



The **Ohio Substance Abuse  
Monitoring Network**

June 2000 – January 2001

Meeting Four  
February 9, 2001

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



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

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In Collaboration with  
**Wright State University** & **The University of Akron**

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No. 270-97-7033 (State Demand and Needs Assessment: Alcohol and Other Drugs).

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

**THE OHIO SUBSTANCE ABUSE MONITORING NETWORK**

**JANUARY 2001**



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

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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**

June 2000 - January, 2001

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No. 270-97-7033 (State Demand and Needs Assessment: Alcohol and Other Drugs)*

## Abstract

*Crack Cocaine, Marijuana, Methamphetamine and alcohol remain the commonly abused substances in the Akron and Canton area. The prevalence of crack cocaine is relatively unchanged; however, there continue to be new user groups emerging. Specifically, an increase in white, professional male/female individuals over the age of thirty are using crack cocaine. Marijuana remains the most common drug used within the region, often utilized in conjunction with alcohol and other drugs, particularly with the adolescent population. New user groups of youth abusing heroin, hallucinogens and “club drugs” (“Ecstasy”, “Special K”, “crank”) continues to increase. Prescription drugs that are commonly being abused are Vicodin, OxyContin, Demerol and Dilaudid. Over-the-counter drugs such as Tylenol P.M. and cold medicines is also reported. Treatment challenges continue to exist for all of the drugs mentioned – especially heroin, crack cocaine and prescription drugs. These challenges include reimbursement, lack of residential treatment programs and availability of intensive treatment programs. Furthermore, multigenerational abuse among families is also becoming increasingly apparent to treatment providers and users.*

## INTRODUCTION

### 1. Area Description

Akron, Ohio is a city of approximately a quarter million people located in Summit County in northeast Ohio. Approximately 74% of Akron’s population are white, 24% are African-American and 2% are other ethnic groups. Summit County is inhabited by approximately half a million people. Of these, 87% are white, 12% are African-American 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 the age of 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% African-American and 1% are other ethnic groups. Stark County is inhabited by approximately 370,000 people. Of these, approximately 92% are white, 7% are African-American 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 live in poverty, and approximately 16% of all children under the age of 18 live in poverty. Approximately 25% 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 three focus groups and one individual interview conducted in November, December, 2000 and January, 2001. The number and type of participants are described in Table 1 and 2.
- **Alcohol and drug abuse treatment admission data** are provided by the Ohio Department of Alcohol and Drug Addiction Services for the state of Ohio and each specific county.

**National statistics** are available from the Treatment Episode Data Set (TEDS) 1992 -1997 provided by SAMHSA.

**Availability, price and purity data** are available through the Stark and Summit Counties Sheriff's Department and local suburban police/sheriff departments for January, 2000 through September, 2000.

**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 workers, etc.)
12/05/00	7	Active Users, Treatment Providers
1/09/01	7	Active Users, Treatment Providers
1/09/01	7	Active Users, Treatment Providers

**Individual Interviews**

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
1/16/01	Medical Director of a large, multi-service community health agency located in Akron, Ohio

**Totals**

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	21	1	22

**Table 2: Detailed Focus Group/Interview Information**

January 16, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
R	51	Arab-American	Male	Twenty-seven years in behavioral health medicine with a specialty in chemical dependency. Medical Director of large, multi-service community mental health agency servicing clients in the Akron and surrounding areas.

Recruitment procedure: *The participant above was recruited through a previously established contact with the Executive Director of the Summit County Mental Health Boards. This individual was recommended for*

participation in Substance Abuse Trends of adults because of his expertise in chemical dependency treatment issues.

December 5, 2000

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
C	26	White	Male	Active drug user. Primary drug of choice is marijuana and methamphetamines.
T	52	White	Male	Twenty-five years experience in Behavioral Health - both chemical dependency, mental health and forensics. Registered Nurse.
M	37	White	Male	History of alcohol abuse with "dabbling" in drugs – has been in and out of treatment programs for past seven years.
J	21	White	Male	Active drug user. Primary drug of choice is Heroin. Past history of dealing extensively marijuana – incarcerated for robbery to support habit and possession.
D	34	White	Male	Active drug user. Primary drug of choice is prescription medications.
B	36	White	Male	Active drug user. Primary drug of choice is alcohol and cocaine.
D2	42	White	Female	Treatment counselor for past seventeen years.

Recruitment Procedure: *The seven participants listed above were recruited through a contact with a Summit County behavioral health facility. The nurse liaison asked the treatment providers to identify appropriate candidates for participation.*

January 9, 2001

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
D	37	White	Male	Active user of alcohol, cocaine and marijuana.
S	48	White	Male	Active user of alcohol, cocaine.
T	34	Hispanic	Male	Recovering addict of heroin.
J	51	White	Male	Active user of crack cocaine. Long history of dealing drugs throughout many states. Has been incarcerated in past for possession and robbery.

G	38	White	Male	Active user of crack cocaine. Has been sober for past seven months.
L	44	White	Male	Recovering addict, treatment provider.
T2	53	White	Male	Treatment provider

Recruitment procedure: *The participants above were recruited through a contact with a mental health facility that offers chemical dependency services. Treatment providers requested volunteers for participation.*

January 9, 2001

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
Denise	43	White	Female	Treatment providers for past seventeen years.
P	20	White	Male	Active user of marijuana and alcohol. Has been incarcerated for possession of marijuana. Has been using drugs since 16 years of age.
D	21	White	Male	Drug abuser. Primary drug of choice is cocaine.
J	21	White	Male	Active user of marijuana and cocaine. Has been in and out of treatment programs for past 3 years.
T	51	White	Male	Treatment provider.
R	46	White	Male	Active user of alcohol. DWI repeat offender.
J2	20	White	Male	Active drug user of marijuana and alcohol. Has recently been diagnosed with a cognitive deficiency due to past usage of marijuana laced with PCP and acid.

Recruitment procedure: *The four participants above were recruited through a treatment program offered for males with a past history of incarceration and/or involvement with social service agencies.*

## DRUG ABUSE TRENDS

### 1. Cocaine

#### 1.1 CRACK COCAINE

Crack cocaine remains the predominant drug of choice with drug users residing within Stark and Summit Counties. Cocaine in the form of crack vs. powder is the most popular form being utilized. Low cost, availability and ease of use are the most common reasons verbalized for crack cocaine's continued high rate of utilization amongst user groups. The price of crack cocaine varies, depending on the quality and purity of the drug, relationship with the dealer and location of the purchase – the cost of a rock in Stark County averages approximately \$15, where the cost of a rock in the Akron area is a bit higher at \$20.

*... When I was 24 and someone introduced me to powder, I loved it! It made me feel invincible. Someone tuned me on to rock about a year later and I couldn't find rock anywhere – I had to go down into the bowels of Akron to find rock – now, you pretty much can find it anywhere, as long as you don't mind paying extra for it – just knock on your neighbor's door...*

Crack cocaine crosses both genders, race/ethnicity and age groups. Participants report that more younger females and elderly individuals (45 years old and up) are abusing crack cocaine. Many of the young females turn to prostitution to support their crack habit (“strawberries”) and it is not uncommon to see several “strawberries” patrolling the street around known dealer locales in broad daylight. Treatment providers and drug abusers/dealer report a continuing increase among male/female professional clientele – physicians, attorneys, law enforcement personnel and successful business entrepreneurs. Treatment providers, active users and dealers report that many individuals travel to Akron from the surrounding suburban areas such as Medina, Green and Hudson to buy crack cocaine.

*... I go to a certain person in a house and you get a better price. On the street, it's \$15 to \$20 a rock. I'll go to my guy and I spend a lot of money with him. Instead of five or six rocks for \$100, I'll get 10 ... Someone turned me onto crack and I was off and running. I lost houses. What surprises me is that there are a lot more women addicted to this stuff. Now, I'm seeing strawberries everywhere – If ever I go down to the 'hood and say I need crack and affection, it's readily available...*

The treatment issues associated with crack cocaine remain – specifically, minimal residential treatment is available, lack of treatment programs directed primarily towards cocaine addiction, and a complete lack of treatment for the financially disadvantaged and indigent abuser. Many treatment providers stated that crack cocaine is becoming an issue with adolescents and treatment programs geared specifically toward the young user groups.

Exhibits 2 and 6 provide the (1997) national and (1999) Ohio adult treatment admissions data for comparison to Summit and Stark County (1999) treatment admissions data. Summit County reported that 14% of treatment admissions represented crack cocaine as the primary drug of choice. Stark County reported that 10.4% of treatment admissions represented crack cocaine as the primary drug of choice. Exhibits 2 and 6 illustrate the nation at 1.4% and the state of Ohio at 14.1% for crack cocaine treatment admissions as primary drug of choice.

## 1.2 COCAINE HYDROCHLORIDE

Participants report a decrease in the prevalence of cocaine hydrochloride use related to the continual popularity of crack cocaine and the higher cost of powder cocaine. The price of powder cocaine is relatively stable – a gram sells for approximately \$100 – 125, with a higher cost reported in the suburbs. Active users and dealers report an increase in the use of powder cocaine amongst the dealer groups. All participants reported that utilization is down in accordance with the reported poor quality of powder cocaine on the street.

*... It's basically just a matter of supply and demand – people are more interested in crack these days ... people are still buying it, but the quality is so damn bad – it's been stepped on all over – the quality has gone down because of greed ... But people still buy it, if they can't find it, they just go further and further out into the suburbs – you can get whatever you want, you just have to know who to ask...*

## 2. Heroin

Next to alcohol and crack cocaine, heroin is the drug of choice for users in the Akron/Canton region. This popularity is attributed to availability and low cost, improved quality and potency leading to a much more pleasurable “high.” Most common users are African-American males in their mid-late thirties and a younger population of 25 years and older.

*... Heroin is everywhere – it is out there, even in the suburbs, it just might take a bit of calling ... In the suburbs, you might have to wait awhile for it. It was not a problem, it is out there and it is scary ... You can't move away from it, you just can't move far enough away ...*

Heroin is readily available in the Akron/Canton region. Heroin is commonly sold in bundles (ten hits/“bags” to a bundle) and sells for approximately \$250 – although many ‘discounts’ can be obtained through dealer/seller recognition and purchasing bulk amounts. The most popular method of administration is smoking with several participants stating that they have seen an increase in intravenous usage of heroin.

*... The price has really dropped – years ago, it used to be \$175 a gram – that was back in the early '80's. I can get bundles for \$10 a piece, and a bundle for \$90 ... the quality has actually gotten better over the years*

Heroin usage among a younger population continues to increase. Participants verbalized that this may be due to the availability of the drug, ease of usage, relatively low cost and less of a stigma associated with heroin versus a “crackhead.”

*... Teenagers and early twenty year olds are using heroin ... Most people I know snort it, but I know of a lot of people who are starting to shoot it up ... I think it's more heavily concentrated in the black community and with male Hispanics. It's also real bad in the white population ... I don't think you see elderly people doing it because there aren't a lot of old junkies around...*

### **3. Other Opioids**

Opioids currently popular in Stark and Summit County are Dilaudid, Vicodin, OxyContin and Demerol. Prescription addiction is expensive, with the cost ranging from \$5 to \$45 per pill and higher, depending on the class of drug. The most popular method of procurement remains through the medical profession and medical system – e.g. repeat trips to the local emergency room, prescriptions from dentists and physicians, utilizing prescriptions from elderly parents, siblings and friends. Primary users of prescription drugs continue to be predominantly women in their early thirties, often times used in conjunction with alcohol. The second most popular user groups are white males, ages 35 and older.

The 1999 treatment admissions data for Summit and Stark County report similar trends in treatment admissions for heroin/other opiates as a primary drug of choice. Summit County reported 2% of their treatment admissions as representing heroin/other opiates as the primary drug of choice, while Stark County reported 2.1% of their treatment admissions for heroin/other opiates as the primary drug of choice. The 1997 national treatment admissions data reported that 20.8% of admissions represented heroin/other opiates as the primary drug of choice. The 1999 state of Ohio treatment admissions data reported that 5.6% of admissions represented heroin/other opiates as the primary drug of choice. These results demonstrated that Summit and Stark County are lower in treatment admissions of heroin/other opiates as the primary drug of choice. (Exhibits: 2 and 6)

### **4. Marijuana**

Treatment providers state that marijuana is the most readily available drug in the Akron/Canton area,

often used in conjunction with alcohol and other drugs. Both treatment providers and users state that users do not feel that marijuana “is really a drug.” Due to this perception of marijuana as a ‘recreational drug’ similar to alcohol, treatment is not actively pursued.

Participants reported that marijuana can be found “everywhere that you look” – the cost remains relatively stable at \$50-\$60 an ounce, depending on the location, the dealer and the quality. Users reported an increase in “homegrown” and “hydroponic” marijuana being sold. Treatment providers report that almost all adolescents seen in treatment have a history of smoking marijuana. Combining marijuana with other drugs such as PCP and crack cocaine, rolled into a cigar casement (“Primos”, “Blunts”) remains very popular with younger users.

*... users are getting younger – twelve, thirteen years old. I’ve known even younger kids ... It’s so available ... if you want some weed that’s good, it can probably run you about \$50 for an eighth. If you want old commercial stuff, you’ll pay about \$30 an eighth ... the good stuff is “green”, it’s hydroponic ... the guy who has pot has other things too – that’s why it leads to the hard stuff...*

The 1999 Summit County treatment admissions data report that 16.8% of admissions are for marijuana/hashish as the primary drug of choice. Stark County treatment admissions reported 18.5% admissions for marijuana/hashish as the primary drug of choice during 1999. In comparison, the 1997 national drug treatment admissions reported 11.2% of admissions for marijuana/hashish as the primary drug of choice, while the state of Ohio reported 19.4% of admissions for marijuana/hashish as the primary drug of choice during 1999. (Exhibits: 1 and 5)

## 5. Other Drugs

All participants reported that use of hallucinogens (LSD, mushrooms) has increased with younger users particularly at Raves. Furthermore, Ecstasy was also reported on the rise with youth, adult gay men and college students. The average cost ranges from \$20 - \$50 per pill and is readily available in local bars and rock concerts. Participants also discussed the popularity of GHB and the current practice of “home manufacturing” the drug with individuals obtaining the “recipe” off of the Internet. Steroid abuse, crank and ketamine (Special K) were also reported to be popular, primarily amongst younger users.

## CONCLUSIONS

Alcohol, crack cocaine, heroin and marijuana remain the most commonly abused drugs in the Summit and Stark County area. Alcohol and marijuana use is so widely practiced and accepted that both are not considered to be chemical substances by drug users. Heroin and crack cocaine crosses both genders, race/ethnicity and age groups. A new user group consisting of white, urban, professionals has emerged amongst crack cocaine users. Heroin continues to be popular among younger users (ages 17 –25), due to easy availability, relatively low cost and pleasurable high that is associated with heroin.

The “club drugs” continue to enjoy increasing popularity among the areas younger population. Ecstasy remains the primary hallucinogen being utilized and is readily available at the local entertainment districts. Marijuana is present in all schools, including the elementary schools in the area. Abuse of prescription drugs is reported to be on the increase with white males.

A myriad of treatment barriers continue to exist for all the drugs discussed. Detoxification programs are primarily available only if an individual is in physical distress (i.e., heroin or alcohol withdrawal) and are very limited, in terms of availability, location and length of stay. Reimbursement issues remain a tremendous challenge for the majority of users in terms of seeking treatment.

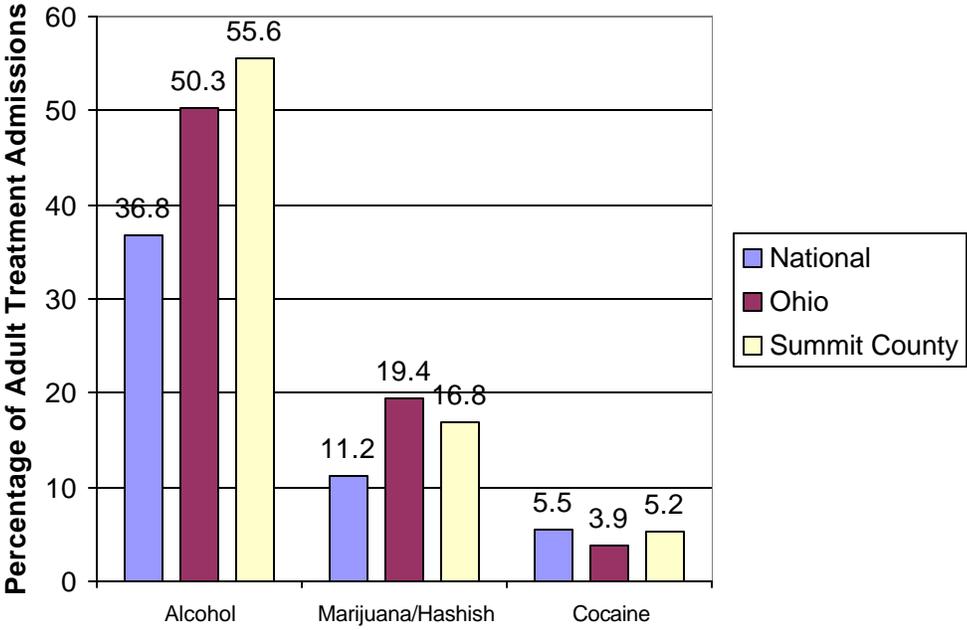
## **Recommendations**

- **Residential treatment programs are desperately needed for addiction treatment, following intensive inpatient and in conjunction with outpatient treatment. Transitional housing should be available for individuals recently experiencing sobriety for at least a period of 90 days. Furthermore, treatment programs must consider incorporating some type of “mainstreaming” of recovering addicts into society in an effort to reduce the rate of recidivism.**
- **Prevention programs aimed at both younger populations and new user groups that consist of the elderly, and urban professionals need to be designed and implemented.**
- **The issue of multi-generational use amongst families needs to be addressed in both prevention and treatment programs.**

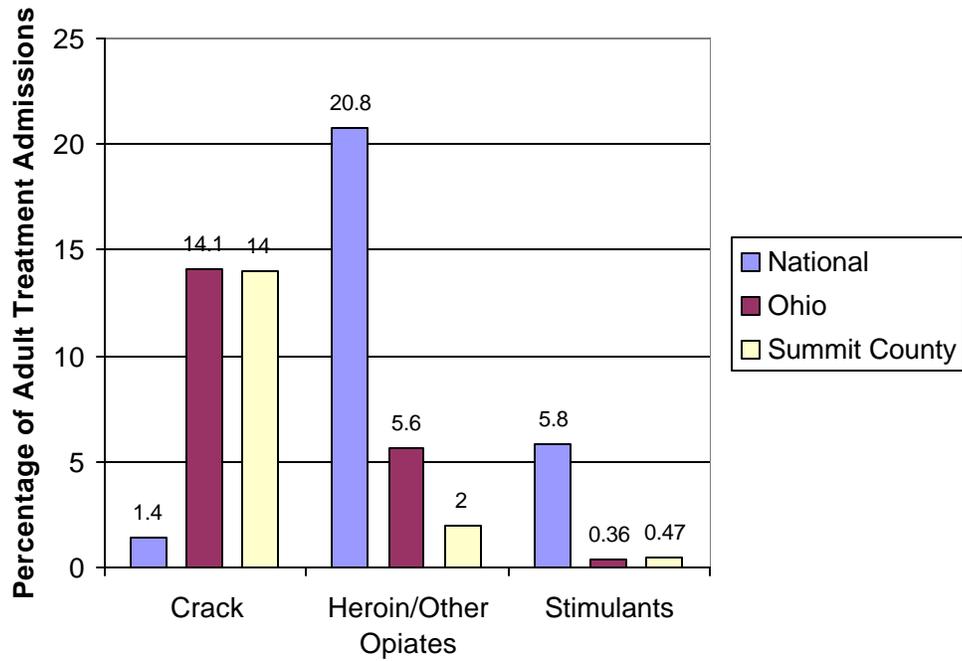
## **Exhibits**

- Exhibits (1 – 4) compare national, Ohio and Summit County adult treatment patient’s primary drug of abuse. National data is for 1997, State of Ohio and Cuyahoga County data is for 1999. Statistics were provided by the State of Ohio Department of Drug Addiction Services, Alcohol and Drug Client Data System.
- Exhibits (5 – 8) compare national, Ohio and Stark County adult treatment patient’s primary drug of abuse. National data is for 1997, State of Ohio and Cuyahoga County data is for 1999. Statistics were provided by the State of Ohio Department of Drug Addiction Services, Alcohol and Drug Client Data System.

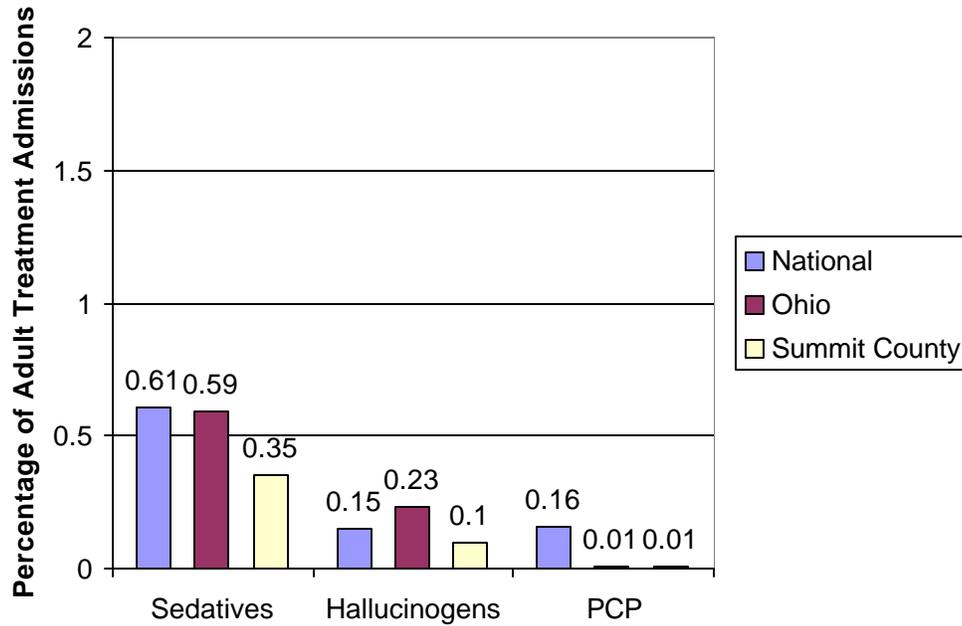
**Exhibit 1: National, State of Ohio, and Summit County Adult Treatment Patient's Primary Drug of Abuse**



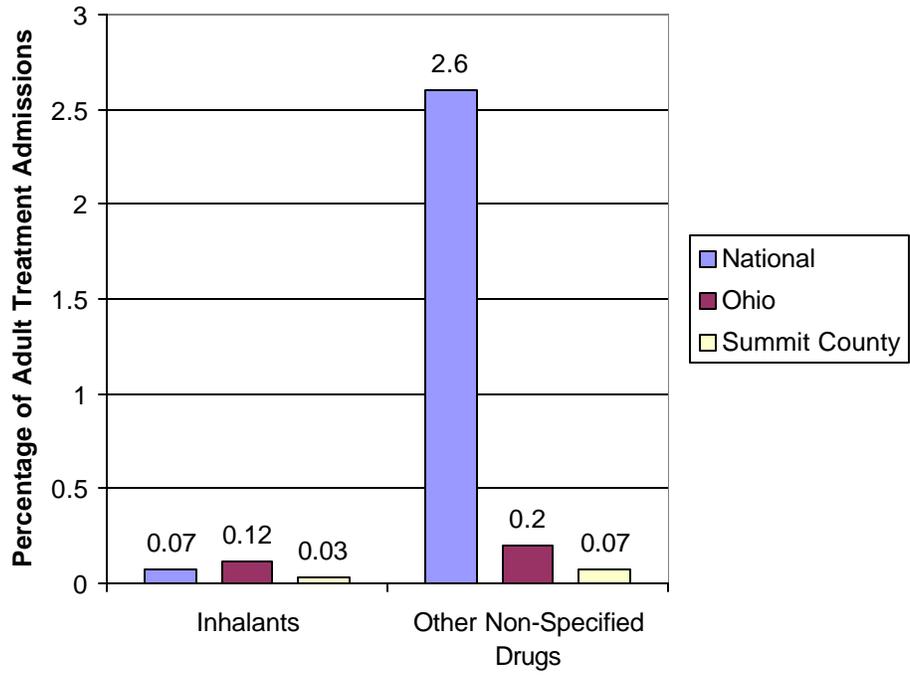
**Exhibit 2: National, State of Ohio, and Summit County Adult Treatment Patient's Primary Drug of Abuse**



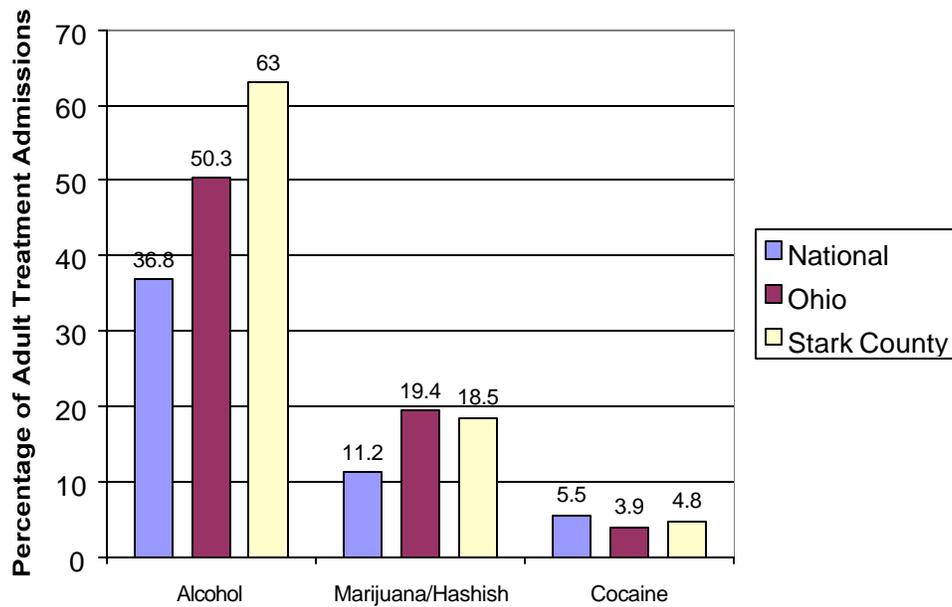
**Exhibit 3: National, State of Ohio, and Summit County Adult Treatment Patient's Primary Drug of Abuse**



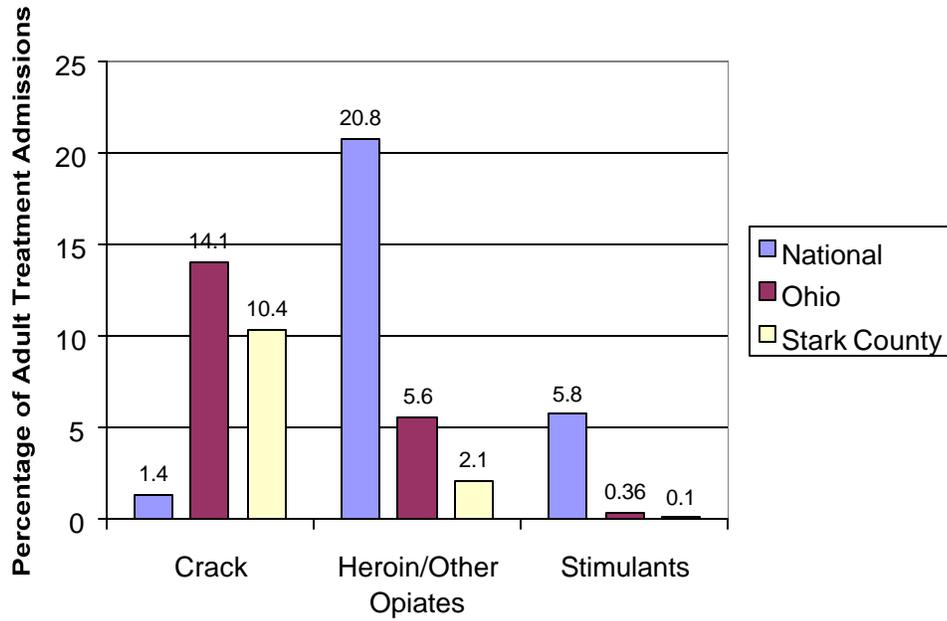
**Exhibit 4: National, State of Ohio, and Summit County Adult Treatment Patient's Primary Drug of Abuse**



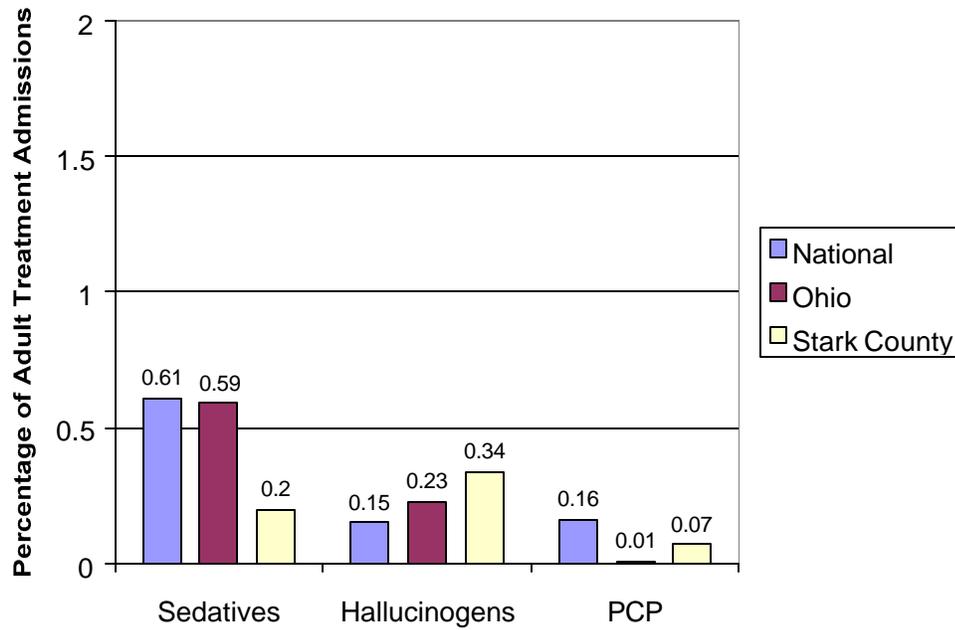
**Exhibit 5: National, State of Ohio, and Stark County Adult Treatment Patient's Primary Drug of Abuse**



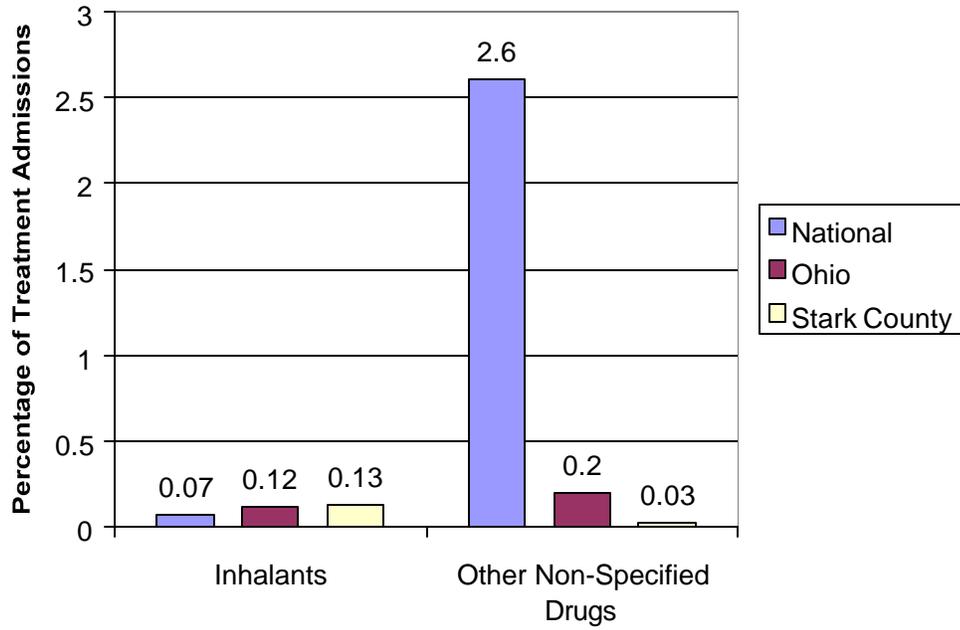
**Exhibit 6: National, State of Ohio, and Stark County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 7: National, State of Ohio, and Stark County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 8: National, State of Ohio, and Stark County Adult Treatment Patient's Primary Drug of Abuse**



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

JUNE 2000 - JANUARY, 2001

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## Abstract

*The misuse, abuse and diversion of Oxycontin-R constitutes a significant problem, which must be addressed in a rational and measured manner. The crux of the problem is that tighter controls on the drug will mean that patients in pain who, now by the criteria established by the Joint commission on the Accreditation of Hospitals (JCAHO), deserve to have their pain adequately treated will not receive a safe and effective drug, i.e. Oxycontin-R. The solution to this two-headed dragon of a problem is simultaneous aggressive law enforcement, and education of physicians and all health professionals about the appropriate use of analgesics. Communication between health professionals and pharmaceutical diversion investigators is an important aspect of the solution to this multi-faceted problem.*

*The Internet websites continue to propagate the myth that the main risk of MDMA is dehydration. The main risks are hyperthermia, tachycardia, convulsions, hypertension, irrational dangerous behavior, damage to serotonergic nerves and death. All these effects are caused by MDMA, not dehydration.*

## 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 1999 annual report is enclosed
- **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 on the street each year who are currently using drugs.

**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.)
None		

**Individual Interviews**

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

**Totals**

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

**Table 2: Detailed Focus Group/Interview Information**

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
N/a				

**DRUG ABUSE TRENDS**

**1. Cocaine**

Overall, cocaine is readily available. 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 benzocaine, procaine, xyloacaine, lodocaine, or other local anesthetics. Unfortunately, all of these other local anesthetics are toxic. Crack is smoked in pipes or other devices suited for heating and vaporizing the drug. The practice of injecting crack is rare to nonexistent in Cincinnati. Crack use is associated with prostitution and low-level gang behavior.

