



The Ohio Substance Abuse
Monitoring Network

June 2007 – January 2008

Meeting Sixteen
March 21, 2008

SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO



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

In Collaboration with
Wright State University and the University of Akron

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THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

January 2008



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CONTENTS

Executive Summary	i-v
Regional Reports	
Akron-Canton (Summit & Stark Counties)	1
Athens Area (Athens, Vinton & Hocking Counties)	11
Cincinnati Area (Hamilton County)	20
Cleveland Area (Cuyahoga County)	30
Columbus Area (Franklin County)	40
Dayton Area (Montgomery County)	53
Toledo Area (Lucas County)	69
Youngstown Area (Mahoning & Columbiana Counties)	82

DATE: January 2008

DATELINE: Ohio

Wright State University and the University of Akron

Highlights of Statewide Drug Use Trends

June 2007 – January 2008

Toledo:

- High availability of crack; moderate to high availability of cocaine HCl.
- Moderate to high availability of heroin; increases in treatment admissions.
- Low to moderate availability of methamphetamine.
- High and increasing availability of pharmaceutical opioids.
- Increasing availability of Suboxone®.
- Users report high but Toledo crime lab reports low availability of Xanax®; moderate availability of other benzodiazepines.
- Users report ongoing trend of diversion and abuse of Seroquel®.
- Increasing, high availability of MDMA and lower prices.

Cleveland:

- High availability of crack; moderate and potentially increasing availability of cocaine HCl, despite a brief summertime "drought."
- Moderate to high availability of heroin.
- Potential increases in availability of methamphetamine.
- Low to moderate availability of benzodiazepines.
- Moderate to high and increasing availability of pharmaceutical opioids, including OxyContin®; some increases in Dilaudid® availability.
- High and increasing availability of Suboxone®, according to users.
- Crime lab confirms user reports of high and increasing availability of MDMA and PCP.

Columbus:

- High availability of crack and increased reports of injection.
- Moderate availability of cocaine HCl; reports of summertime "drought."
- Moderate and increasing availability of heroin; decreasing prices; black tar remains the most commonly seen form.
- Users report decreasing availability of OxyContin®; other pharmaceutical opioids of moderate to high availability.
- Low to moderate, increasing availability of Suboxone®.
- Users report high, crime lab reports moderate, declining availability of benzodiazepines.
- Low to moderate availability of methamphetamine.

Akron:

- High availability of crack; moderate to high availability of cocaine HCl despite a brief "drought" in the summer.
- Moderate to high availability of heroin.
- Oxycodone- and hydrocodone-containing products highly available; increases in street availability of fentanyl.
- Users and crime lab report availability of Suboxone®.
- Moderately high availability of benzodiazepines.
- Low to moderate and declining availability of methamphetamine.
- High and increasing availability of MDMA.

Dayton:

- High, availability of crack and moderate to high availability of cocaine HCl despite a brief summertime "drought."
- High, increasing availability of heroin; increases in treatment admissions.
- Moderate to high availability of pharmaceutical opioids; decreases in OxyContin® availability.
- Crime lab reports low availability of Suboxone®.
- High availability of Xanax®, increase in Klonopin®.
- Reports of Seroquel® abuse among adolescents.
- Low to moderate availability of methamphetamine.
- Moderate, increasing availability of MDMA.

Youngstown:

- High availability of crack despite a brief summertime "drought."
- Moderate to high availability of cocaine HCl.
- Moderate to high availability of heroin.
- Moderate to high availability of pharmaceutical opioids; increases in fentanyl availability.
- Users report moderate to high availability of Suboxone®.
- Moderate availability of benzodiazepines.
- Users report low to moderate but crime lab reports high availability of MDMA.

Cincinnati:

- High availability of crack according to users; law enforcement reported record busts.
- Moderate availability of cocaine HCl; slight decreases were noted by users.
- Moderate to high availability of heroin; increases in black tar.
- Users report high (crime lab reports moderate) availability of pharmaceutical opioids; users report availability of Suboxone®.
- Moderate to high availability of benzodiazepines.
- Low urban, moderate rural availability of methamphetamine.
- Moderate availability of MDMA; slight increases were noted by users.

Athens:

- High availability of crack; slight increases were noted by users.
- Moderate to high availability of cocaine HCl.
- Moderate and increasing availability of heroin, increases in heroin-related treatment admissions.
- High availability of pharmaceutical opioids, decreases in OxyContin® prices.
- Crime lab reported low availability of Suboxone®.
- Users report low (crime lab reports moderate) availability of methamphetamine.
- Moderate availability of Adderall® and Ritalin®.
- Moderate availability of benzodiazepines.

Ohio Department of Alcohol and Drug Addiction Services
The Ohio Substance Abuse Monitoring Network
June 2007- January 2008
Executive Summary

This Executive Summary highlights findings presented at the Ohio Substance Abuse Monitoring Network (OSAM) meeting held in Columbus, Ohio, on March 21, 2008. The report is based on data collected between June 2007 and January 2008 by Regional Epidemiologists in Athens and surrounding counties (rural southeast), the Akron and Canton area, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional Epidemiologists interviewed active and recovering drug users, substance abuse treatment providers, and law enforcement personnel, and collected available statistical data to compile their regional drug trend reports. Crime labs in Columbus, Cincinnati, Cleveland, Dayton, Toledo, and Canton as well as labs of the Bureau of Criminal Identification and Investigation (BCI&I) in Richfield (covering Cleveland, Akron and Youngstown), London (Southern and Central Ohio), and Bowling Green (Northwest Ohio, excluding Toledo) were surveyed to collect additional data on drug purity and availability. Researchers at Wright State University reviewed reports and compiled this summary of major findings.

CRACK COCAINE

- **Despite a brief summertime “drought” noted in several areas of the state, crack availability remained high overall throughout Ohio. Increasing acceptability and abuse by adolescents and older adults were also reported.**

Users and crime lab personnel reported high availability of crack cocaine throughout Ohio despite a brief summertime “drought.” Most crime labs estimated crack-cocaine purity to be high (above 60%), but some users reported declining quality. Crack-cocaine prices tend to range between \$40 and \$60 per gram in most areas of the state; higher prices were reported in Athens (\$70-\$100). Several areas of the state noted increasing acceptability of crack-cocaine use. Users remain diverse in terms of race/ethnicity, age, and socioeconomic status. Most areas of the state continue to report crack abuse among adolescents (14-18 year-olds) and older adults (65-80 year-olds). Increases in crack use among Hispanics were reported in Dayton and Youngstown. Crack is still used often with alcohol, benzodiazepines and marijuana; additionally, it was reported that crack use is sometimes accompanied by use of heroin in Cincinnati, Dayton, and Columbus. Smoking remains the primary method of administration, but in some areas of the state a slight increase in crack injection among intravenous heroin users was noted.

POWDERED COCAINE

- **Moderate to high availability of powdered cocaine was reported throughout the state. A brief summertime “drought” was mentioned by users in Akron, Columbus, Cleveland and Dayton.**

The availability of powdered cocaine remained lower than that of crack cocaine, but was generally rated as moderate to high across the state. A summertime “drought” was mentioned by users in Akron, Columbus, Cleveland, and Dayton. The quantifying crime labs estimated the purity of powdered cocaine as either moderate (30%-60%) or high (above 60%). Prices per gram ranged from \$40 to \$70 in most areas of the state, but were higher in Athens (\$100) and lower in Cincinnati (\$25-\$40) and Youngstown (\$30-\$40). Powdered cocaine is frequently used with alcohol and marijuana. Intranasal inhalation remained the most common method of administration. Injection use of powdered cocaine was reported as common among heroin injectors in most areas of the state, and increasing in Athens. Smoking marijuana

joints laced with powdered cocaine was reported in Cleveland and Cincinnati. Powdered cocaine was reported to be used across a broad spectrum of user groups. Several areas of the state noted a continuing trend of powdered cocaine use among adolescents and young adults, and among middle-aged and older males from more affluent socio-economic backgrounds. Dayton, Toledo, and Columbus area reports indicated a continuing trend of powdered cocaine use among individuals involved in crack-cocaine dealing. In the Columbus area, Hispanic males were identified as another group of powdered cocaine users.

HEROIN

- **Most urban areas of the state continued to report moderate to high availability of heroin. Increasing availability of black tar heroin was reported in several areas of the state. Decreases in heroin prices were indicated in Columbus and Toledo.**

According to drug user and crime lab reports, heroin availability was moderate to high across the state. Notable increases in availability were reported in Columbus, Toledo, and the rural southeast. Most areas continued to report brown powder as the most commonly available form of heroin. Black tar remained a predominant form in Columbus and the rural southeast, and increased in availability in Cincinnati and Toledo. Brown heroin sold for \$100-\$130 per gram in most areas, except Toledo where prices were substantially lower (\$50-\$70), and Cleveland and Akron, where prices ranged from \$150 to \$200 per gram. Black tar heroin typically sold for higher prices than brown powder heroin in most areas of the state, except Columbus, where users reported buying tar heroin for as low as \$50 per gram. Substance abuse treatment providers noted increases in heroin-related treatment admissions in most areas of the state. White youth and young adults, typically from suburban communities and of higher socio-economic status, were identified as a predominant group of users. Heroin use in conjunction with cocaine HCl, benzodiazepines, and pharmaceutical opioids remains common in most areas of the state.

PHARMACEUTICAL OPIOIDS

- **Continuing decline in street availability of OxyContin® and increases in the availability of methadone tablets and wafers were noted across the state. All areas reported cases of Suboxone® diversion and abuse.**

According to user, treatment provider and crime lab personnel reports, Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) continue to be the most commonly diverted and abused pharmaceutical opioids across the state. Availability of OxyContin® (oxycodone controlled release) was rated as moderate and declining. Most areas noted moderate and increasing availability of methadone tablets and wafers. Increases in street availability of methadone liquid were reported in Columbus and Toledo. Most areas of the state reported low availability of Dilaudid® (hydromorphone), but the Cleveland and Akron areas reported increases. Street availability of Duragesic® patches (fentanyl transdermal system) was rated as low in most areas, except in Youngstown and Akron where it was estimated as moderate. Increases in street availability of Suboxone® (buprenorphine and naloxone) were noted in all reporting areas of the state.

Prices of most prescription analgesics, including hydrocodone, oxycodone, and methadone, remained at between \$0.50 and \$1 per milligram of opioid content. For example, a 40-milligram OxyContin® tablet may sell for about \$20-\$40, and Vicodin® ES (7.5-milligram hydrocodone/750-milligram of acetaminophen) sells for \$3-\$5. Users interviewed in the Athens area noted decreases in OxyContin® prices. Several areas of the state, including Akron and Cincinnati, reported Suboxone® prices as low as \$4 per 8-milligram tablet.

Prescription opioid abuse continues to be more commonly reported among white teenagers and young adults, as well as white, middle-aged individuals with a history of chronic pain. Oral ingestion remains the most common method of administration for most pharmaceutical opioids. Intranasal inhalation of crushed OxyContin® tablets was reported as common.

BENZODIAZEPINES AND OTHER PHARMACEUTICALS

- **Xanax® remains the most commonly abused benzodiazepine. Increases in Klonopin® abuse were noted across the state.**

Users and crime lab professionals in most areas of the state reported moderate to high availability of benzodiazepines, although lower availability was noted in the Cleveland area. Xanax® (alprazolam) was rated as the most easily accessible pharmaceutical tranquilizer, and users indicated an increasing trend of Klonopin® (clonazepam) diversion in most areas of the state. Street prices of benzodiazepines range from \$1 to \$5 per tablet, depending on dosage. Participants in several areas of the state reported a common trend of benzodiazepine abuse among adolescents and young adults as well as among females between 30 and 50 years of age. Pharmaceutical tranquilizers are commonly abused with alcohol and marijuana. They are also frequently used in conjunction with heroin, methadone and other pharmaceutical opioids, and to come down from a crack high. Some users in the Columbus area reported trading or selling their benzodiazepine prescriptions on the street to obtain other illicit drugs.

- **All areas of the state reported cases of Seroquel® diversion and abuse.**

In the current reporting period, reports of Seroquel® (quetiapine fumarate) abuse surfaced in all OSAM reporting areas. The drug usually sells for \$1-\$3 per tablet. Several areas of the state reported Seroquel® abuse among crack-cocaine users. In the Dayton area, treatment providers and school counselors indicated cases of Seroquel® abuse among adolescents.

- **Increases in Soma® availability and abuse were noted in the Columbus area.**

In Columbus, users noted an increasing trend of Soma® (carisoprodol) abuse, especially among white females between 16 and 30 years of age. The tablets typically sell for \$5 each. The Columbus crime lab has been reporting moderate availability of Soma® tablets since the spring of 2007. Focus group participants and crime labs in most other areas of the state indicated low availability of carisoprodol.

METHAMPHETAMINE

- **Continuing decreases in methamphetamine availability and abuse were noted in most areas of the state.**

Methamphetamine availability was rated low and decreasing in most areas of the state by crime lab professionals and users, although users in Dayton, Cleveland, and Columbus indicated some increases in availability of methamphetamine. Powder methamphetamine remained the most commonly seen form across the state, although Columbus reported higher prevalence of glass-type methamphetamine, and the Toledo crime lab indicated that methamphetamine was commonly found in Ecstasy tablets. Most areas reported moderate purity of methamphetamine. Smoking remained one of the most common methods of methamphetamine use. Injection of methamphetamine was reported in Akron and Cincinnati. Methamphetamine use remained more commonly reported among whites than other ethnic/racial groups. Typical age range of methamphetamine users was between 20 and 40 years.

MARIJUANA

- **Marijuana availability and use remain high across the state. Users reported excellent quality and drastic increases in availability statewide owing to “harvest time.”**

Users, treatment providers, and crime lab professionals reported high availability of marijuana in all areas of the state, although the Cincinnati crime lab indicated moderate availability. Many users reported an increase in quality of the drug. Prices remained relatively stable with low-grade marijuana selling for \$40-\$90 per ounce and medium-grade selling for \$100-\$175 per ounce. High-grade marijuana, such as “hydro,” was reported as moderately available in most areas of the state, and selling for \$300 and higher per ounce. Some decreases in availability of high-grade marijuana were noted in Youngstown, Cleveland, and Columbus. According to Dayton and Toledo reports, marijuana remains the most common drug of abuse among adolescents entering treatment. Marijuana is commonly used with alcohol, benzodiazepines, and cocaine. Crack cocaine added to marijuana joints or blunts (“Primo”, “Woolie”, or “Coco Puffin”) was reported in Columbus, Dayton, and Toledo. The practice of users dipping marijuana joints or blunts in Tussionex® (a cough syrup containing hydrocodone) was reported in Youngstown. Cleveland area participants indicated an increasing use of marijuana laced with PCP.

HALLUCINOGENS

- **Ecstasy (MDMA) availability and use have been increasing in most areas of the state.**

Across the state, drug users and crime lab professionals indicated notable increases in Ecstasy availability, and rated it as moderate to high. Prices have declined throughout the state with many areas reporting prices as low as \$7-\$10 per Ecstasy tablet. Although Ecstasy use has been traditionally associated with white youth and young adults, an increasing trend of Ecstasy abuse was noted among African Americans in Dayton, Columbus, and Toledo. According to focus groups conducted in Toledo and Dayton, Ecstasy has a reputation as a sex drug among some user groups. According to the data obtained in several crime labs across the state, besides MDMA, Ecstasy tablets often contain a number of other substances, including methamphetamine, 3-trifluoromethylphenylpiperazine, benzylpiperazine, and ketamine.

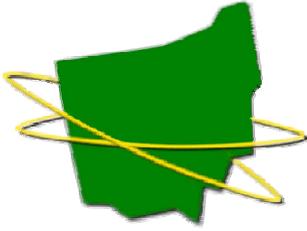
- **Availability of LSD and psilocybin was reported as low to moderate in most areas of the state.**

According to user and crime lab reports, LSD and psilocybin mushroom (“shrooms”) availability was low to moderate in most OSAM reporting areas, although the BCI&I in Richfield indicated a notable increase in LSD cases. Focus group participants in Cleveland, Athens, and Dayton reported seasonal increases in the drugs owing to summer concerts and festivals. LSD typically sells for \$5-\$10 per “hit” and mushrooms were priced at \$25-\$50 per 1/8 ounce.

- **Increases in PCP availability and abuse in the Cleveland area.**

User and crime lab reports indicated high and increasing availability of PCP (phencyclidine) in the Cleveland area. According to users, PCP sells for \$450 per ounce. Crime lab professionals in Dayton indicated “low” availability of the drug and the other labs reported no PCP cases.

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



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SURVEILLANCE OF DRUG ABUSE IN THE AKRON AND CANTON AREAS

SUMMIT AND STARK COUNTIES, OHIO

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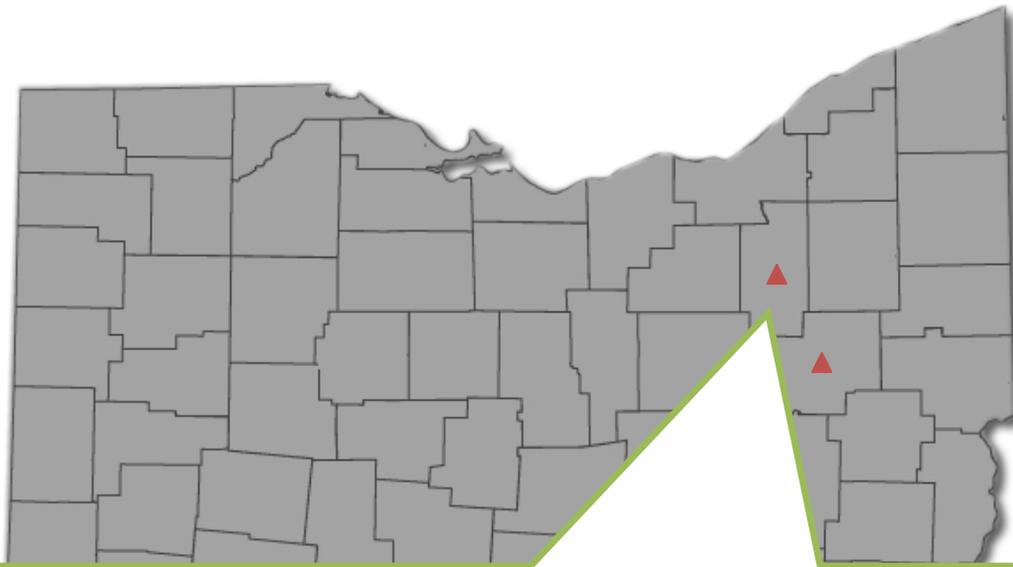
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Marla Fowler, Recorder



**A Report Prepared for the
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Services**

AREA PROFILE



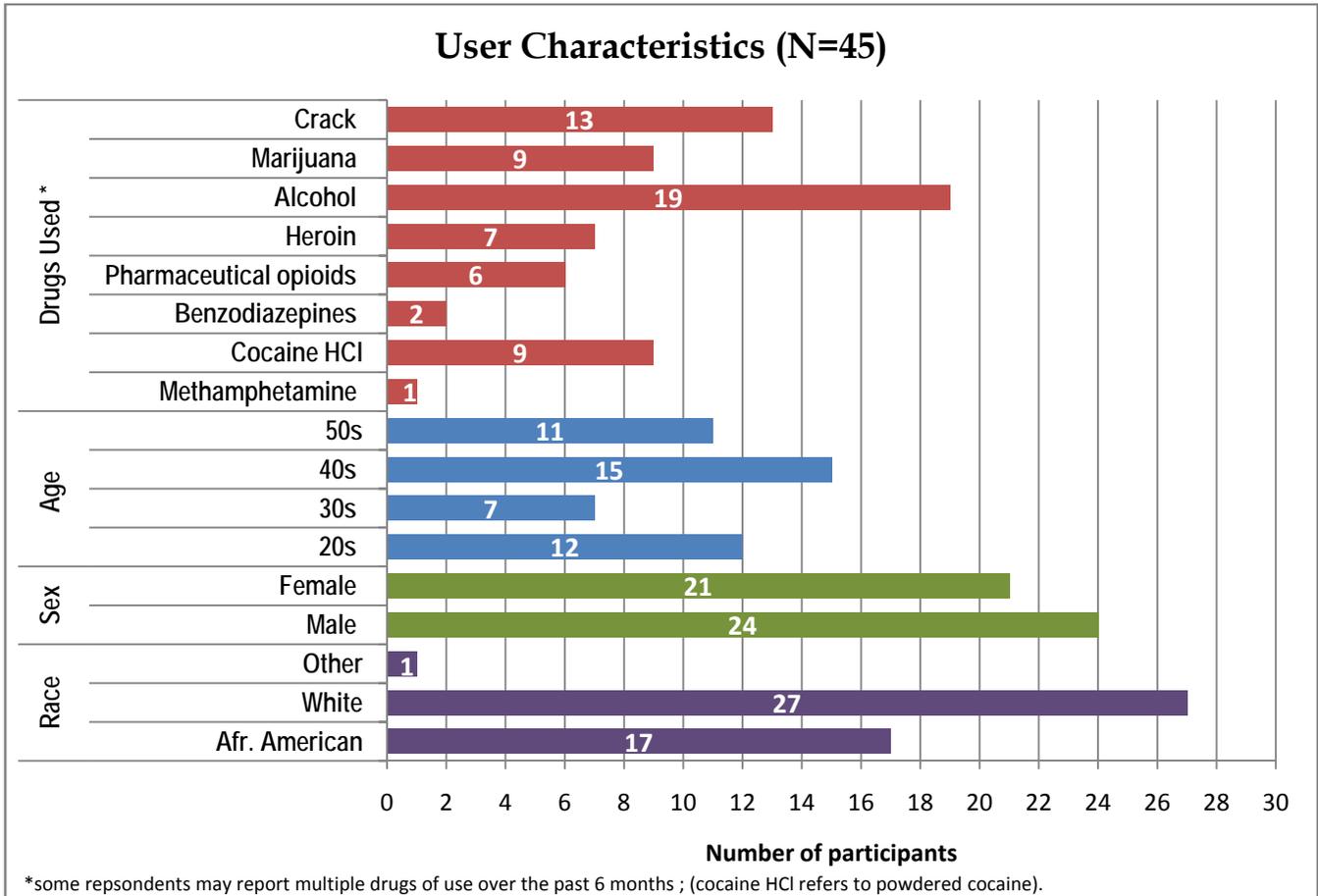
Indicator (US Census, Quick Facts)	Summit County	Stark County	Ohio
Total population, 2006 estimate	545,931	380,575	11,478,006
Whites, 2006	82.6%	90.1%	84.9%
African Americans, 2006	14.0%	7.5%	12.0%
Hispanic or Latino origin, 2006	1.1%	1.1%	2.3%
High school graduates (age ≥25), 2000	85.7%	83.4%	83.0%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

DATA SOURCES

Interviews Conducted in the Dayton Area		
Date	Number	Participants
11/16/07	8	Active/Recovering users
11/17/07	6	Active/Recovering users
11/19/07	10	Active/Recovering users
11/26/07	10	Active/Recovering users
11/27/07	11	Active/Recovering users
Total number:		
Focus groups	5	
All participants	45	
All users	45	

Qualitative data: This report is based upon five focus groups with active and recovering drug users.

Crime lab survey: Data obtained from the Richfield Bureau of Criminal Investigation and Identification (BCI & I) lab and the Canton-Stark County Crime Lab were used to supplement qualitative data sources.



CRACK COCAINE

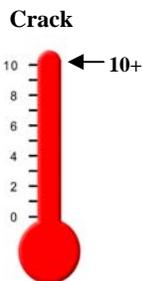
Historical Summary

In the prior reporting period, crack-cocaine availability continued to be rated as 10 on the 0 (not available) to 10 (extremely available) scale. Participants believed that its availability had increased over the previous six months. Both Stark County and BCI & I Richfield crime labs reported high availability of crack cocaine, and the former registered an increased number of cases. The price for 1/8 ounce ranged from \$125 to \$200. The Stark County crime lab reported high purity (above 60%), while the BCI & I Richfield lab reported moderate purity (30%-60%). Although the crack-using population was perceived to be diverse, users indicated the predominance of low-income white males aged 30-50.

Current Trends

As in past reports, crack cocaine remains readily available, and members of all user groups rated its availability at or above 10. Some users commented that there seemed to be more crack dealers. The brief summertime "drought" of powdered cocaine affected crack-cocaine supply as well but mainly by reducing its quality. One user commented: "[It's] worse than the spring. They [dealers] are trying to make up the money they lost." The BCI & I Richfield crime lab (serving Cleveland, Akron, and Youngstown) reported high availability and similar number of cases of crack cocaine. The crime lab serving Stark County registered high availability but a decreasing number of cases of crack cocaine.

Users reported that crack-cocaine prices were set by unit and by weight, with small



"rocks" being available for as little as \$5, one gram selling for about \$50, and 1/8 ounce selling for \$80-\$150. Street names for crack cocaine include "butter," "cream," "candy," "work," and "rock."

Users assessed the quality of crack cocaine as usually poor and declining. High-quality crack cocaine was considered rare in the Akron area. Users stressed the importance of knowing a dealer. One commented that "If you don't know where to buy it, you get ripped off," and another expanded:

[Drug quality] depends on the dealer. It depends on the upper person they get it from. Some dealers don't cut it down because they don't have to. If they get good customers they ain't gonna cut it. If they got regular customers, they gonna cut it down.

In contrast to user reports, both BCI & I Richfield and Stark County crime labs registered high purity of crack cocaine (60% and above).

User group members described crack-cocaine users as being diverse in terms of ethnicity, gender, age and socioeconomic status, but both young (i.e., 14-17 years of age) and old (75-80 years old) users were mentioned specifically. Smoking was thought to be the most common route of administration, while injection of crack cocaine is uncommon.

