alcohol abuse accounted for 38% for all drug abuse treatment admissions. In 1997, alcohol was 50% of all drug admissions and in 1998, 48% of all drug treatment admissions. Alcohol use/abuse has accounted for the highest percentages of treatment admissions in Lucas County. By comparison, alcohol was the primary drug of choice of more than 45% of treatment admissions. Drug treatment providers see the trend continuing and claim “that alcohol abusers represent their largest caseloads.” One treatment clinician observed:

“For a lot of our clients who don’t want to recognize that alcohol is a problem for them, alcohol will lead them back to their drug of choice. A lot of our younger clients who are beginning with alcohol don’t see that it will lead them to further drug use and abuse. Alcohol and marijuana is the cocktail I see my younger clients (between 18 and 26 years of age) engaging in. People who start with alcohol and marijuana will move on to crack, dilaudids and then all 4 [drugs] become their drug of choice.”

10. Special Populations and Issues

10.1 PREVENTION AND TREATMENT SERVICES

Treatment provider clinicians felt that there is a need for adequate prevention and treatment services. The following demonstrates their strong expressions:

- L:** “There needs to be more focus on the children of addicts. There needs to be a requirement for their children to be in a program as a condition for the adult addict to remain in treatment. Parent and child need to be combined in the process.”
- M:** “There is absolutely a need for more long-term care...I think family counseling is essential.”
- J:** “More halfway housing is needed for men and families...”
- N:** “Some of my clients have mental health issues and are unable to go into the regular community. There needs to be halfway homes and communities set aside for addressing their cognitive impairment, mental illness and abuse.”
- C:** “There needs to be set aside programs and services for the chronic relapser.”
- N:** “Whatever limited funding exists when treating women, it is even less when treating men. Men usually don’t get assistance from the Department of Health and Human Services, so at a certain point of treatment, the client has to be severed. The client has nothing to go back to but his drugs and his old way. It’s a definite issue with treatment funding.”

10.2 YOUTH

Treatment clinician providers commented on a growing problem in working with youth who are chemically dependent. They stated:

- L:** “The age limit in order for our clients to apply for our program is 18, so we have to literally tell younger users to “keep using” until we can bring them into treatment. By then, the problem is worse and more difficult for them to get off drugs.”

- N:** “The crack babies are now getting into their earlier teens and are acting out. To calm them down they use pot. The parents know this, but accept it because at least they are not beating up on their teachers. This is a big problem.”
- C:** “If you talk to a parent and their kids [are] on weed, ‘Oh, they’re only smoking weed.’ And that’s what they used to say about beer. And I think the attitude about [marijuana] is scary.”

Drug treatment clinicians recommended that more community-based prevention and intervention programs be funded to address these growing critical youth issues.

CONCLUSION

Alcohol is the most abused drug in the Toledo area. Because it is legal for adults, some people in Lucas County believe it is safe. But alcohol – including wine, beer and hard liquor – is a powerful depressant. And according to focus group participants and reports, many addicts are mixing alcohol and other depressants, along with marijuana and crack. Toledo police officers, drug treatment clinicians and active drug users report that marijuana use has become so common that it is not even perceived by many people as a drug.

Crack cocaine use/abuse has reached a ‘leveling out’ point in Toledo. However, it remains the number one problem among active drug users, outreach workers, drug treatment professionals and Toledo police vice officers. Reports state “that some users spend thousands of dollars a week to support their addiction.” Crack abuse is also the main focus of drug enforcement efforts in Lucas County. Drug enforcement officers and the community are actively challenging the unequal sentencing laws that occur surrounding powder cocaine versus crack cocaine.

The following drug trends were noted by focus group participants representing active drug users, police, treatment providers and outreach workers. First, our data indicates a significant increase in snorting or smoking heroin, particularly among youth and young adults of Hispanic and white ethnicity. Older heroin users are beginning a trend of using crack with heroin. Second, marijuana use has increased steadily among all racial groups, especially among youth. Third, methamphetamine [crank] use is gaining presence in the Toledo area. Crank appears restricted to the white community. People who work long hours [especially at night] are the most common users of crank. Fourth, 90% of all powder cocaine brought into Toledo is eventually turned into crack. Toledo police officers and outreach workers report a rising trend of youth as young as 10 to 14 years of age dealing crack in the central city and south end of Toledo.

RECOMMENDATIONS

- I. Our data consistently indicate worrisome trends in drug abuse in Toledo, particularly among youth and young adults of white, Black and Hispanic/Latino ethnicity:
 - increases in crack cocaine smoking among all groups
 - increases in heroin snorting, smoking and injecting among Latino/Hispanics and whites
 - high level of marijuana use, abuse and distribution by all groups
- II. Prevention efforts among youth need to be significantly increased among these populations. Because of increases in smoking and snorting heroin and dealing of crack have been observed recently in Toledo’s central city and southside area, prevention efforts should be examined for effective solutions.
- III. Methamphetamine or “crank” use has made an apparent presence in Toledo, Ohio:
 - Prevention efforts should be considered to address this trend
 - Local prevention and treatment agencies should consult with southern Ohio [Dayton, etc.] areas who have experience in dealing with ‘crank’ use

IV. Treatment providers expressed the following concerns in treatment planning:

1. Adequate programs, including additional long-term in-patient and out-patient care are needed to meet the current treatment and prevention needs of substance abusers and their families.
2. The need for gender and ethnic specific prevention and treatment services was identified as a necessity to assure effectiveness.
3. Appropriate prevention and early intervention programs are needed for youth who are substance abusing.