**1.1 CRACK COCAINE**

Crack cocaine continues to be an important item of street commerce in Hamilton County. The supply is plentiful. It is sold for \$5, \$10, \$20, \$50 or \$100 for about a gram of material. The material typically contains some cocaine in the base form along with other cuts, fillers and substitute local anesthetics. Crack cocaine is almost always smoked.

**1.2 COCAINE HYDROCHLORIDE**

Cocaine powder (cocaine hydrochloride) is available, but not as plentifully as crack. The use pattern tends to be in the middle to upper SES white population. The price tends around \$100/g.

The socio-economically-defined patterns of cocaine and crack use continue to be quite clear and remarkable.

## **2. Heroin**

Heroin is sporadically available. It tends to come into the area in batches. It is usually Mexican brown, but some black tar is seen and occasionally more pure white powdered material. The percentage ranges widely from 5 to 50 percent. Most is on the low percentage end. The price is high. The minimum is \$20, with \$50 to \$100 needed for a higher quality bag. Availability is irregular.

The supply of heroin in Cincinnati continues to be among the poorest in the Midwest. The reasons for this are many. Narcotic 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. A few batches of relatively high quality heroin reached the streets of Cincinnati in the past six months. The heroin supply seems to be on the rise, but lags most other cities in the United States.

## **3. Other Opioids**

Cincinnati's distinction as a "Pill Town" continues. 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. In this six-month period the abuse of "Oxy" (Oxycontin-R) has become more problematic. Dr. Nelson has been interviewed by U.S. News and World Report (Feb. 12 2001), The Wall Street Journal (January), The Cincinnati Post, The Cincinnati Enquirer, The Dayton Daily News, and two other newspapers regarding the abuse of Oxycontin-R. The crux of the problem is that Oxycontin-R is an important safe and effective analgesic when used appropriately. At the same time there are those who abuse the drug and divert it from legitimate pharmaceutical channels, and rob pharmacies to obtain the drug.

## **4. Marijuana**

Marijuana continues to be regularly and continuously available. The sources are multiple and include: homegrown, hydroponically grown, wild crops, Mexican, Jamaican, and Columbian. The percentage THC is typically 3 to 10 percent in most of the street product. The price varies from \$150 to \$250 per ounce and up depending on the perceived quality of the product.

Hashish is not as available as marijuana, but its availability is relatively steady. The price varies around \$50/g. The source varies, but most comes from the Middle East, Jamaica, and Mexico. Hash oil is also available sporadically. It sells for \$100/5g.

Hashish is smoked by itself in a hash pipe. Hash oil is smoked on marijuana or smoked on tobacco.

## **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. In the past six months methamphetamine has become much more available on the street. It is manufactured from pseudoephedrine using organic chemical synthetic methods, which are widely available on the Internet.

Local police and law enforcement have confiscated numerous laboratories and arrested numerous people for the manufacture of methamphetamine. The methamphetamine is usually snorted up the nose like cocaine. Cases of methamphetamine dependence are working their way through the criminal justice and chemical dependency treatment systems. The violence and criminal activity associated with methamphetamine abuse is on the rise.

Look-alike drugs are widely available. These drugs contain phenylpropanolamine, 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 as a gateway drug and drug of second choice, almost exclusively among adolescents.

The advent of ICE (a smokeable form of methamphetamine) has not, as of yet, become a major problem in Southwest Ohio. Careful attention must be paid to the law enforcement and prevention aspects of this potentially dangerous drug abuse pattern.

Methylphenidate (Ritalin) continues to be both a useful medication for the treatment of Attention Deficit Disorder (ADD) and Adult Attention Deficit Disorder (AADD). The drug is diverted from legitimate pharmaceutical sources and abused orally or snorted to produce a stimulant high. Methylphenidate is seldom the "drug of choice" for anyone. Its use is mostly adolescent and opportunistic.

## **6. Depressants (Sedative Hypnotics and anxiolytic sedatives)**

Depressants (Sedative Hypnotics) all prescription sedative hypnotics and anxiolytic sedatives of the benzodiazepine and GABA agonist variety continue to be abused. Of the benzodiazepines, Xanax continues to be the "drug of choice" among benzodiazepine abusers. The drugs are often taken with alcohol, which exponentially increases their overdose and addictive danger. Carisoprodol (Soma-R) continues to be sought out as a drug of abuse.

The abuse of depressants occurs for its own sake and as a way to come down from stimulants, (e.g., Crack, Crank methamphetamine, etc.). Among the benzodiazepines, "downer" users prefer Xanax-R. 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 Hamilton County are:

1. LSD, readily available at doses 25 to 75 micrograms, typically as “blotter acid,” or “window panes.” Psilocybin is available as “Shrooms” which is dried psilocybe mushrooms or regular mushrooms with LSD added.
2. Mescaline and Peyote continue to be rare and expensive.
3. MDMA and MDA are readily available. The drugs are widely available and most often used at RAVE parties by people in there twenties. There is also considerable use of MDMA and MDA by the gay community. Unfortunately, these drugs are neurotoxic to serotonergic neurons.

The Internet through the [www.dancesafe.com](http://www.dancesafe.com) website continues to propagate the myth that the main risk of MDMA is dehydration. The main risks are hyperthermia, tachycardia, convulsions, hypertension, irrational dangerous behavior, damage to serotonergic nerves and death. All these effects are caused by MDMA, not dehydration. Dance safe is the blind, although well intended, leading the blind.

## **8. Inhalants**

Inhalant abuse causes 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 continues to be 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 there 20’s tend toward distilled spirits as do more affluent heavy drinkers. High percentage beers and ales continue to be available in large 40-ounce bottles, which are marketed heavily in the inner city area.

## CONCLUSIONS

Two disturbing trends, which have heavily impacted Southwest Ohio in the past six months, are the explosion of methamphetamine laboratories and the strong growth of the abuse of Oxycontin.

Methamphetamine manufacture presents dangers from the use of dangerous chemicals by untrained would be chemists, and from the addiction, violence, and crime caused by methamphetamine

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). The misuse, abuse and diversion of Oxycontin-R has emerged as a major addiction, law enforcement, and pain treatment medical issue.

## RECOMMENDATIONS

The misuse, abuse, and diversion of Oxycontin-R must be addressed through health professional education regarding appropriate treatment of pain (medicine is currently doing a poor job of treating pain). The Joint Commission on the Accreditation of Hospitals has recently issued a patient's bill of rights regarding the right to adequate treatment of pain. Health professionals must know how to treat pain and be allowed to do it. The approach of tightening controls on Oxycontin is not the solution.

Health professionals must be made aware that Oxycontin-R is sometimes abused and has abuse potential. Health professionals must learn to work with law enforcement to stop the diversion of Oxycontin-R from illegitimate channels.

Law enforcement must understand that there are some patients who need large doses of narcotics for long periods of time, and that such prescriptions are in the best interest of the patient and society.

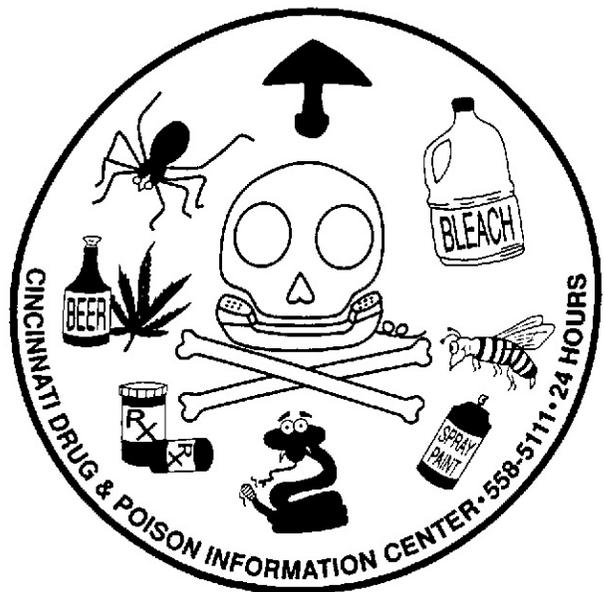
Health professionals and law enforcement must work together to solve the two severe problems, which exist simultaneously of inadequate pain relief and the misuse, abuse and diversion of Oxycontin-R

The problem of the illegal manufacture of methamphetamine must be addressed at the level of law enforcement, and at the level of community organization. The realization that illegal laboratories constitute a fire and explosion hazard may help in this regard. The second aspect of addressing the methamphetamine problem is to get the word out that "SPEED KILLS." Methamphetamine causes strokes, convulsions, cerebral bleeds, and violence and increases violent crimes. Everyone has an interest in decreasing illegal methamphetamine use.

## EXHIBITS

# *CINCINNATI* **DRUG & POISON INFORMATION CENTER**

## **1999 ANNUAL REPORT**



### **Community Services Also Supported By:**

Hamilton County Alcohol & Drug Addiction Services Board, Ohio Department of Health, University of Cincinnati Medical Center, Cincinnati Board Of Health, Butler County Alcohol and Drug Addiction Services Board, Clermont County Mental Health and Recovery Board, Clermont County Children's Services, Clermont County General Health District, Clermont County Senior Services and Clermont County MR/DD.

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# **PUBLIC SERVICE MISSION STATEMENT**

The basic missions of the Cincinnati Drug & Poison Information Center are to (a) help prevent poison or drug exposures from becoming life threatening for the people living in the Center's service area and (b) decrease the incidence of drug abuse, chemical dependency and misuse.

These missions will be accomplished by providing timely and readily accessible informational responses when exposures occur; developing and communicating educational programs on poison and drug abuse prevention; consulting with industry; and, serving as an informational resource for health professionals and hospitals in serving patients.

## **OUR VISION**

Until there is a drug free world and homes are poison proof, there is the Cincinnati Drug & Poison Information Center.

The data included in this 1999 Annual Report were prepared by Karen Simone, Pharm.D., A.B.A.T., Gaylene B. Tsipis, M.S., R.Ph., C.S.P.I., O.C.P.S. II, Earl Siegel, Pharm.D., C.S.P.I., O.C.P.S. I, Todd Carson, M.S., B.B.A., Marc Lowy, M.A., Debbie Roll, R.Ph., C.S.P.I. and Steve Kramrech, Applications Specialist.

# 1999

## EXECUTIVE SUMMARY

Although it seems like the majority of 1999 was spent assuring Y2K compliance, we closed out the millenium with a number of additional accomplishments. First and foremost was the completion of 34 years of service for the citizens of our region. Other selected highlights follow.

- The Children's Hospital Medical Center's Department of Emergency Medicine and the Drug & Poison Information Center joined forces to recruit a new Executive Medical Director for the Center, Dr. G. Randall Bond. Dr. Bond came to CHMC/DPIC from Charlottesville, VA where he was the Medical Director of the Blue Ridge Poison Center and Associate Professor of Emergency Medicine and Pediatrics. He brings over 20 years of experience in Pediatrics, Emergency Medicine and Toxicology. He is a toxicology editor for the Annals of Emergency Medicine and for the Journal of Toxicology, Clinical Toxicology. He is a member of the board of the American Academy of Clinical Toxicology. Areas of particular interest include gastrointestinal decontamination, acetaminophen poisoning and envenomation (snake, spider or scorpion). Dr. Bond is a welcome addition to the CHMC/DPIC family.
- The Center continued its initiatives for funding support at all levels - city, county, state and national. The message across all of these efforts remained one of cost-effectiveness and "fair share." Namely, if each group who benefits from the availability of poison control center services contributes their fair share, no one group will need to feel an undo burden. Clermont County recognized the importance and cost-effectiveness of poison control services for its citizens and stepped forward with its fair share. The funding support received through its Children's Services Division of the Department of Human Services, Mental Retardation and Developmental Disabilities, Mental Health and Alcohol & Drug Addiction, Senior Services, and Health Department is greatly appreciated.
- Additional new or renewed funding support was also provided by the Hamilton County Alcohol and Drug Addiction Services Board, the City of Cincinnati, and Butler, Warren and Clinton Counties' Departments of Alcohol and Drug Addiction Services and Mental Health and Retardation.
- United States Senator Michael DeWine's (R-Ohio) legislation to provide some federal support for poison control was passed by both Houses of Congress and signed by the President. Although passed, the bill still needs to go through the appropriations process. If fully funded, this bill would provide approximately 16% of a center's operating budget for poison control.
- DPIC received approval of its 5-year recertification application. The Center has been nationally certified as a Regional Poison Control Center by American Association of Poison Control Centers (AAPCC) since 1983. Certification by the AAPCC assures that a center meets all of the standards set forth by that organization for the prevention and management of poisonings. There are currently only 52 certified centers in the United States.
- Ten staff members received special training in emergency preparedness for terrorism via weapons of mass destruction (nuclear, biologic and chemical). In collaboration with the Central Ohio Poison Control Center and the Cleveland Poison Control Center, the DPIC also applied for an Ohio Department of Health grant to plan and implement an emergency response system for the State in case of such an attack. The Center's move to an online case report system further enhances its toxicovigilance capabilities.

Presented in this report are the additional highlights of the Center's year of poison control, substance abuse prevention and education, drug information and academic accomplishments.

On a sad note, all of us at the Center lost a beloved friend and colleague, Dr. Michael Spadafora. He was killed in an automobile accident in late October on his way to work at The University Hospital. Michael was our resident Renaissance man. Over the years, he touched us all with his wit, his knowledge and patience, and with his compassion. There will always be an empty place in the hearts of all who knew him, but he will live on in our memories.

# 1999 DPIC FACULTY, STAFF AND CONSULTANTS

## DPIC Hotline Staff

Jerry Ahluwalia, Ph.D. Candidate  
 Alicia Aumentado, R.Ph., C.S.P.I., O.C.P.S. I<sup>1</sup>  
 Paul Beckman, B.A., EMT  
 Michelle Beckner, R.N., C.S.P.I.  
 Alysha Behrman, Nursing Student  
 Kristina Beson, Nursing Student  
 Mike Bloemer, R.Ph., C.S.P.I.  
 Tisha Carson, R.Ph., C.S.P.I., O.C.P.S. I  
 Kim Christoff, R.Ph., C.S.P.I.  
 Melissa Christensen, Pharmacy Student  
 Jonathan Colvin, RN  
 Julie Kramer Crawford, R.N., C.S.P.I.  
 Ryan Dailey, Pharm.D., C.S.P.I.  
 Deborah Donald, Nursing Student  
 Erin Dwyer, R.N.  
 Hanna Eick, R.N.  
 Florence Eschmann, R.M.A.  
 Ndidi Ezidimma, R.Ph.  
 Daniel F. Finke, R.N., C.S.P.I., O.C.P.S. I  
 Meg Fulmer, Nursing Student  
 Shiela Goertemoeller, R.Ph., C.S.P.I.  
 Rob Goetz, Pharm.D., C.S.P.I.  
 Shannon Staton Growcock, R.N., C.S.P.I.  
 Jennifer Hertelendy, R.Ph.  
 Zsolt Hertelendy, Ph.D., C.S.P.I.  
 Nicki Pronze Hirz, Nursing Student  
 Stephanie Hoff, R.Ph.  
 Lisa Holiday, R.N.  
 Melissa Peck Huber, R.Ph., C.S.P.I.  
 Marla Irvin, R.Ph.<sup>2</sup>  
 Patricia Jones, R.Ph.  
 Stephanie Ketcham, NREMT-P  
 Lorrie Klaserner, R.Ph., C.S.P.I.  
 Laura Ann Long, Pharmacy Student  
 Shannon Marconet, R.N.  
 Dave Merhley, R.N.  
 E. Don Nelson, Pharm.D., O.C.P.S. I<sup>2</sup>  
 Lisa Nelson, Nursing Student  
 Laura Nickell, R.Ph., C.S.P.I.  
 Michael Novak, E.M.T.  
 Holly Pohler, R.N., C.S.P.I.  
 Frank Quattrone, Nursing Student  
 Mary Ann St. Clair Ray, R.N., C.S.P.I.  
 Barb Rengering, R.Ph., C.S.P.I.  
 Vicki Riedl, R.Ph., C.S.P.I.<sup>1</sup>  
 Kathryn Robben, Pharmacy Student  
 Sue Rodcnberg, R.Ph., C.S.P.I.  
 Debra Roff, R.Ph., C.S.P.I.  
 John Roney R.Ph., C.S.P.I.  
 Chloe Russell, Pharmacy Student  
 Jan Scaglione, Pharm.D., C.S.P.I.  
 Megan Schmidt, R.N., C.S.P.I.  
 Denise Sensel, Nursing Student  
 Earl Siegel, Pharm.D., C.S.P.I., O.C.P.S. I<sup>4</sup>  
 Karen Simone, Pharm.D., A.B.A.T.<sup>1</sup>  
 Mary Ann Sunshcin, R.Ph., C.S.P.I.  
 Anne Tatum, NREMT-P  
 Gaylene Tsipis, R.Ph., M.S., C.S.P.I., O.C.P.S. II<sup>4</sup>  
 Rebecca Lynn Vogel, E.M.T.  
 Lawrence Voss, Pharm.D.  
 Jerry Wiesenhahn, R.Ph.

## Prevention Research Unit Staff

Ray Bracy, Retired Police Officer  
 Shirley Brame, M.Ed., O.C.P.S. I  
 Nicole Eison, B.A.  
 Alysia Longmire, Premed Student  
 Marsha Polk, H.P.T., O.C.P.S. I<sup>3</sup>  
 Marty Polk, Volunteer Police Officer  
 Rudy Smith, B.S., O.C.P.S. I  
 Charles Whitty, B.S.

## Emergency/ICU Toxicologists

G. Randall Bond, M.D., A.B.M.T.<sup>10</sup>  
 Edward Bottei, M.D., Toxicology Fellow  
 Natalie Cullen, M.D.  
 Laurie Gesell, M.D.  
 Edward "Mel" Otten, M.D., A.B.M.T.<sup>6</sup>  
 Kathy Prybys, D.O., A.C.M.T.  
 Mitchell Rashkin, M.D.  
 James Roberts, M.D., A.B.M.T.  
 Michael Spadafora, M.D., A.C.M.T.  
 Maria Stephan, M.D.  
 Tony Tomassoni, M.D., M.S., A.C.M.T.  
 Suman Wason, M.D., A.B.M.T.<sup>6</sup>  
 Leslie R. Wolf, M.D., A.C.M.T.

## Occupational/Environmental Toxicologists

Darlington Amadasu, M.D., M.P.H.  
 Beverly Deck, M.D., M.P.H.  
 Robert Gabel, M.D.  
 Edward Moody, M.D., M.S.E.  
 Loren Tapp, M.D.  
 Marie Louise Walton M.D., M.P.H.  
 A. Gayle Rhodes, M.D.

## DPIC Administrative Staff

Michelle Avant  
 Ivy Campbell  
 Todd Carson, M.S., B.B.A.<sup>7</sup>  
 Linda Green, B.A.  
 Stephen M. Kramrech<sup>8</sup>  
 Marc Lowy, B.A., M.A.<sup>9</sup>  
 Michelle Meyer, H.P.T.  
 Jewel Sisk, College Student  
 Faith Snow, B.A.  
 Tom Wesseler

## Research and Surveillance Staff

Stephanie Cook Carroll, R.N.  
 Michael Dietrich  
 Kimberly Frump, RN  
 Linda Hill, R.N.  
 Angela Humble  
 Danielle Lewis  
 Steven Meyer, R.N.  
 Linda Niehaus, R.N.  
 Kathy Nye  
 Thomas Prusik, R.Ph.  
 Christine Sadler, B.S.  
 Rahlanda Schroeder, B.S.  
 Lynn Sprafka, R.N.  
 Brookleigh Taylor, R.N.  
 Beverly Ward, B.S., A.A.S.  
 Sandee Westfall, B.S.  
 Marilyn Wiltshire, B.S.  
 Kali Zagorianos, R.Ph.

1 Hotline Manager  
 2 Associate Director for Substance Abuse Services  
 3 Surveillance Manager  
 4 Co-Director  
 5 PRU Director, Associate Director for Outreach

6 Associate Medical Director  
 7 Business Manager  
 8 Applications Specialist  
 9 Contract Coordinator  
 10 Executive Medical Director

## 1999 DPIC MEMBER HOSPITAL SERVICES REPRESENTATIVES

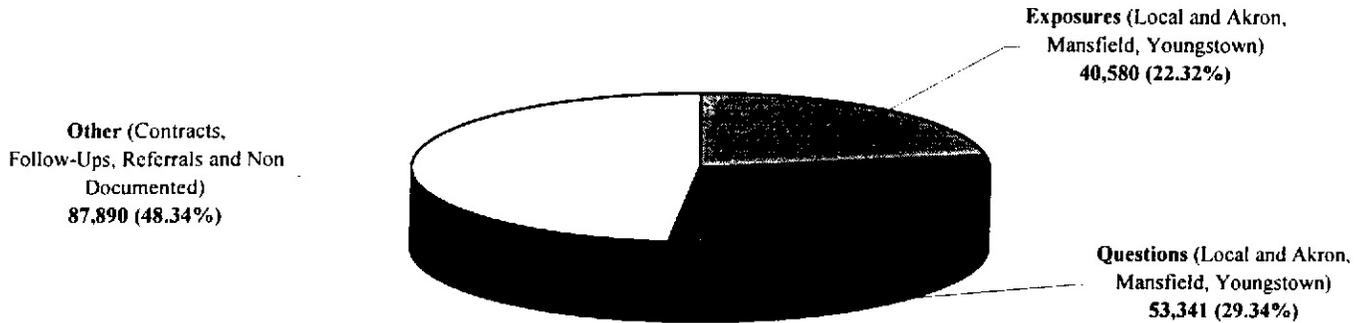
Adams County Hospital	William Jones, R.Ph.
Bethesda Base Hospital	Sue McBeth, R.Ph.
Bethesda North Hospital	Steve Porowski, R.Ph., M.S.
Bethesda Warren County	Diane Hendry, Site Admin.
Brown County General Hospital	Dennis Heenan, R.Ph.
Children's Hospital	Jack Horn, R.Ph., M.S.
The Christ Hospital	David Fye, Pharm.D.
Clermont Mercy Hospital	John Hanna, R.Ph.
Clinton Memorial Hospital	Kalvis Danenbergs, R.Ph.
Deaconess Hospital	Phil Schott, R.Ph.
Dearborn County Hospital	Kevin Burns, R.Ph.
Drake Center, Inc.	Tom Huber, R.Ph.
The Fort Hamilton Hospital	Gene Wolke, R.Ph.
Good Samaritan Hospital	Sue McBeth, R.Ph.
Highland County Hospital	Kimberle Omler, R.Ph.
Jewish Hospital Kenwood	James Gates, R.Ph.
McCullough-Hyde Hospital	Donald Becker, R.Ph.
Mercy Hospital-Anderson	John Hanna, R.Ph.
Mercy Hospital-Hamilton	Tab Dehner, R.Ph.
Mercy Hospital-Fairfield	Tab Dehner, R.Ph.
Middletown Regional Hospital	Joanne Morgan, Pharm.D.
Mercy Franciscan Health Care System (Mt. Airy Campus)	David Roth, R.Ph.
Mercy Franciscan Health Care System (Western Hills Campus)	Ronald Pennick, R.Ph.
St. Luke East Hospital	Susie Kathman, Pharm.D.
St. Luke West Hospital	Susie Kathman, Pharm.D.
St. Elizabeth North Hospital	Richard Haughaboo, R.Ph.
St. Elizabeth South Hospital	Donald Ruwe, R.Ph.
Shriners Burn Institute	Robert Kopcha, Pharm.D.
The University Hospital	Wayne Bohenek, Pharm.D., M.S.
Veterans Administration Hospital	E.K. Hammond, Pharm.D.

# 24-HOUR HOTLINE SERVICES

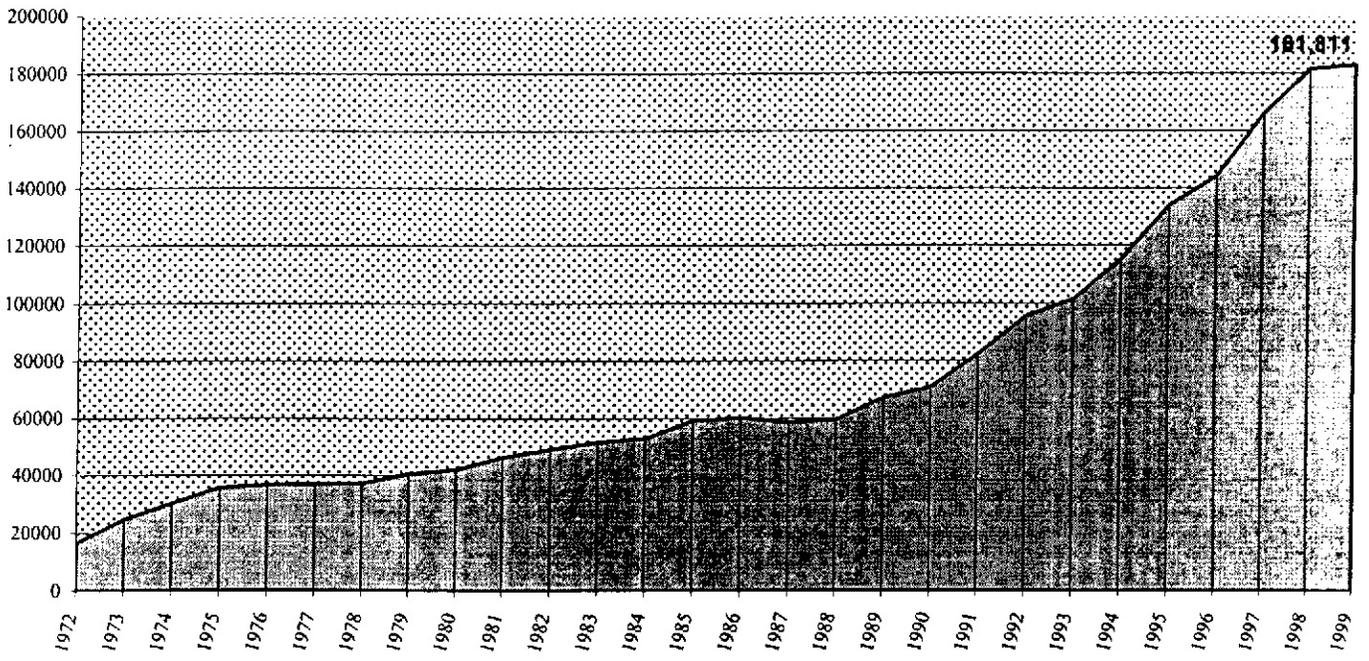
The data in this section pertain to DPIC's 24-hour emergency and information hotline services. Cases entitled "Exposures" include those involving patients who have either accidentally or intentionally swallowed, inhaled, injected or splashed on themselves a substance that might be toxic. "Questions" or drug abuse/drug information cases cover a broad range of topics described later in this section.

## Types of Hotline Services

Total Services = 181,811

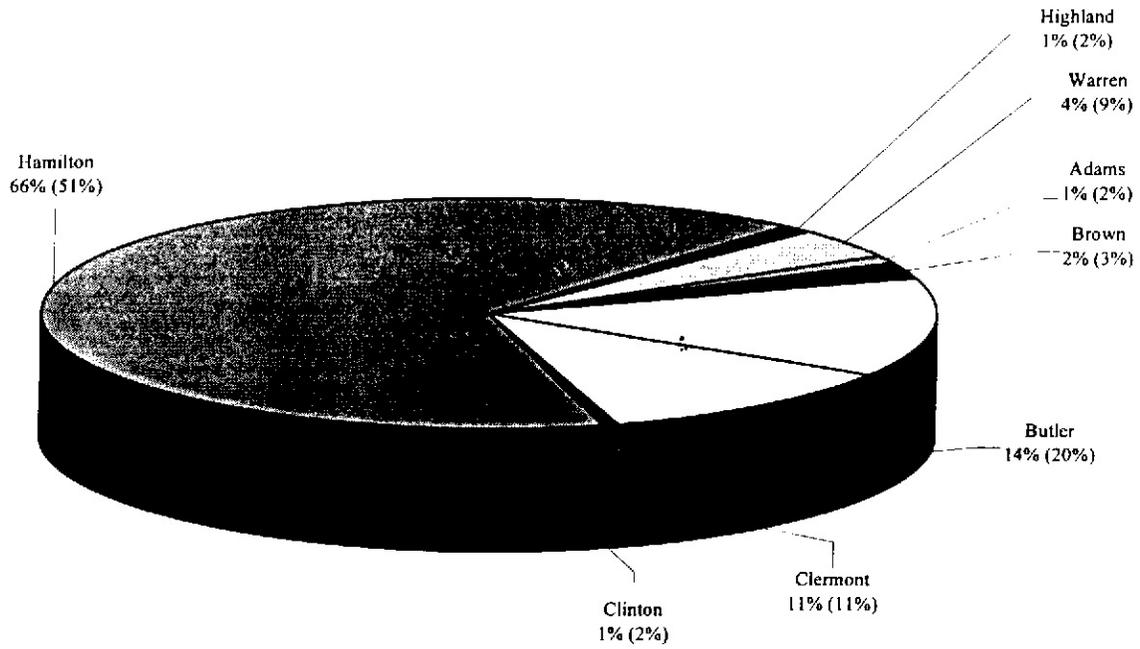


## Total Services Provided By Year 1972-1999

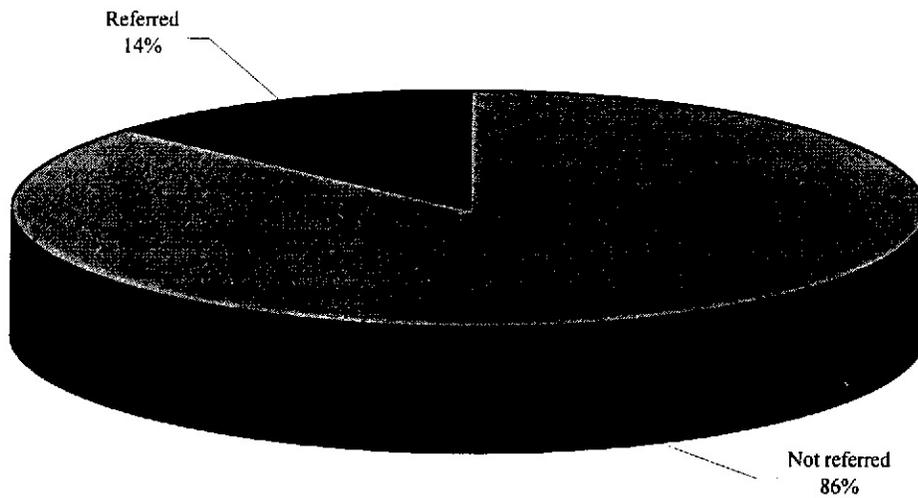


# DOCUMENTED CALLS WITHIN LOCAL SERVICE REGION BY COUNTY

## Percent of Calls (Population as a Percent of the Region)



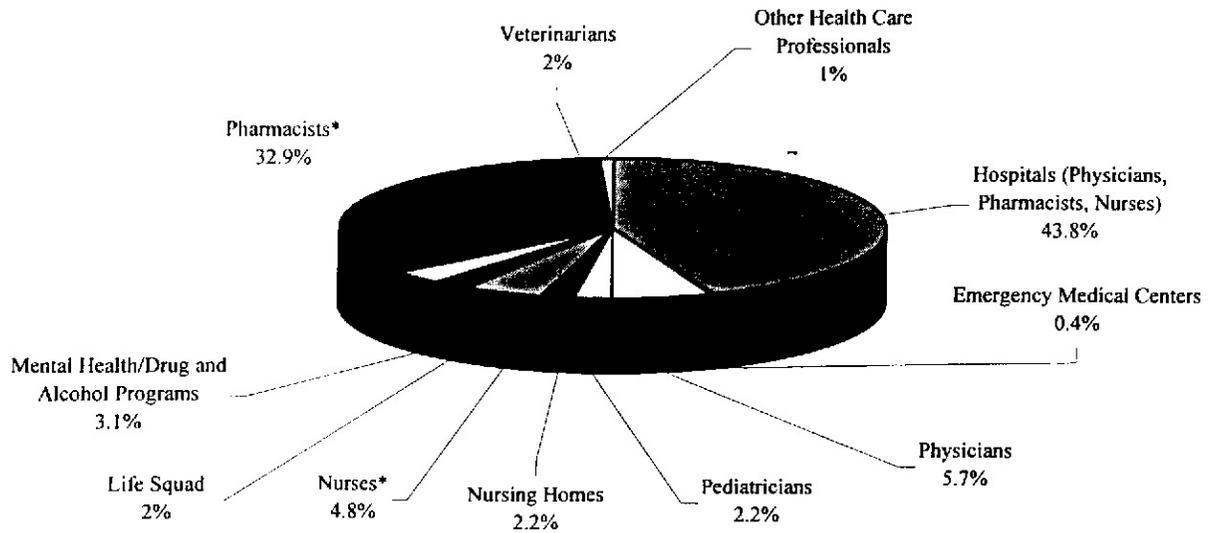
## Exposure Cases Referred To A Health Care Facility