POWDERED COCAINE

Historical Summary

In the prior reporting period, users assessed the availability of powdered cocaine as ranging from 7 to 10 on a scale of 0 (not available) to 10 (extremely available), but many felt it had decreased recently. The Stark County crime lab reported increasing numbers of cases of powdered cocaine, and the BCI & I Richfield crime lab reported

moderate but stable availability. A gram was selling for \$50 to \$80, and 1/8 ounce sold for between \$120 and \$125. Respondents indicated that quality of the drug had decreased over the previous six-month period, but both crime labs reported moderate or high purity. Those aged 16-30 who primarily snort the drug were identified as a growing group of users.

Current Trends

Users varied greatly in their estimates of the availability of powdered cocaine. Some believed that it was relatively difficult to find in the Akron area, rating its availability at 4 or 5, but others rated it 7 or 8 and yet others as 9 or 10. A user offered the following reasoning for why powdered cocaine was harder to find: *"The big guys are getting all the powder and making it into rock."* Users reported that a "big bust" had occurred during the summer and that availability and quality had declined significantly. However, availability started increasing in about August. User commented on how the "drought" during the summer had affected quality of powdered cocaine:

For two months everything was garbage, and then it came back around. Even the rock was garbage. After the drought, people are trying to make money, so they are adding that Vitamin E stuff.

The BCI & I Richfield crime lab reported moderate availability of powdered cocaine, while the crime lab serving Stark County noted high availability but a decreased number of cases.

Perceptions of quality varied as well, but generally, powdered cocaine was considered to be of moderate to high quality. Both crime labs reported moderate and un-

changed purity (i.e., 30%-60%). Users discussed purity in terms of degree of adulteration and the relationship between buyers and sellers. As one user commented, *"Easier for white people to get good stuff because that's who sells it... up the ladder, the ones that bring it in."*

Prices remained relatively stable from the previous report. A gram was reportedly selling for between \$60 and \$70, and some users paid as much as \$100. An "8-ball" (3.5 grams) sold for \$150-\$200, and an ounce was selling for \$800-\$1,100. Street terms for powdered cocaine included "soft," "snow," "yay-hey," "yayo," and "flour."

Users reported that snorting powdered cocaine was the most common route of its administration and that its users tended to be middle-class and male, ranging in age from the teens to 50s. The use of heroin with powdered cocaine (in a "speedball") is common. One user commented, *"One take you up and the other take you down."*

HEROIN

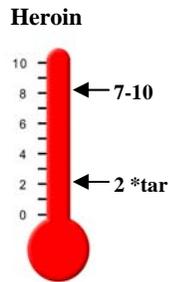
Historical Summary

In the prior reporting period, users said heroin was more difficult to obtain in the Akron area, rating its availability between 3 and 4, although law enforcement officers rated its availability as an 8 or 9 on the 0 (not available) to 10 (extremely available) scale. The Stark County crime lab reported low availability, while the BCI & I Richfield crime lab reported it as being moderately available. A tenth-gram was selling for \$20, and a "bundle" (one gram) was selling for \$175. Users believed that heroin quality was good and had been that way for two years. The Stark County crime lab reported low (below 30%) and BCI & I Richfield indicated moderate (30%-60%)

purity of heroin. The latter reported cases in which heroin had been mixed with fentanyl.

Current Trends

Heroin availability was thought to be generally increasing, although users from two focus groups reported slight declines since spring. A user stated:



It's [heroin] popular, but it's a lot more low-key. It's around just as much, but you're not going to be able to go to a street corner and get it.

Brown powder heroin availability was rated between 7 and 10, gray powder at 8, white powder from as low as 2 to as high as 9. Tar heroin was considered a rare find, being rated between 2 and 5. One user commented that, “[b]lack tar is from Mexico. It’s real, real dark, and almost black, but we [Akron] don’t get a whole lot of it.” Users believed heroin was becoming more available in rural areas.

BCI & I Richfield crime lab data suggested moderate availability of heroin. Stark County crime lab also indicated moderate availability and decreased number of cases. Both labs reported moderate purity (30%-60%) and indicated that brown powder was the most commonly seen form. BCI & I Richfield also reported cases of black tar heroin.

Heroin prices were said to range broadly from \$75 to \$150 per 1/2 gram and from \$150 to \$200 per gram. White powder prices ranged between \$180 and \$200. Common street names included “Big H,” “dog food,” “smack,” and “skag.”

Members of some user groups believed that heroin quality had decreased somewhat

over the previous six-month period, but it was perceived overall as being good. Tar heroin was considered to be of consistently higher quality than brown powder-type heroin. One user commented on the varying quality of powder-type heroin:

Sometimes you do two bags and you fall off, but other times you can do five or six bags and feel nothing. Can be the same distributor just trying to snake you out of some money.

Users reported IV-injection to be the most common route of administration; snorting was considered less common and heroin smoking, rare. High-school students and college-age people, sometimes from higher socio-economic backgrounds, were identified by focus group participants as emerging populations of heroin users. Intranasal inhalation, reportedly, is a common route of heroin administration in this younger population. and who primarily snort it. An increasing trend of heroin abuse was also noted among women from higher socioeconomic statuses. Users commented:

I've noticed a lot of goody-goody, well-to-do [young women]. They got the money. They're getting away with it. They're getting into it hard.

[It's] come on big with the young crowd . . . guys in high school, girls in high school.

More young, college kids using it. That's because they know now that they can sniff [snort] it.

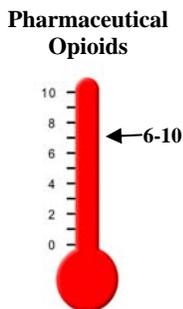
PHARMACEUTICAL OPIOIDS

Historical Summary

In the prior reporting period, OxyContin® (oxycodone controlled-release), Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) were each considered to be readily available. Both the Stark County and BCI & I Richfield crime labs reported moderate availability of oxycodone-containing products. Both OxyContin® and methadone were selling for \$1 per milligram. Users were described by law enforcement as males and females between the ages of 25 and 55. Nurses were also noted as a population having a higher rate of pharmaceutical opioid abuse.

Current Trends

Pharmaceutical opioids such as Vicodin® and Percocet® were reported as commonly available on the street, but OxyContin® is considered by users to be slightly more difficult to obtain. Users rated OxyContin® availability as between 5 and 10 and Vicodin® and Percocet® as between 9 and 10 on a scale 0 to 10. One user said, "Script meds all stay the same. Once someone has the line on a good doctor, then the supply is monthly and constant until the doctor gets busted and they go to the next doctor."



Data obtained from the BCI & I crime lab, however, suggested that OxyContin® and its generic equivalents were of high availability, just as were hydrocodone-containing products such as Vicodin®. The Stark County crime lab assessed oxycodone products as being of moderate availability,

and rated availability of hydrocodone as high.

According to focus group participants, fentanyl had reportedly become more popular, and its availability was rated between 6 and 7. As one user commented, "It's getting more popular. People are starting to catch on to them."

Dilaudid® (hydromorphone) was perceived as "making a comeback" by some users, but its availability was still rated relatively low, at no higher than 2. Both crime labs rated Dilaudid® availability as low.

Methadone tablet availability was rated between 5 and 7. BCI & I Richfield crime lab rated its' availability as moderate and Stark County crime lab reported low availability of methadone tablets/wafers.

Some users reported availability of Ultram® (tramadol), with one user commenting, "I know a lot of people getting Ultrams. They'll eat a lot of them and then go around all day acting crazy. They'll go to the doctor and pretend something is wrong with them."

Focus group participants reported cases of Suboxone® (buprenorphine and naloxone) diversion. Both BCI & I Richfield and Stark County crime labs noted low availability of Suboxone® and Subutex®. In the prior reporting period, Stark County crime lab reported no cases of buprenorphine diversion.

Prices for OxyContin® remained stable at between \$0.50 and \$1 per milligram. Vicodin® sold for \$2 per 5-milligram tablet, and \$3 per 7.5-milligram tablet. Percocet® sells for \$3 per 5-milligram tablet, Dilaudid® tablets range from \$5 to \$12 per 8-milligrams, and methadone sells for \$30 per 40-milligram wafer. A 100-mcg/hr fentanyl patch (Duragesic®) sells for \$75. According

to users, Suboxone® is typically selling for \$5 per 4-milligram tablet.

Users reported an increasing number of young, white individuals using pharmaceutical opioids. For example, one user commented:

It's nothing to go into high school and see kids 14, 15 using OxyContin. I'm over 30 and when I was in high school you were a loser if you did pills. Now it's nothing – a rite of passage to do pills.

METHAMPHETAMINE

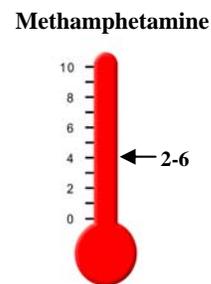
Historical Summary

In the prior reporting period, methamphetamine availability was considered to be extremely low in the area, and law enforcement officials reported a significant decrease in the number of methamphetamine arrests being made. Both Stark County and BCI & I Richfield crime labs reported low availability of the drug. Methamphetamine was seen most commonly in powder form but also in glassy-crystalline form. Purity was reported by law enforcement officials as being between 98% and 100%. A gram was selling for \$100-\$130. Typical users were described as whites aged 18-59.

Current Trends

Methamphetamine users provided widely varying reports regarding availability, prices and composition of user groups. Some rated the availability of methamphetamine as a 2, but others estimated its availability to range from 6 to 10. Particular city locales were associated with greater availability of methamphetamine, but, as one user

put it, “If you get in that circle, it’s readily available. But it’s not easy to get into the circle.” The BCI & I Richfield crime lab noted the decreasing number of methamphetamine-producing labs, and rated methamphetamine availability as low. The Stark County crime lab, however, assessed its availability as moderate and stable.



Powder and “glass” forms of methamphetamine were reported as the most common, the former ranging in color from white to pink to yellowish. One user described a complicated manufacturing process involving freezers, filters and microwaves that resulted in what she called “peanut butter.” BCI & I Richfield and Stark County crime labs reported powder as the most common form of methamphetamine. BCI & I Richfield also indicated some availability of glassy crystals. Both crime labs rated methamphetamine purity as moderate (30%-60%) and unchanged.

Users also varied in their estimates of price, with some reporting that the powder form was selling for as little as \$25 per gram and others reporting having paid \$100 per gram. Common street names for methamphetamine included “glitter,” “white girl,” “go-fast,” “rock salt,” and “crystal.”

Most participants described methamphetamine users as white, typically younger (i.e., 20-30), and primarily male, but others believed its use was more common among those in their 40s, 50s, or even 60s. The drug is normally snorted or injected, and users perceived injection to be the more common route of administration.

MARIJUANA

Historical Summary

Marijuana continued to be readily available in the area. Participants rated its availability between 9 and 10 on the 0 (not available) to 10 (extremely available) scale. Users reported that homegrown marijuana was readily available and of fair quality. The price was quoted at \$20 to \$30 for 1/8 ounce. Participants reported younger dealers growing marijuana hydroponically and selling it for \$300-\$400 per ounce. Both crime labs reported high availability and purity of marijuana.

Current Trends

Marijuana



Users rated the general availability of marijuana at 9-10 on a scale 0-10. Medium-grade marijuana was rated as slightly less available. Availability of high-quality marijuana such as "hydroponic" was

rated as low as 5 and as high as 8. A user commented, "If you need it at 2 in the morning, it was there." The BCI & I Richfield crime lab reported high availability of marijuana and registered an increased number of cases since the previous reporting period, noting also a high number of large-scale busts of home-growing operations. The Stark County lab registered a decreased number of cases but still high availability of marijuana.

Low-grade marijuana sells for \$20-\$30 per 1/8 ounce and for about \$60 per ounce. Medium-grade marijuana costs usually \$140-\$150 but as little as \$100-\$120 per ounce. High-grade marijuana sells for \$300 per ounce, and "White Rhino" and "Blue Rhino" sell for \$500 per ounce. A pound of medium-grade marijuana reportedly sells for \$750-\$800, while a pound of high-grade

sells for \$2,800. Common slang terms for marijuana included "Purp," "now & later," "pot," "weed," and "gip."

Users reported that marijuana quality seems always to be getting better. Both crime labs asserted the high quality of the cases it registered.

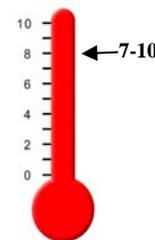
Focus group participants indicated widespread use of marijuana, saying that "everybody" uses it.

OTHER NOTABLE TRENDS

Benzodiazepines

In general, availability of benzodiazepines was considered to be high. Xanax® (alprazolam) was perceived to be the most readily available, and users rated its availability between 7 and 10. One user described the easy availability of Xanax®:

Benzodiazepines



Xanax are easier to get. I had a list of everybody who got their pills in one day. Once they're gone - I was using 20 a day - you have to hunt somebody else. But there's always somebody around that's got them.

Estimates of Valium® (diazepam) availability varied greatly, from a low of 3 to a high of 10. Ativan® (lorazepam) was generally rated between 7 and 10 in terms of availability. Klonopin® (clonazepam) was perceived as being relatively easy to find, with its availability being rated between 7 and 10.

The BCI & I crime lab rated benzodiazepine (including Xanax®) availability as moderate, and the crime lab serving Stark County rated the availability of benzodiazepines as high.

Xanax® was reported to sell for \$2-\$3 per 1-milligram tablet, and \$3 to \$5 per 2-milligram tablet. Valium® was reported to sell for \$2 per 10-milligram tablet. Ativan® sold for between \$1 and \$3 depending on the dose, and Klonopin® cost \$1 per tablet.

Users were described as both younger individuals and middle-aged women (i.e., 30-50 years of age). One user commented:

In the last five years, the number of younger people [abusing benzodiazepines] has about doubled. I'm talking, people in high school. Don't matter about color [race].

Hallucinogens

According to focus group participants, Ecstasy was increasing in availability over the past six months and users rated it high, a 9, on the 0 to 10 scale. Psilocybin mushrooms and LSD were said to range in availability from 5 to 7, but that the former's availability increased in summer months.

Prices for LSD were \$5/blotter paper hit and \$10/gel-tab. Ecstasy sold for about \$10-\$20 per tablet. Ketamine was reportedly selling for \$30-\$40 per gram.

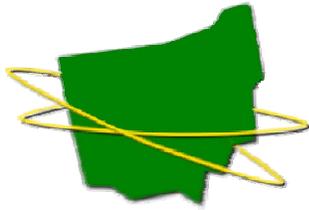
The BCI & I Richfield crime lab registered a notable increase in availability of Ecstasy and LSD, but noted also only low availability of ketamine and moderate availability of psilocybin mushrooms. The crime



lab in Canton serving Stark County, by contrast, noted high and increasing availability of Ecstasy, moderate availability of both ketamine and psilocybin mushrooms, and low availability of LSD.

Other Drug Trends

Although users did not report specific use of PCP or piperazines, BCI & I Richfield crime lab reported low availability of 1-benzylpiperazine ("BZP") with increasing numbers of cases. Benzylpiperazine is a central nervous system stimulant that has some amphetamine-like qualities. The Canton crime lab reported no cases of PCP or piperazines.



Meeting Sixteen
March 21, 2008

Ohio Substance Abuse Monitoring Network

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE ATHENS AREA ATHENS, VINTON, HOCKING COUNTIES

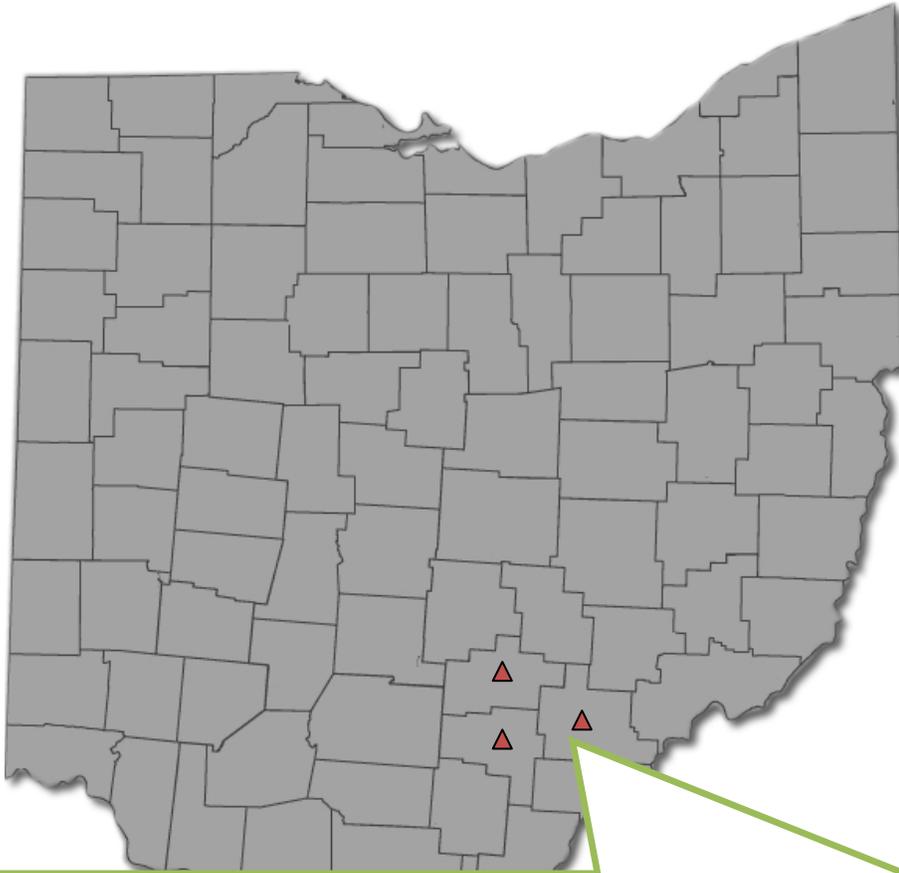
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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction
Services**

AREA PROFILE



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

DATA SOURCES

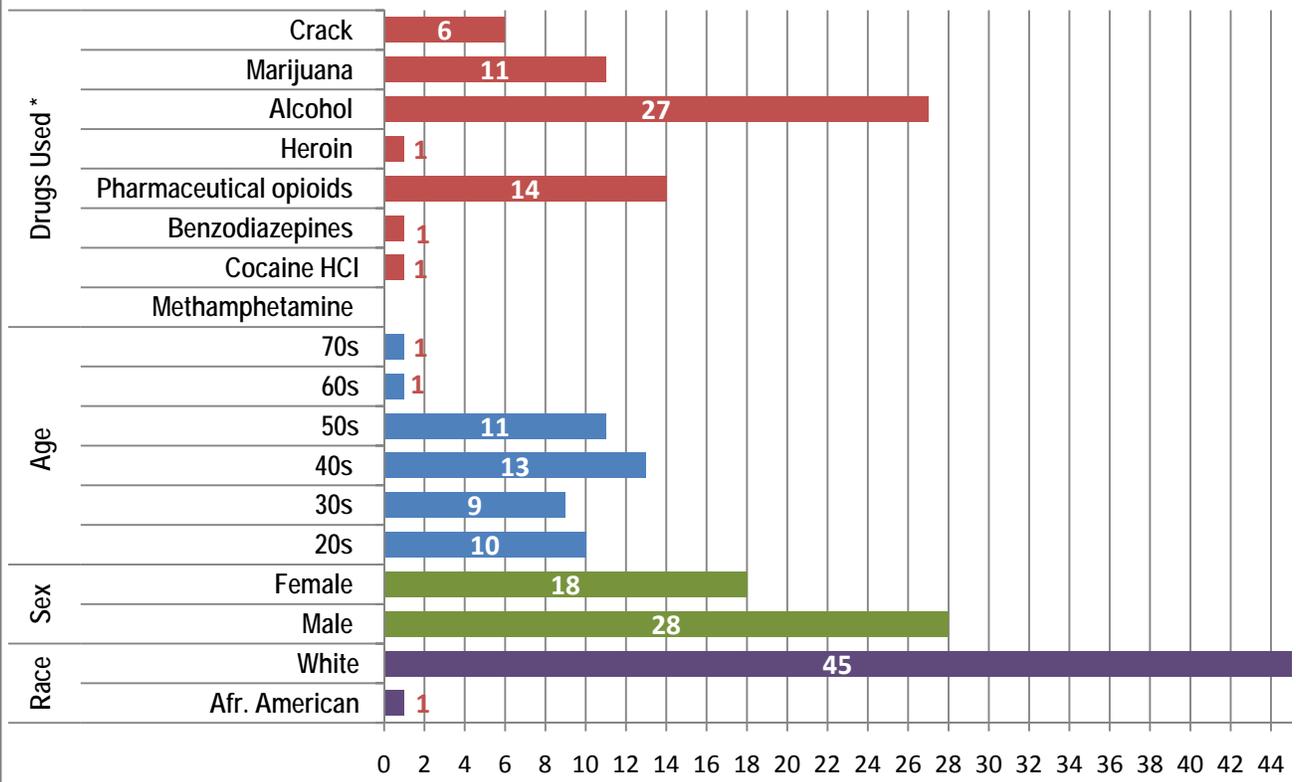
Interviews Conducted in the Athens Area

Date	Number	Participants
10/25/07	10	Active/Recovering users
11/1/07	9	Active/Recovering users
12/17/07	8	Recovering users
12/18/07	5	Recovering users
12/18/07	6	Recovering users
1/10/07	8	Recovering users
Total number:		
Focus groups	6	
All participants	46	
All users	46	

Qualitative data: This report is based upon six focus groups with drug users.

Crime lab survey: Data obtained from the London Bureau of Criminal Investigation and Identification (BCI & I) lab were used to supplement qualitative data sources.

User Characteristics (N=46)



*some respondents may report multiple drugs of use over the past 6 months; (cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

In the previous reporting period, crack-cocaine availability had decreased slightly and was reported as only moderately high by users (rated 8 on a 0 to 10 scale). BCI & I London crime lab continued to report high availability of crack cocaine with high and unchanged purity. Crack cocaine sold for \$50 per 1/2 gram and users indicated the drug was highly stigmatized in Southeast Ohio. Smoking was the most common method of administration.

Current Trends

In the current reporting period, the availability of crack cocaine returned to the usual high rating with users indicating a 9 on a scale from 0 to 10. Crime lab professionals also indicated high availability of the drug, consistent with previous reports. Overall, users indicated a slight increase in availability of crack. BCI & I London reported high and unchanged purity of the drug (above 60%). Crack cocaine was priced at \$70-\$100 per gram, although most users continue to purchase crack cocaine in smaller pieces priced at \$10 or \$20 per "rock".

The most common mode of crack-cocaine administration is smoking. Participants indicated that other drugs are rarely used in combination with crack cocaine. Users were said to be getting younger, and there was some discussion of crack-cocaine experimentation among the area high school students. Users believe crack cocaine to be highly associated with crime and illegal activities. One participant, recently released from jail, estimated that more than one-half



of people he met in jail were there for crack cocaine-related felonies. Another individual, a white female, stated that "Crackheads are the only people I know who will steal your wallet and then help you look for it."

POWDERED COCAINE

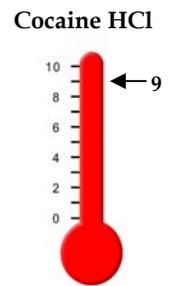
Historical Summary

In the previous reporting period, the availability of cocaine HCl (powdered cocaine) was moderately high (8 on a 0-10 scale). Crime lab professionals from BCI&I London reported that powdered cocaine availability was high in Southern and Central Ohio, including the Athens area. Crime lab reports from BCI & I London indicated high and unchanged purity (60% and above). Powdered cocaine sold for \$50-\$100 per gram and \$150-\$250 per 1/8 ounce. These prices were consistent with those from previous reporting periods. Although smoking was the most common mode of administration, an increasing trend of intravenous cocaine use in combination with heroin ("speedball") was reported.

Current Trends

In the current reporting period, the availability of cocaine HCl (powdered cocaine) in Southeast Ohio was high with users rating it a 9 on a scale 0 to 10. This represents a slight increase from the previous reporting period. BCI & I London reported moderate and steady availability of the drug.

The quality of powdered cocaine was described by users as good, although quality was said to be largely dependent on dealers. Crime lab professionals indicated high and



unchanged purity of powdered cocaine (60% and above). One gram of powdered cocaine was believed to sell for \$100; an eight-ball sold for as high as \$250. Street names for cocaine include “soft,” “snow,” “candy,” “nose candy,” and “toot.” While the primary method of administration is snorting, an increasing number of users reported injection. Younger users namely, “teenagers” and “high school kids” were identified as an emerging user group. Drugs used in combination with powdered cocaine include alcohol, marijuana, and Ecstasy.

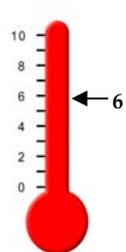
HEROIN

Historical Summary

In the previous reporting period, heroin availability was reported between 2 and 3 on a scale 0 to 10. This was a slight increase from previous reports, although heroin was still believed to be the least available drug in Southeast Ohio. BCI & I crime lab data corroborated users’ reports of low availability. A user reported buying a “bundle” of heroin for \$100. Users indicated black tar as the most common form of heroin available in Southeast Ohio however, area crime lab professionals reported more cases of the brown powder-type heroin. Users indicated injection was the most common mode of heroin administration.

Current Trends

Heroin



Currently, heroin availability was reported as moderate, an increase since the previous reporting period. Users familiar with the drug rated it a 6 on the 0 to 10 scale. BCI & I London also reported moderate availability of the drug with an increasing number of cases.