EXHIBITS

- EXHIBIT 1: Drug treatment Admissions
- EXHIBIT 2: Drug Treatment Admissions
- EXHIBIT 3: 1993 ADAS Board of Lucas County Needs Assessment of Cocaine
- EXHIBIT 4: 1993 ADAS Board of Lucas County Needs Assessment of Crack
- EXHIBIT 5: 1993 ADAS Board of Lucas County Needs Assessment of Inhalants
- EXHIBIT 6: 1993 ADAS Board of Lucas County Needs Assessment of Alcohol
- EXHIBIT 7: 1993 ADAS Board of Lucas County Needs Assessment of Marijuana

EXHIBIT 1: Drug Treatment Admissions

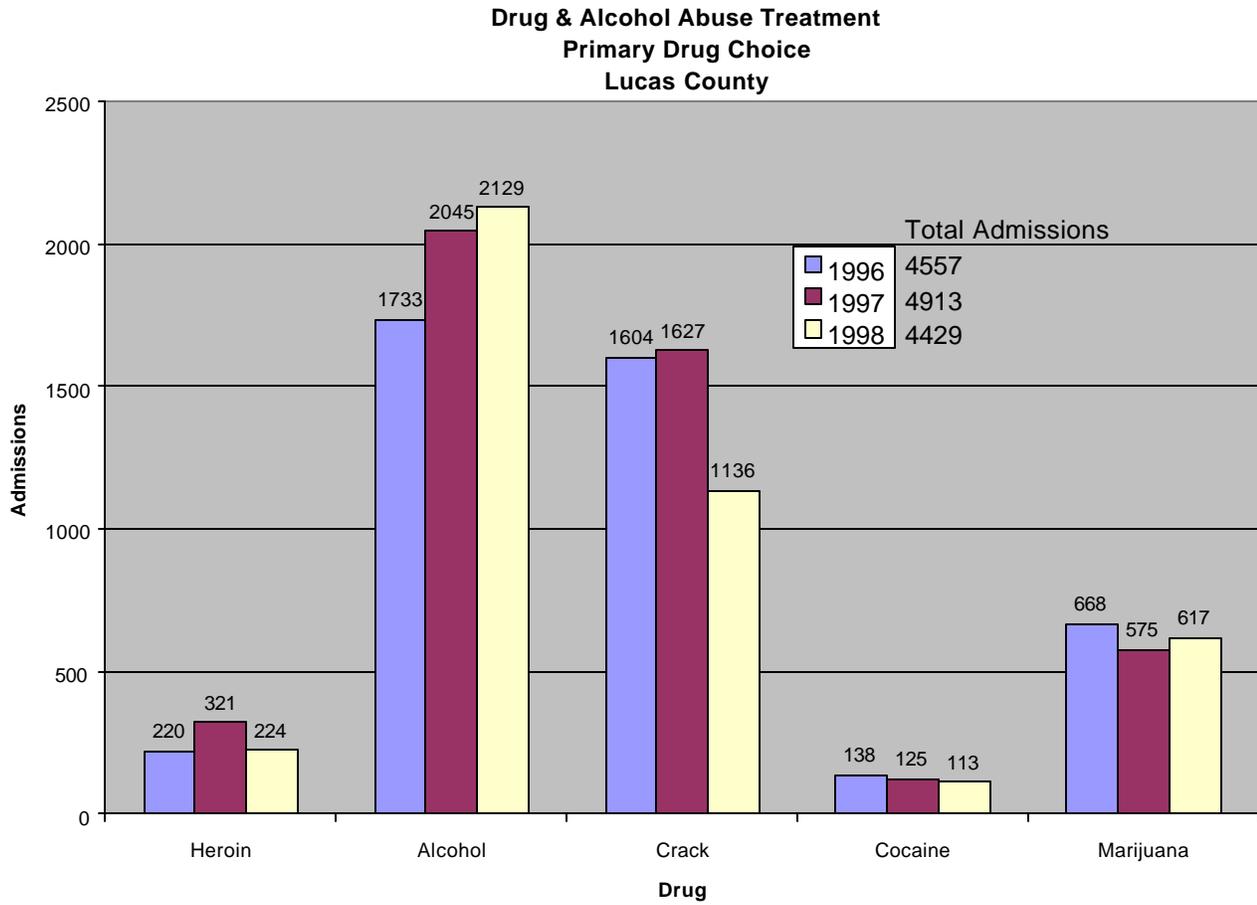


EXHIBIT 2: Drug Treatment Admissions

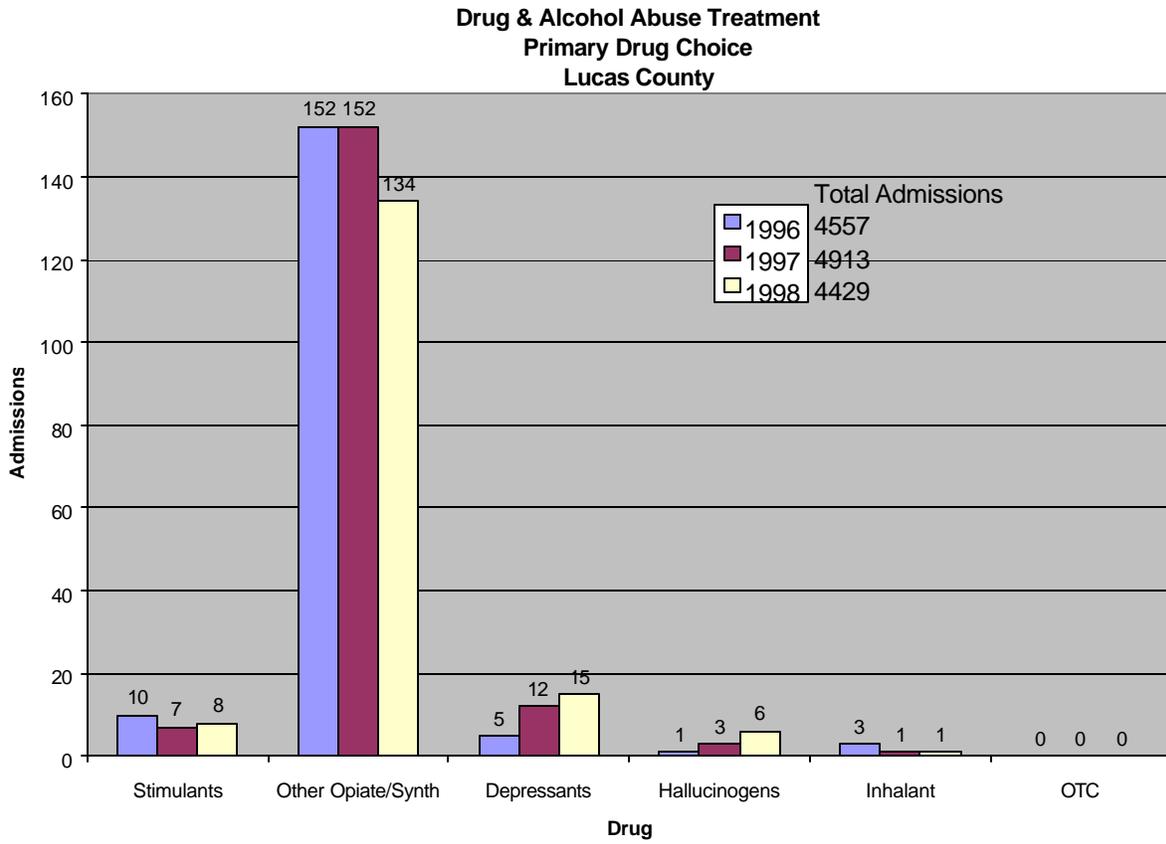


EXHIBIT III

1993 ADAS BOARD OF LUCAS COUNTY NEEDS ASSESSMENT OF COCAINE

COCAINE

Detailed Findings:

- The prevalence of cocaine use in the past year for Lucas County is approximately 10,350 residents.
- The 18-25 age cohort has the highest prevalence of cocaine use in the past year followed by 26-34 year old, 35 and older, and 12-17 year old respectively.
- Prevalence of cocaine use in the past year among males is approximately two times that of female prevalence of cocaine use in the past year.
- Prevalence of cocaine use in the past year among males is lower for the region which contains Lucas County than for that of the nation.
- Prevalence of cocaine use in the past year among African-Americans and Hispanics are similar and higher than for that of Caucasian/other.

Table 2

Users of Cocaine in the Past Year – Lucas County

Age	<u>NIDA National</u>	<u>NIDA Regional</u>
12-17	(1.5%) 570	(1.2%) 440
18-25	(7.7%) 3,900	(7.2%) 3,630
26-34	(5.1%) 3,970	(4.4%) 3,410
35+	(1.4%) 2,930	(1.4%) 2,870
SEX		
Male	(4.1%) 7,330	(3.7%) 6,660
Female	(2.0%) 4,040	(1.8%) 3,690
ETHNICITY		
African-American	(3.9%) 2,180	(3.9%) 2,180*
Hispanic	(3.8%) 490	(3.8%) 490*
Caucasian/Other	(2.8%) 8,700	(2.8%) 8,700*
TOTAL	(3.0%) 11,370	(2.7%) 10,350

*Regional Ethnicity estimates based on national estimates.

EXHIBIT IV

1993 ADAS BOARD OF LUCAS COUNTY NEEDS ASSESSMENT OF CRACK

CRACK

Detailed Findings:

- The prevalence of crack use in the past year for Lucas County is approximately 1,890 residents.