Excludes those already at a health care facility on first contact

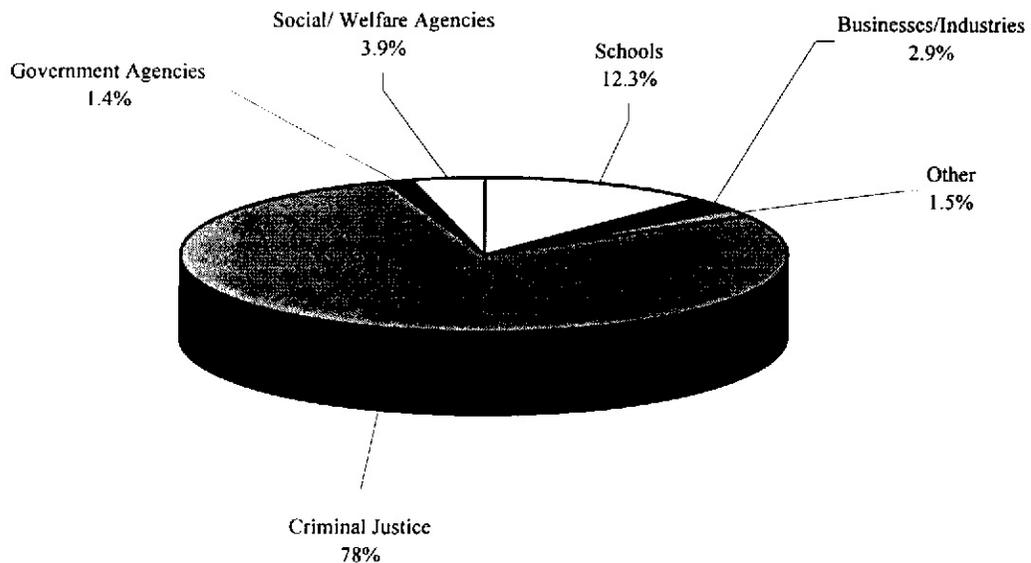
# CALL ORIGINS

## Health Professionals



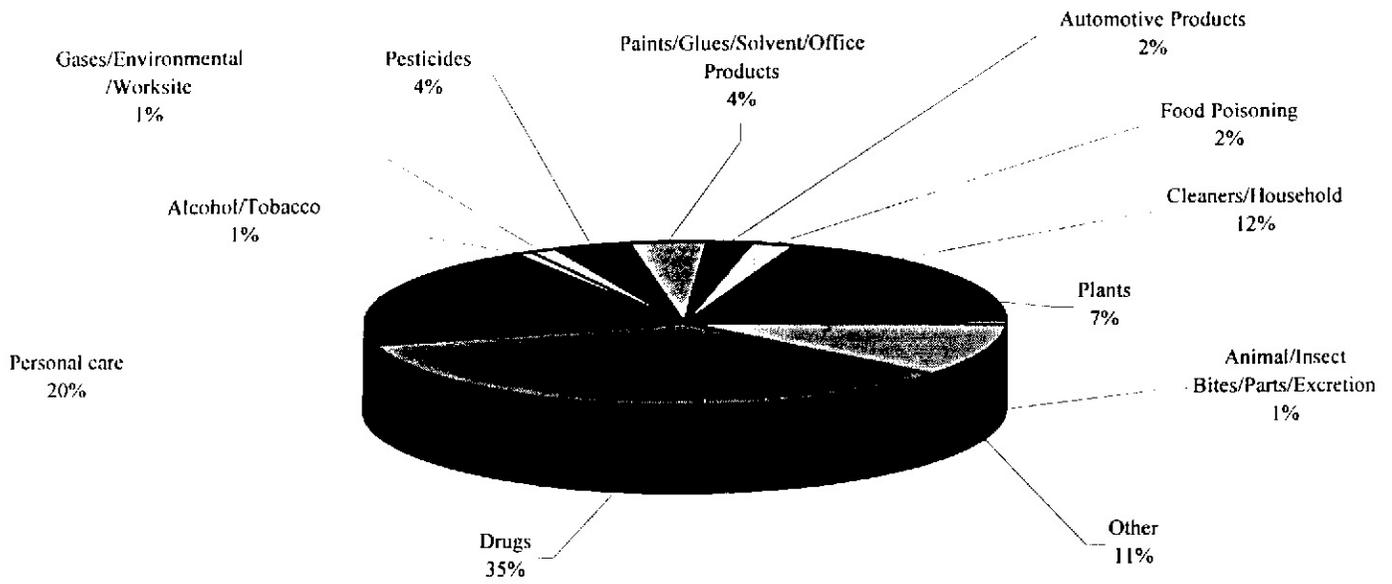
\* Not a Hospital

## Non-Health Professionals

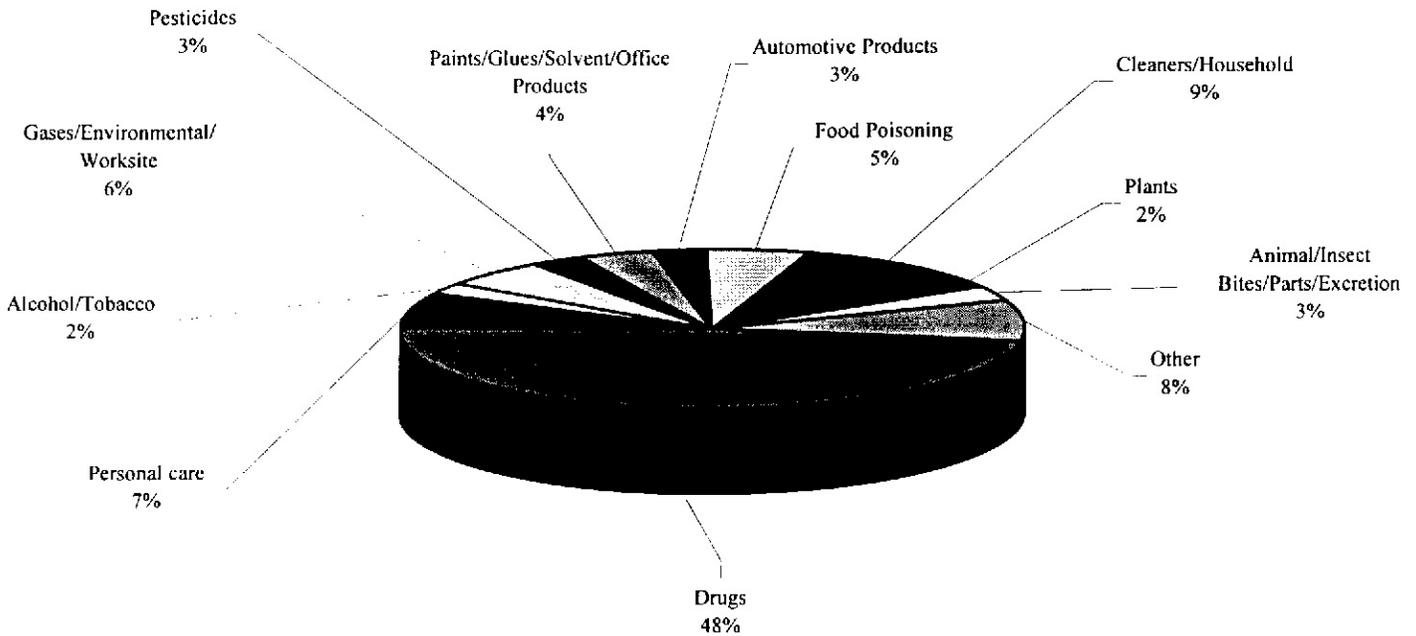


# EXPOSURE CATEGORIES

## Children Under Six Years

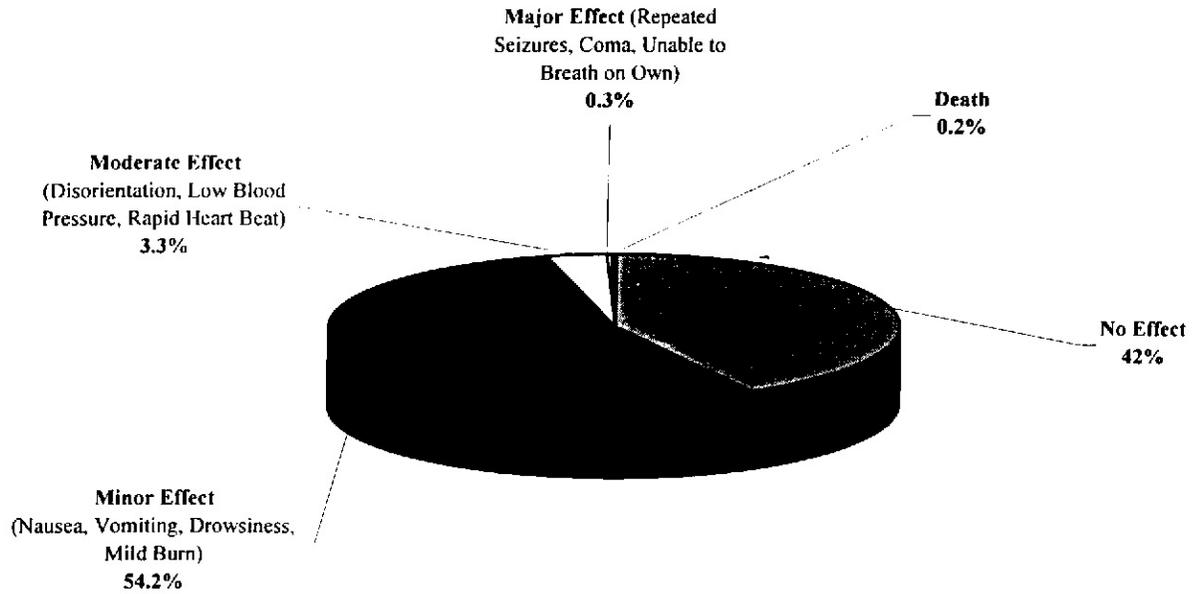


## Adults & Children Six Years or Older

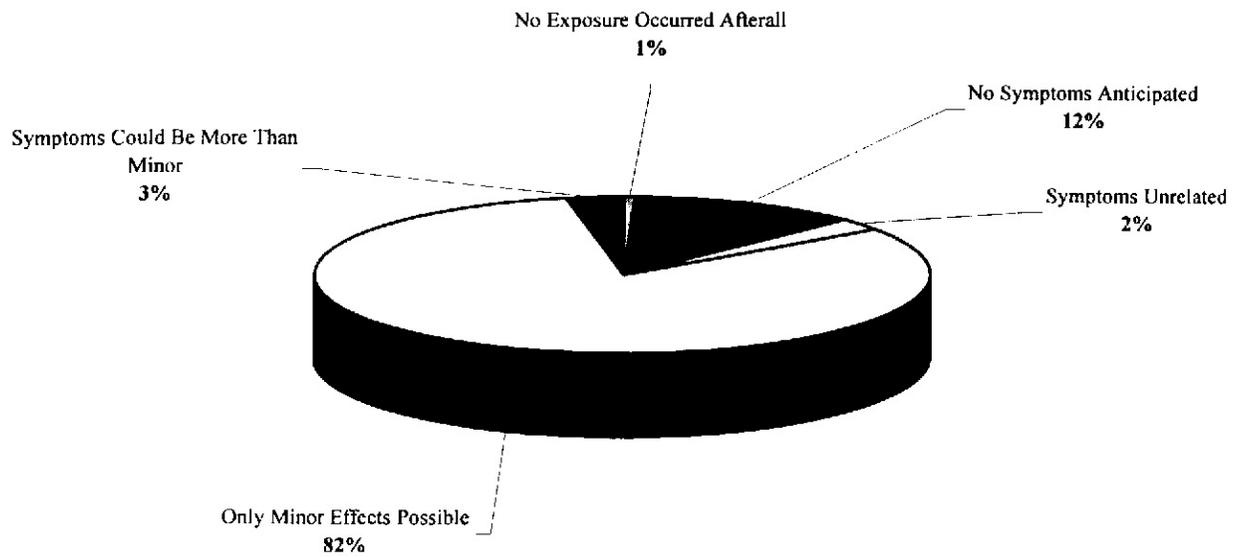


# HUMAN EXPOSURE CASE OUTCOMES

## FOLLOWED



## NOT FOLLOWED



## HUMAN DEATHS

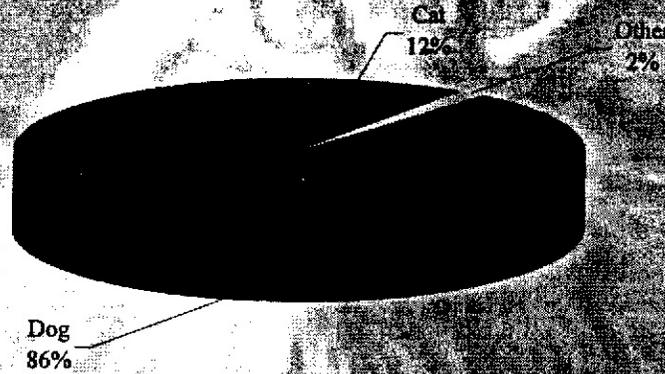
Although most poisoning exposure cases have good outcomes, each year a small number result in death. Following are the causes of poisoning deaths for 1999.

Environmental	(carbon monoxide)
Misuse	(captopril, sertraline, alprazolam, alcohol).
Misuse	(acetaminophen with codeine)
Abuse	(opiates, benzodiazepines, sertraline)
Adverse Reaction	(amitriptyline, dicyclomine)
Adverse Reaction	(paroxetine, serotonin syndrome)
Suicide	(methadone)
Suicide	(acetaminophen with diphenhydramine)
Suicide	(acetaminophen, lisinopril/hydrochlorothiazide)
Suicide	(verapamil, simvastatin)
Suicide	(ethylene glycol)
Suicide	(propranolol)
Unknown Reason	(acetaminophen)

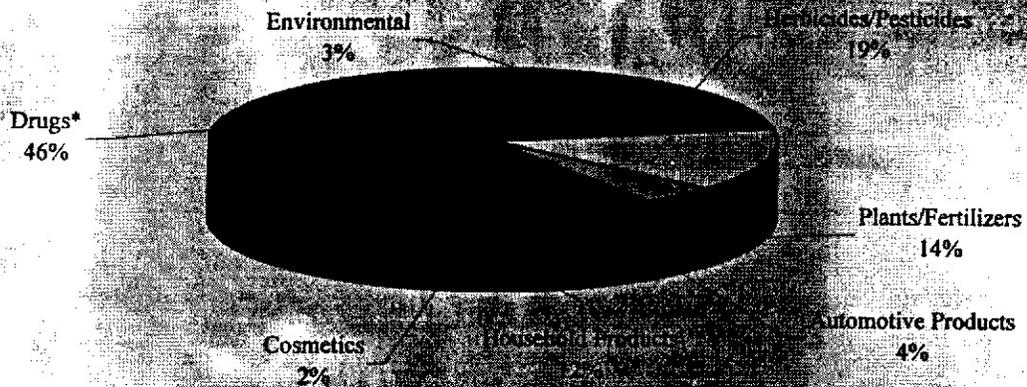
# ANIMAL EXPOSURES

DPIC received 1,933 animal exposure calls during 1999. Veterinarians calling or referring clients to DPIC for management advice totaled 16% of the animal exposure calls, with owners of animals accounting for the majority of the calls received. Most of the exposures resulted in no effect or expected minor symptoms from the exposure (90%). Twenty-three cases resulted in death. Substances thought to be involved or contributory to the deaths included some of the following: antifreeze, over-the-counter (OTC) diet aid, baclofen, household chemicals, herbicides/fertilizers, brodifacoum mouse/rat killer, and ingestion of a toad of the Bufo genus.

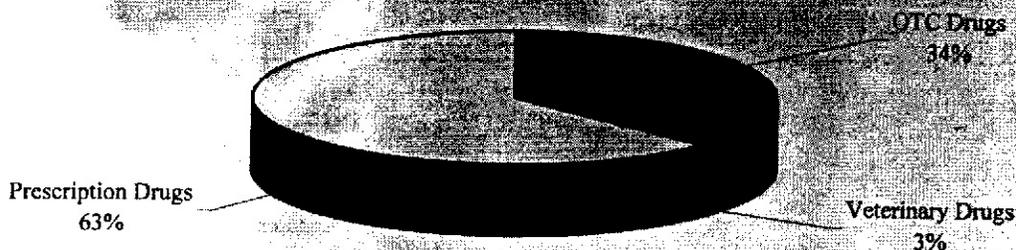
### Animal Species



### Exposure Categories



### Breakdown of Drugs Category



## EXAMPLES OF HOTLINE QUESTIONS

"We have just returned from a trip to the southwest. Before we left I did a load of laundry and dried them on the clothesline. I just put on one of the shorts and put my hand in the pocket to straighten it and was stung on the finger by a scorpion. What should I do?"

"I'm a pharmacist and I continue to find empty Coricidin HBP® boxes on the shelves of the store where I work. Is there something going on?"

"I am babysitting my grandson. My daughter told me to give him ½ teaspoon of his Panadol®. He was fussing and I kept spilling it so I took the dose cup from the Nyquil® and gave him a dose. I think I read it wrong and gave him too much. Will he be all right?"

"Can you tell me if it's all right for me to take this? I'm trying to lose weight and my doctor told me not to take anything with ma huang. This has ginseng, guarana, and kelp in it."

"How long is marijuana in the blood? I'm starting a new job and I have to get a physical. The nurse told me they would check my blood pressure and take some blood."

"I have been reading about the toxicity of Easter lilies in cats. I received one as a gift yesterday and noticed that some of it has been chewed up. I have two cats and either one of them could have done it. Neither one of them has any symptoms yet. What should I do?"

"I have heard about a new drug called "Progesterex" that is being used along with date rape drugs like "roofies." It is a small pill used by veterinarians to sterilize horses, but supposedly is also being used to sterilize women that are raped to keep the rape a secret. I heard that it sterilizes them permanently. Do you know anything about this drug?"

"We had a chemical spill at the place where I work. Everybody had to leave while it was cleaned up. The MSDS (material safety data sheet) says the chemical can hurt the lungs. No one has any symptoms and we were told that's there shouldn't be any problem, but I wanted to get more information. Can you help me?"

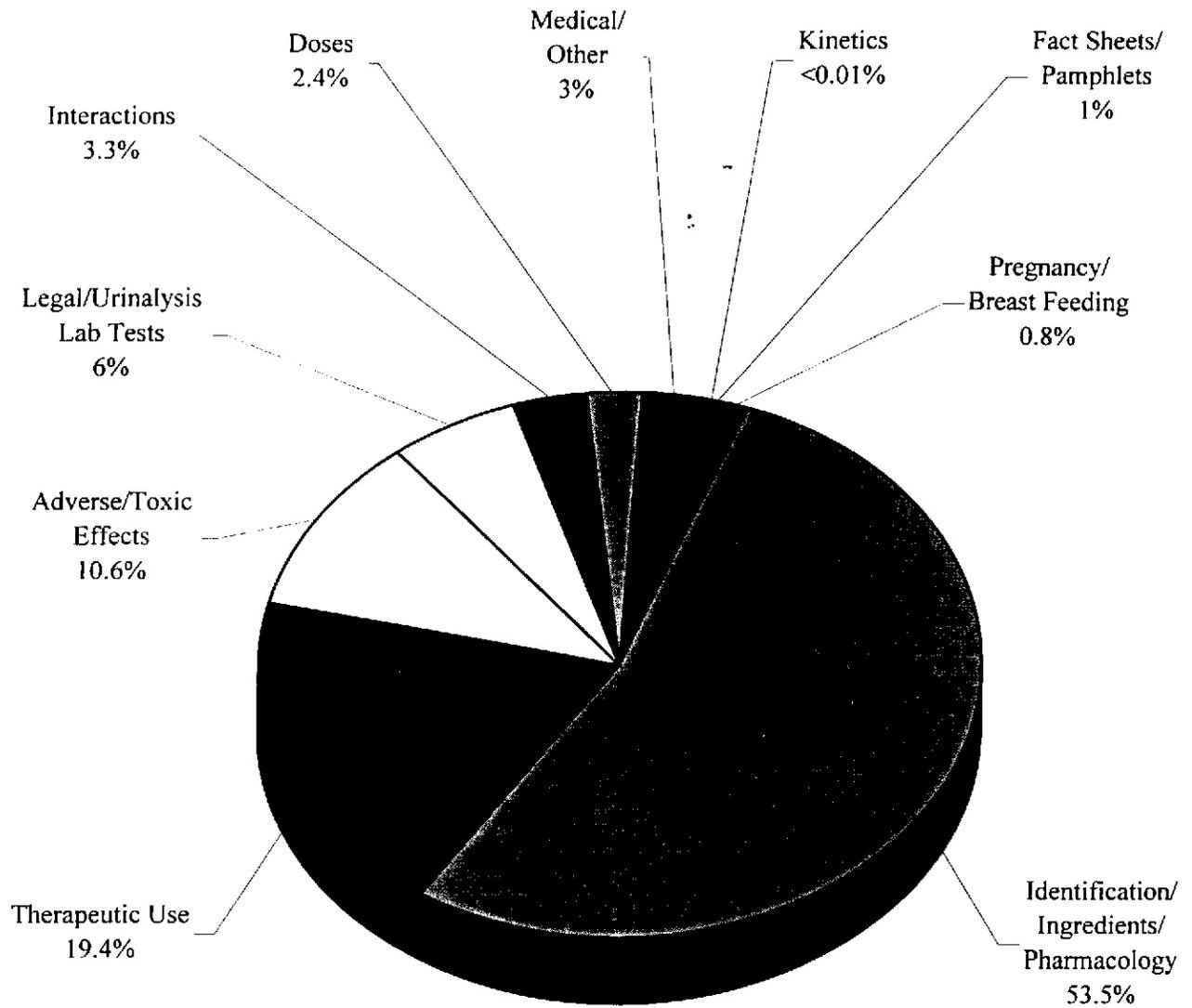
"I accidentally took my dog's thyroid and heart worm pills. I am on Corgard® for my blood pressure. Will the dog's medicines hurt me?"

"I've been reading about the possibility of interactions between St. John's Wort and some medicines. I am taking Zoloft® and birth control pills. Do any of these interact? What would happen?"

"We received a letter where I work that said it contained anthrax. I touched the letter. They gave me an antibiotic and said I would be OK. How serious is this? Could other people catch the disease? What symptoms should I look for?"

"There was a train derailment close to where I live. I heard that one of the cars was carrying "sulfur trioxide" and that it was leaking out. What is this? How hazardous is it? Do I have to leave the area?"

# NON-EXPOSURE CALL QUESTION TYPES ABUSE/MEDICATION INFORMATION



**SUBSTANCES CITED IN DRUG ABUSE/CHEMICAL DEPENDENCY CALLS  
INCLUDES ABUSE/SUICIDE/INTENTIONAL MISUSE  
INFORMATION AND EXPOSURE CALLS**

(n=33,955)

<b>Depressants</b>		<b>Stimulants</b>	
<b>Pain Relievers</b>		Methylphenidate (Ritalin)	393
Hydrocodone (Vicodin)	2877	Cocaine	336
Oxycodone (Percocet)	1520	Tobacco/nicotine	299
Propoxyphene (Darvocet)	826	Caffeine <sup>2</sup>	232
Fioricet-type +/- codeine	390	Amphetamine	217
Tramadol (Ultram)	349	Phentermine (Adipex-P) <sup>3</sup>	170
Morphine	319	Ephedrine	130
Codeine	293	Pseudoephedrine	116
Pentazocine (Talwin)	153	Stimulants for asthma <sup>4</sup>	104
Methadone	142	Caffeine/ephedrine/other mix	101
Midrin-type	95	Crack Cocaine	85
Heroin	70	Other stimulant	63
Meperidine (Demerol)	58	Phenylpropanolamine (PPA)	61
Diphenoxylate/loperamide (Lomotil/Imodium)	48	Methamphetamine/Ice	53
Other opioid	42	Benzphetamine (Didrex)	31
Hydromorphone (Dilaudid)	41	Fenfluramine (Pondimin) <sup>3</sup>	7
Fentanyl (Duragesic/Sublimaze)+similar	17		
Naloxone/Naltrexone (Narcan/Revia)	16	<b>Hallucinogens/Entactogens/Delerients</b>	
Poppy seeds	9	Other antihistamine	601
		Marijuana	419
<b>Alcohol</b>		Dextromethorphan containing products	198
Alcoholic beverages	832	Ecstasy (MDMA, similar)	166
		Anticholinergic plants/medicines <sup>5</sup>	121
<b>Benzodiazepines</b>		Dicyclomine	105
Alprazolam (Xanax)	1064	LSD (lysergic acid diethylamide)	88
Diazepam (Valium)	828	Benzotropine (Cogentin)	60
Clonazepam (Klonopin)	572	Mushrooms/peyote ("shrooms")	52
Lorazepam (Ativan)	467	PCP (phencyclidine)	43
Temazepam (Restoril)	121	Other <sup>6</sup>	33
Non-beverage alcohol <sup>1</sup>	90	Oxybutinin	33
Clorazepate (Tranxene)	78	Ketamine ("special K")	22
Chlordiazepoxide (Librium)	72	Trihexyphenidyl (Artane)	6
Flunitrazepam (Rohypnol, "roofies")	44		
Oxazepam (Serax)	42	<b>Inhalants</b>	
Other benzodiazepine	36	Solvents (acetone/toluene/other)	160
Flurazepam (Dalmane)	34	Hydrocarbons (mineral spirits/other)	88
		Paints (toluene/xylene)	82
<b>Muscle Relaxers</b>		Other gases <sup>7</sup>	55
Methocarbamol (Robaxin)	653	Other (mostly cleaners)	41
Carisoprodol (Soma)	615	Butane/propane/aerosol propellants	37
Cyclobenzaprine (Flexeril)	431	Nitrous oxide ("whippets") and nitrites	24
Metaxolone (Skelaxin)	113	Glues/Adhesives	21
Baclofen (Lioresal)	108		
Chlorzoxazone (Paraflex)	102		
Orphenadrine (Norflex)	56		
Other Skeletal Muscle Relaxer	20		

## More Depressants

### Other

Diphenhydramine (Benadryl, Sominex) <sup>8</sup>	439
Buspirone (Buspar)	156
Zolpidem (Ambien)	154
Gamma-hydroxybutyrate (GHB)/analogues	78
Barbiturates (Seconal, others)	65
Other <sup>9</sup>	33
Meprobamate (Equanil)	10

### Antidepressants

Trazodone (Desyrel)	470
Amitriptyline (Elavil)	371
Sertraline (Zoloft)	182
Paroxetine (Paxil)	169
Fluoxetine (Prozac)	125
Other antidepressant	115
Venlafaxine (Effexor)	111
Bupropion (Wellbutrin, Zyban)	109
Mirtazapine	98
Nefazodone (Serzone)	95
Doxepin (Sinequan)	86
Imipramine (Tofranil)	52
Nortriptyline (Pamelor)	38
Fluvoxamine (Luvox)	22

**Antipsychotics** 522

**Anticonvulsants** 446

## Miscellaneous

Other <sup>10</sup>	2671
Plant/herbs/etc.	187
Anabolic steroid/clenbuterol	42

### Not Abusable<sup>11</sup>

Anti-inflammatory agents (ibuprofen)	2103
Acetaminophen (Tylenol) or Aspirin	1324
Antibiotics (penicillin)	1195
Other non-abusable substances (not drugs)	942
Heart medicine (Digoxin/Inderal)	927
Stomach medicines	601
Other medications (prednisone/thyroid)	500
Cough/cold/allergy	437
Vitamins/minerals	202
Genitourinary	128
Aspirin/acetaminophen with caffeine + simi	104
Birth control pills/hormones	98
Medicines for brain/dizziness/vomiting	31

1 Rubbing alcohol, mouthwash, cold medicine with high alcohol content, other

2 No Doz, "pea shooters," other

3 "Fen-Phen"

4 Albuteral (Ventolin), theophylline (Theo-Dur), other

5 Jimson weed, benzotropine (Cogentin), other

6 Other anesthetics, ergot alkaloids

7 Ozone, carbon monoxide, helium, other

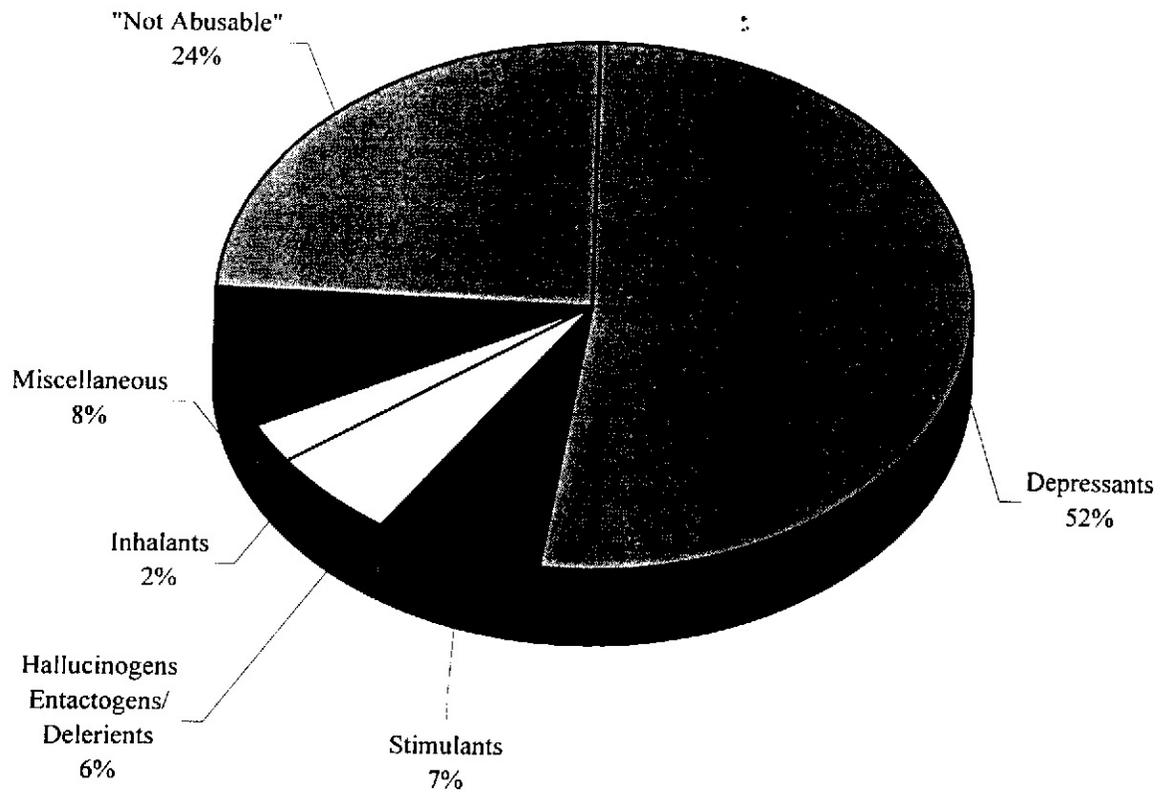
8 Most with diphenhydramine (Benadryl)

9 Chloral hydrate, Quaaludes, other

10 Chiefly callers who suspect abuse but are unsure what substance is being abused or drugs that cannot be positively identified based on the information provided

11. Agents abused/misused that would ordinarily not be considered abusable; often obtained under the assumption that a "high" is possible; often represented as or assumed to be another agent that is abusable

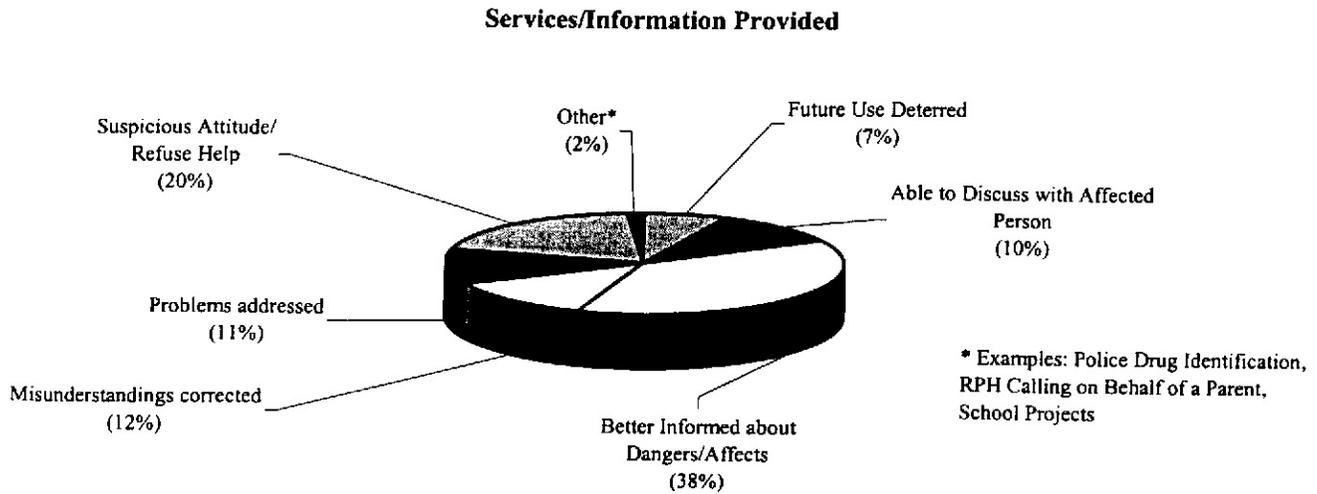
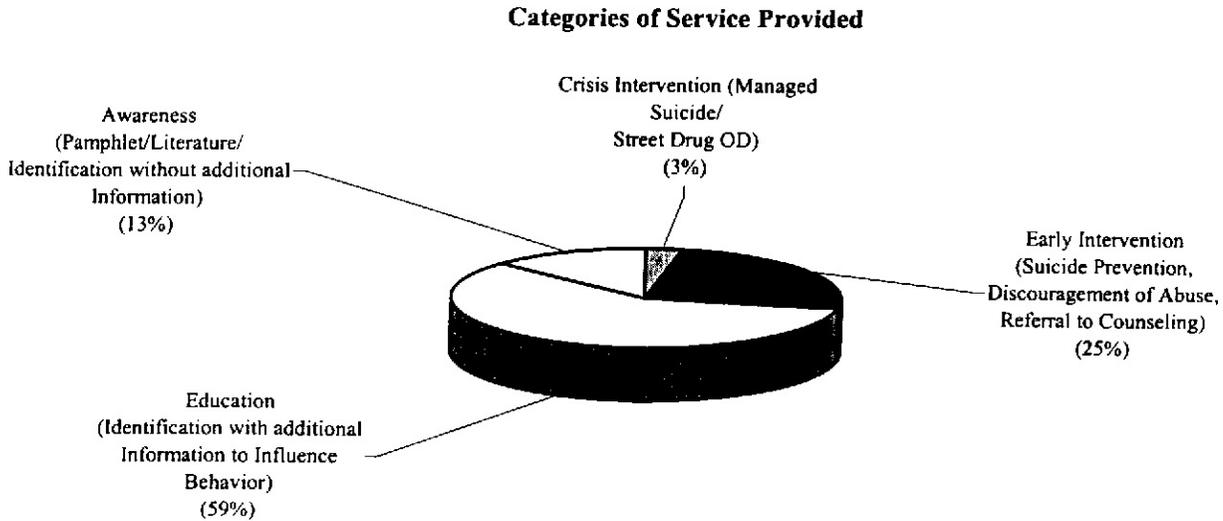
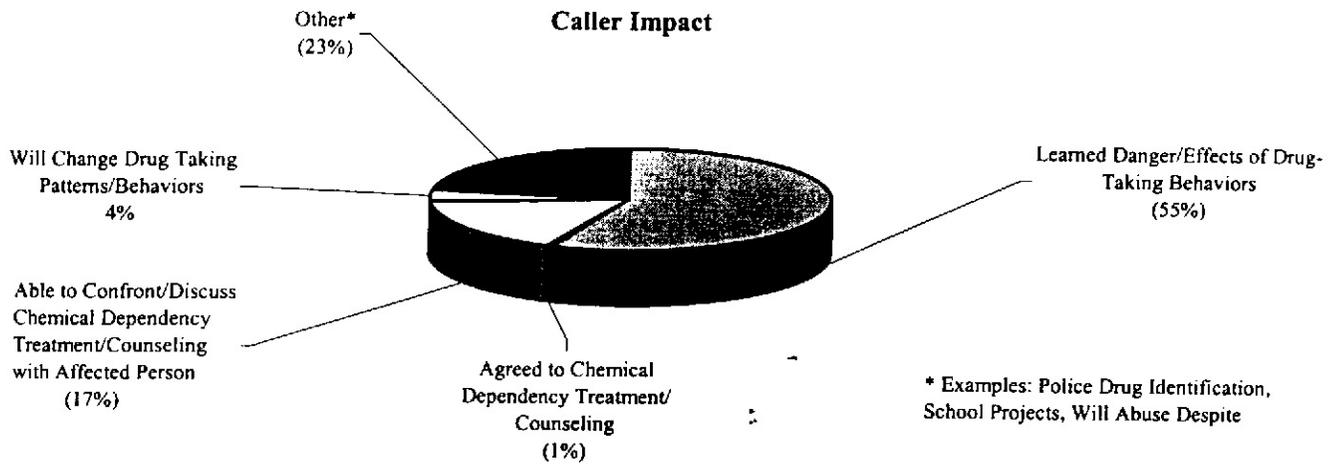
## SUBSTANCES CITED IN DRUG ABUSE/CHEMICAL DEPENDENCY CALLS\*