Users indicated that tar heroin and brown powder were the most commonly seen forms of the drug. Crime lab professional reported availability of brown-powder heroin, but indicated increases in hard brown resin wrapped in white plastic or colored balloons, which has become the most commonly seen form of the drug. Similar to the prior reporting period, crime lab reported high purity of heroin (60% and above).

Tar heroin was believed to be selling for \$120 to \$125 per gram. Current street names for heroin include “junk” and “smack” while one participant stated that they had heard of “Mexican Black Pepper.”

Treatment providers confirmed that heroin was increasing in the Southeast Ohio region and indicated an influx of heroin-addicted clients in the treatment program. One provider commented:

We’ve had young people, that are in their teens, I think 17 was the youngest and we’ve had... and people who are upwards of between 40 and 50.

Many of the users reported previous OxyContin® (oxycodone extended-release) abuse but indicated that they found heroin to be cheaper and provide a better high than OxyContin®. One active user described, “[heroin]...it gives you a buzz like Oxys, and Oxys are real expensive and heroin isn’t.” Other drugs used in combination with heroin include benzodiazepines and pharmaceutical opioids.

OTHER OPIOIDS

Historical Summary

Previously, pharmaceutical opioid availability decreased slightly but was still moderately high. Users rated availability between 7 and 8 on a scale 0 to 10. Crime lab professionals at BCI & I London had reported high availability of OxyContin®, and moderate availability of other oxycodone-containing products. OxyContin® was priced at \$1 per milligram. Participants indicated that an increasing number of users injecting OxyContin®. Prior reports indicated high availability of hydrocodone moderate availability of methadone and low availability of Dilaudid® (hydromorphone). Some street diversion of Duragesic® patches (fentanyl transdermal system) was also noted.

Current Trends

Pharmaceutical Opioids



The availability of pharmaceutical opioids stabilized again as high for the current reporting period. Users rated availability between 8 and 9 on the scale 0-10. Crime lab reported high availability of OxyContin®, and low availability of generic oxycodone, extended release.

The price of OxyContin® in Southeast Ohio was said to be decreasing. For several years, OxyContin® price had remained steady, selling for \$1 per milligram. However, in the current reporting period, several participants indicated that the street price has decreased to \$0.50 per milligram. This is the first reporting period in which participants indicated a decrease in street prices of OxyContin®.

Other opioids available in the Athens

region include: Vicodin® (hydrocodone and acetaminophen), Lortab® (hydrocodone and acetaminophen), Percocet® (oxycodone and acetaminophen), Percodan® (oxycodone and aspirin) and Duragesic® (fentanyl transdermal system). One female user commented on abuse of fentanyl patches (Duragesic®):

Which is why my girlfriend died...she bought this stuff illegally from someone ...when my girlfriend died, I didn't know she was still sucking on the patch. She put it in her mouth because she split it and she sucked the thing in her mouth...I went to check on her 'cause I thought she was taking a nap and she was clammy so I called the squad car 'cause I couldn't get any pulse and that's when she died.

BCI & I London reports indicated high availability of hydrocodone, moderate availability of other oxycodone products (such as Percocet® and Percodan®) and methadone tablets, and low availability of Suboxone® (buprenorphine & naloxone) and no cases of Dilaudid®.

METHAMPHETAMINE

Historical Summary

In the previous reporting period, methamphetamine availability was low. Users rated it a 3 on a scale 0 to 10. None of the participants believed that they could provide accurate data regarding the prices or quality of methamphetamine. However, crime lab professionals at BCI & I London indicated that methamphetamine was highly available, although methamphetamine lab submissions were decreasing in Southeast Ohio. Crime lab professionals also reported high and unchanged purity with powder being the most common form.

Current Trends

Methamphetamine



Currently, users reported that methamphetamine availability was low. Similar to the previous reporting period they rated it a 3 on a scale 0 to 10. Some participants believed that methamphetamine

use was increasing because users of powder and crack cocaine were switching to methamphetamine due to lower price and longer lasting high.

Most participants indicated that powder form or “bathtub meth” was the most available form of methamphetamine, although one participant stated that he had seen “ice” (crystal form) being used in a small town north of Athens. Similar to past focus groups, many participants knew of small meth labs being “busted” in Southeast Ohio, but they did not know many users. Some believed that the methamphetamine being made by manufacturers is either being used by the manufacturers or being sold elsewhere (not locally).

BCI & I London reported moderate and decreasing availability of methamphetamine, and indicated high and unchanged purity (60% and above). Powder was reported as the most common form of methamphetamine, but cases of glassy crystals were reported as well.

MARIJUANA

Historical Summary

In the previous reporting period, marijuana received an availability rating of 10 on a scale 0 to 10. Marijuana was perceived to be highly available by both users and crime lab professionals. Users indicated that

less marijuana was grown locally and more of it is being “shipped in.” Participants noted that hydroponic marijuana was very expensive. Prices for marijuana included: \$30 per 1/8th (medium quality), \$50 per 1/8th (high quality), \$200 per ounce (medium quality), and \$400 per ounce (high quality). Marijuana use spanned both genders; all age groups, regardless of social class.

Current Trends

In the current reporting period, marijuana received an availability rating of 10 on a scale 0 to 10. This availability rating is stable and consistent with the previous reporting period.

Marijuana



BCI & I London indicated high availability and high purity of the drug (60% and above).

Many types of marijuana are available in Southeast Ohio, and users reported they will not “settle” for low-grade marijuana. Users indicated that it was relatively easy to find high-quality marijuana, although this varied by season, number and severity of water droughts, and amount of marijuana confiscated by authorities. The most sought after types of marijuana include “Hawaiian,” “Blueberry,” and “Bubblegum.” Prices for marijuana have increased slightly this reporting period and continue to vary by quality (Table below).

Street Prices of Marijuana by Quality	
Low Grade	\$25 - \$30 per 1/8 th \$40 per quarter
Medium Grade	\$35 - \$50 per 1/8 th \$60 per quarter
High Grade	\$80 per 1/8 th \$100 per quarter

**PHARMACEUTICAL
STIMULANTS**

Historical Summary

In the previous reporting period, Adderall® (amphetamine mixed salts) and Ritalin® (methylphenidate) were highly available (5 to 7 on a scale 0 to 10). BCI&I London reported moderate availability of pharmaceutical stimulants. Participants indicated that one Adderall® tablet sells for approximately \$5. College students make up the predominant user group. One individual reported Adipex® (phentermine) abuse. Adipex® is a prescription stimulant used to suppress appetite. Stimulant availability reported by crime lab professionals was moderate.

Current Trends

In the current reporting period, Adderall® and Ritalin® were again perceived to be widely available, with Adderall® being more available than Ritalin®. Adderall®, described by participants as “poor man’s coke,” was believed to be selling for \$5 per 30 milligram tablet. Users indicated that stimulants are commonly abused by “young kids” and “college students,” aged 16 to 21 years old. Participants attributed the widespread availability of Adderall® to the medicine’s frequent prescription for children with attention deficit and hyperactivity disorder (ADHD). There were reports of parents of ADHD children selling the drug on the street to supplement their income and even children themselves selling the stimulants in their schools.

Focus group participants again reported non-medical use of the appetite suppressant Adipex®, especially among females who use then without medical supervision to control weight.

**PHARMACEUTICAL
TRANQUILIZERS**

Historical Summary

In the previous reporting period, pharmaceutical tranquilizer availability was reported as high, receiving an availability rating of 9 on a scale 0 to 10. The most frequently abused tranquilizers were Xanax®, Valium®, Klonopin® (clonazepam), and BuSpar® (buspirone HCl, USP). Crime lab professionals reported high availability of Xanax® and moderate availability of other benzodiazepines.

Current Availability

In the current reporting period, availability of pharmaceutical tranquilizers decreased slightly with users reporting moderately high availability, an 8 on a 0-10 scale. Valium® (diazepam) and Xanax® (alprazolam) were perceived to be most available, while Ativan® (lorazepam) was less available. Crime lab professionals again reported high availability of Xanax® and moderate availability of other benzodiazepines. Users indicated some availability of Klonopin® (clonazepam), although participants found it undesirable stating it made them overly sleepy and resulted in long periods of forgetfulness. Users referred to Klonopin® as “Forgotalotapin,” and reported a price of \$1-\$2 per tablet.

Pharmaceutical tranquilizers were believed to be more frequently abuse by women than men. A female user explains, “I think mainly women use Xanax...I just don’t hear many men say, ‘Hey, can you give me some Xanax but women are like ‘I need Xanax.’” Intranasal inhalation and ingestion are the most common modes of administration.

OTHER TRENDS

MDMA (Ecstasy)

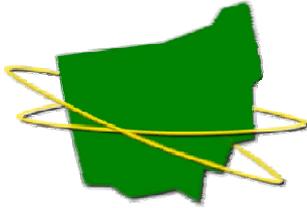
Previously there were mixed reports about Ecstasy availability and users reported the drug sold for \$20-\$30 per tablet. In the current reporting period, several participants indicated that Ecstasy was increasingly available in Southeast Ohio. BCI & I London reported moderate availability of Ecstasy. Users indicated that Ecstasy use is common among “young kids” at parties. A white male reported a recent Ecstasy party in a barn in a remote rural area of Southeast Ohio. When asked to describe the availability of Ecstasy, one participant stated *“That’s what’s big right now with high school kids,”* while another participant stated *“There is some, but not like it used to be.”*

LSD and psilocybin mushrooms

Users reported some availability of both mushrooms and LSD in Southeast Ohio. The availability of these substances was said to be sporadic and seasonal. Crime lab reports indicated moderate availability of mushrooms and low availability of LSD. Similar to the prior reporting period, psilocybin had greater popularity among users than LSD.

Seroquel®

There was limited knowledge of Seroquel® (quetiapine fumarate) abuse among users interviewed this reporting period. Several users reported receiving legitimate prescriptions for Seroquel®, and felt it had a low potential for abuse. BCI & I London reported low availability of the drug.



Meeting Sixteen
March 21, 2008

Ohio Substance Abuse Monitoring Network

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE CINCINNATI AREA

HAMILTON COUNTY, OHIO

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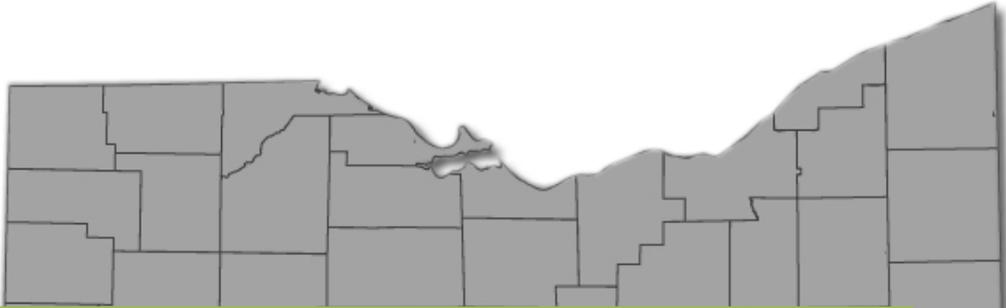
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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction
Services**

AREA PROFILE



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

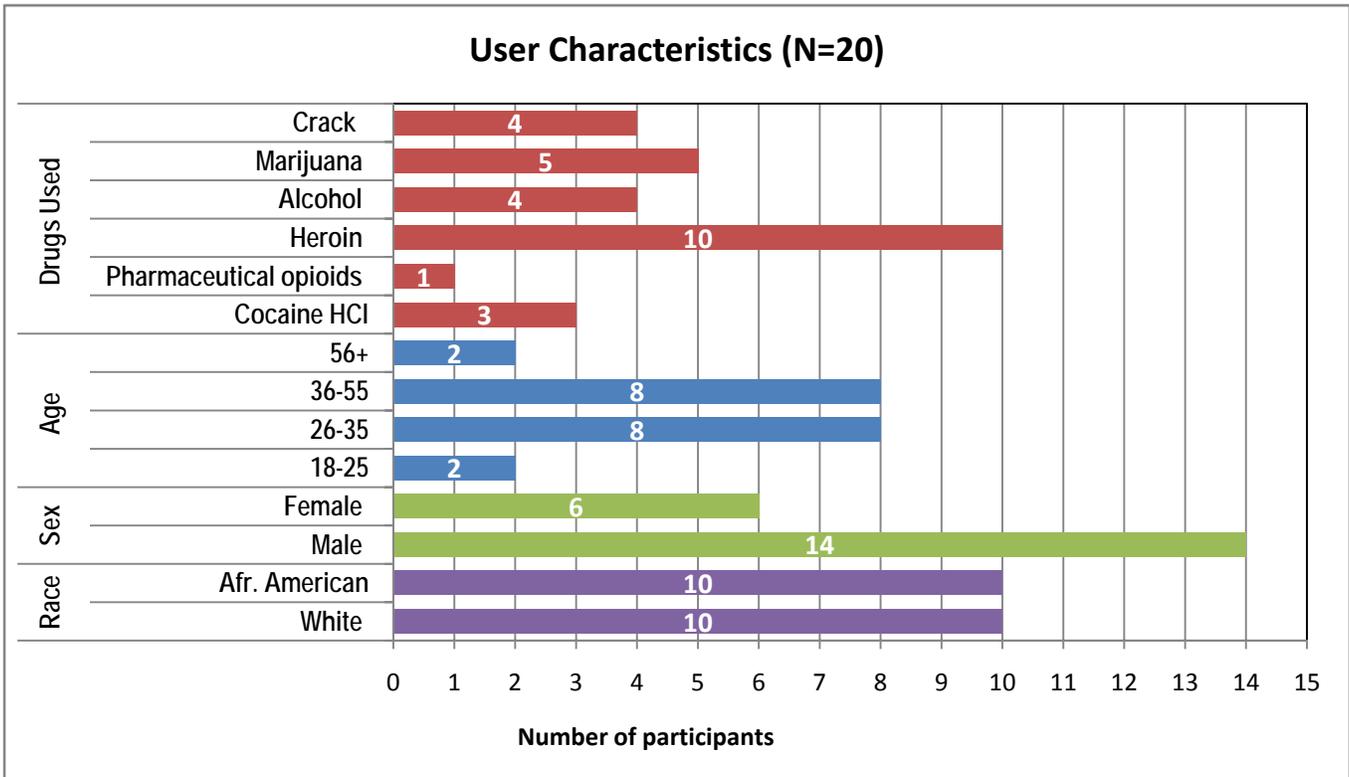
DATA SOURCES

Interviews Conducted in the Cincinnati Area		
Date	Number	Participants
10/16/07	5	Recovering users
11/02/07	5	Active users
11/14/07	5	Recovering users
11/14/07	5	Health professionals
11/28/07	5	Recovering users
Total number:		
Focus groups	5	
Individual interviews	1	
All users interviewed	20	
All participants	26	

Qualitative data: This report is based primarily upon data collected during focus groups and individual interviews with 26 participants.

Crime lab survey: Data obtained from the Cincinnati crime lab supplemented qualitative data sources.

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



Note: participants could have self-reported use of more than one drug.
(Cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

In the prior reporting period, focus group members rated the availability of crack cocaine as a 10+ on a scale 0 to 10. Its quality was perceived to have declined. Law enforcement and crime lab personnel confirmed its continuing high availability. It sold for \$25-\$50 per gram, and for \$120-\$150 per 1/8 ounce; prices in the rural areas were higher. Crack cocaine was used with heroin, alcohol, marijuana and benzodiazepines. Crack use was reported among diverse populations, including young and old, male and female, and white and African-American. Some elderly male users were reportedly introduced to crack through their sexual relationships with younger, crack-using women.

Current Trends



Crack cocaine has remained widely available in Cincinnati and throughout Hamilton County, but varies according to proximity with the inner city. On the same scale of 0 to 10, crack-cocaine availability was ranked by focus group participants as a 10+ within city limits, but a brief drought was reported to have occurred in the late spring of 2007. The Cincinnati crime lab noted a decline in crack availability from high to moderate. Hamilton County law enforcement confiscated a record 91 kilograms of crack cocaine during 2007, contributing to its decreased availability. Participants described sales of crack cocaine proceeding in less obvious fashion (delivery instead of "street corner" sales), owing to this added law enforcement presence.

Participants described the quality of crack cocaine as having declined, which was confirmed by law enforcement, who mentioned a buy of "crack cocaine" that turned out to be caffeine when analyzed. Users reported adulteration of crack with what they perceived to be rocks, drywall, wax, soap, and baking soda. Access to better quality crack typically depends on social relations between seller and buyer.

Street names for crack cocaine include "melt," "hard," "butter/budda," "rock," "fire," "ya-yo," "yank," and "beast."

The price of crack cocaine remained relatively stable throughout the current reporting period. It continues to be sold to low-level users by dollar amount instead of by weight. Grams sell for \$25-\$40, an "8-ball" (3.5 grams, 1/8 ounce) for \$120-\$150, 1/2 ounce sells for \$400-\$500, and an ounce can be bought for \$750-\$900. Prices are higher, however, the further from the inner city one seeks to buy, to upwards of \$100 per gram.

Smoking it through a pipe or similar implement remains the primary mode of administration of crack cocaine. Others identified the lacing of tobacco cigarettes or marijuana joints/blunts with crack cocaine, a practice seen to be especially common among younger users. Injection of crack cocaine mixed with lemon juice or vinegar was reported to be increasing insofar as powdered cocaine availability became low or its quality, poor. User group participants noted that marijuana, alcohol and heroin are also used with crack cocaine. Users noted also that gay and bisexual male crack-cocaine users sometimes also use Cialis® (tadalafil) and Viagra® (sildenafil) to enhance sexual performance.

Crack-cocaine acceptability was reported to be increasing among diverse populations. There is a slight predominance of male users over female, and both young (i.e., as young as 14) and old (i.e., upwards of 70) users were reported by focus group participants.

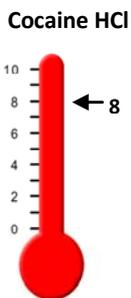
POWDERED COCAINE

Historical Summary

In the prior reporting period, user groups reported high availability of powdered cocaine, and Cincinnati crime lab data suggested moderate availability. Unlike crack cocaine, availability of powdered cocaine was reportedly higher in the suburban areas than in the city. Prices were at \$30-\$50 per gram and \$110-\$150 for an "8-ball" (3.5 grams). One suspected case of cocaine adulterated with Clenbuterol was recorded by the Cincinnati Drug and Poison Information Center. Intranasal insufflation (i.e., snorting) remained the most common mode of use. Injection use was noted among primary heroin users. Typical powdered cocaine users were described as white males aged 16-40 and individuals of middle- to upper-socioeconomic status. New mentions were made of powdered cocaine use in combination with promethazine.

Current Trends

The availability of powdered cocaine (cocaine HCl) throughout the Cincinnati region decreased slightly during the current reporting period. On the same scale of 0 to 10, the availability of powdered cocaine was estimated as an 8, although significant geographic variation was noted. Cincinnati



crime lab data suggested unchanged, moderate availability of powdered cocaine.

As with crack-cocaine use, closer ties to sellers increased the quality of powdered cocaine to buyers. Overall, participants noted a decline in powdered cocaine quality since the previous report. Cincinnati crime lab data estimated purity as moderate (30%-60%).

Street terms for powdered cocaine include: "white," "snow," "soft," and "girl." As was reported previously, there was some geographic variation in powdered cocaine prices throughout the Cincinnati region. A gram usually cost \$25-\$50 but upwards of \$85 depending on both buyer/seller ethnicity and proximity to inner city. An "8-ball" (3.5 grams, or 1/8 ounce) varied in price from \$125 to \$225, with lower prices being found in the city and higher ones in more rural locales. The price of an ounce of powdered cocaine ranged between \$600 and \$950, and a kilogram cost between \$15,000 and \$24,000. Some participants reported that small dollar amounts of powdered cocaine are sold in folded paper packets.

Snorting was reported as a common mode of administration, especially among first-time users. Younger users were also described as lacing marijuana joints/blunts with powdered cocaine. Likewise, user group participants also reported upwards of 25% of all users being primarily injectors.

As in the prior reporting period, the substances used most commonly with powdered cocaine were alcohol, heroin, and marijuana. Several participants also reported cases of powdered cocaine use in conjunction with Ecstasy, Cialis® and Viagra®.

While most powdered cocaine users are male, an increasing number of female

users was also reported by participants. Powdered cocaine users are as young as 14 years of age, but were reported to range between 16 and 40.

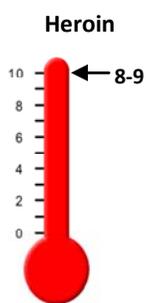
HEROIN

Historical Summary

In the prior reporting period, focus group participants and crime lab professionals indicated high availability of heroin in the Cincinnati area. Brown powder remained the most commonly available form, but some availability of black tar heroin was reported as well. Heroin sold for \$160-\$180 per gram. The Cincinnati Drug and Poison Information Center recorded several suspected cases of heroin adulterated with Clenbuterol. Injection remained the most commonly reported mode of administration. Snorting was more common among younger users. Users were reported to be predominantly white, between 18 and 35 years of age, and they comprised as many males as females.

Current Trends

Similar to the prior reporting period, the availability of brown powder-type heroin was estimated by users as being between 8 and 9 on the scale of 0 (not available) to 10 (extremely available). Black tar heroin availability increased slightly and received an average rating of 4.3 on the same scale. Some availability of white powder heroin was reported by focus group members. The Cincinnati crime lab reported moderate availability of heroin; powder was reported as the most commonly available form, but cases of black tar were reported as well.



Slang terms for heroin include “dog,” “dog food,” “tar,” and “boy.”

Regarding heroin prices, a gram of brown powder reportedly cost \$120-\$170 during this reporting period, whereas black tar heroin, where available, sells in small balloon units for \$10, \$20, \$30, or \$50. The quality of heroin was consistent with previously reported assessments.

Intranasal inhalation of heroin remains more common among new users, whereas more experienced users typically inject heroin. Several participants speculated that there were fewer intravenous heroin users due to perceived increased risk of transmission of both HIV and HCV (Hepatitis C Virus). Some participants said that “skin-popping” (subcutaneous injection) occurred among previously intravenous drug users, but these observations require further validation. Little heroin smoking was reported.

Initiation of heroin use still commences in the late teens and early 20s, and user age was reported to be as high as 60. There seems to be no predominance of male over female use and little difference in use by ethnic group. The use of alcohol, marijuana, powdered cocaine and crack with heroin was cited as fairly common.

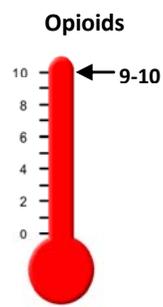
OTHER OPIOIDS

Historical Summary

Prescription opioids such as Vicodin®, Percocet®, and OxyContin® were reported during the previous period to be of high but slightly decreasing availability, between 9 and 10 on a scale 0 to 10. OxyContin® was the most popular and available, and Vicodin®, Lorcet® and Lortab® were a close second. Prices per milligram for OxyContin® were stable at

\$.050-\$.075 per milligram, but generic extended-release products had dropped in price to \$.25-\$.50 per milligram. Methadone tablets and wafers sold for between \$.30 and \$.70 per milligram and morphine for \$.50 per milligram. The less available Duragesic®-brand transdermal fentanyl patches sold for between \$25 and \$50 per patch. Prices were still higher in rural areas. Most pharmaceutical opioid users are whites ranging in age from late teens to 50s, but are increasingly female.

Current Trends



The availability of prescription opioids in the Cincinnati region remained at high levels during this reporting period. According to focus group participants, hydrocodone- and oxycodone-containing products and methadone tablets were rated between 9 and 10 on a scale of 0 to 10. In contrast, data obtained from the Cincinnati crime lab indicated that availability of hydrocodone, methadone tablets/wafers, OxyContin® and other oxycodone-containing products declined from high in the prior reporting period to moderate.

Focus group participants also reported some street availability of morphine, Duragesic® patches, Dilaudid® (hydromorphone), and Suboxone® (buprenorphine and naloxone). In contrast, the Cincinnati crime lab had no cases of Dilaudid® or buprenorphine-containing products, and noted low availability of Darvon® (propoxyphene).

According to focus group participants, OxyContin® tablets are referred to as "Oxys," "OCs," "M & Ms," or "Tic-Tacs." Slang terms for Percocet®

included "Percs," "sets," "roxys," "512s," "surfboards," and "10s." Vicodin® products were referred to as "Vikes," "Vickis," and "Vs."

Reported prices of pharmaceutical opioids are provided in the table below. In general, participant reports suggested a slight increase in street prices of hydrocodone, oxycodone and methadone tablets/wafers. For example, prices of methadone tablets increased from \$.30-\$.70 per milligram in the prior reporting period to \$1 per milligram in the second half of 2007. Participants also noted that generic extended-release oxycodone products remain less expensive than their branded counterpart, but no prices were cited by users. OxyContin® prices rose to \$1.00 per milligram in rural areas of Ohio and Northern Kentucky.

Street Prices of Pharmaceutical Opioids

Vicodin®	7.5 mg	\$5
Lorcet®	5 mg	\$2-\$3
Lortab®	10 mg	\$7-\$8
Percocet®	\$1 per mg of oxycodone	
Roxicet®	\$1 per mg of oxycodone	
OxyContin®	\$0.5-\$0.75 per mg (urban areas)	
	\$1 per mg (rural areas)	
Methadone tablets/wafers	\$1 per mg	
Morphine	30 mg	\$10-\$15
Suboxone®	8 mg	\$4
Fentanyl	75 mcg/hr	\$25

The most common route of OxyContin® administration involves either snorting or injecting after crushing the tablets. Other prescription opioids in tablet

form that are crushed and snorted included methadone, Vicodin®, and Percocet®. Users continue to lose interest in generic extended release oxycodone-containing products because they are more difficult to administer by intranasal inhalation or injection.