- Prevalence of crack use in the past year among the 35 year old and older cohort is significantly higher for the region in which Lucas County is contained than for that of the nation.
- Prevalence of crack use in the past year among males is significantly higher than for that of females.
- Prevalence of crack use in the past year among African-Americans is overwhelmingly higher than for that of either Hispanics or Caucasian/other. Prevalence of crack use in the past year for Hispanics is approximately twice that of the prevalence of crack use in the past year for Caucasian/other.

Table 3

Users of Crack in the Past Year – Lucas County

Age	<u>NIDA National</u>	<u>NIDA Regional</u>
12-17	(0.4%) 150	(0.1%) 40
18-25	(1.0%) 510	(0.7%) 330
26-34	(0.8%) 620	(0.7%) 520
35+	(0.3%) 630	(0.5%) 1,000
SEX		
Male	(0.8%) 1,370	(1.0%) 1,590
Female	(0.3%) 540	(0.2%) 300
ETHNICITY		
African-American	(1.5%) 790	(1.5%) 790*
Hispanic	(0.6%) 70	(0.6%) 70*
Caucasian/Other	(0.3%) 1,050	(0.3%) 1,050*
TOTAL	(0.5%) 1,910	(0.4%) 1,890

*Regional Ethnicity estimates based on national estimates.

EXHIBIT V

1993 ADAS BOARD OF LUCAS COUNTY NEEDS ASSESSMENT OF INHALANTS

INHALANTS

Detailed Findings:

- The prevalence of inhalant use in the past year for Lucas County is approximately 4,310 residents.
- The 12-17 age cohort has the highest prevalence of inhalant use in the past year followed by 18-25 year old, 26-34 year old, and 35 and older age cohorts.
- Prevalence of inhalant use in the past year among males is significantly higher than that of females.
- All ethnic groups have similar prevalence estimates of inhalant use in the past year, approximately 1.3%.

Table 4

Users of Inhalants in the Past Year – Lucas County

Age	<u>NIDA National</u>	<u>NIDA Regional</u>
12-17	(4.0%) 1,540	(3.9%) 1,490
18-25	(3.5%) 1,780	(3.0%) 1,520
26-34	(0.9%) 700	(0.9%) 690
35+	(0.4%) 850	(0.3%) 610
SEX		
Male	(1.6%) 2,860	(1.5%) 2,690
Female	(1.0%) 2,010	(0.8%) 1,620
ETHNICITY		
African-American	(1.3%) 670	(1.3%) 670*
Hispanic	(1.2%) 130	(1.2%) 130*
Caucasian/Other	(1.3%) 4,070	(1.3%) 4,070*
TOTAL	(1.3%) 4,870	(1.3%) 4,310

*Regional Ethnicity estimates based on national estimates.