\*See previous two pages for detailed description of categories

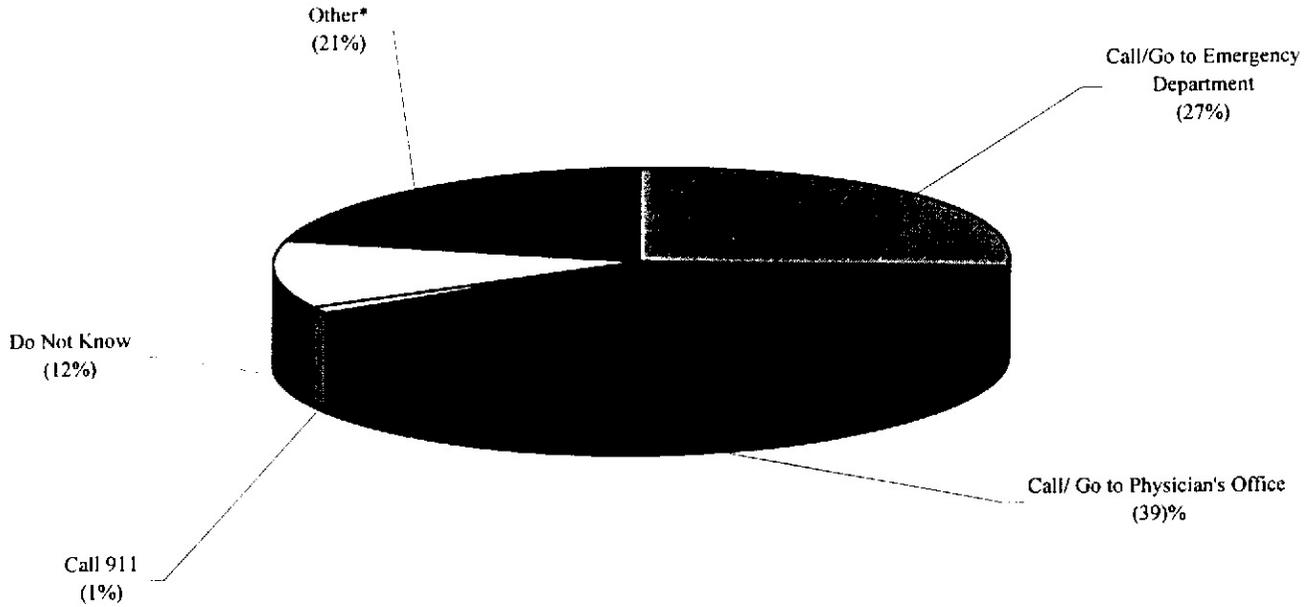
# SUBSTANCE ABUSE HOTLINE CALLS

## SELECTED IMPACT DATA



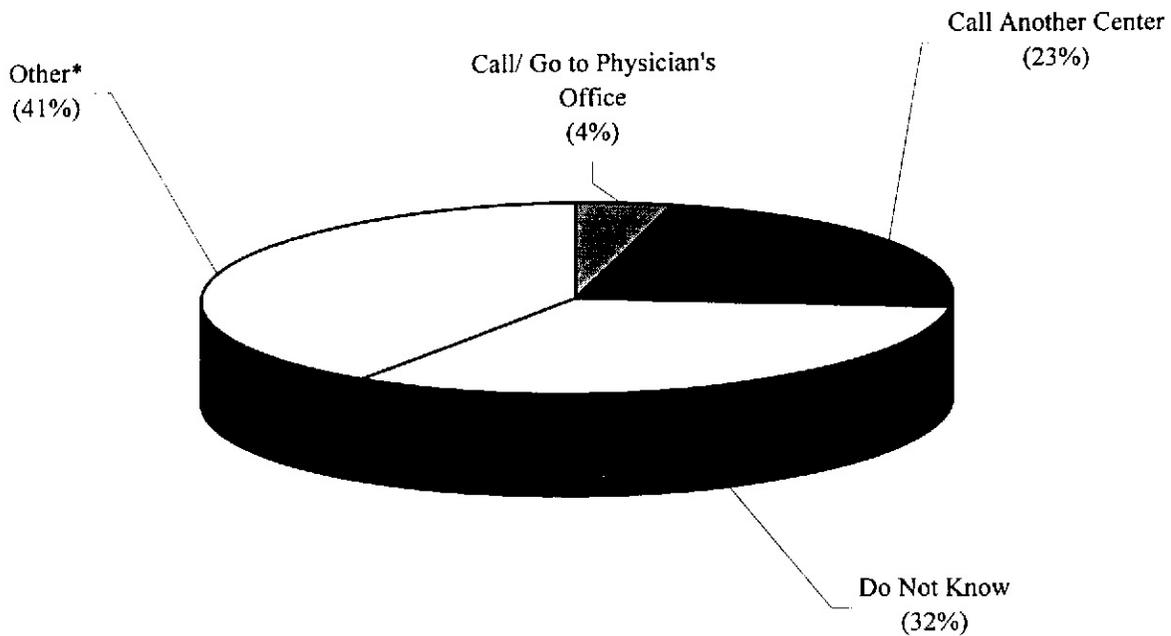
# ALTERNATIVES FOR ASSISTANCE WITHOUT A LOCAL POISON CENTER

## Exposure Calls



\* Just Wait To See What Happens; Call a Friend/Relative; Try To Manage it Myself

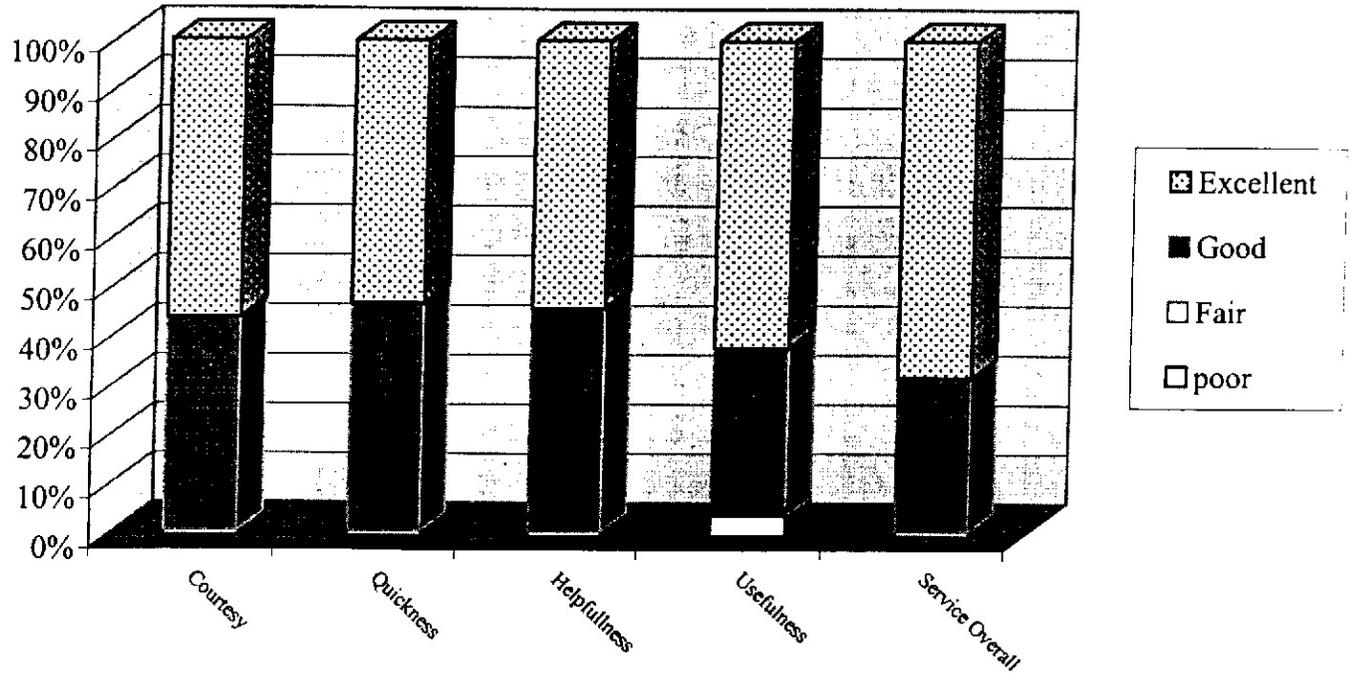
## Information Calls



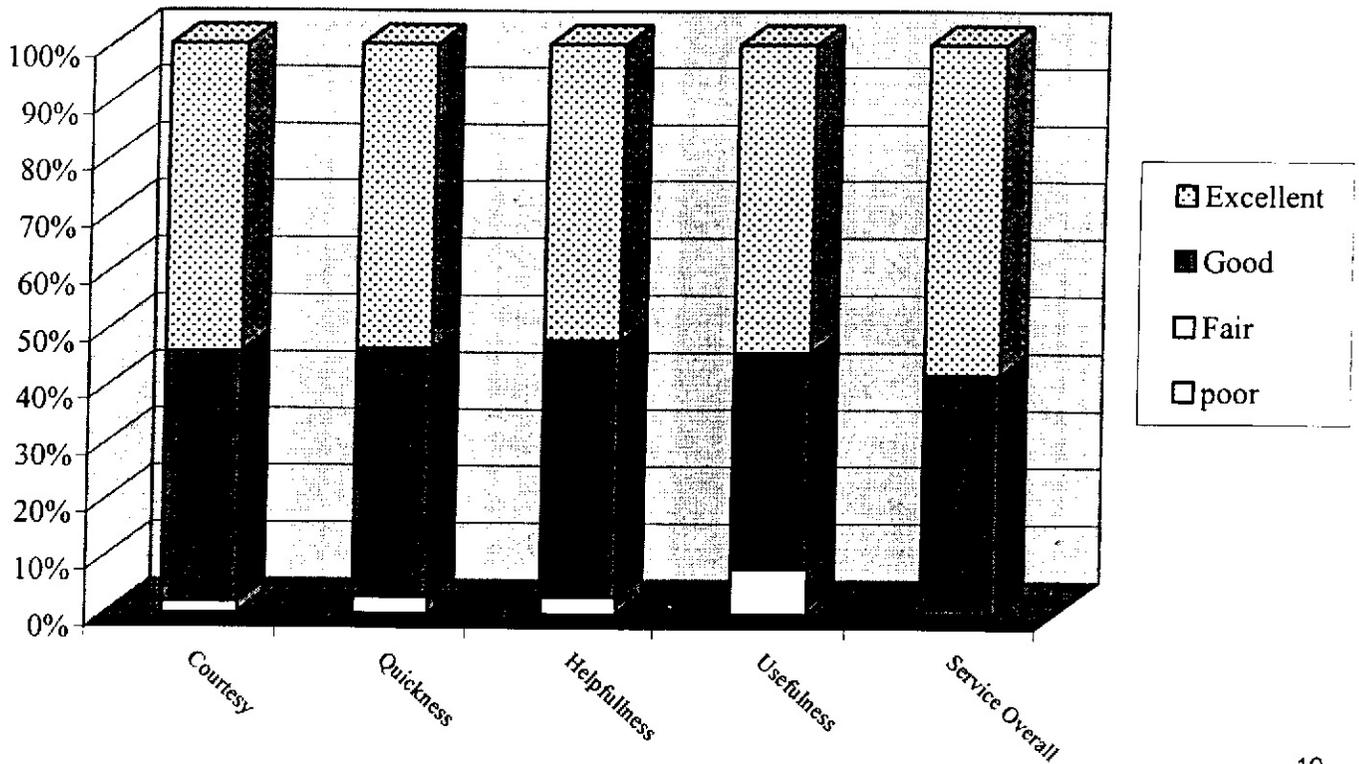
\* Look On The Internet; Do Nothing; Ask A Friend/Relative; Try Another Health Care Professional

# DPIC HOTLINE SATISFACTION SURVEYS

## Exposure Cases (n=100)



## Information Cases (n=100)



# **EDUCATION/PREVENTION HIGHLIGHTS**

## **Educators of the Ohio Poison Centers Collaborative Network**

The collaboration of educators from the Cleveland (OH), Columbus (OH) and Cincinnati centers entered its second year. Now called the Educators of the Ohio Poison Control Collaborative Network (EOPCCN), the mission of this effort is to initiate and assure a consistent poison prevention outreach message for the State.

One of the major efforts during 1999 was obtaining commitment from the State of Ohio to incorporate a standard poison prevention curriculum into various Ohio Department of Health (ODH) programs. Working through the ODH, via such programs as Head Start and Welcome Home, would mean that the citizens in each county would receive the same poison prevention message.

EOPCCN is also in the process of establishing a program to make poison prevention bookmarks and phone stickers available through the state library system that will coincide with National Poison Prevention Week. Printed on the front of the bookmarks is "Rule Out Poisoning! Here's How to Measure a Poison Safe Home." Printed on the back are nine "Ways to Prevent Poisoning," followed by phone numbers for the region-specific poison control centers in Ohio.

## **Pharmacist Rehabilitation Organization**

DPIC is the base for the southern region of the Pharmacist Rehabilitation Organization (PRO). PRO monitors rehabilitating pharmacists and acts as the liaison between the professional and the State Board of Pharmacy. The staff of DPIC has been hailed as professional, confident, timely, accurate and pleasant while monitoring pharmacists. In 1999, PRO and DPIC also offered seminars dealing with drug abuse issues, addiction and "Legal Issues and the Rehabilitating Pharmacist."

## **Selected Education/Awareness Activities**

The faculty and staff of the Drug & Poison Information Center either presented or were involved with the following selected activities:

### **Children's Hospital Medical Center (CHMC)**

- Pediatric resident education in the Injury Prevention Curriculum
  - Monthly experiential site
  - Bimonthly poison and drug abuse prevention lectures
- "Pediatric Accidental Poisoning Exposures" as part of an Emergency Department coordinated Regional Conference
- Adolescent Clinic Grand Rounds on "Date Rape Drugs," "Herbal Substance Abuse" and "Street Pharmacology Update"
- Grand Rounds Presentation on "Inhalant Abuse"

## **Education/Awareness Activities (continued)**

### **County/City**

- Hamilton, Butler, Adams, Clermont, Warren and Clinton Counties:
  - Testimony to City of Cincinnati Child Safety and Health Committee
  - Poison prevention education messages for children 3 to 10 years of age “Healthy Habits,” “Safe Eating,” “Adults That You Trust” and “Pretty Poisons”
  - Drug abuse/poison prevention education messages for children 8 to 12 years of age involved in scout troops, church groups, health class and baby sitting clinics
  - Presentations (e.g. “Using Your Medications Wisely”) to older adults, working with the Mental Health and Coalition on Aging

### **Regional**

- 50 television, radio or newspaper interviews about a wide range of poison prevention, poison control and substance abuse issues
- Poison Prevention Week and National Inhalant Abuse Prevention Week activities involving multiple local hospitals, pharmacies and professional organizations
- Hosting 10 pharmacy interns, externs or clerkship rotators
- Co-hosting Dr. R. Ponampalam, whose educational goals included setting up a poison center in Singapore
- Training of 40 pharmacy students, who presented over 70 area Substance Abuse Prevention Programs to local 3<sup>rd</sup>- to 6<sup>th</sup>-graders. The program included facilitated discussions on tobacco, alcohol and inhalant abuse.
- Multiple trainings for area paramedic squads
- Article warning about the dangers of “Heat and Drugs”
- Lectures on “Poison Safety” as part of Red Cross Super Safety Saturday programs
- Collaboration with the American Red Cross Task Force on Carbon Monoxide Safety to have information brochures with prevention tips and DPIC’s phone number sent with Cinergy billing to 1.4 million households. Additionally, this collaboration resulted in the distribution hundreds of free Carbon Monoxide Detectors.
- Distribution of stickers, brochures, and pamphlets to senior centers, Meals on Wheels, Health Fairs, Train the Trainers Nurse and Social Worker groups, and ElderReach

### **State**

- Staff training for preparedness for Toxic Terrorism and Weapons of Mass Destruction
- Lecture on “Urine Luck: Not So Lucky” at Ohio Drug Addiction Studies Institute
- Lecture on “Pesticide Safety” as part of Extension Service Agronomy School

## THE PREVENTION RESEARCH UNIT

The Prevention Research Unit (PRU) of the DPIC implements programs that promote healthy, drug free lifestyles. Staff of the PRU are specially trained to provide interventions that focus on increasing protective factors while reducing risk factors among select populations. The services provided are designed to impact various segments of the community at large, wherever populations in need are located. PRU staff work toward outcomes associated with strengthening bonds with the community; enhancing family bonding; promoting life management skills; increasing school bonding; increasing and enhancing school performance. The PRU provides service to youth, parents, health care professionals, educators, and members of the community. Over 3 million contacts with individuals in Hamilton County have been made through outreach services provided by the PRU. In addition, over 2,000 community residents regularly receive intense substance abuse prevention and education services, parent skills training, delinquency prevention programming, truancy services, and community empowerment training services. During the 1999 calendar year, the PRU continued its partnership with Public Allies, a program designed to provide specialized training for individuals interested in community service. The following is a brief summary of the services provided by this community active division of the DPIC.

### Responding To Every Adolescents Cry For Help (Reach)

This project, in its fifth year of operation, is funded by the Ohio Department of Alcohol and Drug Addiction Services. The REACH project provides substance abuse prevention, education and awareness services to high/at risk youth populations. Youth who participate in project activities are between 6 and 13 years of age and in need of special services due to one or more of the following: a) residence in shelters for the homeless/runaways; b) presence in a juvenile detention facility and c) high rate of absenteeism/truancy from school. The project utilizes the NOMAD (NO More Alcohol and Drugs) mobile prevention unit to deliver alcohol, tobacco and other drug (ATOD) abuse prevention services. The use of the NOMAD enables easy access to housing projects, recreational facilities, street corners, and other areas where the targeted youth congregate. Program outcomes focus on increasing perception of harm associated with illicit drug use by addressing risk factors in the individual, school, and community domains. Substance abuse knowledge level and perception of harm pretests were administered to 200 youth participants and follow-up assessments were administered quarterly. The following table details assessment results.

<b>KNOWLEDGE LEVEL/ PERCEPTION OF HARM</b>	<b>BASELINE</b>	<b>MIDYEAR</b>	<b>FINAL</b>
I admire people who use drugs	45%	23%	14%
I admire drug pushers	60%	37%	13%
Nothing wrong with using most drugs	83%	42%	9%

## THE PREVENTION RESEARCH UNIT (Continued)

### Channeling Aggression For Non Delinquent Outcomes (Can-D0)

This Prevention Research Unit continued this delinquency prevention program with funds received from the Office of Criminal Justice Services. The CAN-DO project, in its final year, has provided interventions in school settings for African American youth who are between 7 and 13 years of age. Youth participate in the CAN-DO project due to history of "trouble behavior." All project participants are at high risk of becoming involved in the juvenile justice system. The table below details a comparison of the most common trouble behaviors as indicated on student profile assessments.

BEHAVIOR	BASELINE	MIDYEAR	FINAL
Unruly	85%	60%	20%
Disruptive	100%	47%	26%
Other (stealing, sexual acting out, inappropriate racial comments, and disrespectful of authority)	39%	15%	3%

### Maintaining African American Traditions (Maat)

This program is funded by the Ohio Department of Alcohol and Drug Addiction Services. The MAAT project centers on the principles of *Maat*, which include truth, justice, righteousness, propriety, harmony, balance, and order. Interventions involve African American males and females who are between 7 and 13 years of age. Youth participants are selected for involvement in the program based on high risk of involvement in the drug abuse culture due to the presence of one or more of the following risk factors: 1) high absenteeism and/or truancy from school; 2) school failure; 3) lack of sufficient cultural foundation; 4) lack of bonding with school and/or community; 5) low socio-economic status; 6) ethnic minority; 7) lack of positive parental role models and/or 8) African American males/females who lack ongoing contact with positive African American role models (elders). Project participants become reacquainted with the village (community) and are taught by elders to uphold village principles and to pass these teachings on to the next generation. This year a new component, self-discipline has been added. Relaxation, breathing, and self-control elements of the martial arts are taught by a fourth degree karate black belt.

### Nomad (No More Alcohol And Drugs) Mobile Prevention Project

The NOMAD van remains the most community visible of all the DPIC prevention and outreach programs. The mobility of the NOMAD enables staff to provide substance abuse prevention and education services to hard to reach populations that may be missed by traditional access methods. The NOMAD project provides community specific substance abuse prevention/education services throughout Hamilton County. Major community events attract a multitude of community residents and, as a result, over 350,000 individuals participated in NOMAD specific activities. Services were provided at community fairs, rallies, promotional events, pool sites, recreation centers, health fairs, shopping centers, juvenile detention centers, and schools. The NOMAD unit is easily recognized and has become synonymous with substance abuse prevention in communities throughout Hamilton County. Many who participated in NOMAD programs would not have been exposed to targeted prevention services if the NOMAD van did not provide such programs to them in their communities. Over 350,000 pieces of substance abuse prevention and/or treatment literature were distributed, and several hundred referrals to community based counseling, family support groups, or treatment services were made by NOMAD staff. The DPIC is seeking support to enhance this vital community service program through the purchase of a new, technology updated van.

## **THE PREVENTION RESEARCH UNIT (Continued)**

### **Prevention Alliance**

The Prevention Alliance continues to focus on prevention education and outreach services to the western portion of Hamilton County. These activities are conducted under the direction of the PRU staff. The Prevention Alliance is a collaboration with The Alcoholism Council of the Cincinnati Area (ACCA), Crossroads Centers and The Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP). This year's highlights include programming for the underserved, including hearing impaired and older adult populations. In addition, special training was provided for law enforcement officers regarding current trends in street drug abuse. The Prevention Alliance conducted workshops and seminars to address the effects of marijuana use, pharmacology of cocaine, the toxicology of inhalant abuse and the health hazards of tobacco use. Special tobacco prevention and education sessions were also held.

The following are ongoing programs offered by DPIC through the Prevention Alliance:

1. Medication Education for the Older Adult
2. Nomad Mobile Prevention Services
3. Adult Drug Abuse Education Program
4. Drug Abuse Prevention Program for Youth
5. Inhalant Abuse Prevention Program (Youth Component)
6. Inhalant Abuse Prevention Program (Adult Education Component)
7. Training of Trainers Programs

### **Tobacco Services**

The Prevention Research Unit received funding from the Ohio Department of Health to implement a multifaceted program addressing tobacco prevention from the grassroots community level. The Tobacco Intervention and Prevention Project (TIPP) will provide tobacco prevention and education services to traditionally underserved (ethnic minority, economically deprived, socially challenged) populations in select communities of Hamilton County. The program will focus on minimizing exposure to environmental tobacco (second hand) smoke and will use the NOMAD mobile unit to deliver services to targeted populations in their neighborhoods. In addition, the staff of the Prevention Research Unit and a medical team from Children's Hospital Medical Center will promote smoking cessation for Hamilton County residents. The TIPP project will begin in January, 2000.

## **EARLY PREVENTION INTERVENTION PROJECT (EPIP)**

The DPIC and the Central Community Health Board (CCHB) collaborate in the EPIP. EPIP uses the risk reduction model and proven public health measures to provide HIV early intervention, prevention, education and outreach to persons in Hamilton County whose behavior puts them at risk for infection with HIV, sexually transmitted diseases (STDs) and tuberculosis (TB). The target groups for EPIP include clients in alcohol and other drug (AOD) treatment programs as well as those out of treatment who might not otherwise be served.

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 cell monitoring and institution of highly effective anti-retroviral therapy. Data from the EPIP project are reported to the Hamilton County Alcohol & Drug Addiction Services (ADAS) Board and to Ohio Department of Alcohol and Drug Addiction Services (ODADAS).

E. Don Nelson, Pharm.D., O.C.P.S., DPIC Associate Director and EPIP Research Director, uses process, outcome, and impact measures to evaluate the performance of the project in relation to its goals and objectives. Dr. Nelson also functions as the primary trainer for the EPIP.

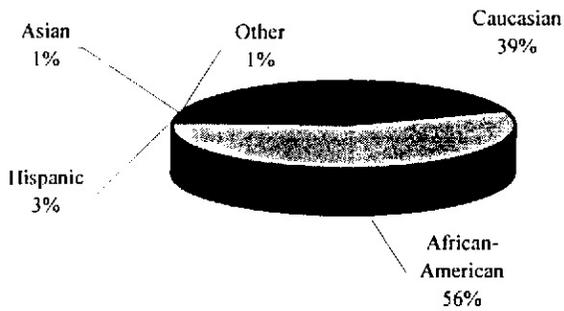
In the course of the provision of EPIP services, EPIP staff interacts with ODADAS-certified chemical dependency treatment programs in Hamilton County. In addition, EPIP has delivered services to numerous other agencies serving clients with high-risk behaviors for substance abuse and HIV infection in Hamilton County. All agency interactions have been well received by the host agencies as reflected in feedback and evaluation forms.

### **EPIP provided the following units of service from 7/1/98 to 6/30/99**

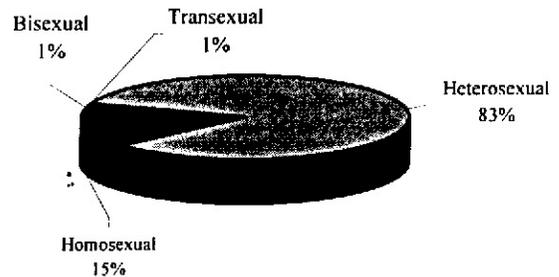
Clients Receiving Educational Sessions	5826
Education Sessions Provided	396
Clients Receiving Risk Assessments	1030
Clients Receiving HIV Pre-test Counseling	2739
Clients Receiving HIV Blood Draws	2598
Clients Receiving STD Blood Tests	226
Clients Receiving Post HIV Test Counseling	1547
Clients Receiving Nursing Assessments	332
Case Management Contacts	458
Agency Staff Training Sessions	59
Staff Trained in External Trainings	732
Clients Receiving Outreach Contacts	3776
Clients Receiving Interim Services	976
Faith Based Clients	1034
Mean Pre- vs. Post-Test Score.	6.4/10 vs 8.9/10
Mean Training Evaluation Score 0 (Poor) to 4	3.6

## EPIP Statistics for July 1, 1998 to June 30, 1999 (Continued)

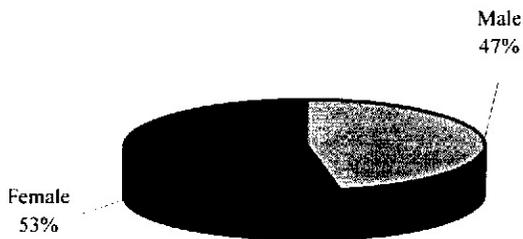
**Race**  
n=19,348



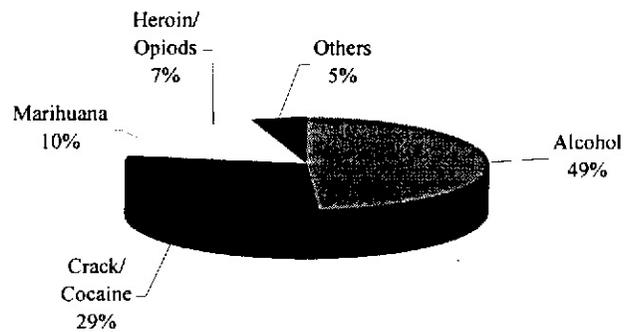
**Sexual Orientation**  
n=6,972



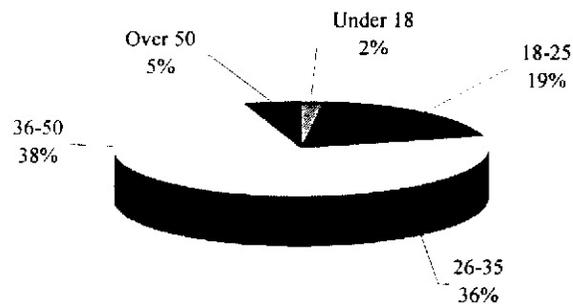
**Sex**  
n=13,441



**Drug of Choice**  
n=3,826



**Age**  
n=13,451



## NetWellness™

DPIC continued its participation in NetWellness™, a web-based consumer health information service from the University of Cincinnati, The Ohio State University, and Case Western Reserve University. In addition to health information from quality-evaluated web links, medical literature, databases and original content, NetWellness offers access to health care professionals in a wide variety of specialty areas through "Ask an Expert." Pharmacists from the DPIC provide the "Expert" for the Pharmacy and Medication area. Since it began in 1994, this area has continuously been one of the most accessed of all NetWellness® resources. Over 1,800 questions have been asked about medications. Questions cover a wide range of topics, including concerns about drug-drug and drug-disease interactions, medication use during pregnancy and breast feeding, therapeutic uses, side effects, herbal and alternative medicine, substance abuse issues and newly approved medications, to name a few. In responding to questions, the pharmacists try not only to give the individual the information requested, but also to provide the information in a manner that is useful to others with similar concerns. The overall goal is to encourage and enable consumers to become active knowledgeable participants in their own healthcare. Typical questions answered through "Ask an Expert – Pharmacy and Medications" include:

**1. *"With the recent outbreak of the flu throughout the United States, I am wondering how effective flu shots have really been?"***

The effectiveness of the flu vaccine (influenza vaccine) in preventing or decreasing illness varies, depending on the age and health status of the individual receiving the vaccine, and the similarity between vaccine viruses and circulating viruses. Each year, the composition of the flu vaccine changes to try to match the flu viruses that will circulate the coming flu season. According to the CDC, "this year's vaccine is well-matched to the virus strains that have been circulating during the 1999-2000 flu season." Studies of healthy persons younger than age 65 years have found the flu vaccine to be 70% to 90% effective in preventing illness. The vaccine is less effective in the elderly and those with certain chronic diseases. However, if such persons develop the flu despite vaccination, the vaccine is effective in reducing flu-related complications, hospitalizations, and death. For more information, click on the link below to visit the CDC web site (<http://www.cdc.gov>).

**2. *"My sister died of cancer and pneumonia. She was very weak from chemotherapy, doctors placed her in a nursing home, she contacted pneumonia and died 3 days later. I know that Colloidal Silver is very effective against 'viruses, bacteria, and fungi.' Why can't doctors start patients on Colloidal Silver a couple weeks prior to chemo? I visualize this would be a good practice with other types of operations, especially if staph infection is common."***

Colloidal silver is sold as a "dietary supplement." Some manufacturers claim that oral colloidal silver is good for prevention and treatment of many serious diseases. The FDA is not aware of any substantial scientific evidence that supports the use of over-the-counter (OTC) colloidal silver ingredients or silver salts for these disease conditions. Prolonged use of silver products can lead to toxicity such as argyria (a blue/gray coloration of the skin and internal organs).

In September 1999, the FDA banned the use of colloidal silver or silver salts in OTC products. The rule applies to any nonprescription colloidal silver or silver salt product claimed to be effective in preventing or treating any disease. However, silver products can still be sold as dietary supplements provided that no health claims are made for them. The purity and safety of these supplements cannot be guaranteed (see Mayo Clinic link below).

Various methods have been investigated to prevent infections in cancer patients. Medications (e.g., colony-stimulating factors, antibiotics) may be prescribed for this purpose. For more information on infections in cancer patients, you can visit the American Cancer Society Web site. For more information: Mayo Clinic Information on Dietary Supplements; FDA Homepage; ACS: Infections in Individuals with Cancer.

## NetWellness™(Continued)

3. *“What are the physical effects of LSD? I’m particularly interested in the effects it has on the brain. I heard that if you take it more than 7 times, you are clinically insane. Is that true? If so, why?”*

The effects of LSD can vary among individuals as well as in the same individual at different times. Some physical effects of LSD may include nausea, loss of appetite, sweating, dilated pupils, and increased heart rate and blood pressure. The mental effects may include distortions in perception, self image, thinking, emotion and subjective time. Anxiety, panic reactions, a feeling of loss of control, and depression have also been reported. I am not aware of evidence that any individual who has used LSD more than seven times will become clinically insane. However, LSD has been associated with relatively long-lasting psychoses, such as schizophrenia, and severe depression. The extent and mechanism of LSD involvement in these illnesses is unclear.