Substances used alongside prescription opioids include alcohol and marijuana. Isolated reports surfaced also of pharmaceutical opioid use with diphenhydramine, which is a common ingredient in over-the-counter medications such as Tylenol® PM, Advil® PM and others.

Overall, participants noted an increasing trend of pharmaceutical opioid abuse. Prescription opioid abusers were said to be as young as 16 years-old and as old as 60 years of age, more commonly female than male, and typically include white, middle-class individuals of blue-collar and white-collar occupations. Participants also noted an increase in pharmaceutical opioid abuse among African-American females.

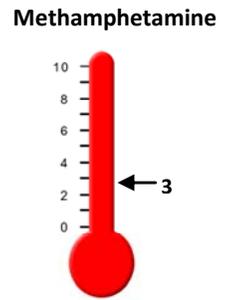
METHAMPHETAMINE

Historical Summary

During the previous reporting period, methamphetamine availability in the Cincinnati region was described as low and decreasing. Higher availability was noted in the surrounding rural areas. Slight increases in price were noted; powdered forms of methamphetamine sold for about \$100 per gram and crystalline for \$60 per gram. Methamphetamine, which is smoked or injected, continues to be associated with white males and females between ages 17 and 30.

Current Trends

According to focus group participants, methamphetamine availability increased slightly. Estimates of its availability are still low, averaging about 3 on the same 0 to 10 scale, but rural area availability was still higher, being rated at 6-7 on the same scale. Cincinnati crime lab data confirmed low availability and suggested a decreasing number of cases registered. Powder-form methamphetamine was noted most commonly by crime lab personnel.



Locally produced methamphetamine prices increased slightly during the current reporting period, to \$85-\$100 per gram, and the price of crystal methamphetamine manufactured in Mexico increased to \$100-\$125 per gram, which was the standard unit size mentioned. The quality of methamphetamine reportedly decreased, however.

Smoking and injection are the two most frequently reported modes of administration, although oral consumption and snorting were also mentioned. Methamphetamine users were said to be white males and females ranging typically between 16 and 30 years old.

MARIJUANA

Historical Summary

In the prior reporting period, the availability of marijuana in the Cincinnati area was rated as a 10 on a scale 0 to 10. Low grade marijuana sold for \$60 to \$120 per ounce, and high-grade prices ranged from \$200 to \$500 per ounce. Overall, marijuana use was described as common among diverse populations in terms of gender, age, ethnicity or socioeconomic status.

Current Trends



Some post-harvest fluctuation in the availability of marijuana was noted for the current reporting period. Again, however, marijuana availability throughout the Cincinnati area was rated as a 10 on the 0-10 scale. The Cincinnati crime lab registered a similar number of cases, and estimated moderate availability of marijuana. In the prior reporting period, the crime lab rated marijuana availability as high.

User group participants estimated that marijuana prices hadn't changed much throughout the past six months, either, with high-grade, specialized, hybrid strains being sold even by the gram for between \$20 and \$60, while an ounce ranged in price from \$200 to \$500, and a pound for \$1,000 to \$5,000. An ounce of low-grade marijuana, by contrast, reportedly cost between \$40 and \$90, while medium-grade marijuana could be bought for \$125 to \$175 per ounce and \$700 to \$1,200 per pound.

Smoking remained the most common mode of administration. According to participants, marijuana was commonly used with alcohol, powdered cocaine, crack and heroin.

As in previous reports, Cincinnati area focus group participants maintain that marijuana use is common among diverse age, ethnic and socioeconomic groups. Marijuana use among individuals as young as 11 years of age was reported by several participants as being common.

Salvia divinorum use was mentioned by younger participants, who reported prices of \$90 per gram of material.

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OTHER TRENDS

Benzodiazepines

Participants reported an increase in benzodiazepine abuse. Their availability was estimated to average nearly 9 on the scale of 0 to 10. The tranquilizer of choice remains Xanax® (alprazolam), and participants suggested a slight increase in its availability. The Cincinnati crime lab estimated moderate availability of Xanax® and other benzodiazepines. The street prices for Klonopin® (clonazepam), Xanax®, and Valium® (diazepam) are listed below:

Pharmaceutical tranquilizer street prices		
Xanax®	1 mg	\$2-\$3
	2 mg	\$3-\$5
Klonopin®	1 mg	\$2
	2 mg	\$5-\$7
Valium®	5 mg	\$1-2\$
	10 mg	\$2-\$5

The primary route of administration of pharmaceutical tranquilizers remains oral ingestion of the tablets. Nevertheless, focus group participants noted that perhaps 20% of benzodiazepine users crush and snort tablets and that yet others crush, dilute and then inject them. Other substances reported to be used frequently with benzodiazepines include methadone, alcohol and marijuana, a practice held by users to be "very common." Benzodiazepine users were described as being predominantly female and usually 25 years of age or older; few other ethnic or other parameters of use were noted.

Seroquel®

Cincinnati crime lab reported moderate street availability of Seroquel® (quetiapine).

Ecstasy/MDMA

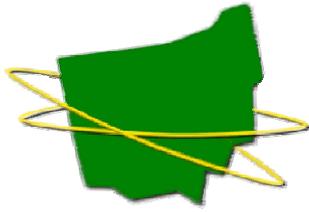
The availability of MDMA (Ecstasy) increased slightly during the current reporting period, now averaging 7.4 on the scale of 0-10, and Cincinnati crime lab data estimated its moderate availability. Most MDMA was reported to be seen in the form of pressed tablets. Law enforcement reported increased seizures of MDMA, primarily of that which emanated from Canadian laboratories. According to WCPO.com, there occurred in August of 2007 a bust of 1,020 MDMA tablets that had a street value allegedly of \$20,000 (see "Traffic Stop in Hamilton Township Leads to Major Drug Bust," www.wcpo.com, August 10, 2007).

According to law enforcement, MDMA tablets purchased in bulk would cost as little as \$4 per tablet, but retail prices were reported by others to range from \$6 to \$20 per tablet.

LSD and Psilocybin

LSD availability decreased during the current reporting period and was rated as only a 1 on the 0 to 10 scale by focus group participants. Cincinnati crime lab data, however, suggested low but perhaps increasing availability. Sold in the form of microdots, gel-caps, and blotter-paper "hits," LSD is typically priced at about \$5-\$10 per dose.

The availability of psilocybin mushrooms ("shrooms") remained stable, averaging 5.5 on the 0-10 scale. They can be purchased for \$35-\$50 per 1/8 ounce. The Cincinnati crime lab rated mushroom and also ketamine availability as low.



Ohio Substance Abuse Monitoring Network

Meeting Sixteen
March 21, 2008

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE CLEVELAND AREA CUYAHOGA COUNTY, OHIO

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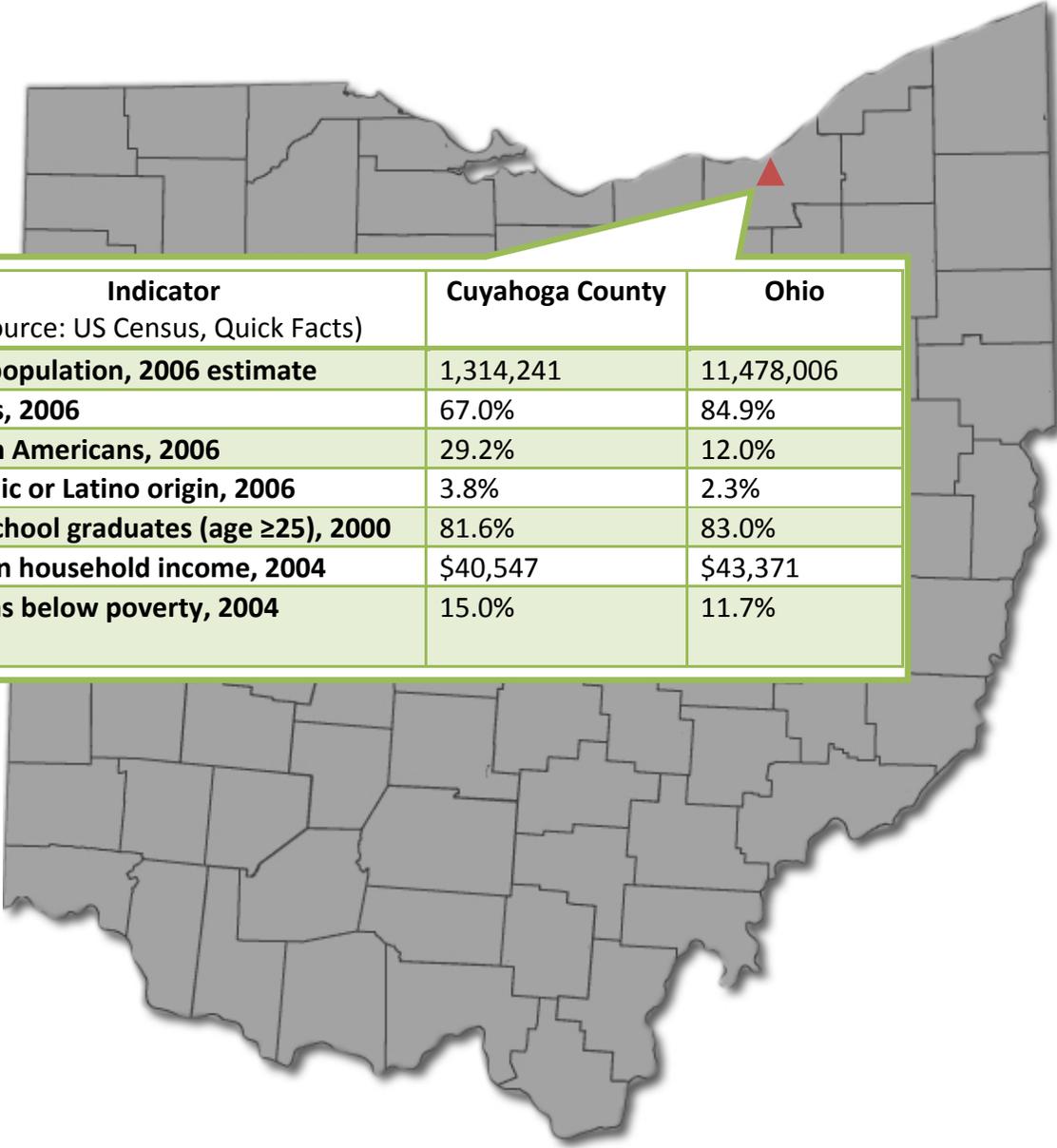
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Paul Lubben, BS
Lyn Lubben, AAS, Recorder



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

AREA PROFILE



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

DATA SOURCES

Qualitative data: This report is based upon data collected during conduct of five focus groups with active and recovering drug users.

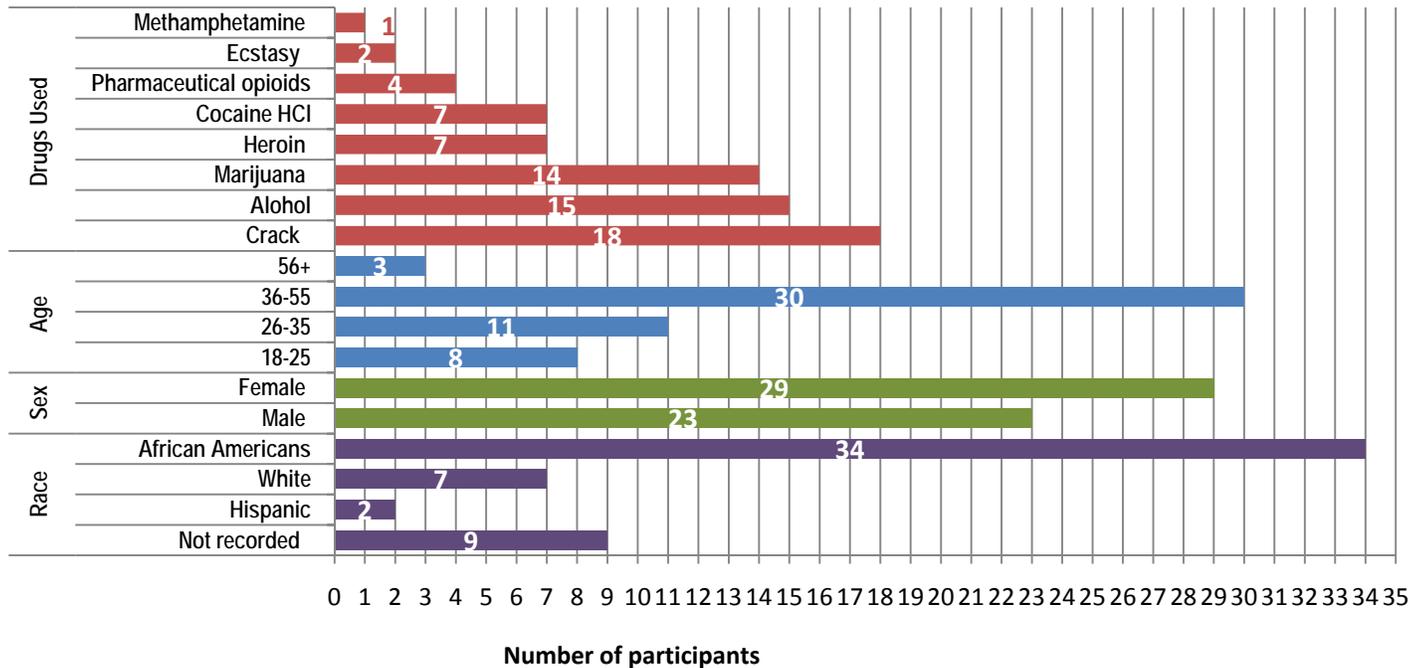
Crime lab survey: Data obtained from the Cleveland crime lab were used to supplement qualitative data sources.

Media reports: *The Plain Dealer* and other media outlets were monitored for information about

Interviews Conducted in the Cleveland Area		
Date	Number	Participants
11/13/07	9	Active and recovering users
11/20/07	9	Active and recovering users
11/20/07	4	Active and recovering users
11/26/07	9	Active and recovering users
11/27/07	11	Active and recovering users
12/04/07	10	Active and recovering users
Total number:		
Focus groups	6	
All participants	52	
All users	52	

In addition, the *Cuyahoga County Youth Risk Behavior Survey Report, 2006-2007*, was used to report prevalence of illegal drug use among high school students from 25 public and private schools in the Cuyahoga County (N= 4,996). Since the overall response rate was low (44.1%), results are not representative of all adolescents in the county. In this survey, “high” SES indicates that at least one parent completed college, while “low” SES indicates that neither parent had a college degree. Comparisons were drawn only between “white” and “black” students.

User Characteristics (N= 52)



Note: participants could have self-reported use of more than one drug. (Cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

In the previous reporting period, crack-cocaine availability was considered “high,” and active or recovering users rated it at 10 on a scale 0 to 10. The Cleveland crime lab also reported high availability. Prices ranged from \$60 to \$140 per 1/8 ounce. While active and recovering users perceived crack cocaine as being poor in quality, the area crime lab reported high purity (60% and above). Active users and law enforcement officials reported increasing numbers of younger female users, but much older new users (i.e., 70-80 years of age) were also mentioned.

Current Trends



Most users reported crack-cocaine availability as a 10 on a scale of 0 to 10, but a few rated it as between 6 and 8. The Cleveland crime lab rated its availability also as high and stable.

According to focus group participants, crack-cocaine quality either decreased or remained the same in the previous six months. As one user said, “A lot has to do with the processing. You have 5-15 percent cocaine, and the rest is garbage.” In contrast, the Cleveland crime lab reported high purity (above 60%) of crack cocaine.

Reports regarding the price of crack cocaine also varied, as some respondents reported increases while others reported price stability over the previous six-month period. On the low end, users reported the price of an “8-ball” (3.5 grams) as being \$125-\$130, but others noted that it was sell-

ing for \$200-\$250. One user described the reason for the price increase: “Prices increase. Always at the end of the year, the prices go up; they’re doing the drug sweeps, especially in an election year.” Street names for crack cocaine included “white girl,” “hard,” “Scooby snacks,” “A-1,” and “rocks.”

Some users identified youth and those of the more affluent, middle- to upper-classes as constituting emerging users. One user commented:

People with good jobs and everything – school teachers, doctors, lawyers – you meet some interesting people who smoke dope, man. Everybody don’t look like ‘Pookie’ [slang term for a street-level crack-user] out on the street.

Another user indicated that “kids as young as 14 [were] selling her body or his body so they can have drug availability.” Others reported an increase in the number of older individuals (i.e., people aged 50-75) using the drug. In general, crack-cocaine use was thought to cut across lines of occupation, class, race and age. As one user indicated, “Crack doesn’t discriminate . . . white, black, young, old, jobs or no jobs.”

POWDERED COCAINE

Historical Summary

While most active/recovering users rated powdered cocaine as extremely available, members of user and treatment provider groups rated the drug as being less available, between 5 and 8 on a scale 0-10. Prices for powdered cocaine were reportedly increasing. Prices for 1/8 ounce were between \$100 and \$140, with some participants

reportedly paying as much as \$180. Quality of the drug had continued to decrease. Participants reported “young kids,” particularly African American, as an emerging group of powdered cocaine users.

Current Trends

Cocaine HCl



Users were unable to come to consensus on the current availability of powdered cocaine (cocaine HCl). Ratings thereof varied from 3 to 10, but averaged nearly 9 on the same 0 to 10 scale. One user commented that, “It depend on where you at.

There is always somebody selling it [powdered cocaine] at a strip club.”

The Cleveland area crime lab registered an increase in the number of cases reported of powdered cocaine and indicated moderate availability. The Cleveland *Plain Dealer* reported in August of 2007 that powdered cocaine was so scarce in Cleveland and some other cities throughout the country, owing mostly to stepped-up drug interdiction efforts, as to justify announcing a “drought” that was “relatively unprecedented” (Gabriel Baird, *The Plain Dealer*, August 8, 10, 2007).

Powdered cocaine street names include “smack,” “blow,” “bucha-sucha,” “Casper,” “white avalanche,” “flake,” “coke,” “ya-ya,” and “nose candy.”

The quality of powdered cocaine was reported to range from mediocre to poor. One user reported, “[There’s] some good product, but that is going down. Got some garbage out there, though.” Another user reported, “kind of mediocre. It fluctuates. They dilute it.” The Cleveland crime lab reported high purity of powdered cocaine (60% and above).

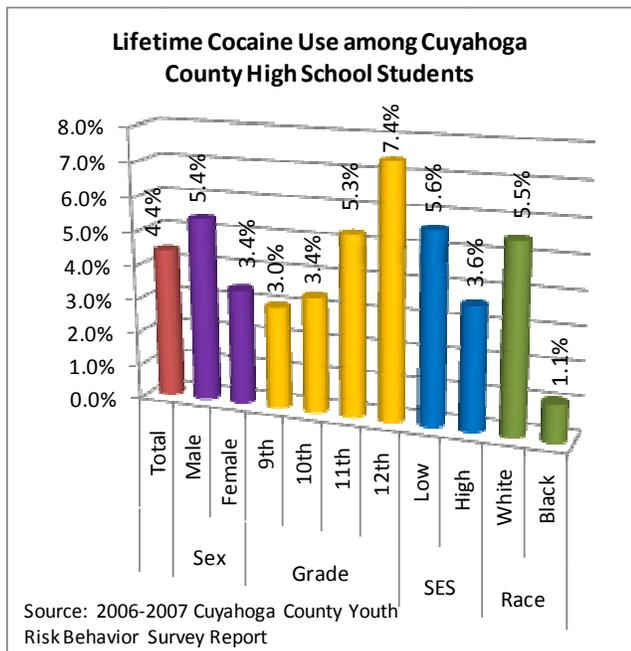
Prices for powdered cocaine remained relatively stable since the last reporting period. Respondents reported that an “8-ball” (3.5 grams) was selling for as little as \$75 and as much as \$200, but that prices ranged typically from \$125 to \$150.

Respondents continue to report that snorting and injecting powdered cocaine are the two most common routes of its administration. Some users reported the practice of lacing cigarettes or marijuana joints (or blunts) with powdered cocaine. In addition to using heroin with powdered cocaine (i.e., “speed-balling”), users reported also using alcohol, Dilaudid® (hydromorphone), Xanax® (alprazolam), PCP (phencyclidine), and Ecstasy. As one user commented:

Anything that’s a downer. Get a push and pull effect. One minute you’re up and then you come back down.

Respondents identified an increase in the number of younger individuals (i.e., 16 to 18 years of age) using powdered cocaine. Overall, powdered cocaine use was linked with upper-class individuals who have more education and higher-paying jobs.

Data obtained by the Cuyahoga County Youth Risk Behavior Survey suggest that in 2006-2007, about 4.4% of all surveyed high school students (n=4,996) reported using cocaine at least once in their lifetime (the survey did not distinguish between crack and powdered cocaine). The rate was about 7.6% among 12th graders. Prevalence was generally higher among males compared to females and White students compared to Black students. Lifetime rates were also higher among students of low socioeconomic status (SES) than among those of high SES (Figure below).



most common form, but that white powder and black tar forms were also seen.

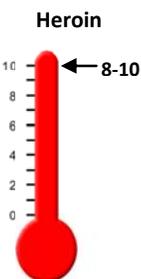
The quality of heroin in Cleveland was believed to be moderate to poor. As one user described it, "Availability of top-grade heroin – not in this town." The Cleveland crime lab reported moderate (30%-60%) and unchanged purity, and also noted cases of heroin being mixed with fentanyl. The price for an ounce of brown/beige powder heroin was reported to range between \$3,000 and \$3,500. One gram of good-quality heroin sold for \$175 or \$180. Participants reported "boy," "dog food," "poison," "dear mama," and "dust" as common street names for heroin. Snorting or injection remains the most common routes of administration. Young and predominantly white individuals continue to be reported as a group of new heroin users.

HEROIN

Historical Summary

In the prior reporting period, more experienced users rated heroin availability as an 8 or higher on a scale 0 to 10. The crime lab reported high and stable availability of heroin, with brown powder being the most commonly seen form. The price for a gram ranged from \$100 to \$445. User perceptions of quality were mixed, and the Cleveland area crime lab reported moderate quality (30%-60% pure). New user groups included young white women aged 18 and above.

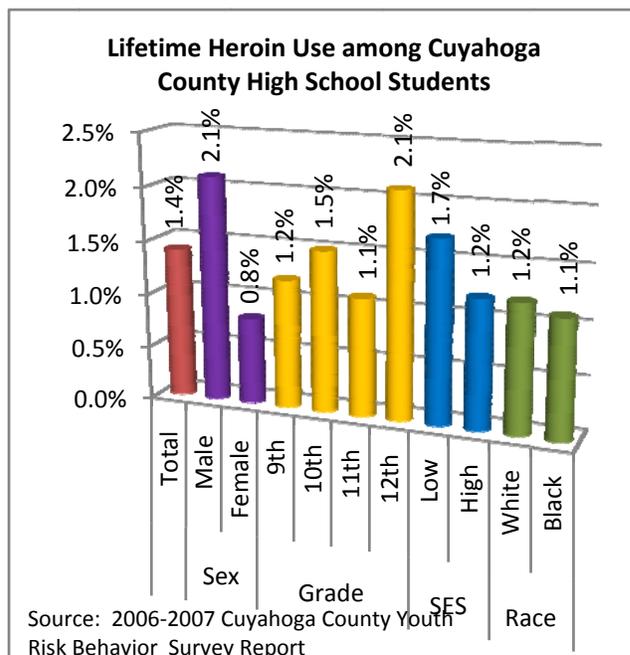
Current Trends



Most focus group participants reported moderate availability of heroin in the Cleveland area. However, users that were more familiar with the drug reported its availability as a bit higher, with ratings between 6 and 8 and as high as 10. The Cleveland crime lab registered high and stable availability. Users and crime lab professionals reported that brown powder was the

Cleveland crime lab registered high and stable availability. Users and crime lab professionals reported that brown powder was the

Data obtained by the Cuyahoga County YRBS suggest that in 2006-2007, about 1.4% of all surveyed high school students reported using heroin at least once in their lifetime (Figure below). The rate was about 2.1% among 12th graders.



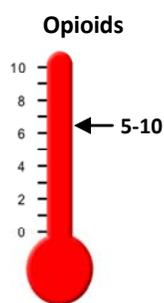
OTHER OPIOIDS

Historical Summary

Availability of OxyContin® (oxycodone extended-release), Vicodin® (hydrocodone and acetaminophen), and Percocet® (oxycodone and acetaminophen) varied. Most respondents rated OxyContin® availability at 5 or higher on a scale 0 to 10 but yet as increasingly scarce. The availability of Vicodin® was high and increasing. Prices remained stable, with the exception of those for OxyContin®, which had increased slightly.

Current Trends

Pharmaceutical



Opioids

OxyContin® availability was rated at 10 by most respondents, and many believed that availability had increased over the past six months. One user commented, “[OxyContin is] very available . . . just a little expensive. People get prescriptions and sell them.” Most users

believed that the price of OxyContin® had increased over the past six months as well. The Cleveland crime lab reported moderate availability of OxyContin® and generic oxycodone (controlled-release). OxyContin® prices were reported to be \$1 per milligram or slightly lower: it “depends on who you’re shopping with.” Respondents reported seeing injection and snorting of OxyContin®, but that most users were ingesting it orally.

The reported availability of Vicodin® ranged from 7 to 10. Most users believed that availability had remained stable over the past six months, but a few users perceived slight increases. One user commented on easy access to hydrocodone-containing medication by saying that “Availability is always a 10 – hospitals are the

place to go.” Prices for the drug were between \$3 and \$5 per tablet.