EXHIBIT VI

1993 ADAS BOARD OF LUCAS COUNTY NEEDS ASSESSMENT OF ALCOHOL

ALCOHOL

Detailed Findings:

- The prevalence of crack use in the past year for Lucas County is approximately 272,240 residents.
- Prevalence of alcohol use in the past year is higher among all age cohorts for the region in which Lucas County is contained as compared to the nation.
- The 18-25 year old and 26-34 year old age cohorts have the highest prevalence of alcohol use in the past year followed by 35 and older and 12-17 year old age cohorts.
- 43.9% of Lucas County's 12-17 year old are estimated to have used alcohol in the past year.
- Prevalence of alcohol use in the past year among males is higher than the prevalence among females.
- 69.9% of Lucas County's Caucasians/others are estimated to have used alcohol in the past year. 64.9% and 59.7% of Hispanic and African-Americans in Lucas County are estimated to have used alcohol in the past year.

Table 5

Users of Alcohol in the Past Year – Lucas County**

Age	<u>NIDA National</u>	<u>NIDA Regional</u>
12-17	(40.3%) 15,460	(43.9%) 16,770
18-25	(82.8%) 42,030	(84.5%) 42,800
26-34	(80.9%) 63,240	(85.1%) 66,390
35+	(64.9%) 137,140	(69.4%) 146,280
SEX		
Male	(72.7%) 129,680	(76.9%) 137,100
Female	(63.8%) 128,190	(67.3%) 135,140
ETHNICITY		
African-American	(59.7%) 30,830	(59.7%) 30,830*
Hispanic	(64.9%) 7,080	(64.9%) 7,080*
Caucasian/Other	(69.9%) 219,960	(69.9%) 219,960*
TOTAL	(68.0%) 257,870	(71.9%) 272,240

*Regional Ethnicity estimates based on national estimates.

**These numbers represent use only and not abuse.

EXHIBIT VII

1993 ADAS BOARD OF
LUCAS COUNTY NEEDS
ASSESSMENT OF MARIJUANA

MARIJUANA

Detailed Findings:

- The prevalence of marijuana use in the past year for Lucas County is approximately 34,630 residents.
- The 18-25 age cohort has the highest prevalence of marijuana use in the past year.
- Prevalence of past year use for marijuana among males is significantly higher than for that of females.
- Of the three ethnic groups, African-Americans show the highest prevalence of marijuana use in the past year followed by Caucasian/other and Hispanics.

Table 6

Users of Marijuana Drug in the Past Year – Lucas County

Age	<u>NIDA National</u>	<u>NIDA Regional</u>
12-17	(10.1%) 3,860	(9.8%) 3,710
18-25	(24.5%) 12,430	(23.6%) 11,910
26-34	(14.4%) 11,250	(14.5%) 11,240
35+	(4.0%) 8,440	(3.8%) 7,770
SEX		
Male	(11.8%) 21,170	(12.0%) 21,570
Female	(7.3%) 14,810	(6.4%) 13,060
ETHNICITY		
African-American	(12.2%) 6,280	(12.2%) 6,280*
Hispanic	(8.7%) 940	(8.7%) 940*
Caucasian/Other	(9.2%) 28,760	(9.2%) 28,760*
TOTAL	(9.5%) 35,980	(9.1%) 34,630

*Regional Ethnicity estimates based on national estimates.

**PATTERNS AND TRENDS OF DRUG USE IN
MAHONING COUNTY, OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

JANUARY 2000

Doug Wentz, MA, OCPS II
And
Jerry Carter, M.Ed., LPCC, CCDCIIE

Prevention Partners Plus
307 E. Friend Street
Columbiana, Ohio 44408
(330) 743-6671
FAX: (330) 743-6672

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ABSTRACT

Qualitative data gathered from two focus groups conducted on January 21, 2000 was the source of information used to compile this report on patterns and trends of drug use in Mahoning County, Ohio. One group consisted of six current drug users (use in the last 30 days) who are in recovery and the other group consisted of five front line chemical dependency treatment professionals. Both groups perceived that powder cocaine use was widespread in the county across all socioeconomic classes, races and ages. It was reported that it is relatively common for young people to be given free powder cocaine as an introduction to further drug use. Crack cocaine use, again, appears to be very widespread. Crack houses are reported in the suburbs but there is still a perceived tendency for all kinds of folks to come to Youngstown to make purchases. Prices are varied depending, apparently, on how much money you have. Heroin use is reported to be on the upswing in Mahoning County. There was inference that the network for heroin distribution may be different than for cocaine and marijuana. Problems associated with successfully treating heroin addicts were described by both focus groups. Other opiates mentioned included Vicodin and the relatively recent occurrence of OXYCONTIN abuse. Marijuana is everywhere. Much of the high quality pot is reportedly hydroponically grown and not imported from other areas. Both focus groups reported little or no knowledge of amphetamine or methamphetamine use in these areas. Depressants (Valium, Atavan and Xanax) were most often cited. Almost no local use of barbiturates or other depressants was reported. LSD and mushroom use primarily by younger people was described in this process with respect to hallucinogens. There was a general perception that PCP use in this area is almost nonexistent. One treatment professional could not recall a case in the past five years. Treatment professionals referenced inhalant use by younger people. Alcohol is a constant as witnessed by the ODADAS generated exhibit titled Drug and Alcohol Abuse Treatment - Primary Drug Choice. Physician prescribed Ultram was presented as a relatively recent problem in Mahoning County.