Information available on NetWellness™ that has been provided by the DPIC includes: (1) "Ask an Expert", providing answers to consumer questions related to pharmacy/medication issues by DPIC pharmacists; (2) the Center's "all-in-one" **Poison Prevention Pamphlet** and (3) content for the "Pharmacy and Medications Health Topic" and "What's Hot?" sections.

NetWellness® is available through Internet access from personal computers and on more than 6,000 public-access computers through support from the State of Ohio and the Ohio Public Library Information Network. NetWellness™ can be accessed at <http://www.netwellness.org>. DPIC's Project Director of NetWellness™ services is Gaylene Tsipis, M.S., R.Ph. Jennifer McCowan Hertelendy, R.Ph. is the Pharmacy and Medications Expert for NetWellness™.

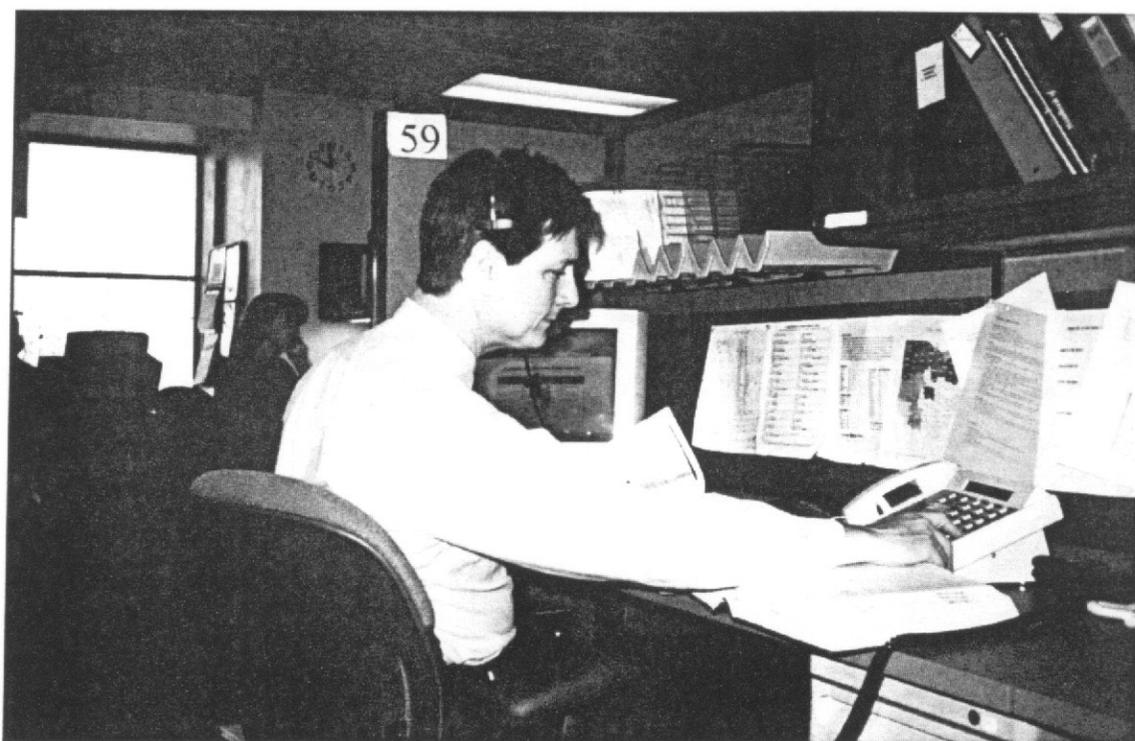
## DRUG INFORMATION EDUCATION AND SERVICES

The Drug & Poison Information Center has provided drug information to the health care professionals and consumers in its region for over 30 years. During this time, it has also been an educational site where undergraduate pharmacy students, pharmacy residents, and Doctor of Pharmacy students can build drug information skills through exposure to a variety of settings. Under the guidance of preceptors, the students have the some of the more than 7,000 annual questions from health care professionals, Pharmacy and Therapeutics opportunity to become involved with Committee and Adverse Drug Reaction Committee activities, as well as Center newsletters. They also have the opportunity to enhance communications skills in handling questions from consumers via telephone or the Internet.

In 1999, nine Doctor of Pharmacy students from the University of Cincinnati, College of Pharmacy completed a one-month Drug Information clerkship rotation at the DPIC. The Center continued its participation in the Council of Ohio Colleges of Pharmacy's Certificate Program in Drug Information. Four practicing pharmacists completed the experiential portion of their training at the Center. One Pharmacy Resident from the Veterans Administration Medical Center completed a one month rotation. Agreements with Creighton University and Butler University to provide drug information training for their students were established. Gaylene Tsipis, M.S., R.Ph, and Karen Simone, Pharm.D. precept these programs.



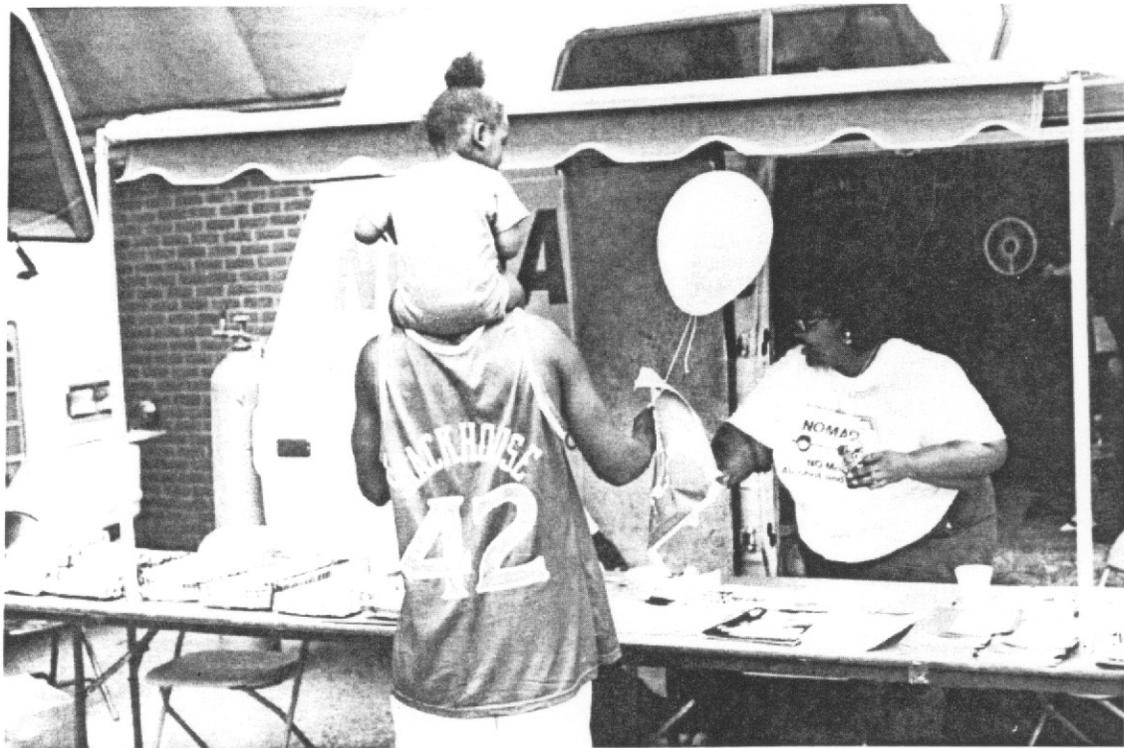
Megan Schmitt R.N., C.S.P.I. responds to an emergency poisoning



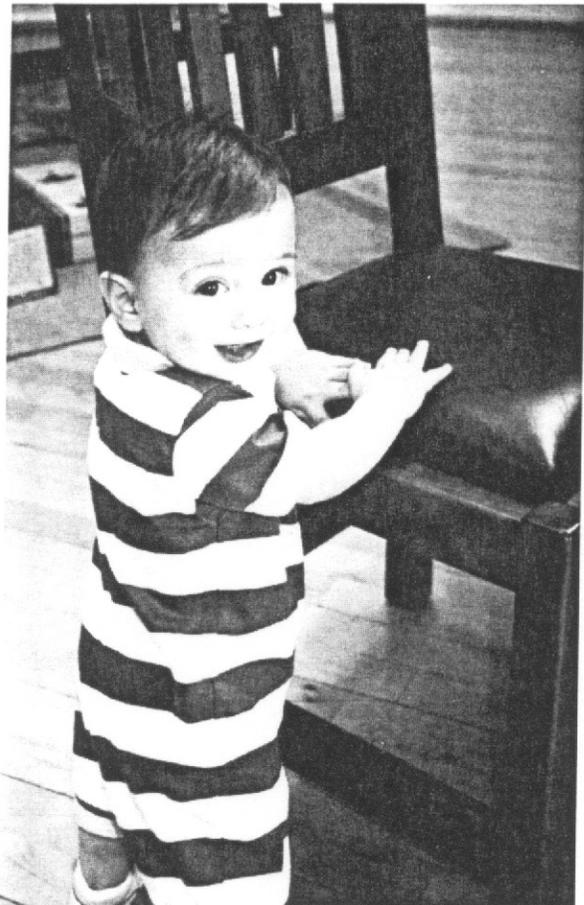
Rob Goetz, Pharm.D., C.S.P.I. researches treatment for a toxicologic exposure



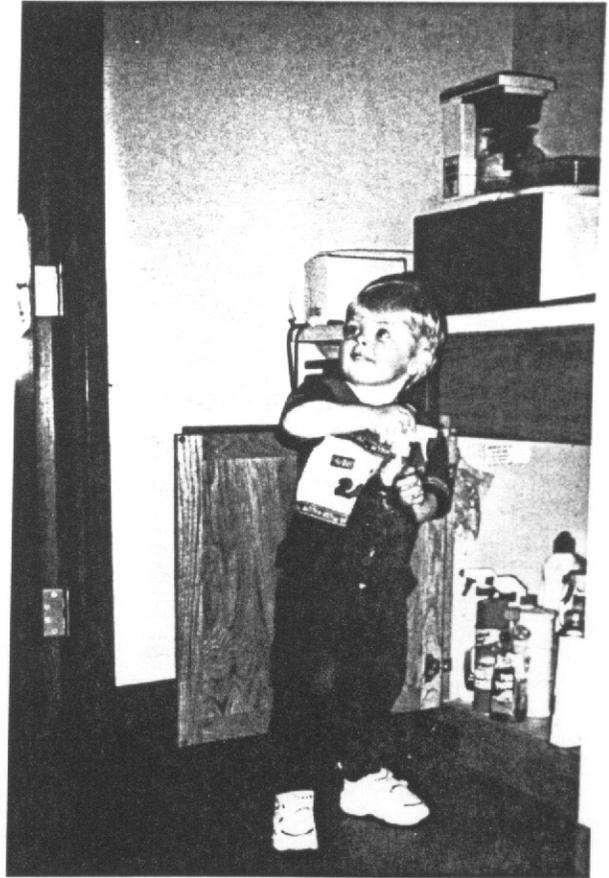
PRU staff reaches out into the community with the NOMAD van



PRU staff provides drug abuse information



Jacob Weinstein, independent consultant to DPIC



**STATEMENT OF REVENUE AND EXPENSES  
FOR CALENDAR YEAR ENDING DECEMBER 31, 1999  
Poison Control and Community Services**

**REVENUES**

OUTREACH SERVICES

ODADAS	\$ 131,625
Office of Criminal Justice Services	16,670
Hamilton Co. ADAS - Westside	38,661
Ohio Department of Public Safety	11,081
Central Community Health Board	40,000
Hamilton Co. Educational Serv. Center	15,080
Public Allies	3,000

POISON CONTROL - COMMUNITY HOTLINE

Member Hospitals	110,364
Public Funds / Supporting Agencies	776,517

INSTITUTIONAL SUPPORT

1,059,432

**Total Revenue**

**\$ 2,202,430**

**EXPENSES**

Outreach Services

Salaries and Benefits	\$ 224,405
Non-Personnel Expenses	61,915

Poison Control - Community Hotline

Salaries and Benefits	1,632,662
Non-Personnel Expenses	283,448

**Total Expenses**

**\$ 2,202,430**

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

June 2000 - January 2001

Anne Koster, ND, MBA

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*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

*Marijuana, crack cocaine, and heroin remain Cuyahoga County's primary drug abuse problems. The prevalence of crack cocaine is relatively unchanged; however, there continue to be new user groups emerging. Specifically, an increase in white, professional male/female individuals over age thirty are using crack cocaine. Marijuana remains the most common drug used within the region, often utilized in conjunction with alcohol and other drugs, particularly with the adolescent population. New user groups of youth abusing heroin, hallucinogens and "club drugs" (e.g., Ecstasy, Special K, crank) reported in June, 2000 continues to increase. Treatment challenges continue to exist for all of the drugs mentioned – especially heroin, crack cocaine and prescription drugs. These challenges include reimbursement, lack of residential treatment programs and availability of intensive treatment programs.*

## 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 individuals 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 three focus groups and one interview conducted in November and December, 2000 and January, 2001. The number and type of participants are described in Table 1 and 2.
- **Alcohol and drug abuse treatment admission data** were provided by the Ohio Department of Alcohol and Drug Addiction Services.
- **National statistics** are available from the Treatment Episode Data Set (TEDS) 1992 -1997 provided by SAMHSA.
- **Availability, price and purity data** are available through the Cuyahoga County Sheriff's Department and local suburban police/sheriff departments for January, 1999 through July, 2000.

**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 workers, etc.)
11/07/00	5	Active Users, Treatment Providers
11/07/00	8	Active Users, Treatment Providers
12/05/00	6	Active Users, Treatment Providers

**Individual Interviews**

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
12/05/00	Chemical Dependency Coordinator of a large, multi-service community health agency located in Cleveland, Ohio

**Totals**

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	19	1	20

**Table 2: Detailed Focus Group/Interview Information**

December 5, 2000

"Name"	Age	Ethnicity	Gender	Experience/Background
L	51	White	Male	Twenty-three years in chemical dependency field. Clinical director of large treatment facility in Cleveland, Ohio. LISW, Doctorate in counseling.

Recruitment procedure: *The participant above was recruited through a previously established contact with the Executive Director of Neighborhood Counseling Services/Recovery Resources. This individual was recommended for participation in Substance Abuse Trends of adults because of his expertise in chemical dependency treatment issues.*

November 07, 2000

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
D	46	White	Female	Fifteen years experience in Chemical Dependency field, the past two years has served justice system. Masters degree in counseling, criminal justice.
T	52	White	Male	Twenty-five years experience in Behavioral Health - both chemical dependency, mental health and forensics. Registered Nurse.
A	32	Black	Female	Active drug user and dealer. Primary drug of choice is cocaine. Past history includes dealing of heroin and prescription drugs (Percodan, Vicodin) – has been incarcerated twice for possession and dealing of drugs.
L	28	White	Female	Active drug user. Primary drug of choice is marijuana and Xanax. Past history of dealing extensively marijuana – incarcerated once for robbery to support habit.
S	29	White	Female	Active drug user. Primary drug of choice is hallucinogens and prescription pills.

Recruitment Procedure: *The four participants listed above were recruited through a contact with the Cuyahoga County Forensic/Correction Program. The nurse liaison asked the treatment providers to identify appropriate candidates for participation.*

November 7, 2000

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
K	21	White	Male	Active user of alcohol, cocaine and marijuana.
J	20	White	Male	Active user of alcohol, heroin.
T	34	White	Male	Active user of alcohol, prescription drugs. Has been sober for past 9 months.
D	51	African-American	Male	Active user of alcohol. Has been in treatment programs several times, has been incarcerated 2x for DWI.
R	27	Mexican	Male	Active user of alcohol and cocaine.
L	44	White	Male	Recovering addict, treatment provider. Past history includes abuse of several drugs – "I loved them all."
T2	53	White	Male	Treatment provider
G	29	White	Male	Recovering abuser of prescription drugs.

Recruitment procedure: *The participants above were recruited through a contact with a mental health facility that offers chemical dependency services. Treatment providers requested volunteers for participation.*

December 5, 2000

"Name"	Age	Ethnicity	Gender	Experience/Background
M	39	African-American	Female	Active user. Primary drug of choice is heroin. Past history includes prostitution to support habit.
P	31	African-American	Female	User of cocaine since 16 years of age. Has been drug-free for 6 months.
D	31	African-American	Female	Drug abuser. Primary drug of choice is crack cocaine. Prior history includes incarceration for robbery & embezzling to support habit.
P2	48	African-American	Female	Active user of crack cocaine. Has been in and out of treatment programs for past 7 years – has currently been drug-free for 14 months.

Recruitment procedure: *The four participants above were recruited through a treatment program offered for females with a past history of incarceration and/or involvement with social service agencies.*

## DRUG ABUSE TRENDS

### 1. Cocaine

#### 1.1 CRACK COCAINE

Crack cocaine remains the predominant "hard" 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, availability and ease of use are the most common reasons verbalized for crack cocaine's continued high rate of utilization amongst user groups. The price of crack cocaine varies, depending on the quality and purity of the drug, relationship with the dealer and location of the purchase (cost may double in the suburbs vs. the inner city). The cost of a "rock" of crack cocaine is approximately \$20 with the majority of users reporting "discounts" offered from dealers to "good customers."

*... Crack is more popular because it's cheaper and has a faster buzz. On every single corner there is a dealer in the city of Cleveland ... the quality is pretty bad – it's been stepped on more than since I was in high school ... if you go directly to a source it hasn't been stepped on as much ... so many people are dealing it and they are cutting it in different ways – adding baking powder, baby food, all sorts of junk.*

Crack cocaine crosses genders, race/ethnicity and age groups. Participants report that more younger females and elderly individuals (45 years old and up) are abusing crack cocaine. Treatment providers and drug abusers/dealer report a continuing increase among male/female professional clientele – physicians, attorneys, law enforcement personnel and successful business entrepreneurs.

*I can say that ten years ago people were more discreet. Drug dealers were just drug dealers and not users. Now, they are drug dealers AND users. You have them getting high on their own supply. You have mothers with children whose boyfriend sells drugs, then ends up getting them on it ... Before, you were a user or you were a crackhead and this, that and the other. If you were a dealer, you were up higher. Now, you have so many dealers that use the stuff it's like smoking a cigarette ... I see a lot more women using it. There are older woman in their 50's. I've seen more now in the 'hood from my experience.*

The treatment issues associated with crack cocaine identified in the June, 2000 report remain – specifically, minimal residential treatment is available, lack of treatment programs directed primarily towards cocaine addiction, and a complete lack of treatment for the financially disadvantaged and indigent abuser. All participants agreed that treatment can only be effective if the person who seeks treatment is motivated to pursue sobriety.

*You have to want treatment first of all. Ninety percent of people go to treatment because it's court-ordered. It would be good if people would go to treatment saying that they want to save their life. You have to say, 'I'm tired of being tired.' The treatment I just went through has a class with 50 people. The woman in charge said that out of these 50 people, only one will make it. By the time I left, only 5 people were left ...*

According to Cuyahoga drug treatment admissions data (2000), Crack is the most widely chosen primary drug of choice among females (Exhibit 6). In comparison to (1997) national and (1999) Ohio adult treatment admissions data, Cuyahoga County is much higher in the admissions of crack cocaine as a primary drug of choice. Exhibit 2 illustrates the nation at 1.4%, the state of Ohio at 14.1% and Cuyahoga County at 23.8% crack cocaine admissions.

## 1.2 COCAINE HYDROCHLORIDE

Participants report a decrease in the prevalence of cocaine hydrochloride use related to the continual popularity of crack cocaine and the higher cost of powder cocaine. The price of powder cocaine is relatively stable – a gram sells for approximately \$100 – 125, with a higher cost reported in the suburbs.

## 2. Heroin

Next to alcohol and crack cocaine, heroin is the primary drug of choice for users in Cuyahoga County and has become particularly popular with users in their late teens, early twenties. This popularity is attributed to availability and low cost, improved quality and potency leading to a much more pleasurable “high.”

*... Heroin users are not like crackheads – crackheads are mentally. Their minds keep telling them, “I need more ... Heroin affects you physically – you can buy four bags in the morning and won't have to see the dealer again until that afternoon ... I smoked heroin in junior high school – I don't know if it's because I never done it before, but I thought it was better because it gets you wasted. After the first couple of times, you get used to it and it doesn't make you sick.*

Heroin is available in bundles (ten hits/“bags” to a bundle) and sells for approximately \$250 – although many ‘discounts’ can be obtained through dealer/seller recognition and purchasing bulk amounts.

The most popular method of administration is smoking with several participants stating that they have seen an increase in intravenous usage of heroin.

*... I don't like needles myself, but it depends on where you come from ... the longer you do it, the*

*more likely you will graduate to the needle ... a lot of people seem to be shooting it, but most people I hang with, smoke it ...*

Heroin usage among a younger population continues to increase. Participants verbalized that this may be due to the availability of the drug, ease of usage, relatively low cost and the lower level of stigma associated with heroin use versus a “crackhead.”

*... In the past, I may have heard the word “heroin” once or twice, but didn’t know what it was. In the past, all the people who were using it threw up. I used it and didn’t throw up. I knew I needed to stay away from it ... I never knew how much heroin was out there until I got into treatment and all I heard was “heroin, heroin, heroin” ...*

Cuyahoga County drug treatment admissions data 2000 report that next to alcohol, marijuana and crack cocaine, heroin is the next drug of choice for females (Exhibit 6). The data also report that heroin is slightly higher in treatment admissions than crack cocaine for males (Exhibit 5). The 1999 adult treatment admissions data for Cuyahoga County reported 12.8% of treatment admissions for heroin and other opiates, while the nation reported 20.8% in 1997 and the state of Ohio reported 5.6% in 1999.

### **3. Other Opioids**

Opioids currently popular in Cuyahoga County are Dilaudid, Vicodin, OxyContin and Demerol. Adult users report that Tylenol III and IV are not popular due to the expense and the ineffective “high.” Prescription addiction is expensive, with the cost ranging from \$5 to \$45 per pill and higher, depending on the class of drug. The most popular method of procurement remains through the medical profession and medical system – e.g. repeat trips to the local emergency room, prescriptions from dentists and physicians, utilizing prescriptions from elderly parents, siblings and friends.

*... That’s why I was sitting in jail – I did what I did to get the pills, I forged prescriptions because it was cheaper for me to get a whole prescription, generic prescription for \$7.49 rather than pay five bucks a pill and then I would copy the prescription and forge the signature – that is until I got busted ... When going from doctor to doctor didn’t work anymore, I would go get a pad and write my own prescription. That way I was only paying seven to ten bucks for the whole thing and have a refill to boot ...*

Primary users of prescription drugs continue to be predominantly women in their early thirties, often times used in conjunction with alcohol. Other popular user groups are white males, ages 35 and older.

### **4. Marijuana**

Treatment providers state that Marijuana is the most common drug utilized in Cuyahoga County, often used in conjunction with alcohol and other drugs. Both treatment providers and users state that users do not feel that marijuana “is really a drug.” Due to this perception of marijuana as a ‘recreational drug’ similar to alcohol, treatment is not actively pursued.

Participants reported that marijuana can be found “everywhere that you look” – the cost remains relatively stable at \$50-\$60 an ounce, depending on the location, the dealer and the quality. Users reported an increase in “homegrown” and “hydroponic” marijuana being sold. Treatment providers report that almost all adolescents seen in treatment have a history of smoking marijuana. Combining marijuana with other drugs such as PCP and crack cocaine, rolled into a cigar casement (“Primos,” “Blunts”) remains very popular with younger users.

According to the 2000 Cuyahoga County drug treatment admissions data, marijuana is the third highest drug of choice for females next to alcohol and crack cocaine (Exhibit 6). Marijuana is the second highest drug of choice by males next to alcohol (Exhibit 5). In comparison to (1997) national and (1999) state of Ohio adult treatment admissions data, Cuyahoga County is similar in percentage of treatment for marijuana to the state of Ohio. However, Cuyahoga County reported 19.2% treatment of marijuana in 1999, while national statistics reported only 11.2% of treatment in 1997 (Exhibit 1).

## 5. Other Drugs

All participants reported that use of hallucinogens (LSD, mushrooms) has increased with younger users (16 – 17 years old, early twenties), particularly at Raves. Adult users did not report a high utilization of hallucinogens.

Ecstasy is on the rise, mainly being utilized by younger users, but it is also popular with young, gay men. Inhalants remain popular with younger users primarily due to ease of use and availability. Participants reported that the “club drugs” are readily available in any bar in the Flats district of Cleveland. Several participants reported usage of “crank,” with one participant describing how individuals can manufacture crank at home – “they are making bathtubs full of it.”

## CONCLUSIONS

Alcohol, crack cocaine, heroin and marijuana remain the most commonly abused drugs in the Cuyahoga County area. Alcohol and marijuana use is so widely practiced and accepted that neither is considered to be chemical substances by drug users. Heroin and crack cocaine use crosses gender, race/ethnicity and age groups. A new user group consisting of white, urban, professionals has emerged amongst crack cocaine users. Heroin continues to be popular among younger users (ages 17 –25), due to easy availability, relatively low cost and pleasurable high that is associated with heroin.

The “club drugs” continue to enjoy increasing popularity among the area’s younger population. Ecstasy remains the primary hallucinogen and is readily available in the local entertainment districts. Marijuana is present in all schools, including the elementary schools in the area. Abuse of prescription drugs is reported to be on the increase with white males.

A myriad of treatment barriers continue to exist for all the drugs discussed. Detoxification programs are primarily available only if an individual is in physical distress (i.e., heroin or alcohol withdrawal) and are very limited in terms of availability, location and length of stay. Reimbursement issues remain a tremendous challenge for the majority of users in terms of seeking treatment.

## Recommendations

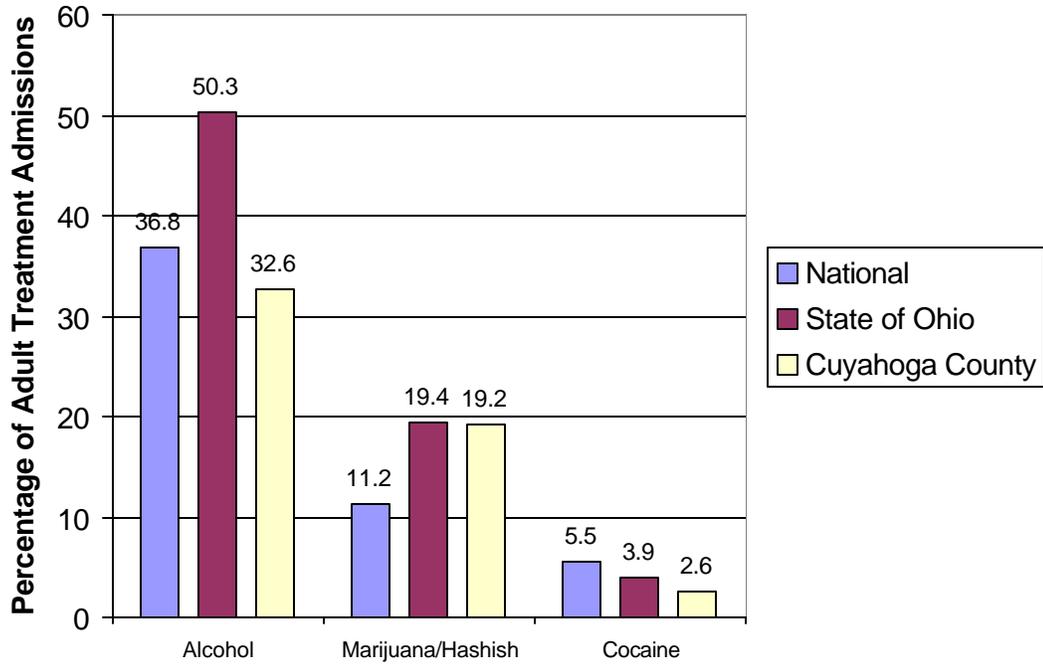
- **Residential treatment programs are desperately needed for addiction treatment, following intensive inpatient and in conjunction with outpatient treatment. Transitional housing should be available for individuals recently experiencing sobriety for at least a period of 90 days. Furthermore, treatment programs must consider incorporating some type of “mainstreaming” of recovering addicts into society in an effort to reduce the rate of recidivism.**
- **There exists a paucity of educational programs that exist within the school curriculum that combat the continued increase of drug utilization among adolescents and younger children. The DARE program needs to be re-evaluated for effectiveness in reaching its target audience. Many participants recommend using both active and**

**recovering addicts in the educational programs offered in the school system in an attempt to “reach” this population more successfully.**

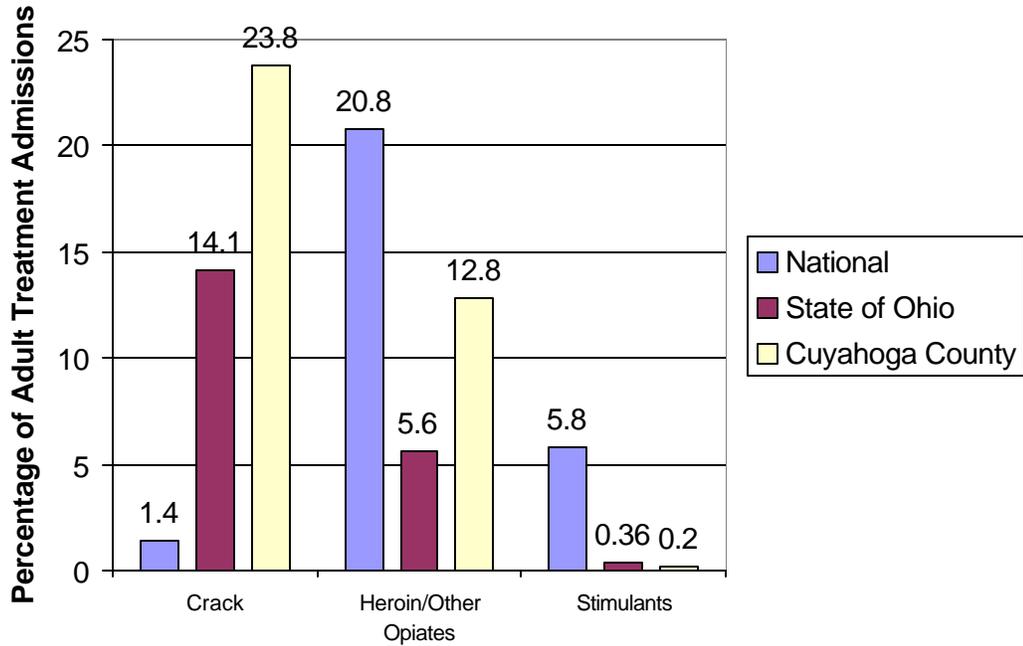
## **Exhibits**

- Exhibits (1- 4) compare national, Ohio and Cuyahoga County adult treatment patient's primary drug of abuse. National data is for 1997, State of Ohio and Cuyahoga County data is for 1999. Statistics were provided by the State of Ohio Department of Drug Addiction Services, Alcohol and Drug Client Data System.
- Exhibits (5 - 6) compare primary, secondary and third drug of choice by gender. The results are for patients who received treatment during the year 2000. Statistics were provided by the Alcohol and Drug Addiction Services Board of Cuyahoga County.