Most users rated Percocet® availability as at or above 7, although a few participants thought it was less available. Reporting that Percocet® availability was high, one user commented, “I can literally tell a doctor I’m in pain and I need this, that, or the other. They have no problem writing the scrip.” On the other hand, a user who also noted that Percocet® availability was lower commented, “[law enforcement] is doing crack-downs on pharmacies and on doctors’ prescribing. I know doctors and pharmacists who have gone to jail for prescribing without need.” Prices ranged from \$3 for 5-milligram (oxycodone content) to \$7 for 10-milligram strength tablets.

Most users perceived an increase in the availability of methadone tablets/wafers, with ratings ranging from a low of 5 to a high of 10. Some users reported using methadone tablets and wafers in an attempt to abstain from using heroin. As one stated, “I was buying [methadone] to wean myself off of heroin.” The Cleveland crime lab reported moderate availability of methadone tablets and wafers.

The availability of Suboxone® has increased over the past six months; users rated its availability between 8 and 10. The Cleveland crime lab rated its availability as low. Users estimated its price as \$8-\$10 per tablet.

Dilaudid® availability increased slightly over the past six months. Most respondents rated its availability at 4 or 5. Cleveland crime lab reported moderate availability of Dilaudid®.

Some users reported the availability of fentanyl, but believed it to be used primarily as a “cutting agent.” Most users were familiar with the dangers of fentanyl abuse. One user reported, “[Fentanyl] is killing

people. You don't know what you're getting out there."

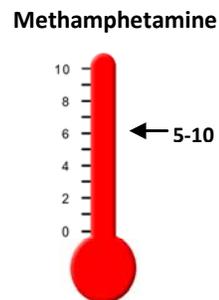
Availability of Ultram® (tramadol) varied, but was typically considered to be less available than other pharmaceutical opioids. Ultram® was reportedly selling for \$1 per tablet. Morphine was available in liquid and especially tablet form. Participants also mentioned some availability of codeine.

METHAMPHETAMINE

Historical Summary

In the previous reporting period, methamphetamine availability was low. Only a few respondents had first-hand knowledge of it. The Cleveland crime lab reported low but increasing availability of the drug, whose purity was high (i.e., 60% and above). Both glassy crystal- and powder-type methamphetamine were available in the Cuyahoga County area.

Current Trends

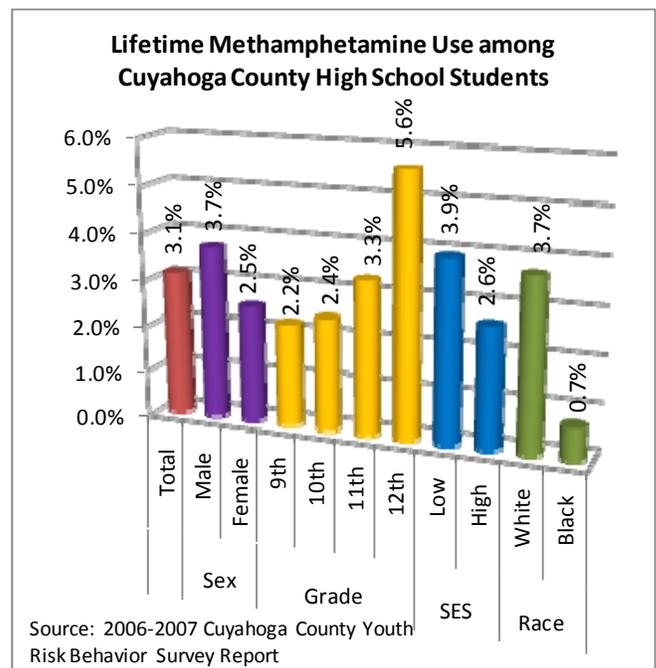


In the current reporting period, very few participants have first-hand knowledge of methamphetamine. Of the five experienced users, two rated its availability at 5-6 and the remaining three said 9-10. However, the Cleveland

crime lab rated its availability as low; powder and glassy-crystal forms were said to be most common, and purity was estimated to be moderate (30%-60%). Participants from two focus groups reported that methamphetamine was more readily available on the west side of Cleveland. A female respondent who used to sell it commented that the same amount of money could buy

more methamphetamine than crack. Respondents said that more whites than African Americans were using methamphetamine.

According to the Cuyahoga County YRB S, 3.1% of all surveyed high school students (n=4,996) reported methamphetamine use at least once in their lifetime (see Figure). The rate was 5.6% among 12th graders. White students reported higher usage rates than did Black. Prevalence figures were also higher among males and students of lower SES.



MARIJUANA

Historical Summary

In the prior reporting period, marijuana availability was rated at 10 (extremely available), although prices vary greatly depending on its quality. Higher-quality marijuana was reportedly selling for \$100 for 1/2 ounce, while a 1/2 ounce of low-quality marijuana sold for between \$40 and \$60. Participants reported extremely young (i.e., 12 years of age) children using the drug.

Current Trends

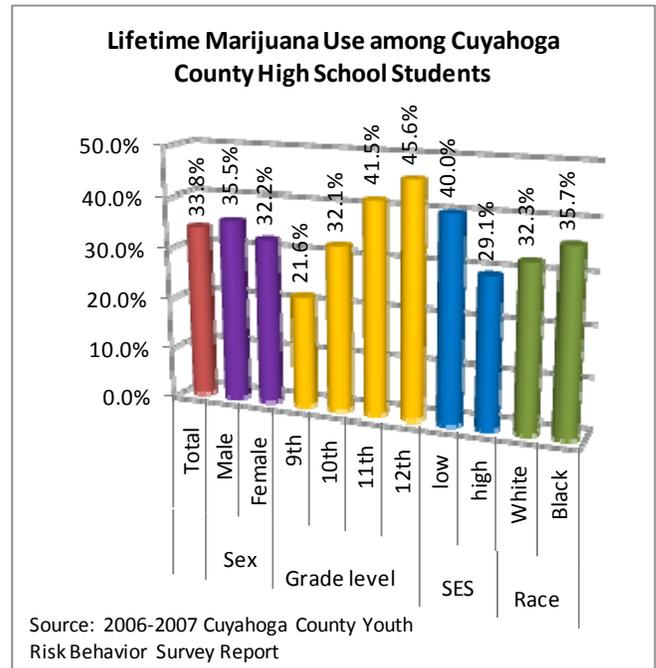
Respondents rated marijuana availability at 10 on a scale of 0-10, but high-grade was distinguished from middle-grade, being rated at 5-10 and 10, respectively. The Cleveland crime lab assessed its availability as high and stable, and estimated quality as high.

Street names for high-grade marijuana included "Purple," "hydro," "dro," and "gan." Medium-grade marijuana is called "commercial," "all-right," "light green," and "tiff," while low-grade marijuana is referred to as "dirt," "bunk," "boo-boo" and "garbage."

Prices depend on perceived quality. A pound of low-grade marijuana reportedly sells for \$500-\$600, middle-grade sells for \$700-\$800, middle-high-grade sells for \$1,200-\$1,500, and high-grade sells for \$3,000-\$4,000. "Purple," the highest grade possible, sells for \$6,000 per pound, while "hydro" (marijuana that is grown without soil) sells for \$50 per 1/8 ounce. Respondents believed that the quality of marijuana had increased over the past six months.

Users reported that marijuana was used with many other drugs, especially alcohol and cocaine. Reportedly, some users lace marijuana joints or blunts with powdered cocaine. According to users, marijuana is sometimes dipped in liquid PCP or embalming fluid (i.e., in a "wet").

According to the Cuyahoga County Youth Risk Behavior Survey, 33.8% of all surveyed high school students (n=4,996) reported marijuana use at least once in their lifetime (Figure below). Prevalence rates were higher among students of low SES compared to high SES. African American students reported higher prevalence than White students.



OTHER NOTABLE TRENDS

Benzodiazepines

The two most commonly mentioned benzodiazepines were Valium® (diazepam) and Xanax® (alprazolam). Users rated availability of Xanax® at between 4 and 8, while Valium® was rated at between 6 and 10. Prices for Xanax® ranged from \$3 to \$8 per tablet, depending on dose, whereas Valium® ranged in price from \$2 to \$6 per tablet. The Cleveland crime lab found the availability of Xanax® and other benzodiazepines to be low.

Seroquel®

Users reported increased availability of Seroquel® (quetiapine fumarate) and rated its availability at 8-10, while the Cleveland crime lab rated it as low. Seroquel® sells for \$3 per tablet.

PCP

In the current reporting period, PCP (phencyclidine) was seen as much more readily available in the Cleveland area, with respondents rating its availability at 7-10 and the Cleveland crime lab confirming reports of high availability. PCP sells for \$10-\$20 per “stick” (“wet”) and \$450 for an ounce. One user commented, “They are going crazy off of it. They are buying ‘gallons’ of it – not just little bottles.” Another user described PCP users:

About 80-90 percent of the guys I bought my crack cocaine from are on ‘wet’. That’s their drug of choice, and they sell crack cocaine.

LSD and Psilocybin

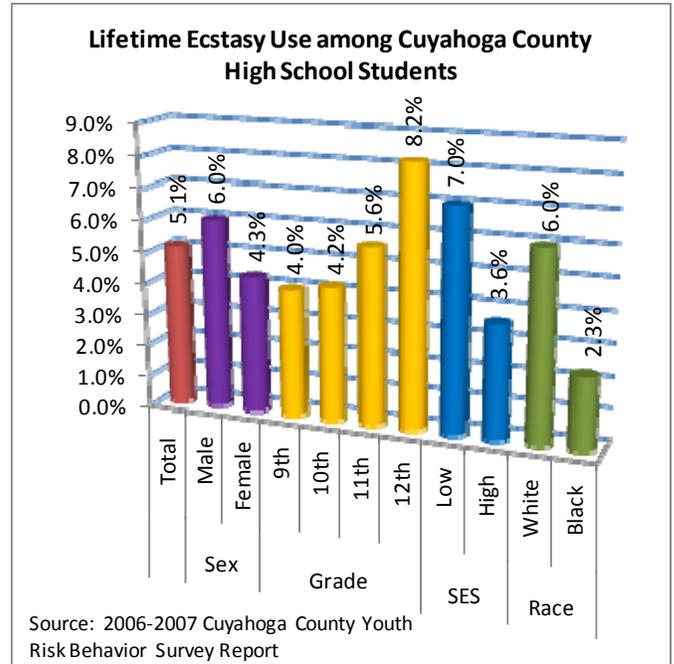
The availability of psilocybin mushrooms and LSD in the Cleveland area was rated as being between 4 and 6. Prices for LSD were \$2-\$5 per paper-blotter hit, and psilocybin mushrooms sold for \$25-\$30 per 1/8 ounce. The Cleveland crime lab reported low availability of LSD and psilocybin.

Ecstasy

The use of Ecstasy was perceived to be increasing since the last reporting period, but both price and quality were reported to have declined. A tablet of Ecstasy sells for \$7-\$12, and a “triple stack” (three tablets) sells for \$15-\$20. The Cleveland crime lab also reported high availability of Ecstasy.

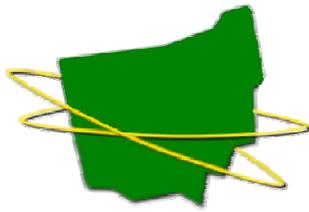
Data obtained by the *Cuyahoga County Youth Risk Behavior Survey Report* indicated that 5.1% of high school students surveyed (n=4,996) reported lifetime Ecstasy use. Prevalence of lifetime use among 12th

graders was 8.2%. Prevalence rates were higher among males than females and among White compared to Black students. The rate was also higher among students of low SES.



Inhalants

With regards to the data reported in the *Cuyahoga County Risk Behavior Survey Report*, 10% of White high-school students and 6.6% of Black students had tried inhalants at least once in their lifetime. Overall, 9.3% of the students surveyed reported ever having used inhalants.



Meeting Sixteen
March 21, 2008

Ohio Substance Abuse Monitoring Network

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE COLUMBUS AREA

FRANKLIN COUNTY, OHIO

Randi Love, Ph.D., CHES
Regional Epidemiologist of Central Ohio

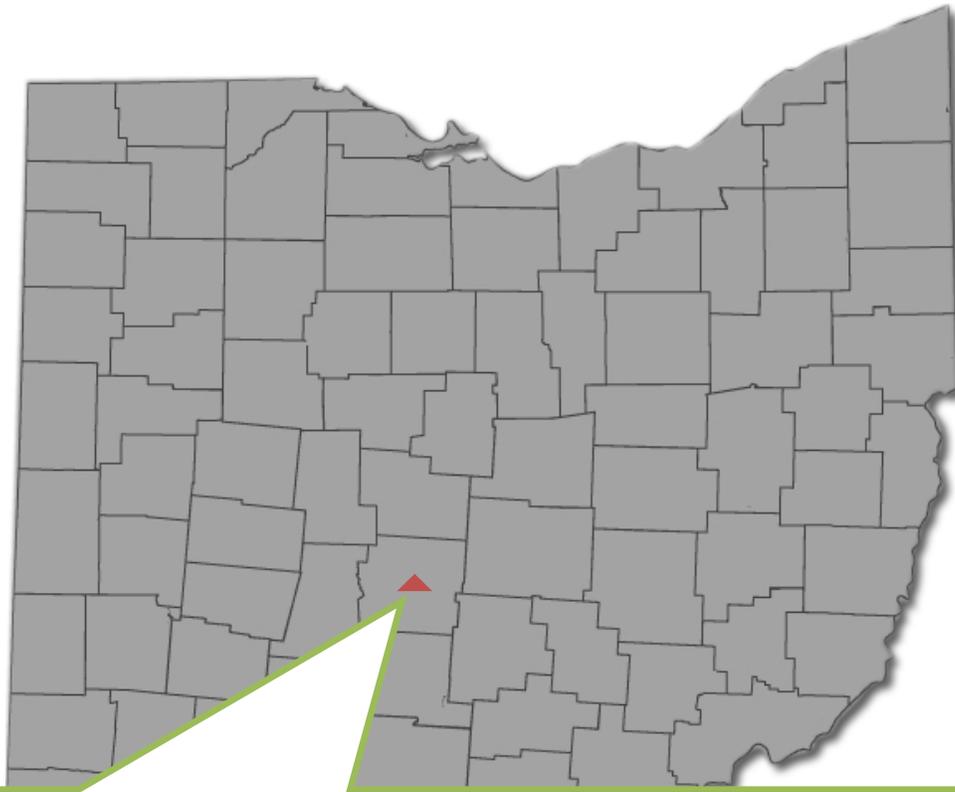
The Ohio State University
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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction
Services**

AREA PROFILE



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

DATA SOURCES

Interviews Conducted in the Columbus Area

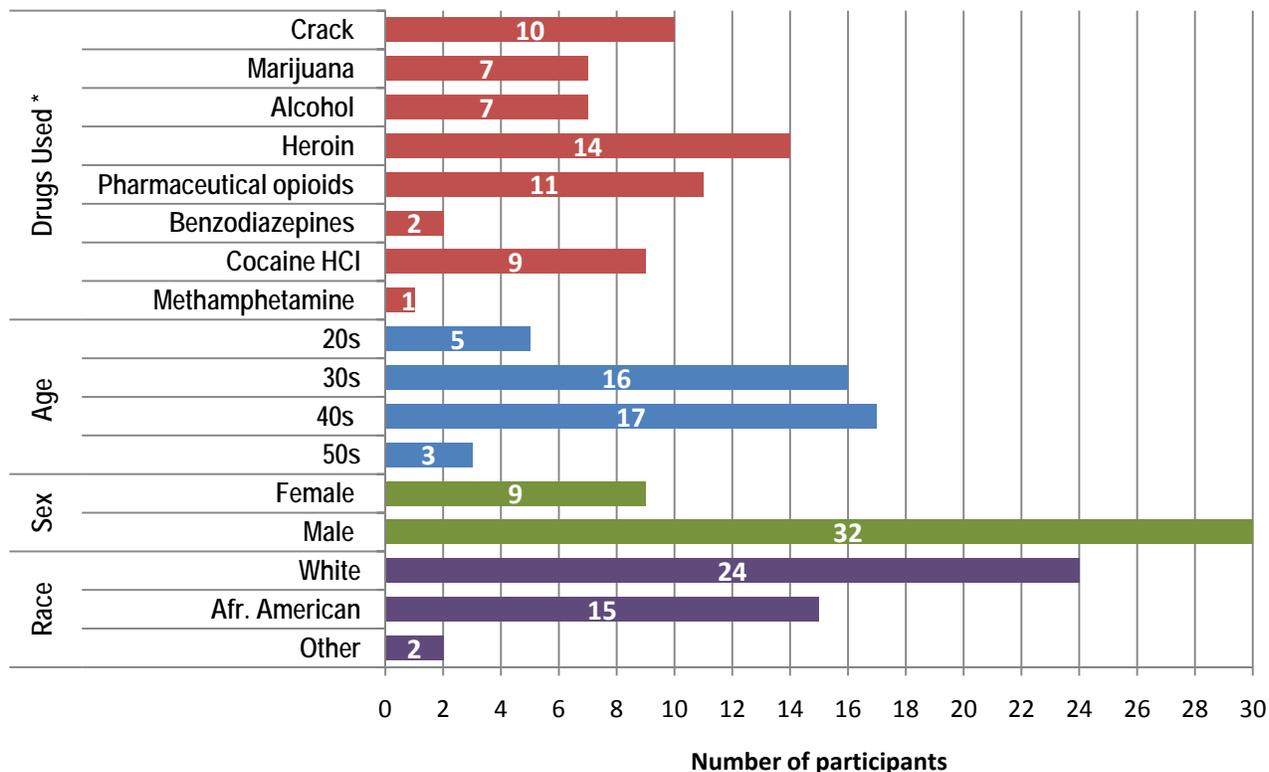
Date	Number	Participants
7/23/07	9	Active users
8/6/07	9	Active users
8/22/07	7	Active users
9/27/07	7	Users in detoxification
10/23/07	9	Recovering users
1/24/08	3	Treatment providers
Total number:		
Focus groups	6	
All participants	44	
All users	41	

Qualitative data: This report is based upon six focus groups with active and recovering drug users and treatment providers.

Crime lab survey: Data obtained from the Columbus Police Crime Laboratory and Drug Identification Unit were used to supplement the qualitative data sources.

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

User Characteristics (N=41)



*some respondents may report multiple drugs of use over the past six months; (cocaine HCl refers to powdered cocaine).

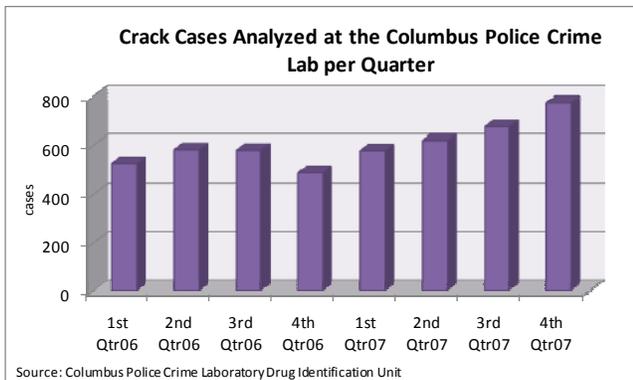
CRACK COCAINE

Historical Summary

As in the past, crack was highly available and of varying quality. Crack was priced at \$80 per gram and primarily smoked. There were very few reports of crack injection. Users again reported a trend of younger dealers. Crack is typically used in combination with alcohol, marijuana and heroin.

Current Trends

Consistent with previous reports, crack availability was assessed as high, a "10+" on a 0 to 10 scale. Users commented on availability, "You can get it all day, all night." Columbus crime lab professionals also indicated high availability of the drug. In the fourth quarter of 2007, the crime lab analyzed 775 cases of crack cocaine. Overall, the number of cases analyzed in 2007 was higher than in 2006 (Figure below).



Both active and recovering users priced crack at \$40-\$60 per gram and \$120 per 1/8 ounce.

Of note, users in several groups reported a brief crack-cocaine "drought" in the Columbus area during May and June of

2007. During this time period, crack cocaine was more difficult to obtain and several users reported going to Detroit to purchase the drug. Although crack could be found in Columbus during that time, the quality was said to be poor and the prices were higher, at \$60-\$80 per gram. Prices and availability returned to "normal" by the end of the summer.

Users and treatment providers reported no specific race or ethnicity associated with crack use. A clinician working with women in outpatient care reported that, among African-Americans clients, younger women preferred powdered cocaine, while the women over the age of 30 tended to use crack. Another treatment provider commented that many clients struggle with, and are introduced to, crack cocaine later in life:

I've seen over the past year, typically white women and it can start at any age, it seems like especially for crack cocaine they're still struggling with it at age 40, 50 and 60. I had a woman in there 63 years old this past year. She has been using crack cocaine on and off for over the past five years. It's something she started later in life. With her, I think she just switched her drug. She used to drink... She found the love of her life.

Active users report that typical crack-cocaine users are "getting younger" and reported these as young as 13 years old experimenting with the drug. One user indicated personal experience with his 15 year-old nephew becoming "hooked on crack."

Although smoking remained the primary mode of administration, there were

increased reports of crack injection this reporting period, some of which was attributed to the brief cocaine drought. This mode of administration was limited to intravenous heroin users; particularly among whites aged 20 to 24.

Users in their early 20s, in one focus group, reported buying bags of multicolored crack rocks in the past few months. Although users reported no difference in taste or smell of this form, dealers have apparently been marketing it as "Fruity Pebbles." Additional questions will be asked about colored crack over the next reporting period in an effort to corroborate these reports.

Crack is often used in combination with alcohol, marijuana, benzodiazepines and heroin. One 20-year-old white user in treatment said, "I see a lot of people who party all day and then when the crack's gone, they shoot Oxy or shoot heroin."

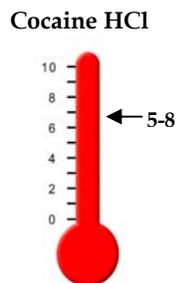
POWDERED COCAINE

Historical Summary

In the previous reporting period, powdered cocaine availability had decreased slightly and was reported as moderately availability (6-7 on a scale of 0 to 10). Intranasal use of powdered cocaine was said to be popular among younger crack-cocaine dealers or "dope boys." Users reported paying \$120-\$150 per 1/8 ounce for cocaine HCl.

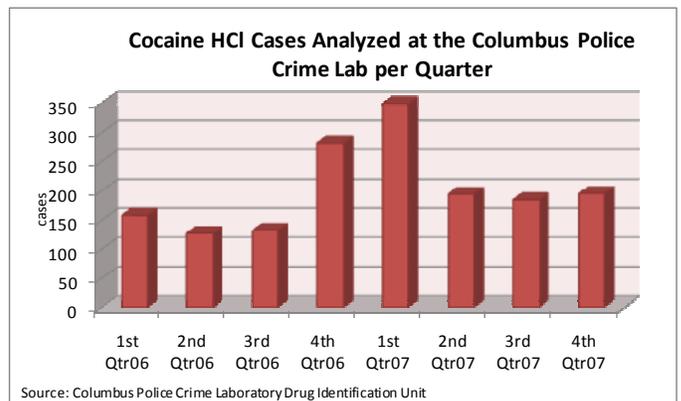
Current Trends

In general, the availability of powdered cocaine (cocaine HCl) remained moderate, with users rating it between 5 and 8 on a scale 0 to 10.



There were a few users who reported that powdered cocaine was easily accessible to them and who gave it a "10". Overall, users perceived a decrease in availability from the previous six months. As with crack, an early summer drought was mentioned during which powdered cocaine dealers were harder to find. Supply has slowly begun to increase.

The Columbus crime lab reported high availability of the drug. As seen from the Figure below, at the end of 2006 and beginning of 2007, there was a surge in the number of powdered cocaine cases analyzed at the Columbus crime lab. At the last quarter of 2007, the crime analyzed 195 cases of powdered cocaine.



Powdered cocaine was priced at \$60-\$70 per gram and \$100-\$150 per 1/8 ounce. Overall, users perceived the current price as "cheaper than six months ago." A user report that quality varied and was "hit or miss" depending on the dealer. Users commented on quality, "If you cut out all the little people, you get better. Every time it goes to a different person, it gets stepped on again." Another user added, "There's a lot of blow up around. Pretty much there's a lot of baking soda in the dope."

Intranasal inhalation was the most

common mode of administration; however, there were reports of powdered cocaine injection, particularly by heroin users. Users commented by saying, *"In my neighborhood, they shoot it or they's wastin' it"; "The syringe is big in my neighborhood."* Users also reported that the "older crowd" was shooting the drug, while younger users tended to "snort" it. One group of younger whites reported that primary powdered cocaine users in their circle prefer intravenous injection. Primary opioid users noted increasing popularity in the past six months of powdered cocaine used in combination with heroin ("speedballing"). A clinician who works with youth reported that this practice was not common among adolescent clients.