INTRODUCTION

1. Area Description

Mahoning County, Ohio has a population of 264,806 (1990 census) which is down 8.5% from the 1980 census figure of 289,487. The largest city in the county is Youngstown. It is ringed by the suburban communities of Austintown, Canfield, Boardman and Poland. Other cities located along the Mahoning river valley include Struthers, Campbell and Lowellville. The remainder of Mahoning County's population lives in smaller towns and even some rural areas. The county is located in northeastern Ohio and its eastern boundary is contiguous with western Pennsylvania. According to 1996 figures, Mahoning County is 83% white and 16.4 % Black. 2.7 % of the population is Hispanic. The 1995 estimated median household income for Mahoning County was \$28,831 compared to \$33,958 for Ohio. (Ohio Department of Development) In 1995 an estimated 1 1.30% of the population was living in poverty and an estimated 18% of people under the age of 18 were living in poverty. (Ohio Department of Development) In 1990 an estimated 45% of the population of Youngstown under the age of 17 were living in poverty. (YSU Center for Urban Studies)

2. Data Sources and Time Periods

- Qualitative data were collected from two focus groups conducted on January 21, 2000. The number and types of participants are described in Table 1.
- Drug and Alcohol Abuse Treatment – Primary Drug Choice Mahoning County 1996-98 – Exhibits 1 & 2.

Table 1: Qualitative Data Sources.

Focus Groups		
Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
1/21/00	6	Recent Drug Users (last 30 days)
1/21/00	5	Chemical Dependency Professionals

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
0	0

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
2	11	0	11

DRUG ABUSE TRENDS

The following reflects opinions and information received from two focus groups:

1. Alcohol and other drug dependency treatment professionals and
2. Recent users of Alcohol and Other Drugs – Conducted on January 21, 2000

1. Cocaine

1.1 COCAINE

- *Availability* – Both groups seemed to indicate that they felt that powder cocaine was readily available throughout the area and that its use was relatively widespread. It was emphasized that the drug is just as available in suburban as well as urban settings.
- It is reported to be relatively common for younger people to get free cocaine as an introduction.
- *Quality and Type* – While reports indicated that quality was “good”, little information was garnered regarding “types” of powder cocaine.
- *Methods of Administration* – While there were some reports of injection (including combining it with heroin in “speedballing”), clearly the primary route of administration reported was inhaling i.e. “snorting”
- *User Population, Ethnic Differences, Youth Issues* – Reported use appears to cut across all socio-economic classes, races, ages and genders. Users (and ex-dealers) reported that it was common in their experience to see powder cocaine at suburban parties, which included “lawyers”, “judges”, “managers” and “professionals”. One respondent reported that she went to a party at the coach’s home after a suburban little league game and powder cocaine was available for guests in “every room” in the house. There was common agreement that users were increasingly younger.
- *Perceptions of use over time* – It was felt that the typical pattern was one of escalating use over time. It was also felt that snorting powder was often a precursor to escalation to the use of “crack” cocaine.
- *Treatment and recovery* – Users in general made the case for more treatment and less incarceration. Treatment professionals universally felt that there was not enough treatment of sufficient duration available to match the extent of the problem.

1.2 CRACK COCAINE

- *Availability* – As with powder cocaine, availability seems very widespread and access to purchasing crack cocaine is perceived as very, very easy. Again, it was perceived that the drug was equally available to people in the suburbs and the city. One professional talked about “crack houses” in Austintown (a western suburb). It was reported that, while at one time you might have to go to a crack house to get the drug, today you can drive down many streets in the city and dealers will come to your car and compete for your business. Users identified a street signal (arms raised and spread in a “touchdown” sign) that indicated that they had drugs for sale. Specifically, this sign along with the word “Yea” (a reported street name for crack cocaine) indicated that they have crack for sale. It was reported that many dealers will deliver, in the city and suburbs. Reportedly, you can make a phone call and a dealer will deliver crack (or other drugs) and anything else you want (a pizza, Pepsi, cigarettes, alcohol, etc. as long as you are buying the drug. Reported competition is keen and one focus group participant reported that a dealer murdered her son because he made a purchase from a different dealer.
- *Price*- Current crack prices are reported to be 46 cents per rock to \$18,000 per kilo. It was emphasized by many of the recent users that many dealers will sell crack for whatever money a buyer has on them. They will simply adjust the amount low enough to accommodate the money available. They will sell very small irregular pieces of crack (“Kibbles and Bits”) for low prices knowing that once you use you will go find money to come back for more. Again it was reported that dealers might give away crack to neophytes relying on the rapidity of the development of dependence to assure a regular paying customer within a short time. Treatment professionals also reported the exchange of sex for drugs among their clients.
- *Quality and type* – Several ex-users talked about the difference between “Yellow” and “White” crack. One reported that the “yellow” variety was much more potent, sometimes having an almost hallucinogenic effect on him.
- *Methods of Administration* – The primary method of administration remains smoking through use of a variety of pipes. Some (particularly younger people and early users) combine crack with marijuana (a “wooly”). Some reported combining it in the tobacco of cigars and cigarettes. A favorite vehicle for the latter is the use of “Black and Milds” (pipe tobacco in a cigar wrapper).
- *User populations, ethnic differences youth issues.* - Both focus groups said that the idea that crack was an urban drug while powder was more suburban was a myth. They both reported that crack users do not reflect any one demographic profile. By their report, African-Americans, Caucasians and Hispanics all tend to use crack in equal proportion. Professionals cited the growth of use among females saying that today there were not significant differences in use between genders. Both groups agreed that age of first use of crack seems to be getting younger and younger and that use in middle and even elementary school was growing. Overall use may have “plateaued” a bit in regard to growth but it is now very widespread in the view of the informants used in these focus groups.
- *Perceptions of use over time* – All emphasized insidious escalation of use over time.
- *Treatment and recovery* – Treatment professionals indicated that there were not enough resources for longer-term residential treatment necessary to effectively treat this population. They emphasized the need to remove crack cocaine users from the environment that provides such significant triggers for relapse. They felt that lower intensity interventions (very short-term residential care followed by intensive outpatient or partial hospitalization/day treatment), while effective for some, was not sufficient for most. They cited the need for more ½ way and ¾ way house treatment slots where people can be treated for months rather than weeks.