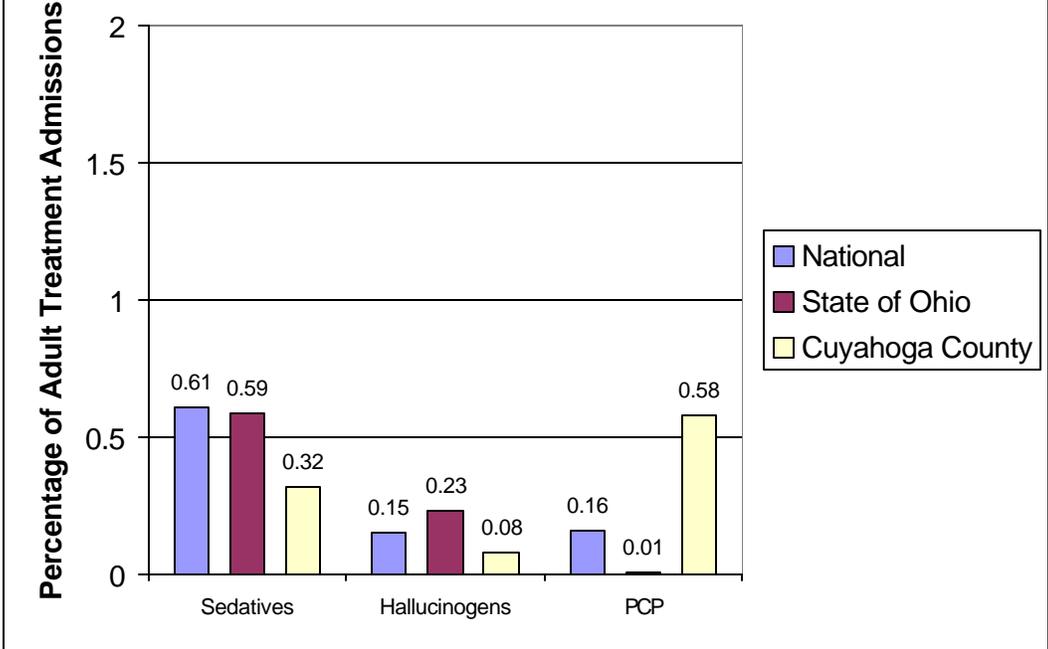
**Exhibit 1: National, State of Ohio, and Cuyahoga County  
Adult Treatment Patient's Primary Drug of Abuse**



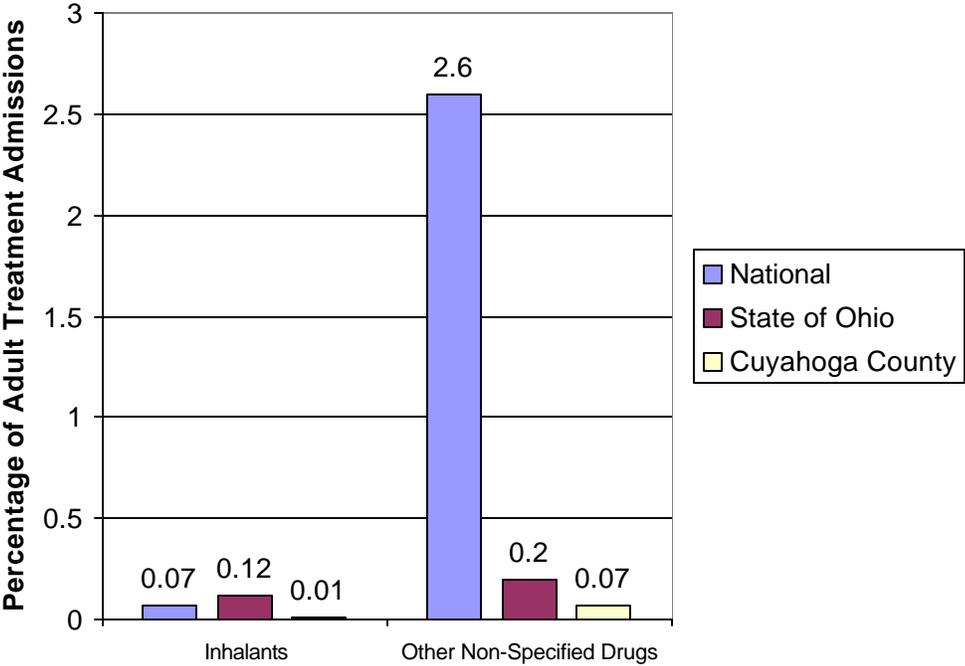
**Exhibit 2: National, State of Ohio, and Cuyahoga County Adult Treatment Patient's Primary Drug of Abuse**



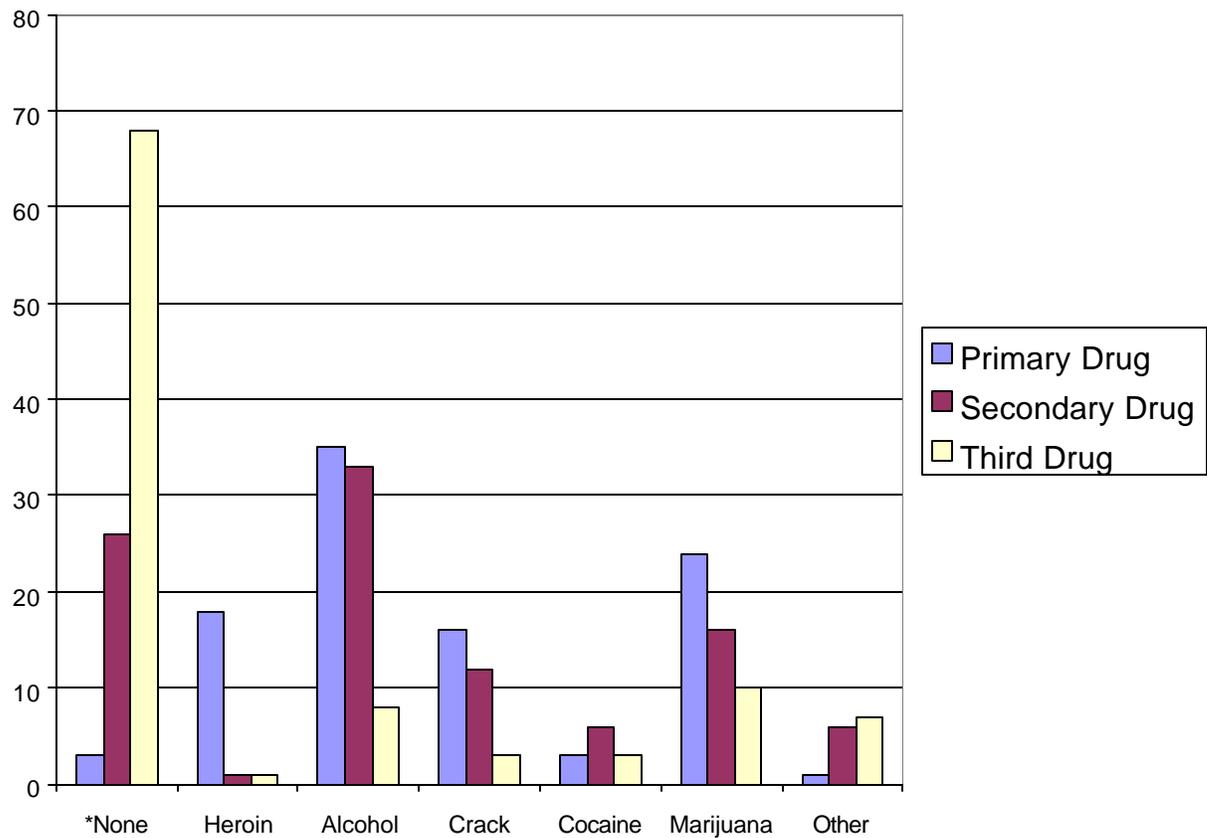
**Exhibit 3: National, State of Ohio, and Cuyahoga County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 4: National, State of Ohio, and Cuyahoga County Adult Treatment Patient's Primary Drug of Abuse**

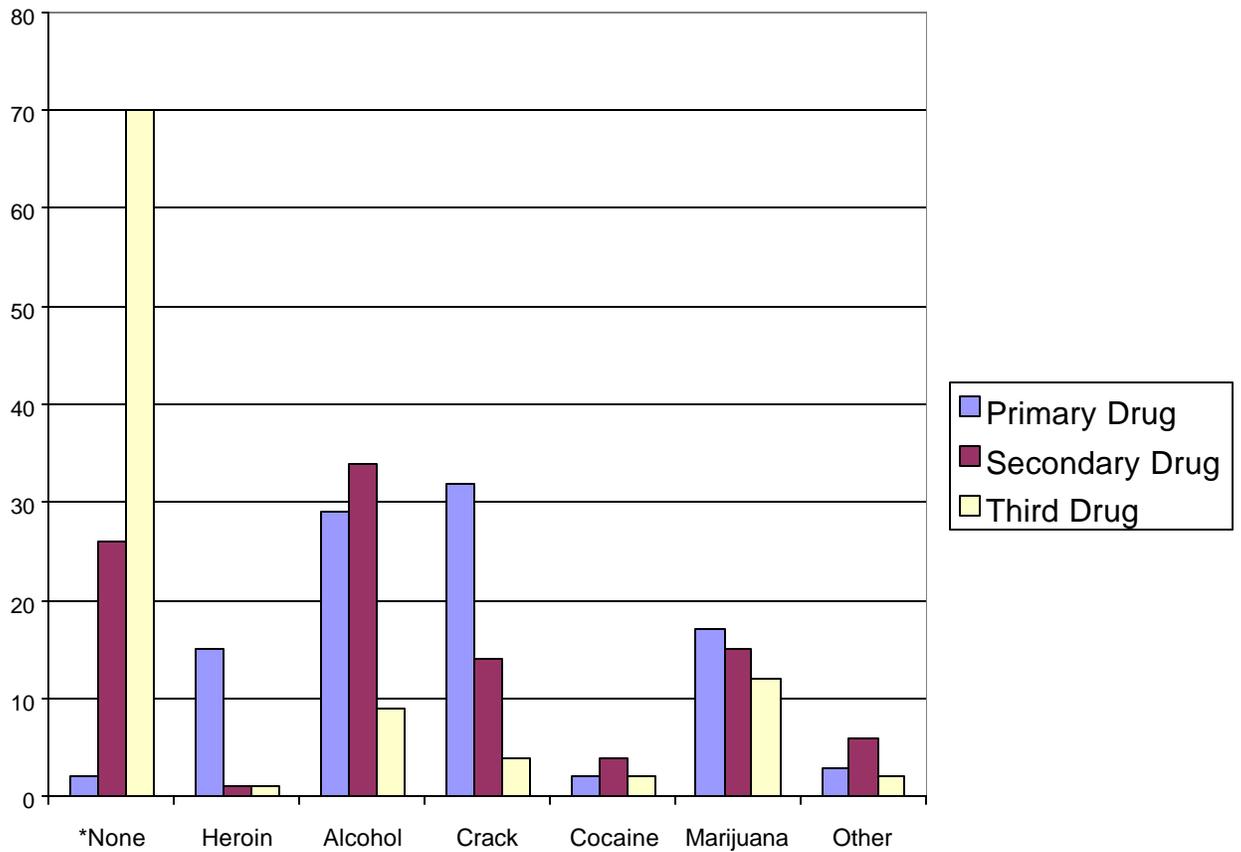


### Exhibit 5: Male Cuyahoga Treatment Admissions Data 2000



**\*(None = Individuals who reported no drug use)  
(Numbers are Percentages)**

### Exhibit 6: Female Cuyahoga Treatment Admissions Data 2000



**\*(None = Individuals who reported no drug use)  
(Numbers are Percentages)**

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

June 2000 – January 2001

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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 remains plentiful but of poor quality. It is primarily used in the inner city and can be easily purchased around the homeless shelters. Powder cocaine is difficult to find in these areas, as the cocaine comes already 'rocked up.' However, powder is available in the suburbs and in clubs. Inner city participants reported a limited availability of heroin and pharmaceuticals due to increased police vigilance. Reports of the unavailability of heroin, in particular, differs from accounts in past reports. Marijuana is widely used, so much in fact, that many do not consider it illegal. Ecstasy is the most widely used designer drug. Users extol its attributes: no hangovers, aphrodisiac-like effects, easy to get. As anticipated, alcohol use is widespread, although most of the participants interviewed were polysubstance users. Alcohol is often used to "take the edge off other drugs." Users felt treatment was available but too short in duration. The gay substance user is distrustful of mainstream treatment. Specialized strategies are needed for this population.*

*Generalizability is limited as focus groups were comprised primarily of men living in homeless shelters. Also, only one gay drug user familiar with the club scene was interviewed for this report.*

## INTRODUCTION

### Area Description

Columbus has an estimated population of 655,458. Caucasians make up 71.5%; African Americans, 24.7%; Asian/Pacific Islander, 3.1%; Native American, 0.2% of the population respectively. Officials anticipate that each of the minority numbers will increase once Census 2000 data are available. The Somali community alone is estimated to have grown from 40 people in 1996 to nearly 14,000 in 2000, with an estimated 20,000 by 2001. The Hispanic community traditionally has been undercounted. Advocates of the Hispanic community report numbers of 45-55,000 while 1998 data reflected a number of 10,000.

During 1999, the Narcotics Bureau of the Columbus Police Department charged 723 people for narcotics related offenses. This was a 6% increase over the following year. Data from the Columbus Police Department indicate that in 1999, 570 drug arrests were made by the Narcotics Bureau and 1,835 by patrol and other bureaus. One hundred and twenty-seven of those were juvenile arrests. In 2000, 474 drug arrests were made by the Narcotics Bureau and 1,535 by patrol and other bureaus. Juvenile drug arrests numbered 130 for the year. A more detailed narcotics report is found in exhibit A.

The Franklin County ADAMH Board released a discussion paper in June of 2000. Their analysis indicates that for behavioral health clients, the cost is growing faster than the revenue, resulting in reduced capacity. About 16,000 clients were

new to the ADAMH system in FY 1999. Of this number, about 11,000 were linked to service, 8,000 of whom were treated. The quickest access to care is for the severely emotionally disabled with alcohol/drug problems; the slowest access to care is for children and adolescents with alcohol/drug problems. At projected cost levels and need, \$150 million will be required to eliminate projected FY 2005 unmet need.

### Data Sources and Time Periods

- **Qualitative Data** were collected in 3 focus groups and 1 individual interview between September 2000 and November 2000.
- **Population data** are available on the City of Columbus Web site: <http://www.ci.Columbus.oh.us/facts/population/html> and in The Community Builder, October 2000.
- **Drug related crime**, trafficking and seizure data are available on the Columbus, Ohio Division of Police Web site: <http://www.police.ci.columbus.oh.us>
- **Substance Abuse Needs Assessment data** are available in the Franklin County ADAMH Board Report issued in June 2000.

**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.)
9-7-00	10	Active drug users Men's homeless shelter
9-29-00	10	Active drug users Men's homeless shelter
11-9-00	8	Active drug users College enrolled and college aged students

#### Individual Interviews

Date of Individual Interview	Active Drug User or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
12/9	Active drug user Describing gay club scene

#### Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL number of Participants
3	28	1	29

**Table 2: Detailed Focus Group/Interview Information**

9-7-0 Detailed information not available

9-29-00: Homeless Shelter

<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Background</b>
50	White	Male	Alcohol
48	African American	Male	Alcohol, cocaine
68	White	Male	alcohol
45	African American	Male	crack
47	African American	Male	Marijuana, crack, alcohol
30	African American	Male	Alcohol, crack
45	African American	Female	Alcohol, crack
48	African American	Male	crack
22	White	Male	marijuana
58	White	Male	Whatever available

11-9-01: MDMA user group

<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Background</b>
26	White	Male	Master's student, started use in '97, last used 6 months ago
22	White	Female	Not a student, started use in '98, last used 6 months ago
25	White	Female	Not a student, started use in '99, last used 3 weeks ago
30	White	Male	Grad student, started use in '97, last use 3 weeks ago
21	White	Male	College junior, started use in '98, last used 4 months ago
21	White	Female	College freshman, started use in '97, last used 4 months ago
20	White	Male	College sophomore, started use in '99, last used 6 months ago

## DRUG ABUSE TRENDS

### 1. Cocaine

#### 1.1 CRACK COCAINE

Crack is readily available in inner city Columbus. The quality is described as poor and “stepped on,” or cut with Similac, heroin, baking soda, and strychnine. Adult users note an increase in the number of juvenile users and sellers. However, once a seller begins using:

“...you can’t really trust ‘em...can you?...I mean if you get started on it, you’re started. If you’re started on it and you’re tryin’ to sell it, you’ll be okay for the rest of the day and the night that you’re out there. But if you get started on it, it’s over. I wouldn’t want to trust none of ‘em.”

Some noted an increase in older users (past 60) and use across all racial groups. Crack is not generally used in the gay club scene. However a small minority, primarily African Americans, do smoke crack in this venue.

#### 1.2 COCAINE HYDROCHLORIDE

Drug using participants recruited from the homeless shelters do not have access to powder cocaine. Any cocaine available has been “rocked up.” However, powder is easily accessible in the suburbs and in the Short North area of Columbus.

Powder is readily available in the gay club scene and the perception is that use is on the rise, according to one gay participant. “Put the word out what you want and within five minutes someone comes back to you and says I can get it.” One gay user reported that he couldn’t use the restroom because there were so many people in there snorting coke. “I’ve been to parties where they were passing it out in a Tupperware bowl.” He reported people snorting it off the bar. Quality is dependent on the relationship established with the seller. A quarter can be purchased for \$20; a half gram for \$40; a gram for \$80, and a 16<sup>th</sup> for \$120. There is some freebasing as well. A line of cocaine is referred to as a “bump.” The gay clubber also reported, “They’ve got these little things. Bullets, they’re called, and you put cocaine in them and you turn them, turn them upside down and its loaded. And you put it right in your nose without cutting it.” Cocaine use in gay clubs was described as “predatory.” Older men provide it to younger men for sexual favors.

## **2. Heroin**

The inner city users reported limited availability of heroin. This drug is most likely to be found on the east side of Columbus. The quality is good. The perception is that the police have really cracked down on the use of heroin in this area.

“It’s real dangerous. And the police is floatin’ around down here and you’re like, okay, we’ll just undermining’ the police department. Sneakin’ and doin’ from the police, you know.”

## **3. Other Opioids**

Shelter focus group participants noted that Dilaudid is occasionally used in place of heroin. “Every body is afraid of that needle thing.” (referring to HIV infection). However, the availability of prescription drugs has definitely decreased. The perception among inner city users was that pills were more available on the south side of town and in the campus area.

## **4. Marijuana**

Marijuana “will always be around.” “It’s so everywhere, people don’t even think it’s illegal. Every party you go to someone’s got a joint.” Price and quality depend on the dealer. A quarter goes for \$60 and a half ounce for \$100. The quality is good in Ohio. One user noted that pot is hard to find in September, because it has to dry after it is harvested. Users commented unanimously on its widespread use. Use appears to be increasing, especially in the very young.

## **5. Stimulants**

Stimulant use was not reported as a common occurrence. Methamphetamine was available in the 80’s, but not recently. A shelter group participant reported that occasionally a shipment comes from West Virginia but it is not very popular.

## **6. Depressants**

### **6.1 KETAMINE**

### **6.2 GAMMA-HYDROXYBUTYRATE (GHB)**

Ketamine and GHB are popular club drugs. One half gram of ketamine is \$20 and it is sometimes taken with Ecstasy. One user described the effects of ketamine and GHB.

“...if you’ve just done K, and you can see people who eat too much, they call it K holes, somebody who eats too much K, they look like they’re in the dentist chair and they’re waiting for a filling. Ninety-five percent of them can’t put sentences together very well. That’s just typical anesthetic. And GHB of

course, that's a big problem now, especially when people mix it with drinking. A lot of people use GHB....I've met hundreds of people with GHB."

Ketamine is sometimes used after a cocaine high. Among those club drug users who consider themselves experienced, GHB is unpopular. "You start out, GHB is like a really cool, drunk feeling. You get really horny, you're drunk. You feel drunk. And it's a great feeling, you know. You take too much of it, you're out."

A young woman expressed her distaste for GHB:

"It's a babysitting drug. It's horrible. Someone goes into a G hole, they're out for maybe over an hour, and then you're stuck with this person. Unless you leave them there."

Several people believed ketamine use was increasing and GHB use was decreasing. Ecstasy is generally perceived as the gateway drug to the subsequent use of ketamine and GHB.

## **7. Hallucinogens**

### **7.1 MDMA**

This drug is almost always used in a social setting; raves, clubs, concerts, or parties. One tablet generally costs \$20-\$25 and often two tablets are taken a night. Raves primarily attract high school students described as "club kids." Paraphernalia associated with raves includes pacifiers and glow sticks. Ecstasy is very easy to obtain and is often used sporadically. Several participants were very nostalgic about their use during the summer months, but found it necessary to cut use back drastically during the school year. There was general knowledge that one could get burned out with excessive use of Ecstasy.

One of Ecstasy's more attractive attributes is that one can get very high and not experience a hangover. One participant described use in the gay clubs:

"Orange juice kicks it in, and after that you don't have to drink alcohol. Pretty boys run around with bottled water. It's a controlled buzz. If you feel yourself getting out of control, you can think yourself through it. With alcohol, you're fucked up. You can wake up the next morning and go work out...you don't feel like shit."

Ecstasy's aphrodisiac-like affect was consistently mentioned. "Everybody you meet is very sexual. You're very in tune with somebody, with anybody!"

LSD was perceived as a drug primarily used by white high school and college students.

## **8. Inhalants**

Inhalants are used primarily by young people who have no access to anything else. Butyl nitrite is still used in the gay clubs, primarily among gay men in their late 30's and early 40's, according to the gay participant.

## **9. Alcohol**

As anticipated, alcohol use is commonplace but stable. Alcohol is often combined with other drugs or used to "take the edge off" the effects of other drugs. Treatment is accessible if "you answer the questions properly." Treatment is often used as a place to rest. As one person said:

"A lot of people they just go to treatment just like homeless guys say hey I can get off the street and get 'three hots and a cot' for 4 to 5 days. Hey. Do whatever for 4 to 5 days.

The gay user noted the heavy use of alcohol in the gay community.

"Ninety-five percent of the gay people I know are lushes. It's Saturday afternoon now and I've had several people call me to go drinking, 'day drinking.' I think its because they can't deal with what's going on."

## **10. Special Populations and Issues**

### **10.1 GAY MEN**

There is a high population of gay people in Columbus. A participant estimated that 70% of the gay people in the city are not originally from Columbus.

"Everybody moves here to get away from their families. Bars provide it (community), but I think it's deeper. I don't give a shit how levelheaded you are, there is always someone trying to slam you. There's always some motherfucker out there who's trying to slam me."

Most gay men do not see treatment as an option for them. "My friends say Alcoholics Anonymous is for quitters." In order for this population to consider treatment, one participant felt that specialized services were needed to address unique needs. He felt that gay men, in general, were very self-destructive.

## CONCLUSIONS

Alcohol is the most commonly abused drug in Columbus and Franklin County, although polysubstance abuse is the norm. Marijuana use is commonplace, and pot is not considered a harmful drug. Quality is generally good. Ecstasy is also not considered harmful, particularly if the user considers himself as savvy and in control. It is associated with raves and clubs. GHB and Ketamine are also found in these venues. Use of club drugs appears to be increasing.

Crack is cheap and plentiful, although quality varies. This form of cocaine is typically found in the inner city. Powder cocaine, on the other hand, is associated with suburban, middle class use. Some powder is used in clubs, and is very popular in the gay club scene. Participants did not identify heroin use as prevalent as the use of other illegal drugs, possibly because of the fear of contracting HIV. No mention was made of smoking heroin. Pharmaceuticals and hallucinogens were not widely used by individuals in these groups. Inhalants are used by the very young who have little access to other substances and by older gay men at the clubs in the form of poppers.

Treatment was viewed as accessible and used as a place to rest for the street user. Many felt the reduced length of stay mandated by changes in the healthcare system was detrimental. Although treatment is available, it does not appear to meet the needs of gay individuals.

## RECOMMENDATIONS

1. Specialized treatment and prevention services are needed for the gay population. There is a distrust of the treatment system, the perception that treatment professionals are unaware of the issues that gay people face (i.e., rejection, shame, family problems due to sexual orientation, HIV, etc.).
2. Research to illuminate best practices in addressing club drugs is needed. Prevention and treatment for club drugs may require unique approaches as the effects are not perceived as harmful, but rather beneficial. The user feels in touch with others and does not suffer from hangovers. Long term effects can be subtle, such as increased depression, and often not associated with use of the drug. Therefore, these drugs, particularly Ecstasy, are perceived as having no consequences.
3. ADAMH data indicate that certain populations (children and adolescents with drug and alcohol problems and the elderly with mental health issues) are experiencing the slowest access to services. Reasons for delays and strategies to overcome barriers should be identified.

## EXHIBIT A

(Although these data are from 1999, they have not been included in any previous report.) For 1999, the Narcotics Bureau of the Columbus Police Department reported the following:

- Investigative “A” Unit: During 1999 this unit was assigned to two task forces. One of these task forces involved the investigation of a Jamaican marijuana smuggling operation. The investigation produced 14 Federal prosecutions, and additional Federal indictments have been served. This unit seized 1,733 pounds of marijuana (\$2,599,500 value); 14 kilos of cocaine (\$350,000 value); 309.4 grams of crack (\$30,940 value); 7 kilos of Ecstasy (\$28,000 value); 2.5 grams of crystal meth (\$15,000 value); 900 doses of Valium (\$3,600 value; and 0.5 ounces of heroin (\$1,200 value).
- Investigative “B” Unit: this unit conducted numerous investigations and cleared 39 of 43 complaints that were assigned to them. This unit seized 31.8 grams of marijuana; 227.9 grams of heroin; 402.9 grams of crack; 169.4 grams of cocaine; and 22 unit doses of methamphetamine. Investigative “C” Unit: In May of 1999, detectives from this unit followed a trail of a methamphetamine labs that had been supplying the Columbus area. This trail led to an apartment in Los Angeles where these detectives, along with Columbus and Los Angeles DEA officers, executed Federal arrest and search warrants. This unit seized 9.0 ounces of crack; 153 ounces of cocaine; 31 ounces of methamphetamine; and 55 pounds of marijuana. During this unit’s meth lab investigation which led them to Los Angeles, the seized 2.2 pounds of methamphetamine; 6.8 pounds of cocaine; 17 pounds of marijuana, and made 15 arrests for conspiracy to distribute methamphetamine and cocaine.
- Investigative “D” Unit: In June 1999, this unit targeted 13 different locations and executed 12 search warrants, resulting in the arrest of 40 narcotics traffickers. This unit seized 8 ounces of crack (\$13,000 value); 10 ounces of cocaine (\$110,000 value); 30 pounds of marijuana (\$45,000 value); 10 unit doses of LSD, and 5 tabs of morphine.
- IN/TAC Investigative Unit: This unit initiated 57 investigations and handled 40 citizen complaints during 1999. Routine investigations by this unit led to 82 arrests. This unit seized 303 grams of crack; 12 pounds of marijuana; and 30 grams of LSD. A long-term investigation for this unit resulted in the seizure of 300 doses of LSD, almost 30 grams of illicit mushrooms, and a moderately sized indoor marijuana growth operation.

- The Airport Unit of the Narcotics Bureau monitored over 6,000 flights in 1999. As a result, 24 people were arrested producing the following seizures: 1,739 pounds of marijuana; 21 kilos of cocaine; and 2 kilos of crack.
- In 1997, the Columbus Canine Unit teams seized \$240,633 in cash and various amounts of drugs worth an estimated street value of \$579,474.

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

June 2000 - January 2001

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## **Abstract**

*Although crack cocaine abuse remains the most devastating illicit drug problem in Montgomery County, alcohol dependence/abuse continues to be the primary reason for drug treatment admissions in Dayton. Participants perceived an increase in the abuse of heroin, cocaine HCL and crack cocaine, especially among juveniles and young adults. This increase is described as relatively moderate, but warrants monitoring. Methamphetamine abuse is described as rare, but active users and law enforcement officers indicate that methamphetamine is gaining popularity and may soon be prevalent in the Dayton area. OxyContin continues to increase in popularity at an alarming rate. The abuse of marijuana continues to pervade socioeconomic class, gender and ethnicity. MDMA (Ecstasy) remains popular among the younger population and continues to increase in availability.*

# INTRODUCTION

## 1. Area Description

Named for Revolutionary War General Richard Montgomery, Montgomery County, in southwest Ohio, is home to 565,000 residents (1999 Census). 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. Dayton, Ohio, the largest city in Montgomery County, is a medium-sized city of 169,338 people (1999 Census). About 33% of the people in Montgomery County reside in the city of Dayton. Over 58% of Dayton's population are white, 40.4% are Black, and 1.1% are of other ethnicity. 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 three focus groups and two individual interviews between October 2000 and January 2001. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.
- **Alcohol and Drug Abuse Treatment Admission data** are from the Ohio Department of Alcohol and Drug Addictions Services for fiscal years 1997 through 1999.
- **Urine Drug Screening data** are from the Montgomery County Adult Probation Department.
- **Emergency Room data** are from the Ohio Hospital Association.
- **Juvenile Drug Trend data** are from the Dayton Area Drug Survey (DADS) conducted by Wright State University and United Health Services.
- **Drug Seizure data** from 2000 drug seizures are from the Dayton Police Department's Narcotics Unit.

**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.)
10/12/00	8	Active Users (Ravers).
11/1/00	8	Treatment providers, counselors, assessment specialists and DYS substance abuse specialists.
1/10/01	9	Active Drug Users.

### Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
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10/24/00	Crime Lab Scientist
11/14/00	Law Enforcement Officer

**Totals**

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	25	2	27

**Table 2: Detailed Focus Group/Interview Information**

October 12, 2000: Active Users (Ravers)

"Name"	Age	Ethnicity	Gender	Experience/Background
"R"	28	White	Male	Drug of choice heroin. Has used <i>all</i> drugs available.
"B"	18	White	Male	Drugs of choice marijuana/Rx meds. (Xanax).
"C"	18	White	Female	Drugs of choice MDMA, marijuana, ketamine.
"J"	27	White	Male	Drugs of choice heroin, marijuana, "Club Drugs," LSD.
"S"	24	White	Male	Drugs of choice primarily stimulants; Rx meds., marijuana.
"R"	18	White	Female	Primarily uses "Club Drugs" (e.g., MDMA, LSD, mushrooms, ketamine, marijuana).
"L"	18	White	Female	Primarily uses MDMA, LSD, ketamine.
"W"	26	White	Male	"Has used everything;" injection drug user--heroin, speed, crack. Reports being an addict since age 18.

Recruitment Procedure: *The above participants were recruited by asking "R" to recruit young, active drug users, with experience using "Club Drugs."*

November 1, 2000: Treatment professionals

"Name"	Ethnicity	Gender	Experience/Background
"C"	White	Female	Parole officer with 8 years experience in DYS and substance abuse field.
"C2"	Black	Female	Assessment therapists at CrisisCare for 1+ years. Prior experience working with dually-diagnosed clients.
"M"	Black	Female	Assessment therapist at CrisisCare for nearly 5 years. Assessments conducted primarily in prisons in Montgomery County.
"D"	White	Male	22 years experience in substance abuse field. 10 years experience working with juveniles. Currently working with adults in residential programs.
"B"	Black	Female	25 years experience in substance abuse field, primarily working with heroin and crack cocaine users.
"B2"	Black	Female	22 years experience in substance abuse and mental health fields—both direct services and administration.
"L"	White	Female	Clinical supervisor; experience in the substance abuse and mental health field for over 23 years. Prior work involved adolescents with mental health or substance abuse problems.
"M2"	White	Male	4+ years in substance abuse and mental health fields. Primarily conducts assessments.

Recruitment Procedure: *Participants were recruited by contacting treatment programs located in the Dayton, Ohio area.*

<b>"Name"</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
Scientist	White	Male	Several years experience analyzing drugs and other related items for Montgomery County Law Enforcement and surrounding agencies.

Recruitment Procedure: *The individual was recruited by contacting the Miami Valley Crime Lab in Dayton, Ohio.*

November 14, 2000: Law Enforcement

<b>"Name"</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
Detective	White	Male	Primarily working in "major" purchases (e.g., large quantities of drugs seized/purchased) narcotics division; prior to current position worked on "street-level" narcotics division.

Recruitment Procedure: *Administrators at the Dayton Police Department were contacted and asked to provide names of officers willing to participate in an OSAM focus group.*

January 10, 2001: Active Drug Users

<b>"Name"</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Experience/Background</b>
"M"	37	White	Female	Drug of choice, heroin. Starting using drugs at age 10; has been using heroin for 10+ years.
"D"	21	White	Female	Recovering (4 months); drug of choice was heroin; using for 3 years.
"T"	31	Black	Female	Drugs of choice heroin/crack. Started using crack from 17-31 years of age then switched to heroin as primary drug; has been using heroin since age 20.
"P"	57	Black	Female	Drug of choice crack since 1988; Heroin drug of choice prior to that time (35 years of use).
"B"	57	Black	Male	Drug of choice crack; using for 12+ years.
"M2"	31	Black	Female	Drug of choice crack; using since age 17.
"K"	22	Black	Female	Drugs of choice Xanax/marijuana; using marijuana for 7+ years.
"R"	27	White	Male	Drug of choice powder cocaine/marijuana/Rx medications; using since age 14.
"T2"	47	Black	Male	Drug of choice heroin; using 30+ years (recovering 10 months).

Recruitment Procedure: *The participants listed above were recruited through the use of outreach workers employed by Project CURE, Inc. The outreach workers were asked to recruit a diverse group of active drug users within the community.*

# DRUG ABUSE TRENDS

## 1. Cocaine

### 1.1 CRACK COCAINE

Since the inception of the OSAM Network 2 1/2 years ago, we have consistently reported high, steady levels of crack abuse in Montgomery County. This observation has consistently been documented by diverse qualitative and statistical data sources. While user groups have expanded, for example, to the working class and professionals as reported in January 2000, and increasingly over the last six months to juveniles and young adults 16-21, crack cocaine has become an enduring epidemic in Montgomery County with little sign of decreases in abuse.

Among the illicit drugs, treatment providers report crack cocaine continues to be the primary reason for drug abuse treatment admissions. Treatment providers report that the majority of their crack abusing clients are referred to treatment because of their involvement in the criminal justice system. Among court-referred crack cocaine users in treatment, providers perceived an increase in young, white females. However, as one treatment provider explained, this perceived increase may be due to the Montgomery County court system's new policy to screen females more stringently:

*"And I'm wonderin' again if some of this may be because of the drug courts. Because they're targeting and looking for it [cocaine]... I think before they were just looking at the males and not paying attention to the females."*

Treatment providers and active users perceived an increase in juveniles and young adults between the ages of 16 and 21 abusing crack cocaine sporadically. Given the highly addictive nature of crack cocaine, treatment providers fear a significant increase of these young individuals needing treatment in the future. As one treatment provider commented:

*"It used to be when they first started drug court, started screening adolescents it was basically primarily marijuana. Now they're seeing, they're [adolescents] still using marijuana but they're starting to adventure and they're catching them with crack cocaine in their system."*

Data from focus groups with active users, treatment providers and criminal justice personnel indicate crack cocaine availability and abuse continues to remain steady at very high levels with devastating consequences to society. Active drug users report an increase in the number of "crack houses" in areas that never had crack houses in the past. While the quality of crack cocaine varies significantly throughout the year, law enforcement officers and active users report an ounce of crack cocaine costs \$800-\$1200. Miami Valley Crime Lab officials report crack cocaine analyses to be among the most requested analyses conducted throughout the year in Montgomery County.

Qualitative findings are supported by statistical data showing that (crack) cocaine appears as the second most commonly detected drug among individuals involved with the Montgomery County Adult Probation department (Exhibit 2). Reported lifetime use (used at least once in lifetime) of crack cocaine has dropped among 12<sup>th</sup> (4.3%) and 9<sup>th</sup> (3.1%) graders since 1998, but has increased slightly (.5% increase to 3.0%) among 7<sup>th</sup> graders (*Dayton Area Drug Survey (DADS)*, 2000). The *Dayton Area Drug Survey* is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

Active users reported that crack cocaine continues to be injected by a small number of people, including “speedball” (heroin and cocaine) injectors who find it less expensive than powder cocaine.

## 1.2 COCAINE HYDROCHLORIDE

Cocaine HCL abuse remains steady at a relatively low level, as reported in the June 2000 OSAM report. Powder cocaine snorting continues to be found primarily among young adults 18-25 of black and white ethnicity, particularly in the club scene. Snorting the drug is the primary route of administration, although heroin users will inject the drug when “speedballing.”

In the June 2000 OSAM report, active users described an emerging population of young (ages 17-30), black and white individuals living in the suburban areas of the county using powder cocaine. Since that time, active users and treatment professionals have perceived an increase in abuse among youth, particularly between the ages of 16 and 21. In fact, two arrests involving over 10 kilograms of powder cocaine were reported in October 2000 in Dayton (*Dayton Daily News (DDN)*, October 3, 2000, pg. 2b). In addition, in Butler County two university students were arrested with over 500 grams of cocaine (*DDN*, October 2, 2000, pg. 2b). The two students arrested were under age 21, and the individual arrested in Dayton was age 30.

Somewhat contrary to the observations of focus group participants, the *Dayton Area Drug Survey (DADS, 2000)*, reported lifetime use of powder cocaine showed a slight decline from 1998 to 2000 among 12<sup>th</sup> graders from 9.5% to 8.5%.