Powdered cocaine is commonly used with heroin, pharmaceutical opioids and alcohol. Typical users were described as white middle-class individuals, crack-cocaine dealers, and Hispanic males. One user in treatment commented, *"Mexicans, they love cocaine, smoking it, snortin' it, any way."* Another noted, *"A lot of the drug dealers that sell crack, snort powder."*

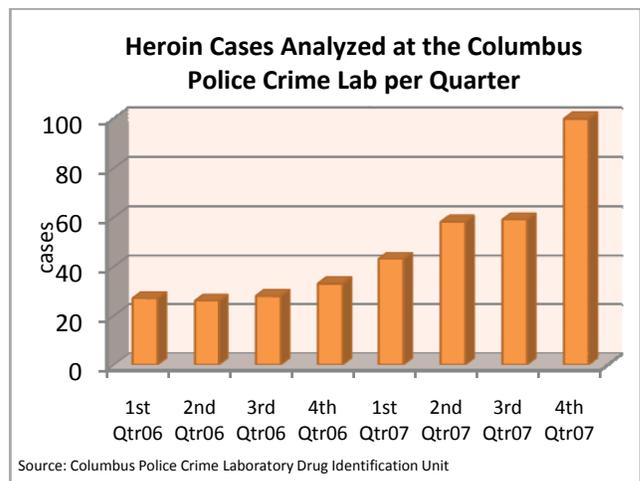
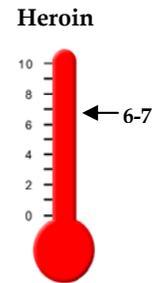
HEROIN

Historical Summary

Previously, users described moderate availability of heroin, noted 5-6 on a scale 0 to 10. Black tar was the most common form of heroin in the Columbus area, although brown powder was also available. According to users, heroin was selling for \$100-\$120 per gram and was most often used in combination with powdered cocaine, crack, OxyContin®, alcohol and marijuana.

Current Trends

Since the previous reporting period, Columbus has seen an increase in heroin availability, as noted by active users, treatment providers, crime lab professionals and the media. Most users rated the availability as moderately high, a 6-7 on a scale 0 to 10. One group of users in outpatient treatment felt that it was "as available as crack" and rated it a "10". All user groups reported increasing availability of the drug. According to the Columbus Police Crime Laboratory Drug Identification Unit, heroin cases have drastically increased over the last year. The lab reported a 128% increase from 2006 to 2007 (Figure below) with larger quantities of heroin per case than seen in the past. The crime lab professionals indicated that large quantities of tar heroin are being packaged in multicolored latex for easy transport.



In December, *The Columbus Dispatch* reported that heroin from Mexico, sold by Hispanic dealers, is "turning up all over Central Ohio." The article reported an

increase in heroin-related overdose deaths in Franklin County. The increases in heroin-related deaths were attributed to more highly potent heroin. Users indicated “very good” quality heroin, particularly the tar heroin, being sold in Columbus. Law enforcement professionals indicated that heroin-dealing has reached out to the suburbs of Columbus and has become more sophisticated and discreet due to the increasing use of cell phones. The article also indicated increases in heroin-related treatment admissions (The Columbus Dispatch, 12/10/07).

Many users attributed the increase in heroin use to the decreased availability of OxyContin® (oxycodone, controlled-release).

A white user in treatment commented, “A lot of people who were using Oxys are now using heroin.”

Focus group participants indicated that black tar is the most prevalent form of heroin in the Columbus area, and it is obtained through Hispanic dealers. Crime lab professionals confirmed high and increasing availability of tar. Tar was priced at \$20 for a “tar ball,” estimated to be 0.1-0.2 grams. One focus group, consisting of white users aged 20 to 24, reported buying tar heroin for \$50 per gram. The participants characterized themselves as “friends” of the Hispanic dealers who also tended to be younger (20-30 years old). A 24 year-old white user commented, “Heroin’s back. The Mexicans can get it all day long. The Mexicans got the tar. Fifty bucks for a gram of tar. You get 4 grams for \$200. I met a Mexican years ago. I know the people.” Older street users priced

tar heroin higher, at \$90-\$100 per gram.

Brown powder heroin, referred to by users as “Detroit’s finest” is typically sold in the Columbus area by African-American males. Brown powder was priced at \$100-\$130 per gram. Although Hispanic heroin dealers were noted by users from the Columbus area, treatment providers who served Hispanic populations reported that the drug of choice among this group, for both men and women, was almost exclusively alcohol.

Users reported injection is the most common mode of administration. Of note, several of the younger users in treatment for heroin addiction used exclusively brown powder heroin via intranasal inhalation.

Several users in a methadone maintenance treatment program indicated that powder-form heroin was being cut with powdered cocaine:

Powder heroin is cut with cocaine, a lot of it. So when you think you’re doing heroin, you’re doing cocaine also. That’s happened a lot down here.

Heroin was commonly used in combination with benzodiazepines. Users described ingesting the sedatives fifteen to twenty minutes prior to intranasal inhalation or injection of heroin. One user described taking two Valium® (diazepam) tablets prior to heroin injection: “otherwise I can’t get high.” Other drugs used with heroin were alcohol and powdered cocaine, with notable increases in “speedball” reports. Columbus crime lab professionals reported cases of heroin being mixed with fentanyl, just as during the prior period.

OTHER OPIOIDS

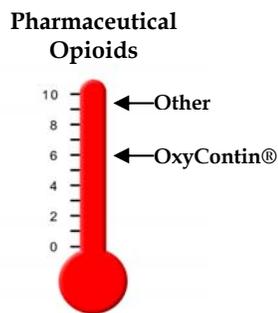
Historical Summary

In the previous reporting period, commonly abused pharmaceutical opioids included the following: OxyContin® (oxycodone controlled release), Percocet® (oxycodone and acetaminophen), Darvocet® (propoxyphene and acetaminophen), Ultram® (tramadol), and hydrocodone-containing products (Vicodin®). The Columbus crime lab reported high availability of OxyContin®, other oxycodone products (e.g., Percocet®), and hydrocodone-containing pharmaceuticals. Users obtain pharmaceutical opioids for illicit use through “doctor shopping” at clinics and emergency rooms as well as on the street. The average cost was \$1 per milligram. Treatment providers noted increased admissions of primary pharmaceutical opioid abusers.

Current Trends

Similar to the previous reports, pharmaceutical opioid availability varied depending on the drug. Opioids most frequently mentioned by both users and treatment providers included OxyContin®, generic oxycodone controlled-release, Percocet®, Vicodin® and methadone tablets/wafers.

OxyContin® availability was rated as moderate by users, a 5 on a scale 0 to 10. Overall, active and recovering users believed that it was more difficult to obtain than 6 months ago. One user commented, “I’m not saying you can’t get Oxys, it’s just not



like it was.” OxyContin® was priced between \$0.50 and \$0.75 per milligram with an 80-milligram tablet commonly selling for \$55. Columbus crime lab professionals indicated low and decreased availability of OxyContin® and other oxycodone-containing products.

Users in several groups reported abuse of generic oxycodone (controlled-release). One user, a 22-year-old white female in treatment, reported intranasal inhalation of over 640 milligrams (eight 80-mg tablets) of generic oxycodone per day. She explained heating the tablets in the microwave to prevent the drug from “gelling up” and then crushing it up and “snorting.” Others in the group confirmed this practice. Another white user also commented on the generic form of oxycodone controlled-release: “They don’t get you high but keep you from getting sick.”

Other commonly abused opioids were Vicodin® and Percocet®. Both were rated as “10” on a 0 to 10 availability scale although crime lab professionals reported moderate availability of hydrocodone. Vicodin® sells for \$2 per 5-milligram tablet and Percocet® was priced at \$4 per 5-milligram tablet. Users in treatment rated Percodan® (oxycodone and aspirin) and Ultram® (tramadol) as “undesirable” and as having little street value.

Users in treatment reported moderate street availability and abuse of methadone tablets/wafers (6 or 7 on the 0-10 scale). Crime lab professionals indicated low availability of the drug. Users reported that 40-milligram methadone wafers are being sold for \$10-\$20 each. Several users indicated street availability of liquid methadone priced at \$0.50 per milligram. Treatment providers indicated that clients

abusing methadone were almost exclusively white, with one commenting:

I haven't seen a lot of it, but every time I have, it's been a white male or a white female. But, when I've seen people with heroin, you know, it's black or white.

The availability of Duragesic® (fentanyl transdermal system) was rated as low (2 to 4 on the 0-10 scale). The patches reportedly sell for \$25 - \$100 depending on the dosage. Dilaudid® (hydromorphone) availability was also reported by users as low with Columbus crime lab professionals confirming low levels of street availability. Dilaudid® is priced at \$10 per tablet and commonly used intravenously. A few users in treatment for opioid addiction indicated, "Man, if Dilaudid was more available, it would be a big seller!"

Users reported street-availability of Suboxone® (buprenorphine and naloxone) between 2 and 5 on a scale 0 to 10, indicating an increase since the previous reporting period. Two users had recently purchased it and reported that heroin users on the street are "trying to get rid of it." One user commented that people buy it "to try and stay well" noting that the wait to get into a formal treatment program could be a year or more. Suboxone® sells for \$5-\$10 per 8-milligram tablet, and street names for the drug are "orange stop signs" and "bupes." Crime lab reports indicate low availability of Suboxone® and no cases of other buprenorphine-containing drugs.

Overall, users indicated that "eating" and "snorting" were the most common modes of administration of pharmaceutical opioids. Active street users commented that intravenous use is more common among "inner-city users."

Street prices of pharmaceutical opioids

Vicodin®	5 mg	\$2
Percocet®	5 mg	\$4
OxyContin®	80 mg	\$55
Methadone	40 mg (wafer)	\$10-\$20
Dilaudid®	2 mg	\$10
Suboxone®	8 mg	\$5-\$8

Participants described various ways to obtain pharmaceuticals, most commonly by "doctor shopping," or buying on the streets. An active user explained:

I get 'em from people on pain management. The 15th of every month they get 250 percs or they get 110 oxys, or whatever. And that's how I get it, you know. People on pain management or [those who] have surgeries. They know all they have to do is keep telling the doctor they hurt and they can get their scripts.

A 20 year-old white male described stealing them from friends and family members:

I used to steal [pharmaceutical opioids] from my mom. Once I realized there were pills in my mom's cabinet, I would check everybody else's. They'd let me in to use the bathroom... Started talking about it at school, "My dad's got some," "My dad's got some, too!"

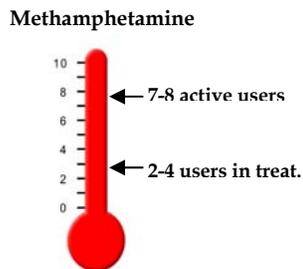
METHAMPHETAMINE

Historical Summary

Previously, extremely few participants had first-hand knowledge of methamphetamine use. One individual who described himself as a primary methamphetamine user rated availability in his circles as an 8 on a 0 to 10 scale. The drug was primarily smoked or injected. Overall, users felt that methamphetamine use was highly associated with white, young, gay males in a club or rave setting.

Current Trends

In the current reporting period, participant reports of methamphetamine availability varied among groups. A focus group of current drug users rated it moderately high (7-8 on a 0 to 10 scale) although only one participant listed methamphetamine as a primary drug of abuse. Users in treatment (primarily opiate and crack-addicted) reported availability of methamphetamine as low, between 2 and 4 on the same 0-10 scale. Users referred to methamphetamine as “bath tub crank,” or “poor man’s cocaine” and indicated that the quality was low. Again, as in previous reporting periods, there was only one group of participants who provided firsthand accounts of methamphetamine use. Columbus crime lab professionals indicated moderate availability of the drug, and a slight increase from the previous reporting period. In 2006, Columbus crime lab analyzed 62 cases of methamphetamine, in 2007, it had 93 cases.



Reports of methamphetamine prices varied among different user groups. One African-American male heroin user who networks in methamphetamine circles of Columbus quoted prices as \$100 per gram. “Pink Champagne,” pink colored methamphetamine was less common and priced at \$60 per gram. Columbus crime lab reports indicated glass crystals as the most common form of methamphetamine. Younger users (20-24 years-old) perceived methamphetamine as being less expensive than crack but still undesirable. However, no one in this particular group had experience with the drug in the past six months.

Methamphetamine is typically smoked. Users also reported intranasal inhalation and injection, although injection is far less common. One user commented on his preference, “Glass is good to snort, and if you have Pink Champagne, you smoke it.” Another active user expanded on methods of administration:

There's two ways of taking it. You can use a little glass pipe or you can use a bong. Most people like to smoke it out of a water bong, 'cuz, you get the bigger effect, plus it filters through the water. Or, they take a light bulb, clear out the inside, and then you would go and put your meth in there and put the lighter underneath and put your straw in there and you can get high that way. There's even some people that actually smoke it out of foil.

One user commented that methamphetamine is replacing cocaine for some users:

I seen a lot of people who used to do coke graduate to crystal meth because it's a higher feeling that lasts longer and you don't use as much, 'cuz, you know, when you do so much coke, your urge is to do more. Well, with meth, you do so much, your high is good for awhile.

Typical methamphetamine users include gay males, middle-aged whites, and "bikers." A youth counselor reported that methamphetamine use is rare among adolescent clients in treatment. The prescription sleep-aid, Ambien® (zolpidem tartrate), was reportedly used to come down from a methamphetamine high.

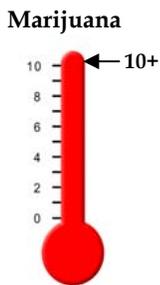
MARIJUANA

Historical Summary

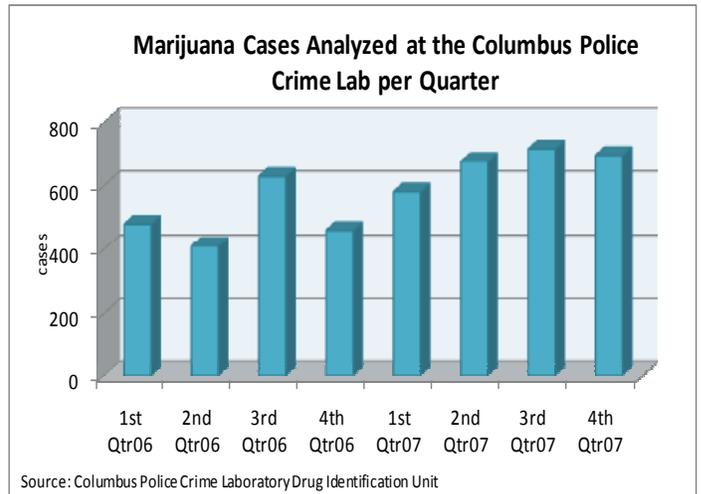
The availability of marijuana was consistently described as a 10 on the scale of 0-10 by users and treatment professionals alike. The Columbus crime lab reported high and stable levels of availability of the drug. "Hydro" or high-grade marijuana was considered difficult to obtain and reportedly sold for twice the price of medium-grade marijuana.

Current Trends

In the current reporting period, focus group members reported high and increasing availability of marijuana in the Columbus area. Users rated marijuana availability as a 10 on the 0 to 10 scale and attributed the increase to "harvest time" (October). Columbus crime lab professionals confirmed high availability



of the drug. The number of marijuana cases analyzed by the crime lab in 2007 was higher than that analyzed in 2006 (Figure below). Overall, the numbers for marijuana cases analyzed at the crime lab were comparable to those for crack cocaine (See Figure in the crack cocaine section).



All groups reported that the current quality of marijuana was very good. Users named "Cush," "dro," and "killer" as types of high-grade marijuana, typically selling for \$350 per ounce. Medium-grade or "commercial" marijuana sells for \$100-\$125 per ounce.

Several references were made to Meigs County. Users commented that this area of Ohio is a major supplier of the popular "home-grown" type of marijuana.

Marijuana cigarettes laced with crack cocaine, or "Primos," were said to be popular, especially among younger users and "dope dealers." This combination was also referred to by users as a "spliff." Treatment providers indicated that adolescent clients typically present into treatment programs with marijuana as their "drug of choice."

OTHER TRENDS

Benzodiazepines

In the previous reporting period, benzodiazepines, including Xanax® (alprazolam), Valium® (diazepam) and Klonopin® (clonazepam), remained readily available in the Columbus area, and crime lab professionals reported high availability of Xanax® and other benzodiazepines.

Currently, Ativan® (lorazepam), Xanax® and Valium® were described as highly available, a 10 on the 0 to 10 scale. Valium® sells for \$2 per 10-milligram tablet and Xanax® is priced at \$1 per milligram. Klonopin® and Ativan® are each priced at \$3 per tablet. Ativan® and Xanax® are the benzodiazepines most commonly abused by white youth. Columbus crime lab indicated that availability of Xanax® and other benzodiazepines declined from high last period to moderate for this reporting period.

Several users also noted “midnight specials” when the availability of benzodiazepines rises in the late evening as crack-users attempt to sell-off some of their pharmaceuticals in exchange for cash to support their crack habit.

Users felt that many initiate tranquilizer abuse at a younger age. Benzodiazepine abuse was reported as common among diverse user groups, but especially notable among whites aged 18-30.

In general, users typically take benzodiazepines orally or they snort crushed benzodiazepine tablets. These drugs are often used with alcohol, marijuana and heroin.

Soma®

Soma® (carisoprodol) abuse was noted as common and increasing among white females, between 16 and 30 years of age. According to young, white users (aged 20-24) Soma® tablets are referred to as “Scooby snacks.” One user described his experience as a “soma coma,” and another female user reported typically eating five tablets at a time. The tablets typically sell for \$5 each (350-milligram tablet).

A treatment provider working with youth reported some experimental use of Soma®, but only among white adolescents. Columbus crime lab reported moderate availability of Soma®.

Seroquel®

According to users, Seroquel® (quetiapine fumarate) is available on the street, but indicated that its’ abuse is not very common. Crime lab professionals confirmed low street availability of the drug. Street names include “forget me nots” and “footballs.” Users typically use this drug off-label as a sleep aid or to “come down” off crack cocaine. According to focus group participants, Seroquel® abuse is popular among individuals recently-released from prison.

Ritalin®/ Adderall®

Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts) abuse was noted by a few participants. One user commented that it was commonly abused among “high school girls.” The crime lab indicated low and decreased availability of pharmaceutical stimulants.

MDMA/Ecstasy

Ecstasy availability has increased since the previous reporting period and was rated by users and crime lab professionals as moderate, between 5 and 6 on a 0-10 scale. Columbus crime lab professional indicated that Ecstasy cases analyzed at the lab increased from 69 in 2006 to 107 in 2007.

The drug was described as “very popular” among teenagers and African American “dope boys” (crack dealers). Ecstasy was priced at \$12-\$20 per tablet. In a group of young opiate users, two considered themselves active Ecstasy users, and one reported selling the drug in the recent past. Both were 20 year-old males.

Columbus crime lab professionals reported that some Ecstasy tablets test positive for benzylpiperazine (BZP, a recreational drug with euphoric, stimulant properties).

LSD, Psilocybin, and Ketamine

Younger users described some availability of LSD and “shrooms” (psilocybin mushrooms). LSD reportedly sells for \$7 per “hit”. Two younger users also reported the use of ketamine (“special K”) in the past six months, but indicated low street availability of the drug even noting *“you have to know a vet or rob one to get it.”* Columbus crime lab reported low levels of availability for ketamine, LSD and psilocybin mushrooms



Meeting Sixteen
March 21, 2008

Ohio Substance Abuse Monitoring Network

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE DAYTON AREA

MONTGOMERY COUNTY, OHIO

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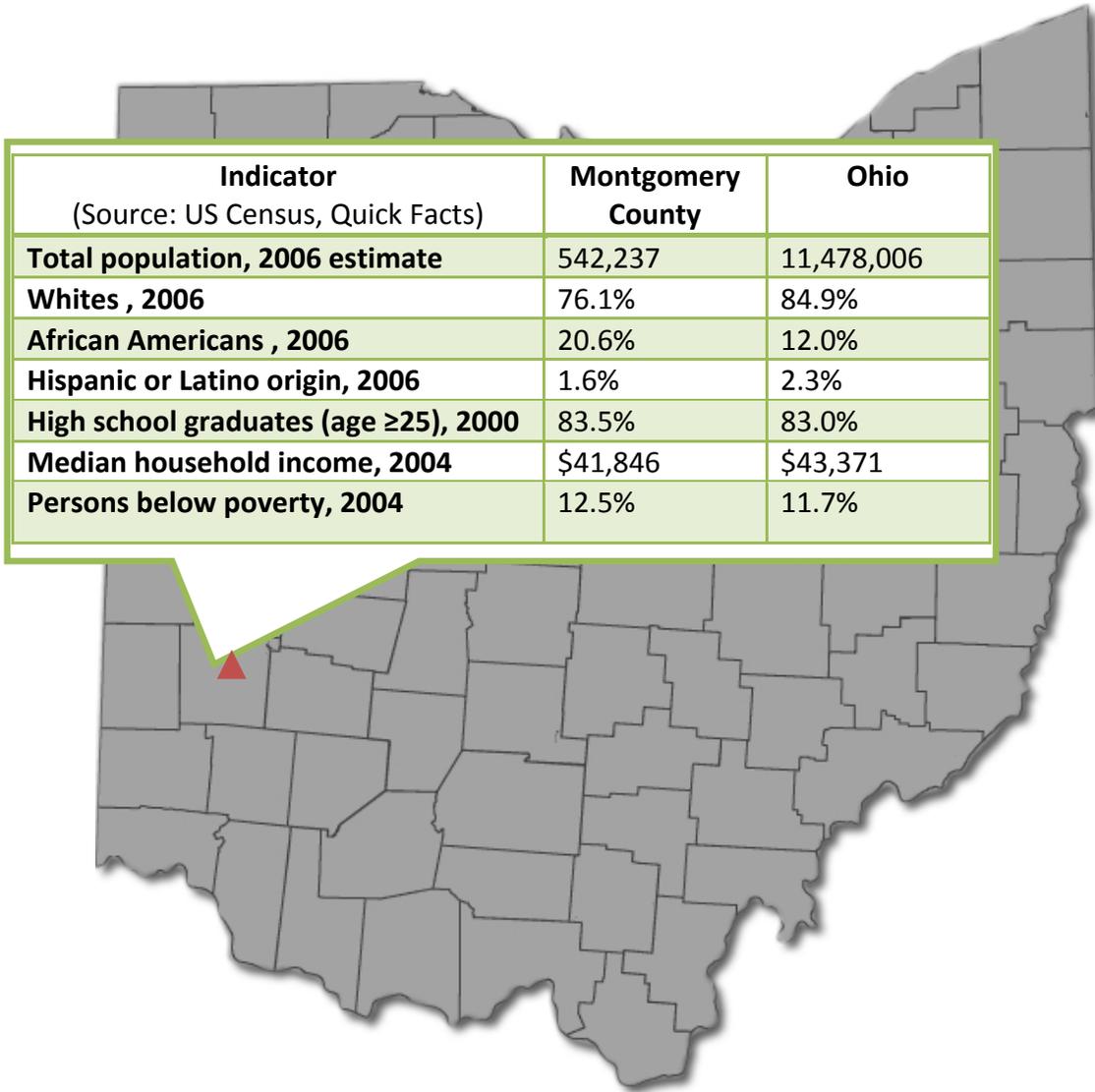
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**A Report Prepared for the
Ohio Department of
Alcohol and Drug
Addiction Services**

AREA PROFILE



DATA SOURCES

Interviews Conducted in the Dayton Area		
Date	Number	Participants
09/10/07	3	Active users
09/26/07	6	Active users
09/27/07	6	Active and recovering users
09/27/07	5	School counselors
10/09/07	5	Treatment providers
10/09/07	2	Active users
Total number:		
Focus groups	6	
All participants	27	
All users	17	

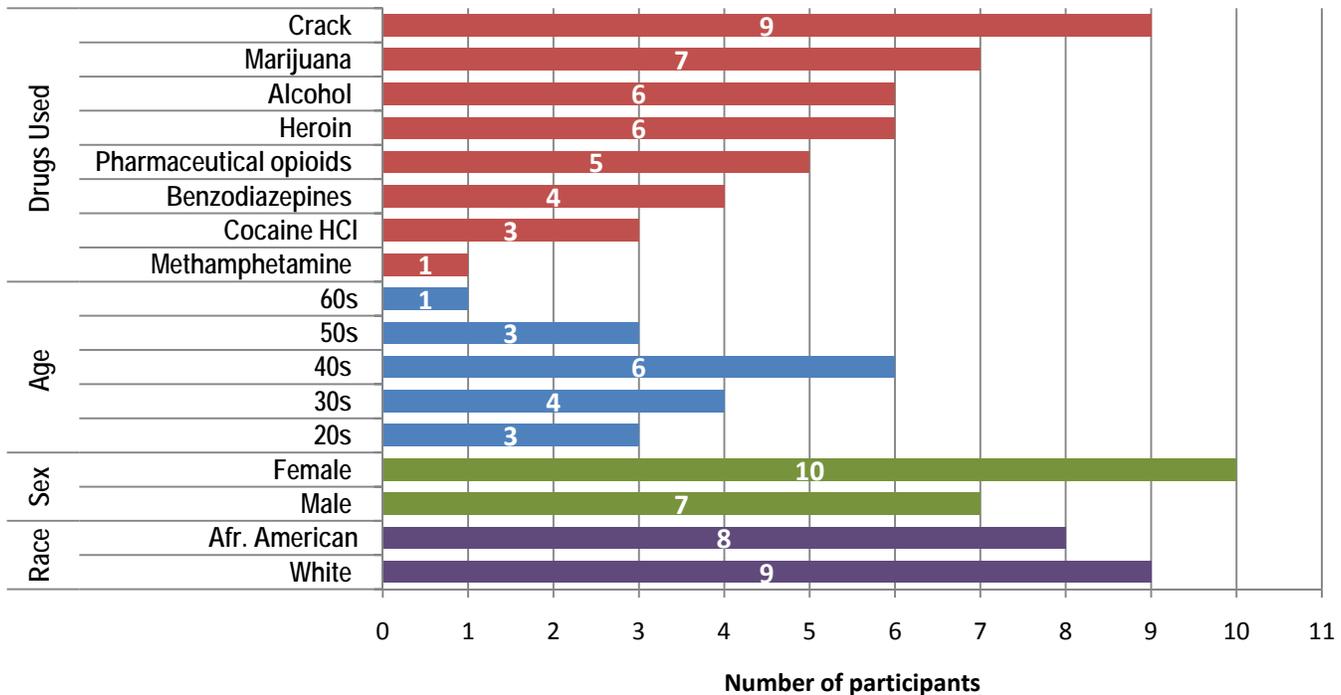
Qualitative data: This report is based upon six focus groups with drug users, treatment providers and school counselors.