2. Heroin

- *Availability*- While not available from as many sources (dealers) as cocaine (powder and crack), it is clear from focus group reports that anyone who wants heroin can get it with relative ease both in urban and suburban Mahoning County. The dealer network for heroin is reported to be somewhat different than that for marijuana and cocaine.

- *Quality and Type*- No significant information was reported about quality or type of heroin used and available in this area.
- *Methods of Administration* – While many people still inject heroin, inhaling (snorting) it seems to be growing in popularity among many users (particularly newer and younger users).
- *User population, ethnic differences, youth issues* – Heroin use relative to prior periods seems to be on a bit of an increase. This is particularly true in young, white, more affluent populations. Heroin users are reported to see themselves as substantially different than cocaine users (seeing themselves as higher on some “hierarchy” of user groups).
- *Perceptions of use over time* – Growing tolerance leads to escalating use over time. As stated above, heroin use in general seems to be having an upsurge in the area, particularly among the newer populations cited, but still doesn’t compare with cocaine, marijuana and alcohol use.
- *Treatment and Recovery* – Both users and treatment professionals report a tendency for greater numbers of heroin users to leave treatment early (before completion of detoxification and treatment). It is strongly felt that a change in the detox protocols used in some local treatment programs may be necessary to better meet the needs of this population. It was reported that many insurance companies will not pay for opiate detox because it is not seen as a life threatening condition.

3. Other Opioids

- *Availability* – While the market for these drugs is reported to be smaller, it seemed clear that they were available for those who were interested.
- *Quality and Type* – The most frequently mentioned drug was Vicodin. A newer drug growing in use and availability seems to be Oxycontin. Since all of the drugs mentioned in this class are prescription drugs the quality is relatively high.
- *Methods of Administration* – Pills ingested orally.
- *User population, Ethnic differences, Youth issues* – The general impression given was that the user population for other opiates tends to be a bit older but no differences across gender or racial/ethnic lines was mentioned. Both focus groups reported that a special population within this group of abusers is those people with chronic pain who have become addicted to their opiate pain medication.
- *Perceptions of use over time* – By report, growing tolerance leads to increased use over time.
- *Treatment and Recovery* – While access to treatment is not itself an issue, the same problems noted above regarding heroin detoxification apply. Both focus groups cited the special problems in treatment and recovery for people with chronic pain.

4. Marijuana

- *Availability*- Use and availability (very easy access by report) is widespread in the city, suburbs and rural areas.
- *Quality and type* – While some dealers import the drug from other parts of the country (one Hispanic respondent talked about bringing it in from Texas and Arizona) much of the current marijuana product currently available is reported to be locally grown. There is great demand for “hydroponics”. Sophistication in growing methods is reported to have produced a much higher quality product. Respondents talked about the product being so strong that you could smell it across the room even when it was packaged in plastic.
- *Methods of Administration* – The sole method of administration reported was smoking. Treatment professionals talked about a culture of users who were very invested in the various pipes and “bongs” used to smoke marijuana. Many smoke it in “blunts” and again “Black and Milds” were mentioned (the Black and Mild is unwrapped, the pipe tobacco removed and replaced with marijuana before re-wrapping it in the cigar leaves).
- *User population, ethnic differences, youth issues*- Use is reportedly very widespread and that while use continues to grow in ever younger populations, it tends to cut across all ages, ethnic groups, genders and socio-economic classes. It is reported that there is a widespread myth that

marijuana is not addictive and therefore “safe”. Nonetheless, both focus groups reported that people do indeed become dependent, lethargic, and non-productive (one ex-user, ex-dealer talked about heavy daily use and the kind of lethargy and dependence it produced in him). They all talked about the tendency to progress from marijuana to other drugs.

- *Perceptions of use over time* – Along with alcohol, marijuana use (either current or in their past) seems to be a staple that precedes use of other drugs and often persists as people expand their use to other drug groups.
- *Treatment and recovery* – According to respondents, the biggest obstacle to recovery for many people seems to be the failure to identify marijuana use as part of the problem for users of other drugs. For example, they might see cocaine as “the problem” and but deny that use of marijuana is a problem. Return to use of marijuana post treatment then either starts them back on a path leading to return to use of their drug of choice or leading to development of a similar level problem with the marijuana itself.

5. Stimulants

5.1 AMPHETAMINE/METHAMPHETAMINE

Availability and User Population – Both focus groups reported that they had encountered very little use of amphetamines in this area in recent years. One respondent said that in his experience use was widespread in California but that he just didn’t see it in this area. This was confirmed by a 56-year-old female respondent who said that amphetamines had been her drug of choice in the 60’s and 70’s but that she neither used them currently nor was aware of much use locally.

6. Depressants

- *Availability* – Widely available.
- *Quality and Type*- Valium, Atavan and Xanax and other tranquilizers were the most often used depressants cited by the respondents to this survey. Almost no use of barbiturates or other depressants was cited.
- *Methods of administration*- Oral ingestion and injection were both reported
- *User population, ethnic differences, youth issues*- No significant differences across gender, age, race, ethnicity were cited. It was noted that cocaine users often use Valium or other depressants to manage the effects of their cocaine use.
- *Perceptions of use over time* – nothing of note cited.
- *Treatment and recovery issues* – the strength of dependence and the extended length of time for detoxification for depressant users was cited and noted.

7. Hallucinogens

- *Availability* –While widespread use was not reported, these drugs were perceived to be easily available for the relatively smaller population that uses them.
- *Quality and Type*- LSD and mushrooms primarily.
- *Methods of Administration*- Oral ingestion.
- *User population, ethnic differences, youth issues* – Generally reported to be used by a relatively younger more suburban population.

8. PCP

- *User Population* – Generally perceived by respondents as rarely used in this area. Treatment professionals said they couldn’t remember a case in the last 5 years.

9. Inhalants

- *User population* – While there was some reported use by adolescents some years back, current use is reportedly perceived as relatively rare.