Active users report powder cocaine is very available, but the quality is often poor. Active users report the price of a gram of cocaine hydrochloride ranges from \$50-\$100. An eight ball (1/8 ounce) sells for \$125-\$250 and an ounce sells for \$900-\$1100. These prices are consistent with prices reported six months ago.

Since treatment providers were not seeing this younger population of abusers in treatment in June of 2000, it is likely that the OSAM Network detected this emerging population very early. This potential trend in young powder cocaine abusers should be carefully monitored as future treatment admissions data become available. Given the relative paucity of drug abuse treatment programs for juveniles in Montgomery County, the OSAM Network’s early detection of an increase of powder cocaine abuse in this population is critical.

## 2. Heroin

Since June of 1999, we have consistently reported increases in heroin abuse that was described as a “new epidemic” by active users in June of 2000. At that time, treatment providers had not observed an increase in the prevalence of heroin abuse. However, during the last six months, providers have noticed a significant increase in clients seeking treatment for heroin addiction. In fact, one agency in Montgomery County has almost doubled its population of heroin abusers in the last six months. The population is described as a younger population of both black and white young adults largely between the ages of 18 and 21. Providers report that approximately 50% of these clients snort heroin, and the other 50% inject it intravenously or by “skin-popping.”

Data from the *Dayton Area Drug Survey (DADS, 2000)* shows 6.2% of 12<sup>th</sup> graders, 3.5% of 9<sup>th</sup> graders and 2.3% of 7<sup>th</sup> graders reported using heroin at least once in their lifetime. Motivated, in part, by a national increase in heroin abuse, this is the first year lifetime use of heroin has been assessed by the *Dayton Area Drug Survey*.

Data from the Montgomery County Adult Probation department that indicate a 2.6% increase in positive urine screens for opiates in 2000 add support to the heroin epidemic in Montgomery County (Exhibit 2). Positives for opiates have been on the rise since 1997. Emergency Room mentions for heroin poisoning have increased slightly from 1997 to 1998 (Exhibit 3).

White or brown powder, as opposed to tar, continues to be the most common form of heroin in the Dayton area. Active users report heroin availability and quality continue to increase and the price of heroin has increased slightly from six months ago. A gram reportedly now sells for \$225-\$250, compared to \$200 in June 1999.

In summary, the national heroin epidemic that active users described as emerging in the Dayton area a year ago has finally come to the attention of substance abuse treatment providers, thereby adding credence to the observations of local users and documenting how OSAM can identify emergent drug abuse trends. Such findings can be used to inform policy and resource allocation.

### **3. Other Opioids**

All participants perceived an increase in the abuse of Vicodin and other prescription opioids such as Tylenol III. Prescription opioids, such as Vicodin, are readily available on the streets for \$2-\$3 as reported by active users. Prescription opioids are commonly abused with other drugs. For example, crack abusers take them to help come down from their high. In addition, youth and young adults often abuse these drugs. Lending support to these observations, data showing Emergency Room mentions for drug poisonings indicate an increase in ER mentions for opiates from 1997 to 1998 (Exhibit 3).

In the June 1999 report, oxycodone long-acting (OxyContin) was described as a “new” drug that warranted future monitoring. For this period, both active users and treatment providers reported alarming increases in OxyContin abuse, particularly by heroin injectors who both inject or swallow the tablets.

The nationwide OxyContin abuse epidemic has clearly emerged in the Dayton area and presents a growing problem. Exemplifying the recent popularity of OxyContin in the area, the Dayton news channels reported the robbery of several pharmacies by a man demanding primarily OxyContin tablets. Because of its current popularity, an OxyContin prescription can generate a significant profit for the seller. According to active users, 20mg tablets sell for approximately \$4, 40mg tablets sell for approximately \$7-\$10, and 60mg tablets sell for approximately \$15.

Treatment providers expressed the difficulty in treating clients abusing OxyContin and other related pain medications. Clients taking these prescription medications for pain issues cannot be admitted into a drug treatment program until they are no longer taking the pain medication—treatment programs will not treat both the addiction and the pain issues.

Participants reported a very low occurrence of Ultram (Tramadol) and Dilaudid abuse. Many active users suggested OxyContin had replaced the once popular prescription opioid, Dilaudid.

### **4. Marijuana**

Marijuana abuse remains consistently high in Montgomery County. Treatment providers, active users, and law enforcement officials all agree that the prevalence of marijuana abuse is increasing. Treatment providers perceive marijuana as the drug of choice among juveniles.

As reported in the June 2000 OSAM report, treatment providers continue to see an increase in clients

coming to treatment exhibiting withdrawal symptoms from marijuana. In addition, some treatment agencies are seeing an increase in clients being referred to residential treatment for marijuana abuse/dependence.

Active users report an increase in the use of "blunts" (marijuana wrapped in a cigar wrapper) among marijuana users. This perceived increase is present among all ages and ethnicities.

Statistical data support the qualitative findings of increases in marijuana abuse. Urine screening data show positives for marijuana to be the primary drug detected among individuals involved with the Montgomery County Adult Probation department (Exhibit 2). *Dayton Area Drug Survey (DADS, 2000)* data indicate an increase in 12<sup>th</sup> graders reporting lifetime use of marijuana since 1998. *Dayton Area Drug Survey* data suggest that 52.0% of Dayton area high school seniors have lifetime experience with marijuana. Daily use is reported by 6.6% of the 12<sup>th</sup> graders, about the same percentage that was been reported in 1998 (Exhibit 5).

Dayton law enforcement officials report an increase in homegrown marijuana and report that undercover officers have been able to purchase much larger quantities of marijuana in the past year to six months. Large quantities of marijuana can be purchased for \$1000 a pound (high quality) and \$800 a pound (poor quality). Street value of a pound of marijuana is approximately \$1700; an ounce sells for \$220-\$550 depending on the quality. These prices reflect a slight increase since our last report.

In summary, marijuana continues to be the most popular illicit drug of abuse. The popularity of marijuana pervades gender, ethnicity, socioeconomic status and age. Although perceived as a harmless drug by those who abuse it, treatment providers are observing an increase in individuals exhibiting withdrawal from the drug and an increase in individuals being referred to residential treatment for marijuana abuse.

## **5. Stimulants**

### **5.1 METHAMPHETAMINE**

Although treatment providers continue to observe a very low prevalence of methamphetamine abuse in the Montgomery County area, narcotics officers reported a *significant increase* in methamphetamine availability. In fact, one officer predicted that the abuse of methamphetamine would hit Dayton hard in the near future. According to one narcotics officer, very little methamphetamine was seized in 1999, but increased significantly in 2000.

Among students surveyed by the *Dayton Area Drug Survey (DADS, 2000)*, 8.8% of 12<sup>th</sup> graders, 6.8% of 9<sup>th</sup> graders and 4.0% of 7<sup>th</sup> graders reported using methamphetamine at least once during their lifetime. This is the first year the *Dayton Area Drug Survey* has specifically surveyed lifetime use of methamphetamine.

At present, Dayton law enforcement officers appear to be keeping the proliferation of methamphetamine abuse under some control in the area. In September and November of 2000, Dayton law enforcement officers raided methamphetamine labs that were producing fairly large amounts of methamphetamine (*DDN*, September 30, 2000, pg.2b & November 28, 2000, pg. 1b).

Officers we interviewed were not optimistic about being able to continue to control the spread of methamphetamine abuse in the Dayton area. Although treatment providers are not seeing this population yet, methamphetamine could emerge as a significant problem in the near future.

## **6. Depressants**

## 6.1 PRESCRIPTION MEDICATIONS

Treatment providers and law enforcement officers perceived a steady, moderate trend in alprazolam (Xanax) abuse over the past six months to one year. Active users, however, reported a slight increase in Xanax abuse in the past six months. This population of abusers continues to be described as primarily young adults, including crack users. A Xanax tablet reportedly sells for \$2-\$3.

Treatment providers voiced concern over the increasing number of clients they see in drug abuse treatment who have been taking prescribed medications such as Xanax for several years. This is particularly alarming to treatment professionals because individuals can develop physical dependence upon these types of drugs over relatively short periods of time. Treatment providers report many clients have been taking these medications *as prescribed by their doctor* for as many as five years. However, it is uncertain whether this long-term use is as a result of a doctor's negligence or the abuser's manipulation of health care professionals.

## 6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Gamma-hydroxybutyrate (GHB) continues to be relatively rare in the Dayton area. However, as reported by young, active users, abuse is increasing among youth and young adults. This increase is particularly evident among college students and youth attending Raves. In April of 2000 a Kettering, Ohio resident (22-years-old) attending Ohio State University died after ingesting GHB in combination with alcohol (*DDN*, April 22, 2000).

## **7. Hallucinogens**

Treatment providers and older active users (older than age 25) report hallucinogens such as LSD, mushrooms and PCP continue to be present at a low level in the Montgomery County area. However, younger drug users (ages 18-25), particularly those associated with the Rave scene, perceived a slight increase in the abuse of these drugs, especially LSD. This perceived increase in LSD was reported in our June 2000 report as well.

Data from the *Dayton Area Drug Survey* support this perceived increase in hallucinogen use among 12<sup>th</sup> and 7<sup>th</sup> graders (Exhibit 6). Among 12<sup>th</sup> graders, nearly 22% reported lifetime experience with hallucinogens—more than twice the number who reported such use in 1990. Emergency Room mentions for hallucinogen poisoning in Montgomery County show an increase in reported cases from 1997 to 1998 (Exhibit 3). Drug abuse treatment admissions for individuals (ages 18-25) reporting hallucinogens as their drug of choice have declined slightly since fiscal year 1998 (Exhibit 7). Drug abuse treatment data from the newly implemented MACSIS system will provide information that may lend support to the perceptions of increased hallucinogen abuse among youth and young adults. These data should be available for future OSAM reports.

### 7.1 MDMA (Ecstasy)

The abuse of MDMA (Ecstasy) has increased significantly over the past few years. Data from the *Monitoring the Future Study* conducted by the University of Michigan, show this national trend of increased ecstasy abuse among youth (MTF, 2000). This increase in popularity of ecstasy is also evident by the increase in television news programs and newspaper articles reporting on ecstasy popularity among youth. Locally, television news channels and newspapers in the Dayton area have increasingly begun reporting on

this phenomenon.

Treatment providers have noted an increase in clients abusing MDMA (Ecstasy). This increase is almost exclusively among young, whites 16-25 years old. However, younger teens are also using the drug. A 14-year-old female died in May of 2000 after reportedly ingesting ecstasy at a sleepover with friends (DDN, May, 30, 2000, pg. 6b).

Narcotics officers also reported an increase in the availability and use of the drug. In December of 2000, a Rave was raided in Warren County which resulted in the arrest of several young adults and the confiscation of ecstasy and LSD (DDN, January 3, 2001, pg. 3b). In addition, a 22-year-old Dayton man and woman were arrested in August for trafficking ecstasy (DDN, January 14, 2001, pg. 17a). A Dayton Daily News article reported that Dayton police had confiscated 100 tablets of ecstasy in 2000, while in the previous year no tablets had been confiscated (DDN, January 3, 2001, pg. 3b).

Active users reported an increase in ecstasy abuse last six months and continue to see this increase. As one user commented, *"You can go out on the weekend and run into people rolling everywhere you go. Just like at Meijer's rollin'. We saw like four other people in Meijer and we passed 'em, and they were like rollin'."*

The price for a tablet of ecstasy is between \$15 and \$25. The typical user is between ages 16-25. When asked if using ecstasy contributed to high-risk sexual behavior, active users' remarks were mixed.

In summary, similar to the national trend in increases in ecstasy abuse, data from both treatment providers and active users indicate that MDMA abuse is increasing in prevalence among teenagers and young adults in the Dayton area. The increase in ecstasy abuse in the Dayton area has been consistently reported by law enforcement personnel since January 2000. Interestingly, treatment providers are now just beginning to see this increase in ecstasy abuse among the young clients they encounter.

## 7.2 KETAMINE

In our January 2000 report, ketamine was reportedly gaining popularity among the youth of Montgomery County and the drug was easily accessible. In June of 2000, ketamine availability was considered rare in Dayton. As reported by one young active user, ketamine continues to be hard to find in the Dayton area:

*"It's been dry. K has, around here lately."*

Although Ketamine is reportedly rare in the Dayton area, young, active users report it continues to gain popularity among the juvenile population. As exemplified by this young users experience:

*"...like me and my sister we'd go and get a gram of K and just go to a park and do it in like rounds and just like trip out and lay there. We do it to like, get along, like get along, like open up with each other ... we just open up and it really hasn't really affected me any..."*

Despite an increase in robberies of veterinary clinics to steal ketamine in several large cities in the United States, law enforcement officers did not report such robberies in Dayton. Active users report ketamine to be more expensive than other "club drugs." A gram of ketamine sells for approximately \$65.

It appears that despite the popularity of ketamine among the younger population, access to the drug is limited and sporadic in the Montgomery County area. Other sources support this observation. Treatment providers had no experience with people abusing the drug.

## 8. Inhalants

Inhalant abuse continues to be sporadic and difficult to identify. It remains primarily an issue among young, white juveniles. Furthermore, as supported by drug abuse treatment admissions data for Montgomery County, individuals are rarely admitted to drug abuse treatment because of inhalant abuse (Exhibit 1). Data from the *Dayton Area Drug Survey (DADS, 2000)* show a decrease in self-reported lifetime use of inhalants from 17.6% to 12.6% from 1998 to 2000 among 12<sup>th</sup> graders. Any abuse of inhalants appears to be experimental or because the user is unable to obtain any other type of drug at the time.

## 9. Alcohol

As reported by treatment providers and as seen in treatment admissions data from fiscal years 1997 through 1999, the primary reason for treatment among clients admitted to substance abuse treatment programs in Montgomery County is alcohol dependence/abuse (Exhibit 1). The acceptability of alcohol within our society makes it a significant and persistent problem.

Reflecting the high acceptance of alcohol use, the *Dayton Area Drug Survey (DADS, 2000)* shows alcohol to be the most commonly reported drug of lifetime use among 7<sup>th</sup> (38.8%), 9<sup>th</sup> (63.7%) and 12<sup>th</sup> (81.6%) graders. This trend has existed since 1990.

## 10. Special Populations and Issues

### 10.1 DUAL-DIAGNOSIS

As reported in past OSAM reports, treatment providers continued to voice their concern over the difficulty in treating dually-diagnosed clients. They expressed their frustration at not being able to move these clients easily from drug treatment to mental health treatment and report this process is convoluted.

### 10.2 JUVENILE CLIENTS

Treatment providers are beginning to see a larger number of juvenile clients (under age 18) presenting for alcohol and drug treatment. This increase is reportedly due to the more extensive drug and alcohol screening techniques recently implemented by the court system in Montgomery County. This increase is disturbing to providers because of the current paucity of treatment programs that exist for juveniles.

## CONCLUSIONS

Alcohol remains the most prevalent drug problem in the Dayton area and accounts for the majority of clients in drug abuse treatment programs.

Marijuana continues to be highly accepted and continues to increase in both availability and abuse. Treatment providers have seen an increase in clients being referred to residential treatment programs for marijuana abuse.

Treatment providers report crack cocaine abuse is still the primary reason for drug treatment (among

illicit drugs) in Montgomery County treatment programs. Several participants perceived an increase in young, white females abusing crack cocaine. It appears juveniles ages 16-21 are increasingly experimenting with the drug.

Although cocaine HCL use and availability is reportedly at low levels, participants have noticed an increase in use of the drug, especially among younger, white individuals.

Active users continue to describe heroin abuse as an emerging “epidemic.” This population is also described as a younger generation of users. Numerous sources of information indicate that heroin abuse is on the rise and should be closely monitored.

Opioids such as Vicodin and OxyContin continue to increase in abuse. Most notable is the significant increase in OxyContin abuse.

Methamphetamine continues to be relatively rare in Montgomery County, but users and law enforcement officials perceive a significant increase of the drug in the area. Law enforcement officials expect methamphetamine to gain popularity rapidly in the near future.

Ecstasy (MDMA) abuse is still increasing significantly throughout the area. Law enforcement officials are seizing larger amounts of the drug each year.

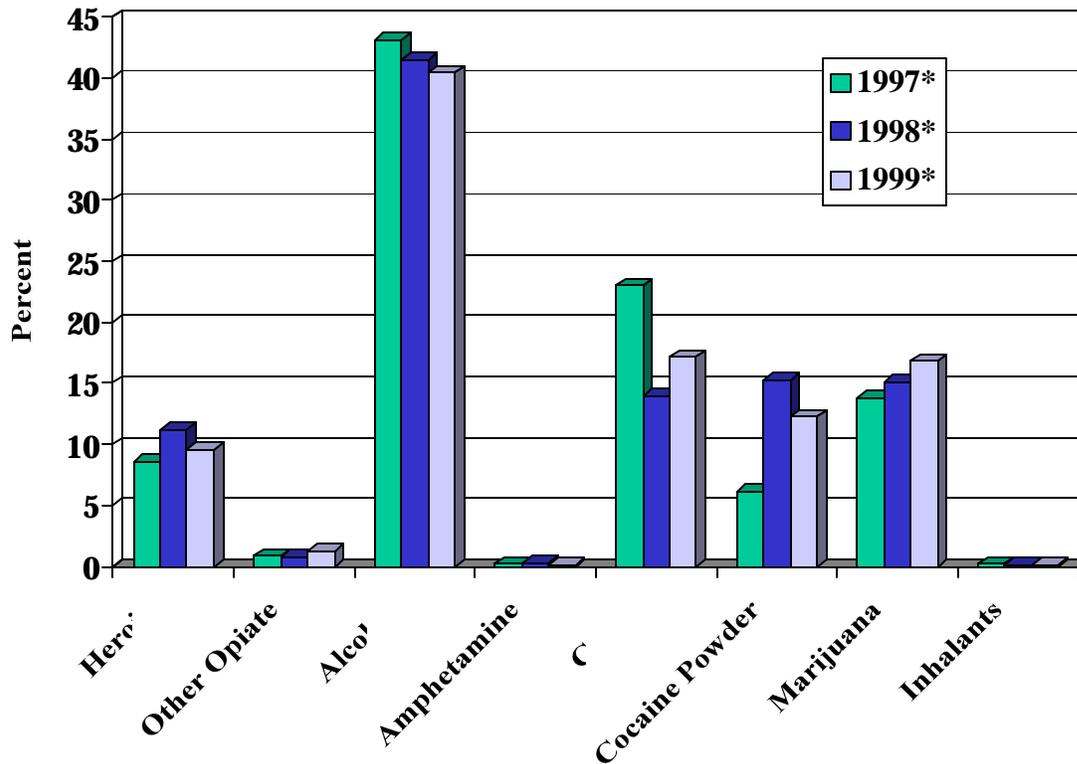
Gamma-hydroxybutyrate (GHB) and ketamine (Special K) appear to be uncommon in the Dayton area, but participants report a slight increase in use and availability since June 2000. Hallucinogens such as LSD and mushrooms also remain in the area at moderately high levels.

## RECOMMENDATIONS

- I. Our investigation indicates some emerging populations and drug trends that warrant further attention in the Dayton area.
  - Participants noted an increase among juveniles and young adults experimenting with crack cocaine.
  - Significant increases in heroin abuse were reported, particularly among the younger population (ages 16-21).
  - OxyContin abuse continues to escalate.
  - Marijuana abuse continues at a high level, and treatment providers are receiving clients referred to residential treatment for their abuse of the drug.
  - Club drugs, most notably MDMA, are rapidly growing in popularity among teenagers and young adults.
  - Methamphetamine abuse is still present at low levels, but law enforcement officials report that abuse will increase in the near future.
  
- II. The following recommendations were expressed by participants:
  - Treatment providers are concerned about an increase of juveniles being referred to treatment through the legal system. Few treatment programs exist in Montgomery County to care for this young population.
  - There was great concern among treatment providers regarding the paucity of dual-diagnosis treatment centers in Montgomery County. Treatment providers report that the majority of their clients exhibit both drug and psychological problems.

## EXHIBITS

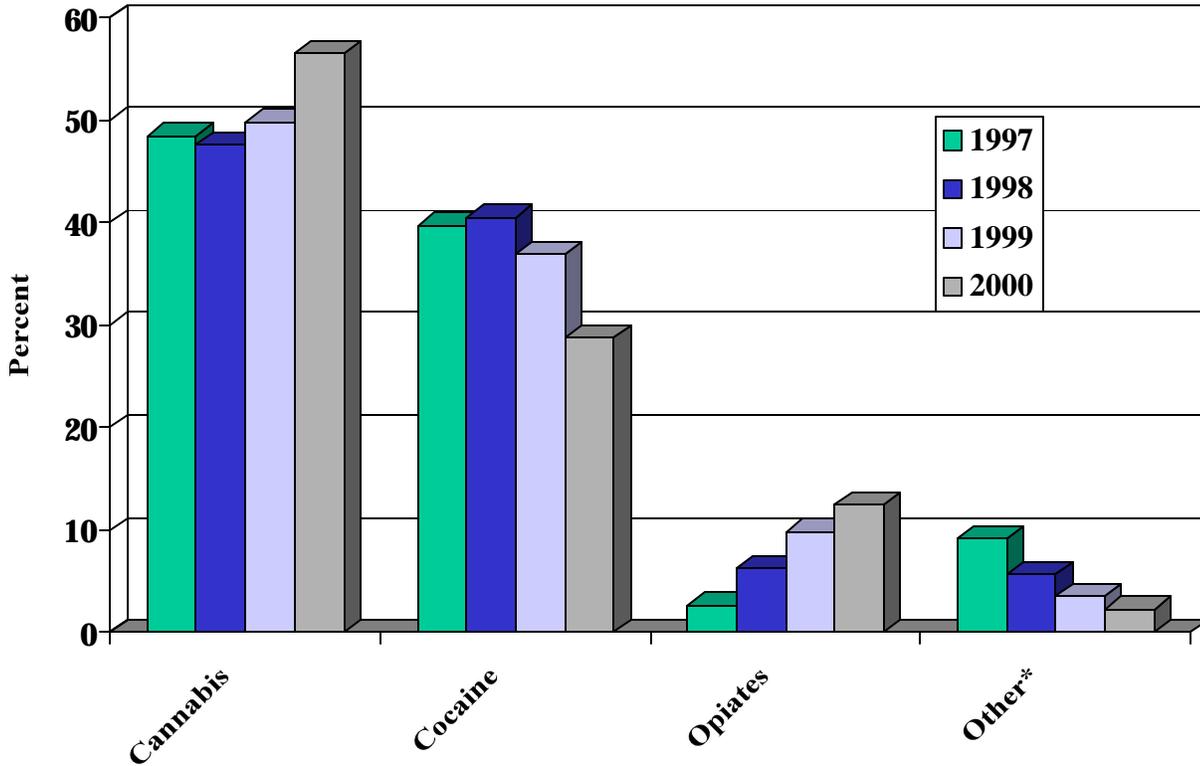
### Exhibit 1: Adult Treatment Admissions Montgomery County



\*Represents a fiscal year (e.g., July 1, 1998 to June 30, 1999 is fiscal year 1999).

Note: The change from the ADCDS system to the MACSIS system for tracking substance abuse treatment admissions has made fiscal year 2000 substance abuse treatment admissions data unavailable in Montgomery County. It is anticipated that substance abuse treatment admissions data will be available for fiscal year 2002.

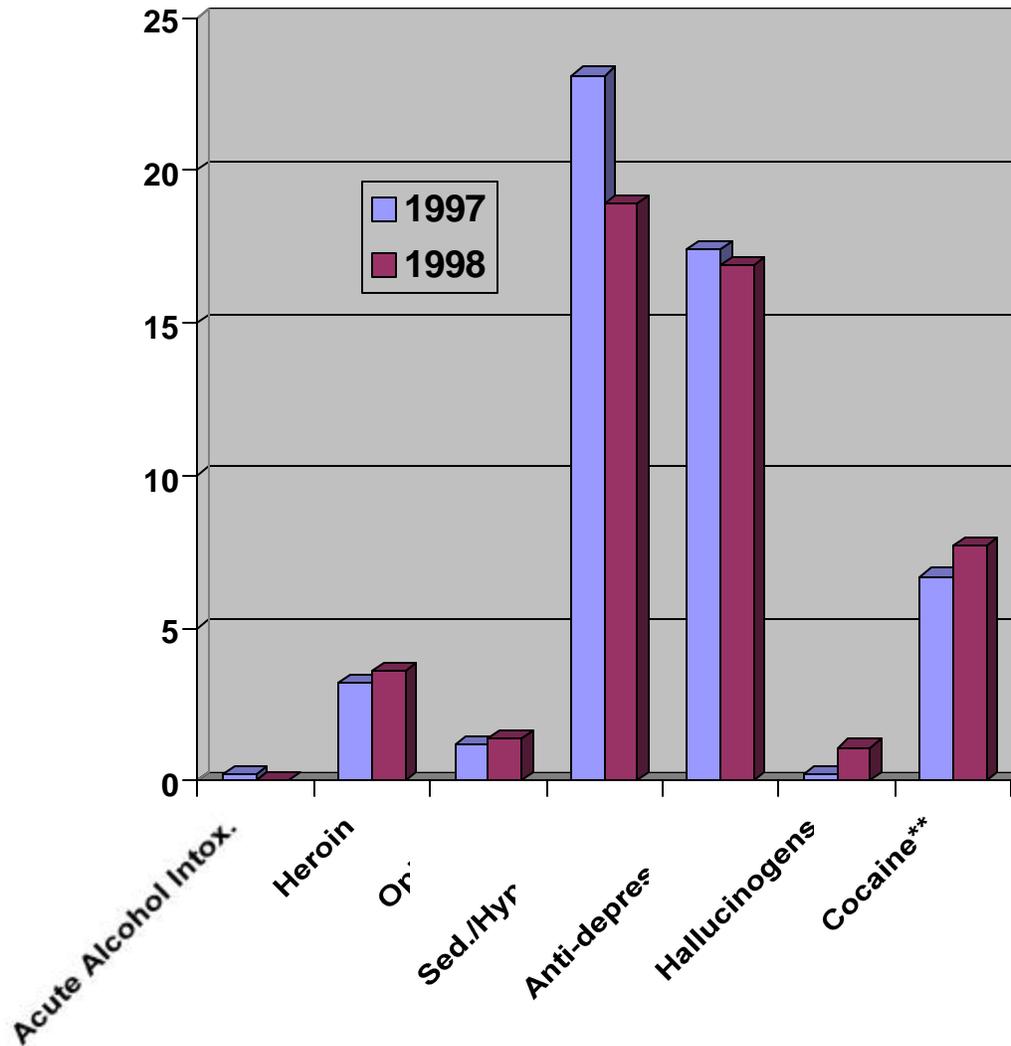
## Exhibit 2: Drug Positives Montgomery County Adult Probation



\* Includes amphetamines, barbiturates, benzodiazepenes and alcohol.

Note: Graph represents percentage of each drug category that was found in positive urine screens (One individual could submit a urine sample that is positive for one or more drug categories screened).

### Exhibit 3: Emergency Room Mentions Montgomery County



\*Includes Barbiturates and Benzodiazepenes.

\*\*Includes Lidocaine (lignocaine), Procaine and Tetracaine.

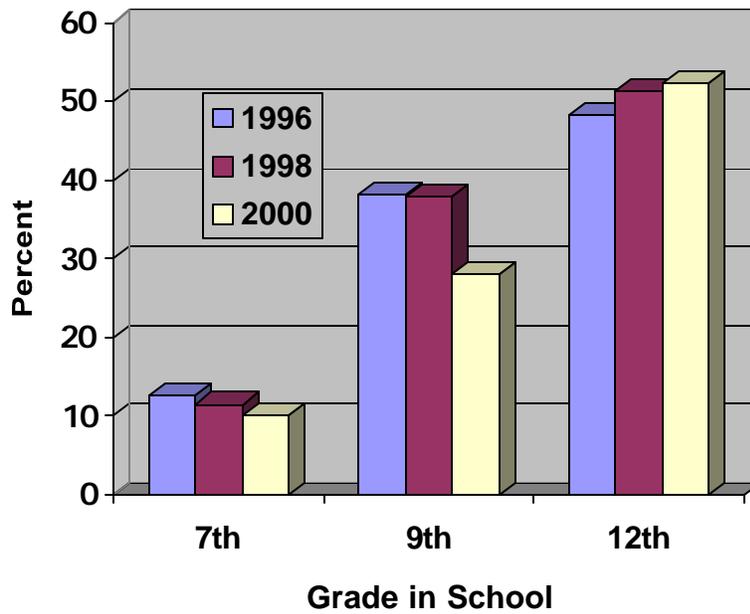
Note: Drug categories as defined by the American Medical Association's ICD-9.

## Exhibit 4: Dayton Narcotics Unit Year 2000 Drug Seizures\*

<b>Drug</b>	<b>Quantity</b>
Powder Cocaine	30,890 grams (68.1 lbs.)
Crack Cocaine	258 grams
MDMA (Ecstasy)	5 tablets
Heroin	256 grams
LSD	79 unit doses
Marijuana	449,884 grams (991.80 lbs.)
Steroids	56 unit doses
Prescription Medications (Seized)	1200 unit doses
Prescription Medications (Diverted)	16,000 unit doses
Liquid Opium	24 fluid ounces

\*Quantities reported from January 2000 to November 2000 and reflect seizures from the large quantities narcotics division as opposed to street-level seizures.

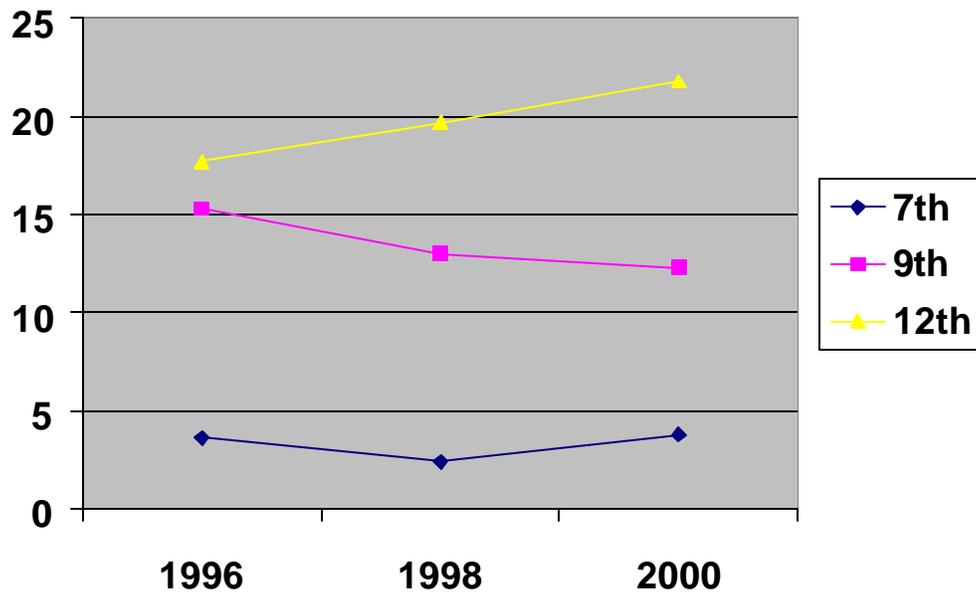
## Exhibit 5: Dayton Area Drug Survey Self-reported Lifetime Marijuana Use\*



\*Lifetime use is defined as having used the drug at least once.

Note: The *Dayton Area Drug Survey* is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

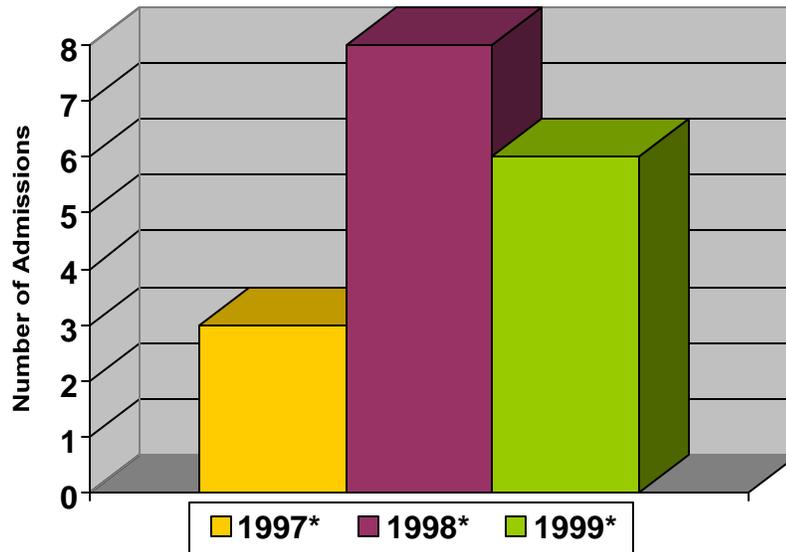
## Exhibit 6: Dayton Area Drug Survey Hallucinogens: Lifetime Use\*



\*Lifetime use is defined as having used the drug at least once.

Note: The *Dayton Area Drug Survey* is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

# Exhibit 7: Drug Treatment Admissions for Hallucinogens as Primary Drug of Choice Montgomery County Residents 18-25 years of age



\*Represents a fiscal year (e.g., July 1, 1998 to June 30, 1999 is fiscal year 1999).

Note: The change from the ADCDS system to the MACSIS system for tracking substance abuse treatment admissions has made fiscal year 2000 substance abuse treatment admissions data unavailable in Montgomery County. It is anticipated that substance abuse treatment admissions data will be available for fiscal year 2002.

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

June 2000 – January 2001

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## Abstract

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, and the numbers of drug related arrests have increased each year. 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) make 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 remains as the primary drug problem in Lima. According to reports by focus group participants, crack, alcohol, and marijuana are being used concurrently and/or sequentially, and treatment admissions for crack are up significantly from the previous years. **Heroin** use in the Lima area has not been reported as being a problem, but its use has increased. The number of new **marijuana** users entering treatment has shown a steady increase since 1996. Reports indicate that the use of marijuana 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** has not been reported as being a problem in Lima. Minimal data were 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 78% (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 lives in Lima.

### 2. Data Sources and Time Periods

- Qualitative Data were collected through three (3) focus groups conducted in January and February of 2001. The numbers and types of participants are described in Table 1.