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

Accidental Overdose Death Data was obtained from the Montgomery County Coroner office.

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

User Characteristics (N=17)



Note: participants could have self-reported use of more than one drug.
(Cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

Previously, crack-cocaine availability was noted as being stable at high levels. Prices were \$35-\$50 per gram and \$100 for an “8-ball” (3.5 grams or 1/8 ounce). Users indicated that quality ranged from mediocre to good, but the crime lab found levels of purity above 60%. Typical crack-cocaine users were described as being 30-50 year-old individuals of lower socioeconomic status, both white and African American. Potential increases in crack abuse among teenagers and young adults were mentioned by users, who also indicated its use among immigrant Hispanic males.

Current Trends



Both users and treatment providers attested to the easy and steady availability of crack cocaine. Users consistently ranked crack-cocaine availability as a “10+” on the 0-10 scale, and replied that crack cocaine is “plentiful,” that “it’s everywhere.” Miami

Valley Crime lab reported high and stable availability of crack cocaine.

Despite relatively steady availability, several users mentioned needing to work harder to get it, especially during the brief “drought” of both crack and powdered cocaine that occurred during May and June of 2007. Users reported slightly higher prices and lower quality of crack cocaine during this period of shortage. Of note, users indicated a more notable decline in availability of powdered cocaine than crack during the drought.

According to most users, crack typically sold for \$45-\$55 per gram (“depending

on who you know”), \$50-\$65 per 1.5 grams and \$80-\$125 for an “8-ball” (3.5 grams or 1/8 ounce). Much smaller “rocks” were available for \$3, \$5, and \$8 and upwards to “dimes” (\$10) and “twenties” (\$20). Some users noted recent increases in crack prices. For example, a 44-year-old white female crack user commented, “They [crack prices] went up like \$20 in the past 6 months; it used to be \$45 for 1.5 [grams]. Now it’s \$60-\$65 depending on who you get it from.” Another crack user, a 64-year-old African-American male, indicated that crack-cocaine prices had been steady over the previous six months, but that sizes had become smaller for non-weighed units: “The prices are still the same, they’re just making the pieces smaller that they sell.”

Crime lab reports suggest an unchanged and high purity of crack cocaine (above 60%), but most users reported low and decreasing quality. A 38 year-old female, primary user of crack, complained that “now people are mixing it with different stuff... you’re lucky to get the good crack and not the stuff that’s mixed up out of somebody’s [medicine] cabinet, cause that’s what they do.”

While users did not observe any decline in crack-cocaine use in the Dayton area, treatment providers from different treatment programs noted some decreases in crack-related admissions. One commented:

We’re not having as many that are... crack is their primary drug of choice . . . It’s been more than a year ago, that we used to have a lot of them. The recent ones [clients] . . . have gotten away from that [crack] or not showing up . . .

Both users and treatment providers asserted, however, that crack “does not discriminate” and is spreading across all socioeconomic lines. As one treatment provider

commented, “[crack] has reached every economic population, from our homeless clients to our housemakers... It has been an epidemic with all economic populations...”

Treatment providers noted declining numbers of younger crack-using clients in their treatment programs:

Our population seems to have aged as far as crack-cocaine users. We're not getting so many . . . late teen, early 20s; we're now getting more middle age, I'd say from 30 to 50, really.

It is an aging population, 'cuz it seems like the youth now are more [into] marijuana and the pills.

Similarly, school counselors reported that crack use was somewhat uncommon among high-school students, stating “it's still very negative, you know, to be a crack-head, the kids who even use heavy drugs will look down upon the crack.”

In contrast, users reported cases of crack use among white, suburban adolescents and young adults. One African-American female user of crack and marijuana commented, “I've noticed a lot of white young girls from suburbs, a lot of young that are coming into our areas.” Another female user added that “they coming to use, to use they got to come to get the drugs or to do the tricks [prostitution].”

Users and treatment providers reported a continuing trend of crack use among middle-aged and older men who are introduced to it by crack-using women. One treatment provider noted, “A lot of the men are seeking female companionship. And they end up with women and cocaine.” A male crack user commented, “I've seen a couple of them... they done got introduced from a young lady. The

young lady... 'Come on, try this, it'll make you feel that way'... Then you gone, and that's the whole idea, you know, once you smoking, it's more for them.”

Several users reported a continuing trend of crack use among Hispanic males aged 20-35 years. For example, one crack-using white female, who ran a “smoke house” (location where people come to use crack), said:

The last time I had a Mexican was about a month ago... [He] come over to my house, and hung out, and he stayed there for six days, and he brought, like, 20 his friends, and they wait and get their little checks or whatever and they'll sit there and spend 4, 5, 6 hundred [on crack].

A few users mentioned that Hispanic dealers had recently increased their crack dealing in the Dayton area, although these reports were not corroborated by other participants.

Smoking remained the most common mode of crack use. Users and treatment providers remarked that smoking Primos (marijuana laced with crack cocaine) was still popular, especially among younger users. Cases of crack injection were reported among intravenous heroin users. A few primary heroin users noted that during the aforementioned “drought,” when powdered cocaine was of very low quality, “we had to melt crack down... with the vinegar to be able to shoot it.” Some users believe that by mixing crack with vinegar or lemon juice, they remove impurities and get a mixture that is more suitable for injection.

Crack is frequently used in conjunction with alcohol and pharmaceutical drugs, such as Xanax® and Vicodin®. Some users reported an increasing trend among crack smokers to use heroin to “come down” from a crack high.

The *Dayton Daily News* reported that nine people were arrested in the Dayton area on November 20, 2007 and now face charges for conspiracy to distribute crack cocaine (www.daytondailynews.com; reported on November 28, 2007).

In 2007, Montgomery County Coroner's office reported 43 accidental overdose cases that tested positive for cocaine (the test did not differentiate between crack and powdered cocaine; more information on this data in Powdered Cocaine section).

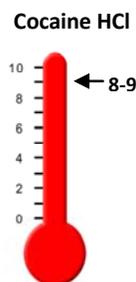
POWDERED COCAINE

Historical Summary

In the previous reporting period, users rated the availability of powdered cocaine between 8 and 9 on the scale of 0 (not available) to 10 (extremely available). Crime lab data suggested moderate availability and high purity. Powdered cocaine was priced at \$20 per 1/2 gram, \$35-\$40 per gram, and an "8-ball" (3.5 grams or 1/8 ounce) was being sold for \$90. Powdered cocaine use was commonly reported among professionals, suburban youth, young crack-cocaine dealers (i.e., "dope boys"), and women engaged in exotic dancing. Hispanic immigrants living in nearby rural communities and small towns were identified as new users of powdered cocaine.

Current Trends

Currently, focus group participants varied somewhat in their assessments of the availability of powdered cocaine (cocaine HCl). Most users rated its availability as 8 or 9 on the 0-10 scale. A few users suggested more moderate availability, rat-



ing it a 5, and indicated that powdered cocaine is "about half as available as crack," because "when they get that powder, they wanna rock it up [convert it to crack], they can make more money." Participants reported powdered cocaine availability in both the city and suburban areas. Crime lab data suggested moderate levels of availability.

Several users reported sharp but temporary decline in powdered cocaine availability in the summertime. As one white female, primary user of heroin, explained:

I like to shoot powder cocaine and I know we had a hard time finding powder cocaine [last summer]. And if you did, the price was real high. It was either that, or it wasn't good.

According to users, powdered cocaine sold for \$20-\$25 per 1/2 gram, \$40-\$50 per gram, and about \$100-\$125 for an "8-ball" (3.5 grams). Further, powdered cocaine is often sold in conjunction with heroin such that a "cap" of heroin and a "cap" of powdered cocaine are sold together as a "10 and 10" (\$10 for each).

Users mentioned variation in the purity of powdered cocaine in terms of dealers who carried packets of differing quality in their pockets. One user explained, "You got powder that you run, you got powder that you rock, and you got powder you snort." The crime lab estimated purity as high (above 60%) and unchanged.

Treatment providers remarked upon the continuing low numbers of primary powdered cocaine users they see. One treatment program reported that primary powdered cocaine users comprised 5%-7.5% of their total admissions. Greater variation in user socioeconomics existed, however. One provider described his clientele as consisting

of "late 30s, mid 40s, fairly well-to-do, probably middle class, previously probably had a long history of alcohol use and mostly recently . . . has turned into more of a powdered cocaine [user]." A treatment provider from another program that served primarily low income people indicated that powdered cocaine users were not different from the rest of their clientele, "uninsured, unemployed mostly; the very low end of the fee-scale, and 75% male."

Suburban school counselors noted some powdered cocaine use among the area high school students:

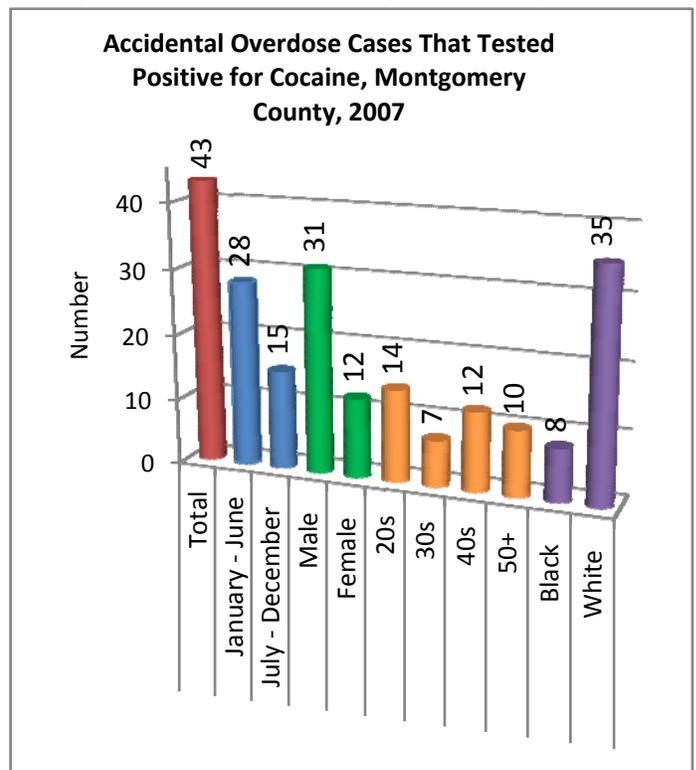
"[We] see it at parties, kids are talking about, you know, want to go out on Friday and Saturday nights, there's powder around."

"It allows them to drink more, stay awake; party longer. So I don't think there's really that much of a negative connotation."

Drug users also reported seeing powdered cocaine use among adolescent and young adults in some suburban communities. African-American male crack dealers (i.e., "dope boys") were also described as typical users. As one African-American female crack user pointed out, "They have they plate [of powdered cocaine] right next to the other plate [of crack].... And they won't mess with crack but they love to put it up their nose."

Powdered cocaine is typically snorted. Some users reported its injection alongside heroin (i.e., in a "speedball") as common, especially among older heroin users. As one white female user in recovery from heroin abuse said, "most of the people that shoot heroin shoot cocaine at the same time." Participants also reported a common trend of alcohol abuse in conjunction with powdered cocaine use.

In 2007, Montgomery County Coroner's office reported 43 accidental overdose cases that tested positive for cocaine (the test did not differentiate between crack and powdered cocaine). As seen from the figure below, the data indicated higher numbers of males compared to females and whites compared to African Americans. The numbers were higher in the first half than in the second half of 2007. The majority of cocaine-related cases involved multiple drugs. In fact, 28 cases tested positive for both cocaine and heroin, which comprised 63% of all cocaine cases (n=43) and 80% of all heroin cases (n=35) (more on heroin-related overdose cases in Heroin section).



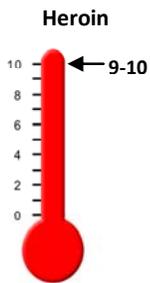
Note: most cases involved multiple drugs.

HEROIN

Historical Summary

Previously, users reported the availability of heroin to range between 8 and 9 on the 0 (not available) to 10 (extremely available) scale and that access was generally easy and approaching that of crack cocaine. Heroin was priced at between \$90 and \$130 per gram, but it was available also in “caps” selling for \$10-\$20 each. Brown powder was the most common form, with some availability of black tar reported. Users reported cases of heroin being mixed with fentanyl, and probation officers noted an increase in heroin-related overdoses. User groups included younger (late teens to early 20s), suburban, white individuals; middle-aged nurses; as well as middle-aged and older African-American men. Injection remained the most common mode of administration.

Current Trends



Users rated heroin availability as high and increasing, a 9 or 10 on the 0-10 scale. Users reported easy access to heroin in the city and also in some suburban areas. Some said that heroin has become as available as crack and more available than powdered cocaine. Crime lab personnel also noted high and stable availability of heroin.

According to users and crime lab reports, brown powder was the most commonly available form. Users reported some availability of black tar heroin, but this was not corroborated by crime lab data. Tar heroin was noted by users as being more desirable and of better quality. The crime lab reported some availability of white powder form. A

few users confirmed this report noting that “*There was some light stuff going around too.*”

Some users reported declining quality of heroin. Crime lab data indicated moderate purity (30%-60%). One user reported cases of fentanyl being sold as heroin, although these reports were not corroborated by crime lab data.

Users reported that heroin is often sold alongside crack and powdered cocaine. “*Whoever has crack, has heroin,*” said one female user, while another user reported: “*order one and one, or two and two, where if you bought two boys [heroin], you'd get two girls [powdered cocaine]*”. Typically, heroin sells for \$10-\$20 per capsule (“cap”). Grams are often priced in the \$100 range, according to members of user groups.

Treatment providers indicated an increase in heroin-addicted clientele over the past six months. For example, one abstinence-based treatment center reported an increase in primary heroin admissions from about 2% to 6% over the past 6 to 12 months. Users, treatment providers and school counselors noted a continuing trend of heroin abuse among white adolescents and young adults from some suburban areas of Dayton. For example, a treatment counselor noted:

Demographically, what I've noticed with the heroin use has been, 19 to 24 year olds. It's been an increase in the younger population... fresh out of high school, entering college....

Users, treatment providers and school counselors reported that abuse of OxyContin® (oxycodone extended release) and other pharmaceutical opioids was a common pathway to heroin addiction. One treatment provider commented, “*About 50% [of our he-*

roin addicted clients] shifted from OxyContin or other pills to heroin." A school counselor noted a similar transition among students:

Three years ago, four years ago, we were heavy into OxyContin®. We were seein' a lot of the pain meds... And the last couple years the pills have started to go away and heroin's coming.

Users reported again that heroin is typically injected. As one user put it, "They shoot it. They don't even cook it anymore, they just add water to it, shake it up, shoot it." Intranasal inhalation was reported as more common among younger individuals and new users.

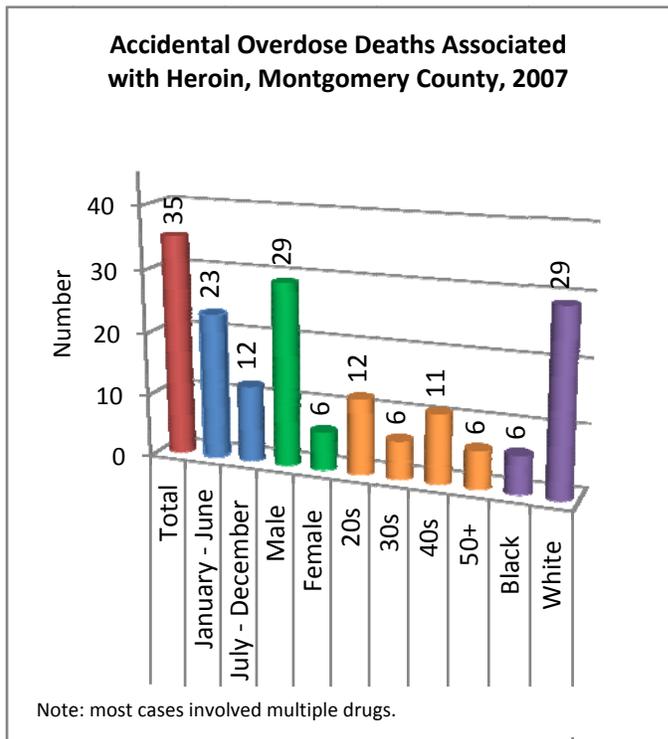
According to most participants, heroin is frequently used in conjunction with powdered cocaine ("speedball"), benzodiazepines and other pharmaceutical opioids. Users also reported increasing heroin popularity among primary crack users. For example, one crack-using female indicated:

I've seen a lot of people, you know, they'll sit there and smoke crack and then wanna go get a cap [of heroin]. Like this guy... he'll sit there and do an 8-ball of crack, and then turn around and go buy three or four caps [of heroin]. Do that, then wait an hour or two and do another 8-ball of crack.

Reports about concurrent heroin and Tylenol® PM use, that had been first highlighted in the June 2007 Dayton area report, were confirmed in the current reporting period. According to users and treatment providers, Tylenol® PM (acetaminophen and diphenhydramine) and similar over-the-counter medications containing antihistamines (e.g. Advil® PM) are taken to enhance the effects of heroin, or as one user explained, "it makes you nod a little more." Ac-

ording to some users, Tylenol® PM and similar over-the-counter medications, as well prescription drug Phenergan® (promethazine) are sometimes used by recovering heroin addicts so as to "get a nod off their methadone with them." Misuse of Phenergan®, an antihistamine-type medication used to treat or prevent nausea and motion sickness, has been reported in the previous Dayton area reports.

In 2007, Montgomery County Coroner's office registered 35 accidental overdose cases that tested positive for heroin. As seen from the figure below, the data indicated higher numbers of males compared to females and whites compared to African Americans. The numbers were higher in the first half than in the second half of 2007 (Figure below). The majority of heroin-related cases involved multiple drugs. In fact, cocaine was present in 80%, benzodiazepines in 40%, and pharmaceutical opioids in about 34% of all heroin cases.



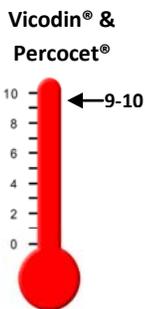
According to a report published in the Dayton Daily News (December 22, 2007, p. A7), four Dayton men (ages 18-27) were arrested in Fairborn and accused of trafficking large quantities of cocaine and heroin.

OTHER OPIOIDS

Historical Summary

In the previous reporting period, participants noted continuing high levels of pharmaceutical opioid abuse by youth and middle-aged females who have a history of chronic pain issues. Users and crime lab data indicated high availability of Vicodin® (hydrocodone) and moderate availability of oxycodone (including OxyContin®) and methadone tablets and wafers. Street availability of other pharmaceutical opioids, including Duragesic® (fentanyl transdermal patches), morphine tablets, Dilaudid® (hydromorphone) and Suboxone® (buprenorphine and naloxone), was rated as low by users.

Current Trends



According to users, Vicodin® remained the most easily accessible pharmaceutical opioid. Its' street availability was rated at 10 on a scale of 0 (not available) to 10 (extremely available). Participants noted that many "doctor shoppers" find it easy to obtain prescriptions for hydrocodone. For example, users commented, "I go to the dentist to get those..."; "I could walk into ER and say I got pain in my back and get Vicodins." The crime lab also reported high availability of hydrocodone-containing products.

Percocet® availability was also rated as high by most users (as a 9 or 10 on a scale

0-10), although the crime lab reported low availability of Percocet® and other immediate-release oxycodone products.

Some focus group participants noted a slight decline in availability of OxyContin® this reporting period and rated it between 5 and 10 on a scale 0-10. The crime lab reported moderate availability of OxyContin®.

Most users reported a recent increase in street availability of methadone tablets and wafers, and rated it between 6 and 10 on a scale 0-10. For example, a recovering heroin user commented, "I know so many people that go to pain clinics and doctors and ... their methadone pills on our side of town are as plentiful as crack on the west side." The crime lab reported moderate availability of methadone tablets and wafers.

A few users reported easy access to diverted Tylenol® 3 or 4 (codeine and acetaminophen) and Darvocet® (propoxyphene and acetaminophen), although crime lab reported low availability of propoxyphene. Only one user reported availability of morphine tablets and rated it at the level of 4-5 on a scale 0-10.

Most focus group participants had little knowledge about street availability of other pharmaceutical opioids such as Dilaudid®, Duragesic® or tramadol. No cases of Dilaudid® diversion were reported by the crime lab. Participants had little knowledge about illicit use of Suboxone® and other buprenorphine-containing products (Buprenex® and Subutex®). The crime lab reported low availability of Suboxone® and no cases of Buprenex® or Subutex®.

According to users, street prices remained relatively stable and typically ranged between \$0.50 and \$1 per milligram of opioid content (Table below).

Street prices of pharmaceutical opioids

Vicodin®	7.5 mg	\$3-\$5
	5 mg	\$2-\$3
Percocet®	5 mg	\$2
	10 mg	\$4
OxyContin®	40 mg	\$20-\$25
	40 mg (generic)	\$15
Methadone	40 mg (wafer)	\$20

School counselors felt that most pharmaceutical opioids other than OxyContin® were easy for students to obtain. One commented: *“Oh, the pills, that's huge. They don't even know what they're taking... and don't seem to be concerned about it.”* Vicodin® was viewed as one of the most commonly abused pharmaceutical drug among students. Counselors felt the problem begins at home: some parents give them to their children for headaches, prescriptions are easy to fill, especially from dentists, and Vicodin® is perceived as a “lightweight” drug:

Yeah, I think it's a perception that since it's a pharmaceutical, it's not dangerous. You know, since it's prescribed by doctors, it's safer...

Users also reported high numbers of white teenagers and young adults abusing pharmaceutical opioids. For example, a 24-year-old white female who started abusing “pain pills” at the age of 14, explained, *“The pain in your life, pain in your heart and soul it [opiates] takes it all away.”*

School counselors noted a decline in OxyContin® abuse among students but reported an increase in abuse of methadone tablets and wafers. Treatment providers also reported some decreases in OxyContin® abuse, but noted that *“Vicodin's the one you*

see more than anything.” White, young adults (early 20s) were described as a common user group. One treatment provider commented:

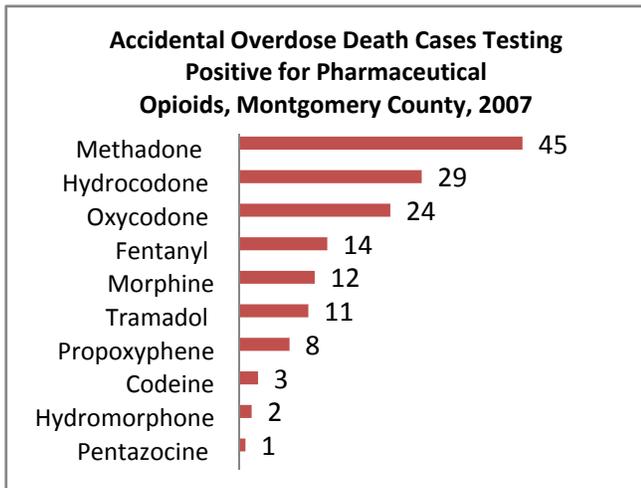
My last two Vicodin people were 23 and 24 year-old Caucasians. One started out with a lot of dental problems. And the other started out with a lot of uh... he's an inline skater... A lot of injuries... Kind of went from the doctors to the streets.

Another treatment provider estimated that primary pharmaceutical opioid abusers comprised about 15% of their admissions, and consisted of primarily middle-aged, middle-class individuals with a history of chronic pain issues, *“who have the insurance, are able to physician shop.... to have a physician in Michigan, Ohio, and Indiana.”* Nurses comprised another group of pharmaceutical opioid abusers commonly seen in the treatment programs. They frequently reported tramadol as their primary drug of abuse.

In terms of mode of administration, pharmaceutical opioids are normally swallowed. OxyContin® is also frequently crushed and snorted, or, on occasion crushed and injected, especially when substituting for heroin. One recovering heroin user reported that she knows *“a lot of people that mix methadone wafers in water and drink them.”*

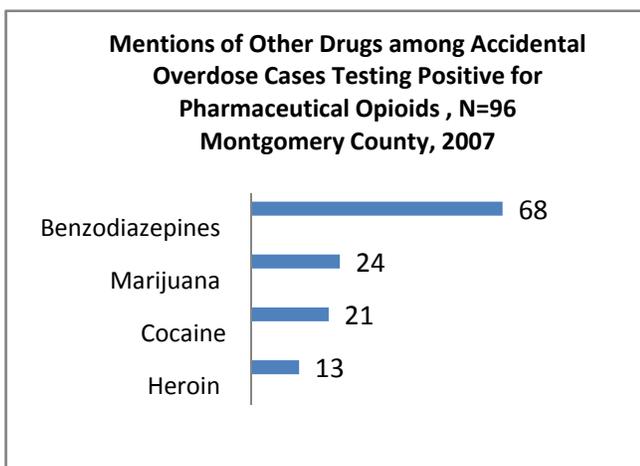
In 2007, Montgomery County Coroner's office reported 127 accidental overdose cases, the majority of which tested positive for multiple drugs. More than 75% (n=96) of all accidental overdose cases in Montgomery County tested positive for pharmaceutical opioids (including methadone, oxycodone, hydrocodone, fentanyl, tramadol, propoxyphene, hydromorphone, morphine, codeine or pentazocine). As seen from the figure be-

low, the highest numbers were for methadone, hydrocodone and oxycodone.