10. Alcohol

- *Availability* – legal and readily available. Young people have easy access across the area. Lots of purchasing by young adults and others for adolescents was reported. Respondents cited easy access of purchase at inner city “Arab stores”.
- *User population, ethnic differences, youth issues* – Alcohol remains the primary drug of use and abuse. Use cuts across all gender, age, socio-economic, ethnic groups. Increasingly younger age of first use was reported.

11. Other Drugs

Ultram also known as Tramadol: Both focus groups were asked about this drug and the results were disturbing. One current user with many years of recovery stated that relapse began for her when a Physician prescribed Ultram even though he was aware of her recovering status. A treatment professional who is a nurse expressed concern that local physicians do not see any dangers associated with prescribing Ultram for Chemically Dependent patients.

CONCLUSIONS

Powder and crack cocaine continue to be readily available and widely sold and used in Mahoning County by people from all stratas of the community. If use is plateauing then the plateau is devastatingly high. The use of heroin is on the upswing and the people in both focus groups were concerned about the difficulties that addicts were experiencing with successful withdrawal/detox. One treatment professional was very concerned about the glamorization of heroin and subsequent use by young white females in this area. Alcohol and Marijuana continue to be ubiquitously utilized by residents of Mahoning County with a major issue being widespread denial of the severity of the consequences of use. Surprisingly, amphetamine and methamphetamine use was not identified by either focus group as a major problem in Mahoning County. The same was true for PCP. Inhalant use by youth was presented as a problem. The use of Ultram and Oxycontin was presented as a relatively new concern for Mahoning County. Detailed street drug pricing was not included in this report due to the somewhat vague answers given by the participants.

RECOMMENDATIONS

1. New Drug Trends; Continue to monitor the use of Ultram and Oxycontin in subsequent studies over the next six months.
2. Pricing: Conduct interviews and focus groups with a varied group of participants who can help to establish a more valid pricing structure for street drugs in Mahoning County.
3. Prevention: Target prevention efforts towards reaching younger children. Both focus groups reported that first age of use appears to be decreasing rapidly in Mahoning County. The glamorization of heroin and the universality of cocaine use needs to be considered along with long existent perceptions about the acceptability of alcohol and marijuana.

4. Treatment: Both groups stressed the need for more treatment and less incarceration. The treatment professionals cited the need for more in way and 3/4 way housing so that addicts could receive months of treatment versus weeks. Detoxification protocols as well as other treatment methodologies for heroin addicts should be studied and recommendations for enhancing success should be considered.

EXHIBITS

Exhibit 1: Drug and Alcohol Abuse Treatment – Primary Drug of Choice – Mahoning County

Exhibit 2: Drug and Alcohol Abuse Treatment – Primary Drug of Choice – Mahoning County

Exhibit 1
Drug and Alcohol Abuse Treatment
Primary Drug of Choice
Mahoning County

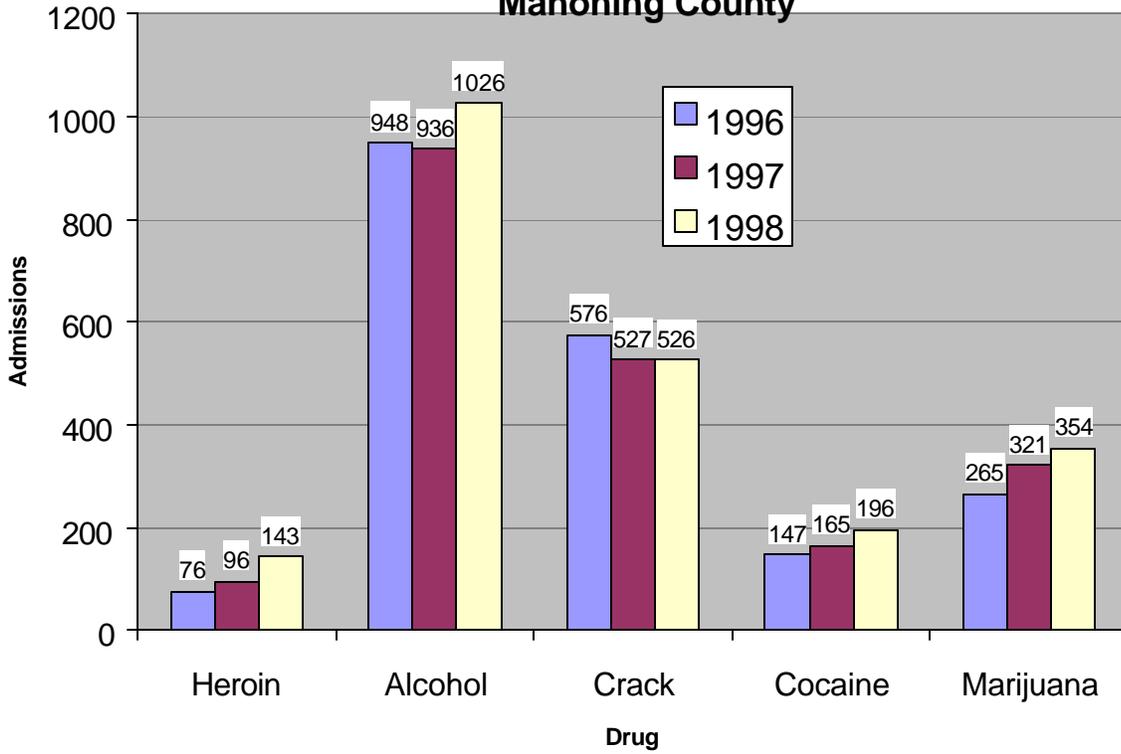
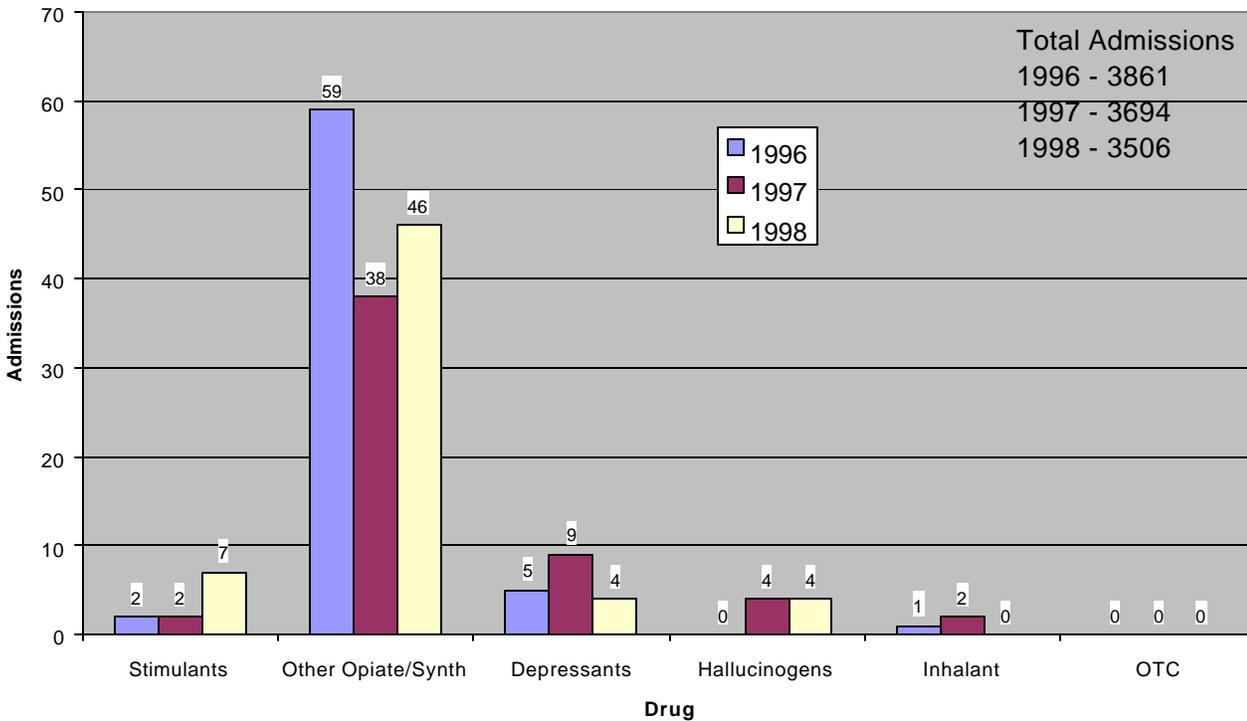