**Table 1: Qualitative Data Sources**

<b>Focus Groups</b>		
<b>Date of Focus Group</b>	<b># of Participants</b>	<b>Participants</b>
1/11/01	9	Active/former users
2/01/01	9	College Students
2/05/01	6	Active/former users

**DRUG ABUSE TRENDS**

**1 Cocaine**

**1.1 COCAINE HYDROCHLORIDE (HCL)**

Powder Cocaine continues to be readily available and according to focus group participants its use is increasing among the 17-25 age group. Because of the price of powder cocaine \$35-\$40 ¼ gram and \$1,000 for an ounce, users are generally individuals with jobs, and middle to upper class.

Focus group participants stated that powder cocaine is widely used by drug dealers. Quality of powder cocaine varies but when purchased in the inner city quality is not that good because of the multiple numbers of times it has been cut.

The primary method of administration continues to be snorting, although some participants stated that when they are speed-balling (mixing heroin & cocaine together) they inject cocaine.

**1.2 CRACK COCAINE**

Crack Cocaine continues to be the number one illicit drug problem in Allen County. According to focus group participants you can purchase crack for as little as \$2-\$3, and it can be purchased at any time of day or night in most neighborhoods.

Because of its low cost and widespread availability, crack crosses age, race, and gender groups. One focus group participant stated that she knew a youth 13-years old that was addicted to crack; another participant stated that he will be 60 years old in July, and he still smokes crack.

There has been a reported increase in the number of youth ages 14-17 selling crack. According to focus group participants most youth in this age group don't use crack because of not wanting to become labeled as a "crack head."

The use of crack has increased in Allen County according to active/former users. There are various methods of administering crack from smoking it in a glass bowl to crumbling it up and mixing it with marijuana.

## **2. Heroin**

Heroin is not as widely available as crack or marijuana but can be found. Most focus group participants stated that heroin use in Lima is among older individuals who have used for years; quality of heroin in Lima is not that good because of the number of times it has been stepped on (cut). Most purchases are made in either Toledo or Dayton because of inferior quality in the Lima area.

## **3. Other Opioids**

Focus group participants did not have any information to add to this report.

## **4. Marijuana**

Marijuana is widely available in Lima. The quality varies from what is commonly known as “ditch weed” to Hydro or Hydroponics, which is more expensive (\$400-\$450 an ounce) and more potent.

Marijuana is used by people in all ethnic, age, and economic groups. Its use is very prevalent among high school youth. Marijuana is generally used with alcohol and/or mixed with crack (a process commonly known as “Freakin it”). Marijuana is also commonly smoked in cigar papers or “blunts.”

The majority of focus group participants did not view Marijuana as a drug.

## **5. Stimulants**

The use of Crank was briefly discussed among focus group participants. They stated that to their knowledge it was mostly used among truckers and other occupations in which require being up for long hours.

## **6. Depressants**

Valium was the only depressant discussed by focus group participants; according to participants it is primarily used among white females and made available through prescriptions from physicians.

## **7. Hallucinogens**

The use of Ecstasy has seen a significant increase in Lima. Although it’s used mainly among white youth/young adults (15-23 years), there has been a

noticeable increase among black high school age youth. Tablets of Ecstasy can be purchased for \$20-\$25.

LSD is a widely available and used primarily among white high school aged youth. “Gel tabs” are sold for \$5 an eyedropper; drops are placed under eyelids.

## **8. Inhalants**

Focus group participants did not have any information on inhalants.

## **9. Alcohol**

Focus group participants stated that alcohol is generally used with drug of choice, and that because of its accessibility it continues to be the source of the beginning of drug problems.

## **10. Special Populations**

### 10.1 COLLEGE STUDENTS

College youth stated that alcohol and marijuana were the primary drugs of choice on their campus. Use of ecstasy is widespread and can be easily obtained especially during parties on campus.

The use of crack cocaine and heroin was not prevalent according to focus group participants: Powder cocaine can be found off campus but students don't have any information about its availability on campus.

Students reported that there was occasional use of Ritalin especially during exam times but didn't see this as drug abuse.

## **RECOMMENDATIONS/CONCLUSIONS**

- ❑ There was a consensus among active/recovering users that the need for drug awareness/education for youth should begin as early as elementary school.
- ❑ User group participants also stated a need for more treatment facilities that focus on crack cocaine addiction.

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

June 2000 - January, 2001

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*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

*The information provided by the participants in the focus groups in Kent, Ravenna (Portage County), Warren (Trumbull County), and Mentor (Lake County) suggests that the use of marijuana and cocaine continue to be the most prevalent drugs (other than alcohol). 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. Crack cocaine is extremely available and continues to be widely used. While lower in prevalence, concern was expressed about the increasing use of painkillers. Little is known about heroin use, amphetamine use, and depressant use. PCP is virtually unheard of. There were increasing reports about the misuse of medically prescribed as well as illegally obtained opioids. Once again such use appears to be increasing among a wider population than previously reported.*

*As has been the case previously, the need for affordable inpatient treatment was expressed. In addition, it was suggested that prevention programs be introduced at younger ages and that parents be educated as well as kids.*

## INTRODUCTION

The information provided by the participants of the focus groups and interviews is presented in the following report. Participants in the focus groups were asked about their perceptions of price and use patterns of an 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% of this population is European American, 3% African American, and 1% 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% 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. In 1996, the unemployment rate was 4.4%. The interviews took place in Kent, which has a population of 26,8333, and in Ravenna which has a population of 11,961 (1998 estimates).

Lake County has a population of 227,145 (1999 census estimate). About 97% of this population is European American, 2% African American, about 1% Asian American, and about 1% Hispanic American. In 1995, the median household income was \$40,364. In terms of poverty rates, 5.7% of the population was below the poverty line (8.6% of those under 18 years of age and 7.0% of related children 5-17 were in families in poverty). In 1990, 81.1% of the population had graduated from High School and 17.5% had graduated from college. In 1996, the unemployment rate was 4.4%. The interviews took place in Mentor, which has a population of 49,227 (1998 estimates).

Trumbull County has a population of 225,066 (1999 census estimate). About 92% of this population is European American, 7% African American, about 1% Asian American, and about 1% 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% 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. In 1996, the unemployment rate was 6.2%. The interviews took place in Warren, which has a population of 46,866 (1998 estimates).

Three focus groups were conducted between December 6, 2000 and January 11, 2001 with a total of 20 participants. One of the focus groups took place in Warren, one took place in Ravenna, and one took place in Mentor. All focus groups included users who have recently begun treatment. The data contained in

this report was gathered through successful completion of three focus groups that were audio-taped and summarized.

**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.)	Location of Focus Group
12/6/00	6	Users in treatment	Warren, OH
12/12/00	7	Users in treatment	Ravenna, OH
1/11/01	7	Users in treatment	Mentor, OH

**Totals**

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	20	0	20

**DRUG ABUSE TRENDS**

**1. Cocaine**

**1.1 POWDER COCAINE**

Users in the Warren, Ravenna, and Mentor focus groups agree that powder cocaine is readily available in their areas. However, users in Ravenna state that it is not as available as crack cocaine. All groups agree that trends of availability have remained consistent over the last six months. Users in Mentor stated that the availability of powder cocaine could be decreasing because its demand is not as high as it once was. Users of powder cocaine in this area have begun to use alternative drugs.

Users in Warren state that 1/16 of powder cocaine sells for around \$120. The price decreases as the quantity increases. Users in Ravenna state that powder cocaine sells for \$60 to \$90 a gram. Users in Mentor state that an eight ball (1/8 ounce) of cocaine sells from \$120 to \$200, regardless of quality.

Warren users state that the quality of powder cocaine in the area is decreasing. Most of the powder cocaine available has been stepped down. However, good quality powder is available. Users in Ravenna are unaware of the quality available in their area. Users in Mentor state that high and low quality cocaine are available in the area.

The methods of administration include snorting, shooting, and smoking after converting to crack or smoking marijuana cigarettes laced with cocaine.

Users in Warren state that powder cocaine use is evenly distributed among people of different racial, gender, and socioeconomic backgrounds. However, several Warren users stated that powder cocaine is more observable among Blacks. Also, powder cocaine use occurs in younger populations in the area (18 years and up). Users in Ravenna and Mentor perceive powder cocaine use to vary by socioeconomic status. Middle class group members are more likely to use powder cocaine.

Users in Ravenna did not have any knowledge regarding treatment and recovery for powder cocaine, but users in Warren and Mentor stated that help is available if the user wants help.

**1.2 CRACK COCAINE**

Users in Warren, Ravenna, and Mentor agree that crack cocaine is more available than powder cocaine. All groups also agree that the use of crack cocaine has steadily increased over time (including the last six months).

The price of crack cocaine depends on the quality available. Users in Warren state that the quality of crack in their area is generally poor (but sometimes better than others). Ravenna users state that the quality of crack cocaine in their area is medium. A user can purchase an eight ball (1/8 of an ounce) for \$100. Mentor users state that the quality of crack in their area is dependent on how it is cooked. A user can purchase an eight ball for \$150.

Users agree that the primary method of administration is smoking crack. However, users in Warren state that crack users sometimes lace tobacco cigarettes or marijuana joints with crack to slow down the effects of the drug.

Users in all groups agree that crack users are not differentiated by race, gender, age, or socioeconomic status. Users in Ravenna state that younger populations use crack (as young as 16 years of age). One user in Warren stated that people who have been using powder cocaine for a long time often move from using powder cocaine to using crack. Users in Mentor state that younger populations are also more likely to use powder cocaine and move on to using crack.

Users in Warren and Mentor state that getting treatment for crack use is not a problem, but the user must want to quit or his/her recovery will be unsuccessful. Users in Ravenna state that getting treatment is more difficult because Narcotics Anonymous groups are not as prevalent in Portage County. According to these users, Alcoholics Anonymous groups focus solely on alcohol, whereas Narcotics Anonymous groups are more receptive to all drug addictions, particularly dual addictions. Furthermore, one user stated that crack is a more difficult drug habit to kick compared to other drugs.

Exhibits 2, 6 and 10 illustrate (1997) national and (1999) Ohio adult treatment admissions data in Portage, Lake and Trumbull Counties (1999). Each exhibit illustrates the percentages of crack cocaine treatment admissions as a primary drug of choice. Portage County reported that 8% of their treatment admissions were for crack cocaine. Lake County reported that 10.1% of their treatment admissions represented crack cocaine. Trumbull reported that 8.8% of their treatment admissions were for crack cocaine. Exhibits 2, 6 and 10 report 1997 national crack cocaine treatment admissions at 1.4%, while 1999 state of Ohio treatment admissions of crack cocaine are at 14.1%.

## **2. Heroin**

Warren users state that heroin is available in the area, but you have to know who to get it from. Use and availability patterns have remained consistent over time. Users in Ravenna state that heroin is not very available in the area. Users in Mentor state that heroin is currently more available than it has been in the past. One heroin user stated that heroin availability has been steadily increasing over the past two years.

The quality of heroin in the Warren and Mentor areas is good, and the price depends on the quality available. Users in Mentor state that a small bag of heroin (roughly equivalent to a serving size packet of sugar) may be purchased for around \$25.

The primary methods of administering heroin is shooting up or snorting. Users in Mentor state that the effect of the drug is better when it is injected, but that users must get past the stigma of using needles before they are able to utilize this method.

According to Warren users, heroin users socialize mainly with other heroin users. These users are usually from thirty to fifty years of age and are primarily black. Mentor users state that anyone can be a heroin user, although more men and people above the age of 18 years use heroin.

Treatment and recovery are often difficult because it is difficult to get Methadone in Trumbull County. Recovering users have to go to Youngstown or Cleveland to obtain Methadone for treatment and recovery. Users state that treatment is available in the Lake County area, although there are not many treatment facilities in the area.

Exhibits 2, 6 and 10 illustrate (1997) national and (1999) Ohio adult treatment admissions in Portage, Lake and Trumbull Counties (1999). Each exhibit illustrates the percentages of heroin/other opiates treatment admissions as a primary drug of choice. Portage County reported that 2.8% of their treatment admissions were for heroin/other opiates. Lake County reported that 2.7% of their treatment admissions represented heroin/other opiates. Trumbull reported that 2.2% of their treatment admissions were for heroin/other opiates. Exhibits 2, 6 and 10 report 1997 national heroin/other opiates treatment admissions at 20.8%, while 1999 state of Ohio treatment admissions of heroin/other opiates are only at 5.6%.

### **3. Opioids**

Users in each county state that opioids (particularly Vicodin and OxyContin, but also Dilaudid and Percocet) are readily available in the area. Users in Warren and Mentor have seen an increase in availability of these drugs, while Ravenna users perceive consistency over time. Users in Mentor state that opioids use and availability is increasing the most as compared to other drugs. One user in Mentor also states that opioid users generally move on to heroin.

A large dose of OxyContin may cost from \$60 to \$100 on the street. A smaller dose of OxyContin may cost from \$10 to \$30 on the street. Vicodin costs from \$4 to \$10 on the street. Users in Mentor state that the appeal of opioids is the consistency of the quality and the "assurance" that they know what they are getting.

The primary method of administering opioids is ingestion. However, the contents of the capsules are sometimes crushed and snorted or smoked. Alternatively, the contents of the capsules are sometimes crushed and dissolved with water and injected. Opioids are often used in conjunction with alcohol.

Users agree that opioids are used by a wide variety of people, although most agree that they are used by people in their mid-twenties and older. Some users stated that working class individuals are more likely to use opioids because of their higher risk for being hurt on the job and being prescribed opioids to deal with the pain. Several users claim that it is fairly easy to find a doctor who will prescribe pain pills.

Users perceive treatment as available, but many agree that opioid users do not take advantage of treatment.

### **4. Marijuana**

Users agree that marijuana is highly available in their areas.

Good quality marijuana is available and sells from \$60 to \$80 a ¼bag. Users in Mentor state that very high quality marijuana is available in their area and may sell from \$120 to \$200 a ¼bag. Users in all groups state that an increasing amount of marijuana users are growing their own marijuana.

The primary method of administering marijuana is to smoke it in a joint, a bong, or a blunt.

Users agree that marijuana users cannot be differentiated by social background. One Ravenna user stated that she knew of children as young as eight years old who smoked marijuana. Mentor users stated that children as young as 10 to 12 years old smoke marijuana. They emphasized that first time marijuana users are becoming younger over time.

Treatment is generally not an issue with marijuana because users do not see marijuana use as a problem. The only reason that users come in to treatment is usually because the court has ordered them to seek treatment. However, users recognize that there are long-term problems associated with using marijuana. These problems include memory loss and loss of money. Also, users state that marijuana may be dangerous if it is laced with PCP, cocaine, or embalming fluid. Finally, users recognize that younger populations are increasingly using marijuana.

## **5. Amphetamines**

Users agree that amphetamines are readily available from the doctor or the drug store. However, they also agree that they are not as popular as they once were.

Users state that younger (in their twenties) women are more likely to use amphetamines.

## **6. Methamphetamines**

Users in Warren do not have knowledge of methamphetamines in the area. Several users in Ravenna state that they are available if you know the right people. Likewise, users in Mentor state that they are available if you know the right people, but that they are generally not popular in the Lake County area.

Users in Mentor state that methamphetamine users are generally younger (16 to 20 years old) and socialize with the rave crowd. The price of methamphetamines in the area is \$10 to \$20 a “bump” (a line).

Some problems associated with methamphetamines include loss of weight, loss of sleep, loss of money, loss of family, trouble with the law, and emotional problems.

## **7. Depressants**

Users in Warren state that depressants (specifically Valium) are available, but are not as popular as they once were. Users in the Mentor area state that depressants, including Xanax, Ketamine, and Somas (muscle relaxers), are available in the area.

Valium is usually taken by middle-aged and older women and is obtained through a prescription. However, they are available on the street for around \$2 a tablet. Xanax and Somas usually sell for \$1 a tablet. Ketamine is usually taken at raves—The primary method of administration is sniffing.

## **8. Hallucinogens**

Users agree that hallucinogens (specifically acid and mushrooms) are relatively easy to obtain. However, hallucinogens are not in demand like other drugs. Users in Mentor state that the availability of hallucinogens comes and goes in spurts, but that demand is high when availability is high.

Users in Mentor state that acid sells from \$5 to \$10 a hit (in primarily liquid and sometimes gel tab form).

Users of hallucinogens tend to be younger and white. Because most hallucinogen users do not develop a habit, treatment is usually not utilized.

## 9. Inhalants

Users agree that inhalants are available in the area, but are mostly used by junior high kids who are experimenting and cannot access other drugs. Nitrous oxide was also associated with the college crowd.

Users in Mentor stated that the use of nitrous oxide is very social in nature. One user stated that nitrous oxide is often used to get off cocaine.

## 10. Alcohol

Users agree that alcohol is widely available in the area and is used by a wide variety of people.

A large problem associated with alcohol is the use of other drugs while drinking. Users state that individuals tend to drink when they are on drugs to increase the effect of the drug. Often times, users drink more when they are on drugs, leading to a potential alcohol problem. Other problems associated with drinking include health problems, legal problems, financial problems, and family problems.

## SUMMARY AND RECOMMENDATIONS

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

Treatment recommendations:

More Narcotics Anonymous groups are needed in Trumbull and Portage Counties. Some users believe that Alcoholics Anonymous based twelve step programs do not adequately help recovery because addiction to alcohol and addiction to narcotics is not the same thing. In addition, non-alcohol dependent individuals do not feel welcome in such meetings.

Treatment facilities in Ravenna are overloaded. More facilities are needed to take care of overflowing classes.

There is a need for more inpatient facilities in Trumbull County and Portage County. As of right now, there is no inpatient facility in Trumbull County and there is only one inpatient facility in Portage County.

A couple of users stated that treatment facilities should be located in larger towns to better insure client anonymity.

Prevention recommendations:

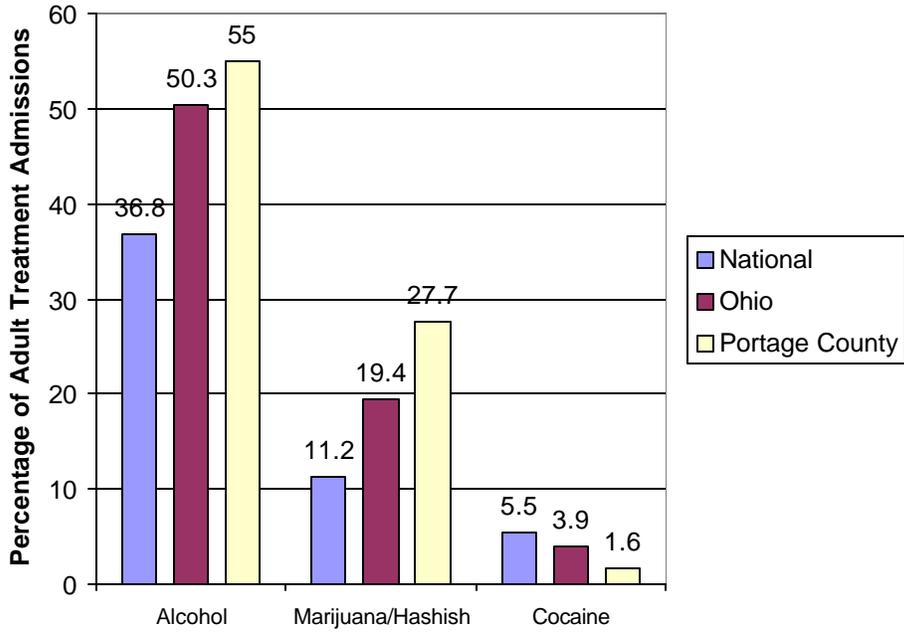
Greater emphasis should be placed on drug prevention programs. There needs to be increased education for kids AND parents about drug use and consequences of use. Education should include providing information regarding the physical and mental effects of different drugs.

Increase activities available for school age children. Users state that younger children often use drugs because they are bored.

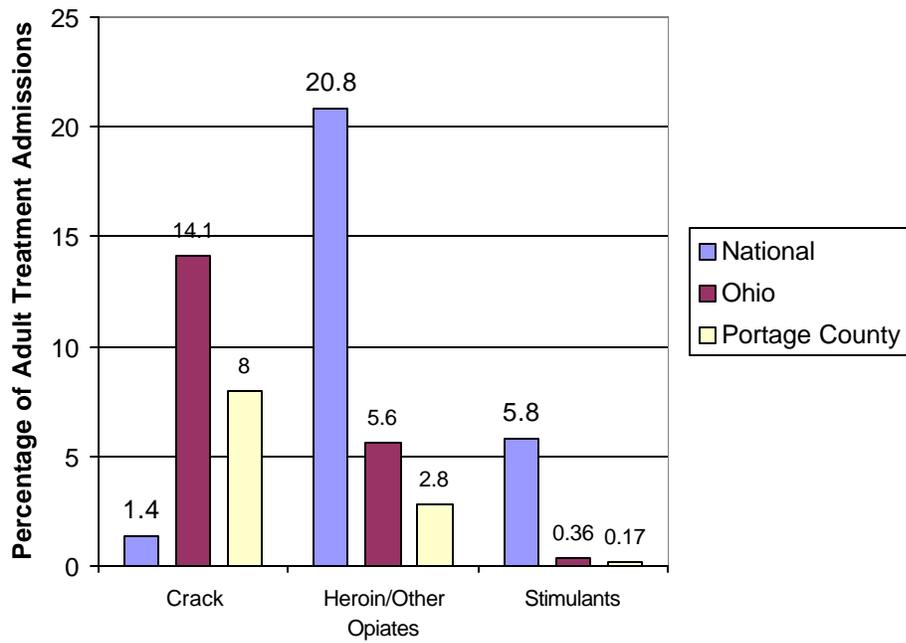
## **Exhibits**

Exhibits 1 through 4 compare national, Ohio and Portage County adult treatment patient's primary drug of abuse. National data represents 1997, State of Ohio and Portage County data represent 1999. Exhibits 5 through 8 represent Trumbull County and Exhibit 9 represents Lake County. Statistics were provided by the State of Ohio Department of Drug Addiction Services, Alcohol and Drug Client Data System.

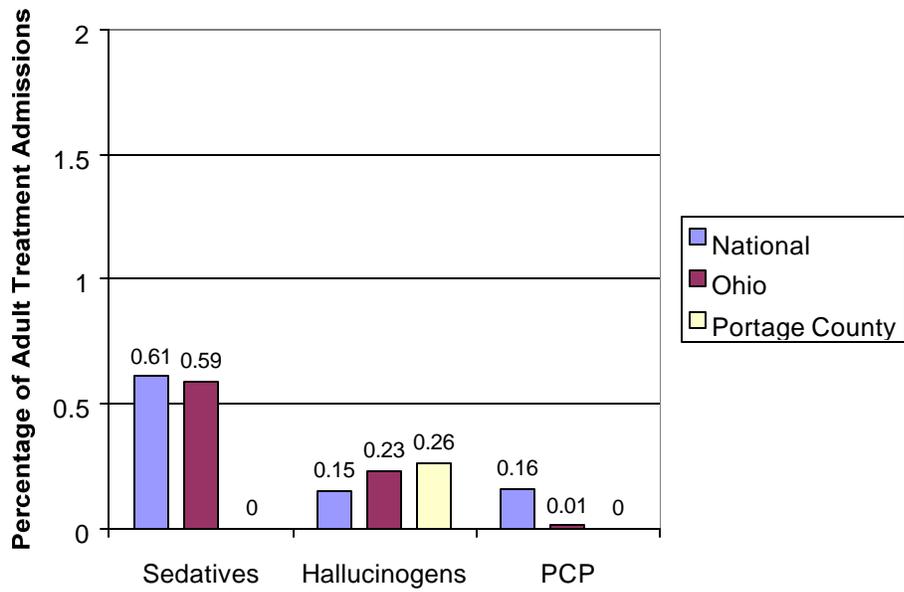
### Exhibit 1: National, State of Ohio, and Portage County Adult Treatment Patient's Primary Drug of Abuse



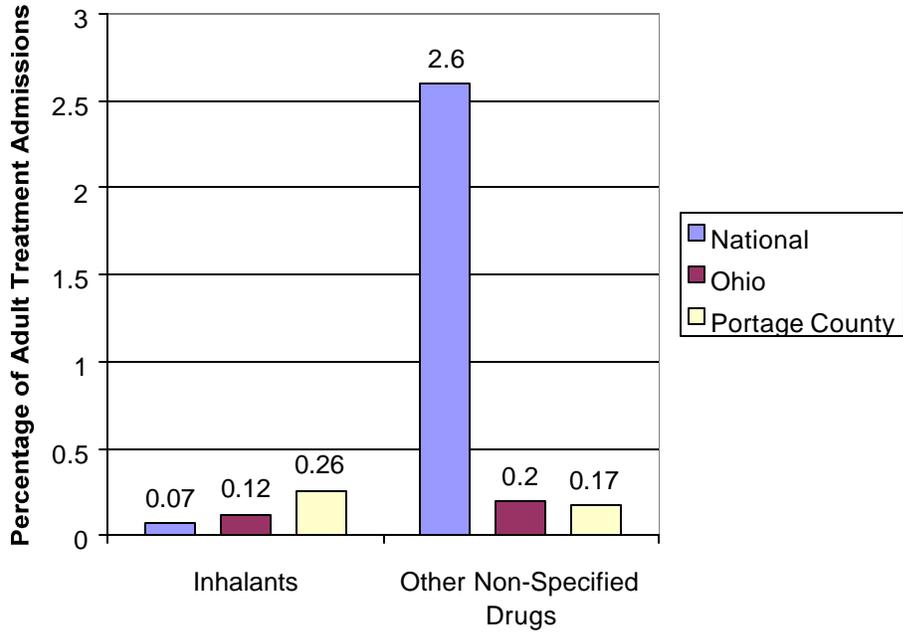
### Exhibit 2: National, State of Ohio, and Portage County Adult Treatment Patient's Primary Drug of Abuse



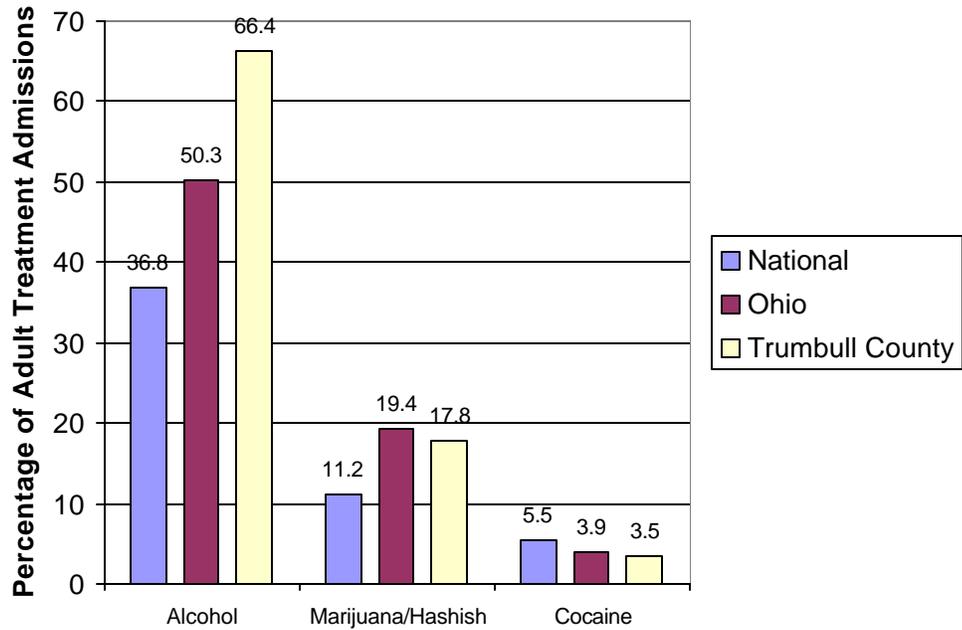
**Exhibit 3: National, State of Ohio, and Portage County Adult Treatment Patients Primary Drug of Abuse**



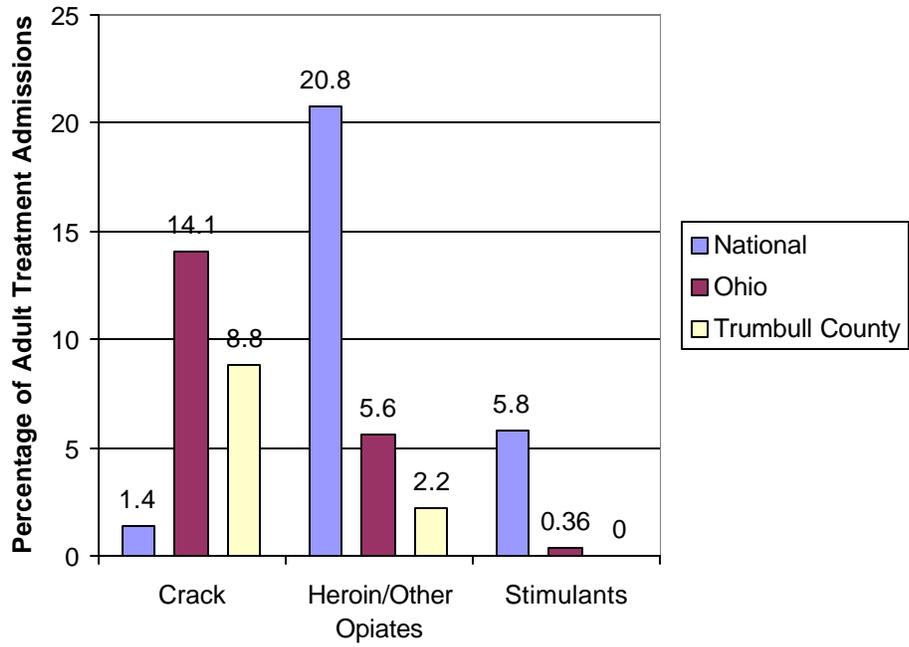
### Exhibit 4: National, State of Ohio, and Portage County Adult Treatment Patient's Primary Drug of Abuse



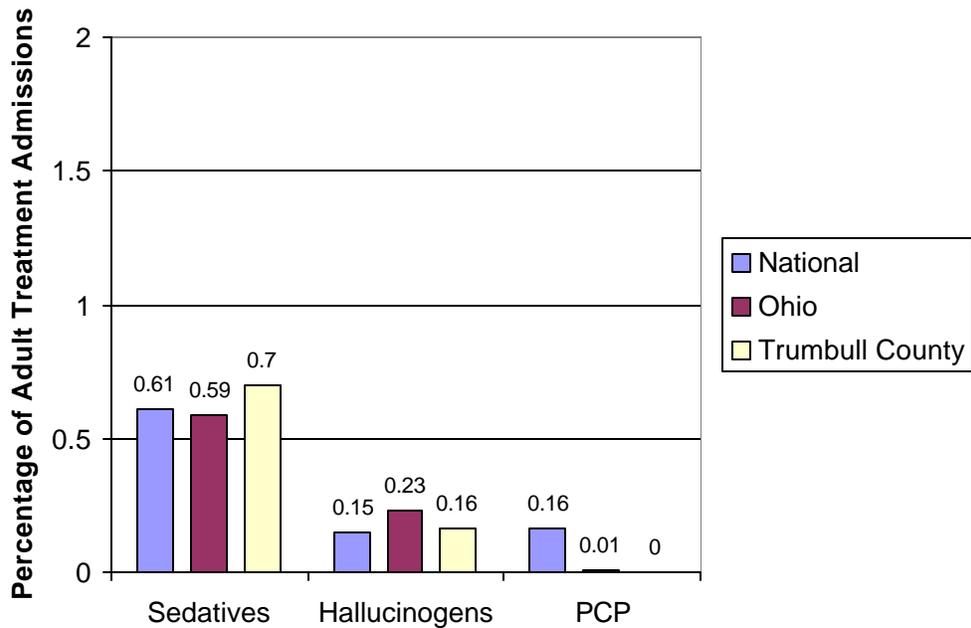
**Exhibit 5: National, State of Ohio, and Trumbull County Adult Treatment Patient's Primary Drug of Abuse**



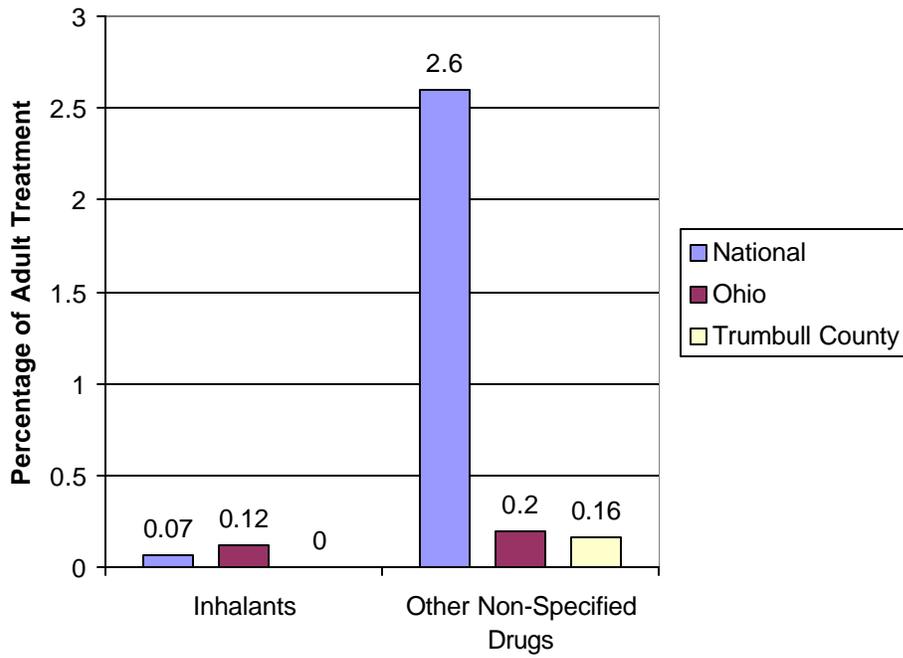
**Exhibit 6: National, State of Ohio, and Trumbull County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 7: National, State of Ohio, and Trumbull County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 8: National, State of Ohio, and Trumbull County Adult Treatment Patient's Primary Drug of Abuse**



**Exhibit 9: National, State of Ohio, and Lake County  
Adult Treatment Patient's Primary Drug of Abuse**