Exhibit 2
Drug and Alcohol Abuse Treatment
Primary Drug of Choice
Mahoning County



APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	$\frac{1}{8}$ ounce	$\frac{1}{4}$ ounce	Ounce
Akron	\$100	NR	NR	\$800-\$1200
Columbus	NR	\$150-\$250	NR	\$1000
Cleveland	NR	NR	NR	NR
Dayton	NR	\$100	\$175-\$300	\$800-\$2000
Lima	NR	NR	NR	NR
Rural Northeast	\$40 ($\frac{1}{8}$)	NR	NR	NR
Toledo	NR	NR	NR	NR
Youngstown	NR	NR	NR	NR

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	$\frac{1}{8}$ ounce	$\frac{1}{4}$ ounce	Ounce	Kilogram
Akron	\$100	\$250	NR	\$700	\$24,000-\$28,000
Columbus	\$50-\$100	\$75-\$150	NR	\$200-\$500	NR
Cleveland	NR	NR	NR	NR	NR
Dayton	\$50-\$100	\$250-\$300	NR	\$1000	NR
Lima	NR	NR	\$25	\$1000	NR
Rural Northeast	NR	NR	\$50-\$60	\$1100-\$1700	NR
Toledo	\$200	\$125	NR	\$1200	NR
Youngstown	NR	NR	NR	NR	NR

DRUG PRICE TABLE 3: HEROIN

	Gram	$\frac{1}{8}$ ounce	Ounce
Akron	\$900	NR	NR
Columbus	\$250	NR	\$3000
Dayton	\$150-\$250	NR	NR
Lima	\$350-\$400	NR	NR
Toledo	NR	\$175	NR

DRUG PRICE TABLE 4: MARIJUANA

	Pound	¼ ounce	Ounce
Akron	\$800-\$1500 \$3000-\$5000 (high quality)	NR	\$150-\$400
Columbus	NR	\$25-\$50	\$80-\$150
Dayton	\$1250 \$2400 (high quality)	NR	\$150
Lima	\$1000 (low quality)	NR	\$400-\$450 (hydroponic)
Rural Northeast	NR	\$60	NR
Toledo	\$3000 (high quality)	\$35-\$50	\$250-\$400

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Demerol	Vicodin	Dilaudid	Valium	Oxycontin	Viagra	Xanax
Akron	\$5	\$5	\$5	\$45	\$1	\$10	\$20	\$1
Columbus	NR	NR	\$5-\$7	\$25 /4 mil	\$3-\$4	NR	NR	\$2
Rural Northeast	NR	NR	\$5-\$10	NR	\$5-\$10	NR	NR	\$5-\$10
Toledo	NR	NR	NR	\$25-\$50 /4 mil	NR	NR	NR	NR

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Methamphetamine	Ecstasy	LSD	Ketamine
Akron	\$100-\$300 gram	\$25-\$50 /pill	\$2-\$3 /hit	
Columbus	\$30-\$50 gram	\$5-\$45 /pill	\$10 /hit	\$20-\$40 gram
Lima	\$100-\$125 gram	NR	NR	NR
Rural Northeast	\$100 gram	NR	\$3-\$10 /hit	NR
Toledo	\$20 /rock \$1000-\$1300 ounce	NR	NR	NR