Note: one case could have tested positive for more than one pharmaceutical opioid.

Among accidental overdose cases that tested positive for pharmaceutical opioids, the majority were male (63.5%) and white (88.5%). About 17.8% (or 17 cases) were younger than 30 years of age, and 30 individuals (31.3%) were 50 and older. There were 46 cases in the first half of 2007 (January-June) and 50 cases in July-December of 2007. Among those who tested positive for pharmaceutical opioids, 71% (or 68 cases) also tested positive for benzodiazepines (Figure below).



METHAMPHETAMINE

Historical Summary

In the prior reporting period, users reported low availability of methamphetamine, rating it at 1-2 on the 0-10 scale, but crime lab personnel noted high availability and moderate purity (30%-60%). Users associated its use with rural areas. HIV prevention specialists noted an increase in the number of young, white male clients who reported injection use of methamphetamine. Powder was the most common form of methamphetamine.

Current Trends

During this data collection period, only one user, a 44 year-old white female, reported methamphetamine to be her primary drug of use. She reported a recent increase in methamphetamine availability, and rated it at 8 on a scale 0-10. She commented, "Very available, a lot more than the last time we spoke. It's all over Dayton. My big issue is that my cousins have it, so it's right there for me." She pointed out that most of it was being brought to Dayton from Preble County or from "somewhere up north [northern counties]." It can be bought for about \$40 per gram, a price similar to that of crack cocaine. Most people in her network were young, white individuals in their mid-20s, more typically females, who had a prior history of intranasal powdered cocaine use.

Other users had little first-hand knowledge of methamphetamine abuse and rated its availability as 2 on the 0-10 scale. The crime lab estimated moderate availability of the drug and again reported purity in the range of 30%-60%.

According to crime lab data, powder was the most common form of methamphetamine, but glass-type was available as well.

The active methamphetamine user also reported that powder-type was the most commonly found form, and she commented on availability of other forms:

I've heard people talk about glass, but I've not done anything like that, so I don't know. I've seen it be real gooey like old crank was back in the day. Occasionally you get that, and that's really hard to deal...

According to the Montgomery County Coroner Data, in 2007 there was only one accidental overdose case that tested positive for methamphetamine. Similarly, treatment providers estimated that primary methamphetamine users comprised about 1% of all treatment admissions. School counselors also reported little methamphetamine usage among students. One counselor commented:

I think advertising [e.g., faces of meth website] has done a good job with that. You know, the majority of our kids are scared of meth. I mean, that's kinda taken the place. Cocaine's nothing compared to meth..."

MARIJUANA

Historical Summary

In the prior reporting period, participants indicated high availability of low and medium quality marijuana and moderate availability of high-grade "Purple Haze" and "hydro." Prices ranged between \$100 and \$125 per ounce of "regular weed" and up to \$300 per ounce for the highest quality marijuana. Marijuana was typically viewed as a relatively harmless drug by diverse populations of users.

Current Trends

The continued easy and steady availability of various grades of marijuana was affirmed by members of all focus groups, who rated it as a 10 on the 0 (not available) to 10 (extremely available) scale.



One male user noted that "you can get it like going to the grocery store, buying [it]." Dayton area crime lab also reported high and stable availability of marijuana and rated its quality as high (above 60%).

Lower quality marijuana sells for \$20-\$30 per 1/8 ounce. The availability of this grade of marijuana was rated as being between 5 and 7 on the 0-10 scale. High quality marijuana, including "purple" or "Purple Haze," by contrast, was rated as a 10 on the same scale and is far more expensive, priced at \$50-\$60 per 1/8 ounce. Another high grade form of the drug described as "Hydro" or "dro", is less available.

Focus group participants agreed that marijuana was used across ethnic and class lines and about equally by males and females. Users ranged from the adolescents (12 and younger) to older adults (in their 60s and 70s). Users reported a continuing trend of high-grade marijuana use among African-American youth and young adults involved in drug dealing. One crack-using male commented:

People are buying that dro stuff cause they selling crack to get what they want...

Treatment providers reported increases in admissions for primary marijuana use. Marijuana remained the most commonly reported drug of abuse among adolescents entering treatment. Treatment providers work-

ing with adolescents and young adults commented:

In our adolescent treatment programs, 94% to 96% of our kids, their primary is marijuana, and most of them don't even have a secondary.

The majority of young people that I see smoke marijuana are die-hard marijuana fans, and they don't really use anything else but the marijuana.

School counselors also noted high levels of marijuana abuse among high-school students. As one counselor noted:

[Marijuana is] more accessible than alcohol. Kids still say they can leave the room, [and] in two minutes come back with weed...

Treatment providers reported seeing more cases of marijuana-addicted individuals and the consequences thereof. As one counselor commented, *"more mature marijuana-dependent people with a long history of problems because of it . . . I mean, losing jobs... losing relationships."* Providers who see marijuana users in treatment noted that most of their clients are referred to them through the legal system, not voluntarily. All participants agreed that users typically view marijuana as a socially acceptable and low-risk drug.

As mentioned in previous reporting periods, marijuana is used in conjunction with alcohol and benzodiazepines. Crack cocaine is sometimes added to marijuana joints or blunts (a "Primo"), a practice that is more common among younger users.

OTHER TRENDS

Benzodiazepines

Similar to the previous reporting period, users reported high availability of Xanax® (alprazolam) and rated it at 10 on a scale of 0 (not available) to 10 (extremely available). According to users, Xanax® continues to sell for \$2 per 1-milligram tablet and \$3-\$4 per 2-milligram tablet. Participants noted a continuing decline in availability of Valium® (diazepam), but an increase in street availability and abuse of Klonopin® (clonazepam). One treatment provider pointed out, *"my clients have been tending to abuse the Klonopin. That's the medication that they're abusing big time right now."* Crime lab professionals also confirmed high availability of Xanax® and other benzodiazepines.



Treatment providers and school counselors noted that benzodiazepines are frequently abused by adolescents and young adults, often in conjunction with alcohol, marijuana and other pharmaceuticals. School counselors reported recent overdose cases among students that involved benzodiazepines. One counselor commented on benzodiazepine popularity among students:

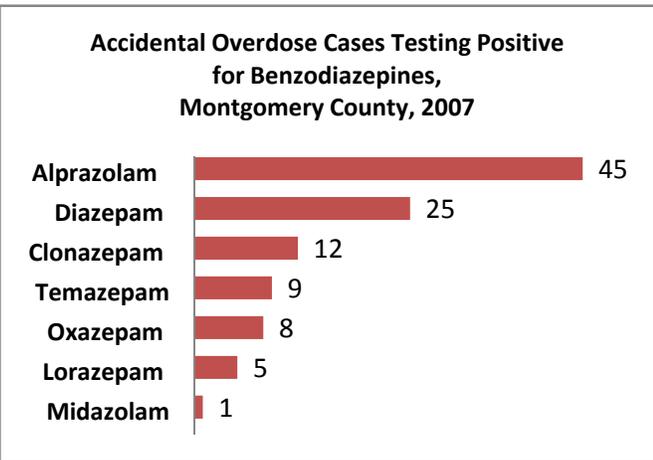
They [benzodiazepines] are easier to take during the school day, you know, kids bring 'em to school, you can conceal it easily.

Treatment providers also reported benzodiazepine abuse among individuals between 35 and 45 years of age who had first started with legitimate prescriptions but eventually got *"caught up in that abusive area."*

Users also reported benzodiazepine abuse among very diverse populations; benzodiazepines are used to enhance the effects of opioids or to come down from a crack or cocaine HCl high. Some suggested a common trend of benzodiazepine abuse among young drug dealers, as well as its use to self-medicate anxiety or “nerves.” For example, a 35-year-old African-American female described her use of benzodiazepines as self-medication:

I just use [Xanax®], like, on the weekends, when I need that relax my nerves or something like that, yeah. I take them two and I'm cool.... I know a couple of females that take them so it ain't nothing.

In 2007, Montgomery County Coroner's office reported 78 accidental overdose cases that tested positive for benzodiazepines (about 71% of all 127 cases in 2007). Consistent with user reports, the highest numbers were for alprazolam and diazepam (Figure below). About 89% of these cases (69 individuals) were whites, and 31 (40%) were females. About 87% of benzodiazepine positive cases also tested positive for pharmaceutical opioids.



Note: one case could have tested positive for more than one benzodiazepine; most cases involved other drugs.

Prescription stimulants

Adderall® (amphetamine mixed salts) abuse was mentioned by school counselors as still common (“you know it's really nothing new”), especially among young girls who use it as an appetite suppressant.

Seroquel®

In the prior reporting period, Seroquel® (quetiapine fumarate) abuse was identified as an emerging trend in the Dayton area. In the current reporting period, focus group participants confirmed Seroquel® abuse among diverse user groups. School counselors indicated recent cases of Seroquel® abuse among students, and a treatment provider noted:

I got a couple calls in the last week... from parents of 14 year-old and a 16 year-old abusing Seroquel® and marijuana.

Treatment providers also reported seeing cases of Seroquel® abuse, primarily among crack-cocaine users. Active and recovering users indicated that Seroquel® is used non-medically as a sleep-aid, and typically has a low street value. Its use is more common among stimulant users: “Yeah, to go to sleep so they come down off their high or something.” One recovering heroin user also reported Seroquel® abuse in conjunction with opioids:

I know people at the [methadone] clinic that like that kind of stuff. Like Seroquel and stuff... they like to take it with their methadone because it makes them nod.

Ecstasy/MDMA

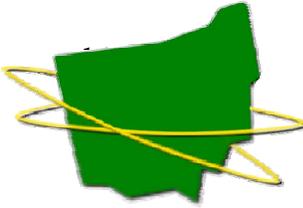
In the previous reporting period, focus group participants and crime lab professionals indicated low availability of MDMA/Ecstasy. Crime lab data compiled since then suggest moderate and perhaps increasing availability of MDMA. One African-American female, a primary marijuana user, indicated that she has been hearing more about Ecstasy use on the streets, especially among those who frequent bars or dance clubs. She pointed out, *"They say the pill makes you wanna have sex all the time."* School counselors also noted a *"run on Ecstasy"* in the summertime.

DXM

School counselors and one treatment provider reported a continuing trend of DXM abuse among adolescents and young adults. DXM (dextromethorphan) is the active ingredient in many over-the-counter cough suppressants (e.g., Robitussin®) and acts as a dissociative. School counselors noted that DXM abuse typically increases in popularity in the winter season.

LSD and Psilocybin Mushrooms

User groups had little knowledge about LSD or psilocybin mushrooms. Treatment providers and high school counselors noted a brief, summertime upsurge in LSD abuse. Psilocybin mushrooms were seen by school counselors as prevalent in the current reporting period. A treatment provider surmised that mushrooms are *"just something experimented with but not used regularly."* A school counselor said that *"my kids like mushrooms much better than LSD . . . and they're natural."* Crime lab data rated the availability of LSD as low, along with ketamine, PCP and mushrooms.



Meeting Sixteen
March 21, 2008

Ohio Substance Abuse Monitoring Network

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE TOLEDO AREA

LUCAS COUNTY, OHIO

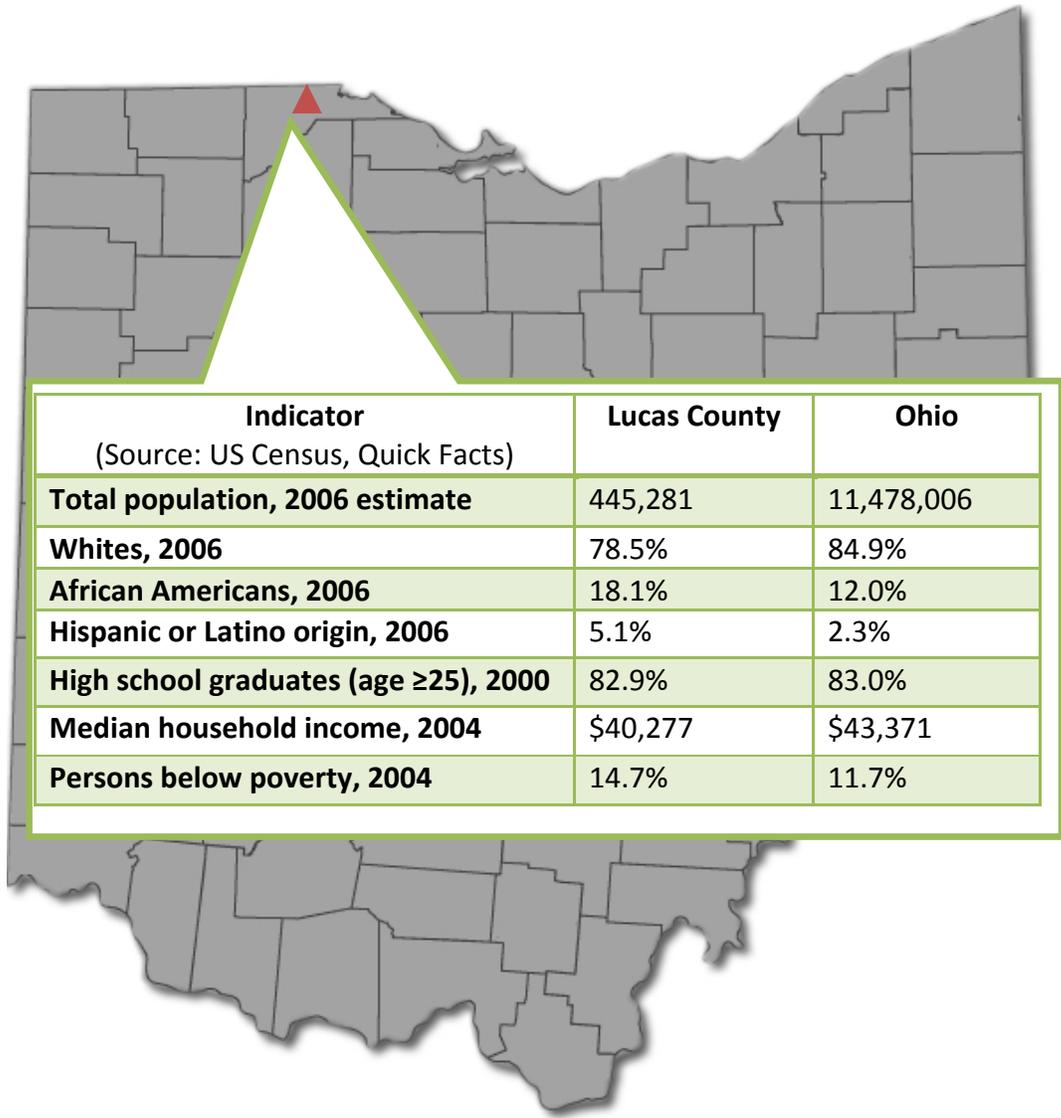
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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction
Services**

AREA PROFILE



DATA SOURCES

Interviews Conducted in the Toledo Area

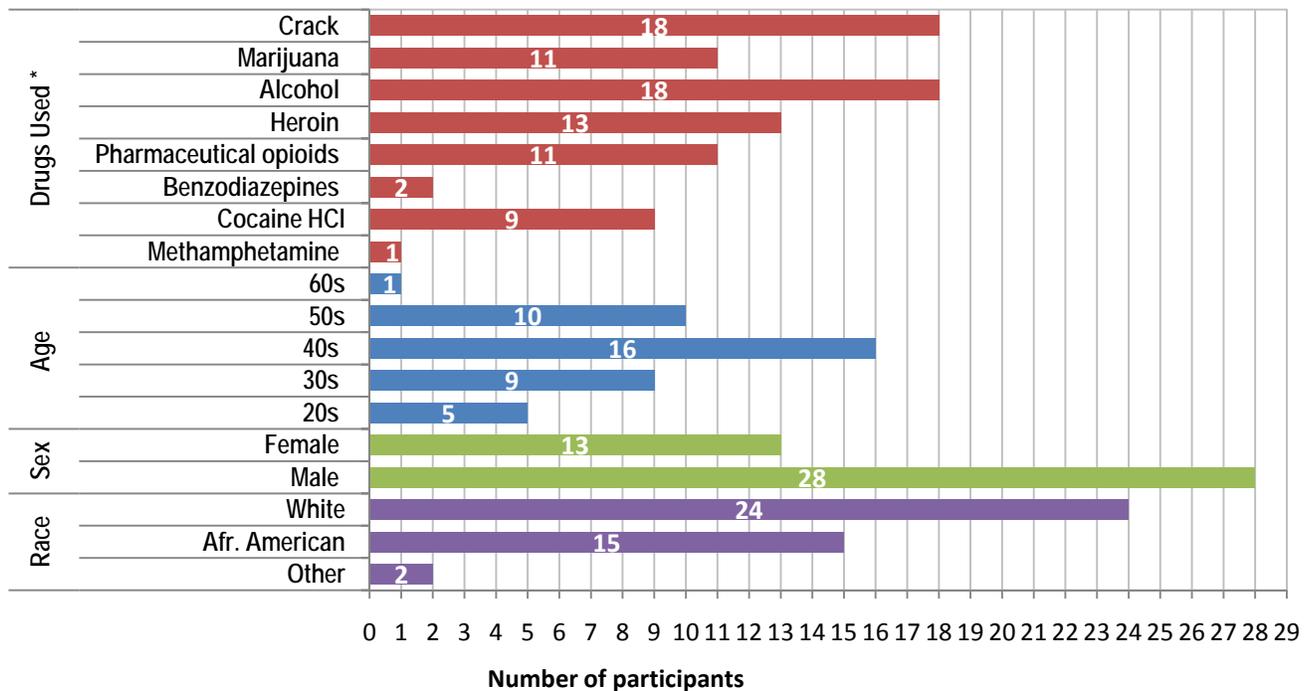
Date	Number	Participants
10/24/07	7	Active users
10/24/07	10	Active and recovering users
10/24/07	9	Treatment providers
10/25/07	5	Active and recovering users
10/25/07	7	Active and recovering users
10/25/07	12	Active users
10/25/07	7	Treatment providers
Total number:		
Focus groups	7	
All participants	57	
All users	41	

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

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

Media reports: *The Toledo Blade* and other media sources were monitored for information about local drug abuse trends. Data from the **2007 Lucas County Health Assessment** were also included in this report.

User Characteristics (N=41)



*some respondents may report multiple drugs of use over the past six months; (cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

In the previous reporting period, Toledo users and crime lab professionals noted crack-cocaine availability as high and increasing. Although users reported quality to be low, the crime lab identified crack purity as being at 60% and above. Crack prices remained consistent with previous reporting periods with a gram selling for \$50-\$60 and 1/8 ounce selling for \$125. Typical user groups varied with regard to age, socioeconomic status and ethnicity; however crack-cocaine use was still very common among lower-income individuals and African-American men. Users mentioned an increase in the number of suburban youth ("week-end warriors") traveling to inner-city Toledo to buy and use crack cocaine on the weekends.

Current Trends

Crack-cocaine availability was described by both active users and treatment providers as high (10+ on the 0 to 10 scale) and steady over the past six months. Users felt it was "everywhere," and one white opiate user noted, "That's the main [drug] problem if you ask me." Toledo crime lab professionals reported high availability of the drug; and, BCI&I Bowling Green, covering the northwest region of Ohio, reported high availability and increasing number of cases.

Active users reported moderate quality of crack cocaine. All user groups indicated a decrease in quality over the past six months. One user commented, "Lately, now, the purity is not as potent as it used to be cause now they got this, this, uh, they call it 'elephant'



because it's more soda than the cocaine." In contrast, the Toledo crime lab and BCI&I Bowling Green estimated high (above 60%) purity of the drug. Prices for crack cocaine varied somewhat during this period. African-American crack users reported increased prices of \$60-\$80 per gram and younger whites (20-30 years old) continue to pay between \$40 and \$50 per gram. All users reported paying between \$100 and \$130 per 1/8 ounce or "8-ball." Crack is also sold in smaller quantities for \$5, \$10, or \$20 per "bump" or "rock" and in fact, one user noted that this is becoming increasingly common:

The only change that it has been in the last, past six months, you used to couldn't buy \$5 pieces. \$5, nickels, now nickels are becoming available... very available in baggies, now you can buy 5 dollars...

Crack-cocaine use continues to be increasingly acceptable among various age, racial and ethnic groups. As one user in treatment stated, "Crack doesn't discriminate. It's for everybody." Although crack use is more common among low-income individuals, focus groups yielded several mentions of crack use among those of middle to high socioeconomic status. One treatment provider said, "We had one [client] that was an insurance agent who would come in with his suit and tie on for [crack] treatment." Active street users confirmed these reports and described crack use practices among individuals of higher socioeconomic status, "If they find someone that they can trust it seems, or they think, they'll give them the money [to get crack for them]... some will come to your house and just stay there." Another user stated, "...they will send you to go get it [crack]."

As noted in previous reports, both white and African-American crack users re-

ported crack use and dealing among youth mostly those 18-19-years old, but some as young as 14. One treatment provider commented:

A lot of the kids are just addicted to the money as well as the crack. 'Cause, a lot of youngsters out there, that's what they wanna do. They wanna sell and they wanna make money so they can use.

Treatment providers found crack-cocaine addiction to be very common among their dual diagnosis clients. Providers also indicated a high relapse rate for crack-cocaine users, *"You don't see a lot of sobriety on that."* Crack cocaine is primarily smoked with very few reports of injection this reporting period. Several whites in their 20s described their transition to crack cocaine after a long history of powdered cocaine use. One 26-year-old female polydrug user explained:

I'll be honest, the reason why I started smoking it was because I screwed my nose up. So a lot of people will snort as much as they can until they can't snort anymore, then cook it up and, and smoke it. That's what I would do.

POWDERED COCAINE

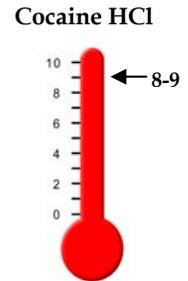
Historical Summary

Availability of powdered cocaine increased during the previous reporting period from low to moderate as reported by users, treatment providers and crime lab professionals. Powdered cocaine prices varied, with most people reporting \$50-\$60 per gram. However, some users reported paying up to \$100 per gram. Prices for 1/8 ounce were \$125-\$150. Prices were said to be de-

pendent on quality. Powdered cocaine was most commonly used by young white females (18-25 years old), middle-aged Hispanics, and young male African-American crack dealers.

Current Trends

Reports of powdered cocaine (cocaine HCl) availability varied this reporting period and ranged from moderate to highly available. Active street users reported the availability of powdered cocaine to be similar to that of crack cocaine and gave high ratings of 9 or 10 (on a 0 to 10 scale). Recovering users, treatment providers, and those who primarily abuse crack cocaine felt that availability was lower, at around 5-7. Younger users (20-25 years of age) tended to report higher availability of the drug. A white male user commented on the availability when compared to crack cocaine: *"If you're looking for just straight up powder, you only wanna use powder... it's a little harder to get, you know."* Crime lab professionals in Toledo reported moderate availability of the drug; high levels were reported by BCI & I Bowling Green.



Powdered cocaine quality reports also varied among respondents. Several users felt that good quality powder is usually bought in larger amounts and then "cut" or "rocked" for profit. One user explained, *"If there's anybody that's got any high quality cocaine, they're making it crack."* Several others indicated the quality was "good enough" for snorting, *"Oh yeah, there is, I mean, because you've got the younger generation that mostly just snorts cocaine. Um, and when you get, you're dealing with these younger kids, I mean, you don't have to give them good quality*

stuff.” Toledo crime lab professionals indicated moderate purity (30%-60%) of the drug, but BCI & I Bowling Green reported high purity (above 60%). Prices were consistent with those of previous reports ranging from \$40 to \$60 per gram and \$120 to \$150 per 1/8 ounce. Price was said to be largely dependent on quality.

Typical users of powdered cocaine include middle-income whites between the ages of 20 and 30 years, crack dealers or “dope boys,” and younger individuals, aged 18-21, involved with the party scene. Users also described young people transitioning from snorting powdered cocaine to smoking crack. For example, one older user commented, “*That seems to be where they go before they start the crack a lot of times. Probably like the 18 to 20 [they use powdered cocaine], by the time they 21, they have a problem with crack.*” A 28-year-old white man who was in treatment for crack abuse, commented similarly on his recent transition from powdered cocaine to crack, “*Once you, start smoking crack, you don’t want to snort coke anymore you, just want to smoke crack.*”

Treatment providers indicated they rarely see primary powdered cocaine users; one treatment provider said:

Usually it’s not a single use, that’s what I’m finding in my groups, that powder is almost never stand-alone; it’s usually accompanying something else... probably mine are speedball. Or it may preclude them using the opiates or it might preclude crack. It’s kind of one of those early ones...they tried it early...

Unlike crack cocaine, powdered cocaine dealers were seen as older, more estab-

lished dealers. One user said, “*I’ve seen every race but a lot of them are more, they’re older, they’ve been in the drug world a lot longer. They’re like the ‘head’ guys.*” Dealers were also described as Hispanic or white males associated with transient motorcycle gangs.

Powdered cocaine is primarily snorted when used alone and administered intravenously when used with heroin (“speedball”). Powdered cocaine is also frequently used in conjunction with alcohol and marijuana.

HEROIN

Historical Summary

Previously, heroin was rated by users and crime lab professionals as being moderately available (5-7 on a 0 to 10 scale). Brown powder was the most common form, although there were some reports of black tar heroin, mostly among younger users. Prices varied, with “pure” tar heroin selling for \$200 per gram. Quality was said to be good for both forms of heroin. The Toledo crime lab also reported high heroin purity (60% or above). Typical users were identified as being “old school”, 55 and older or younger whites between the ages of 19 and 25, many of whom have transitioned from OxyContin® abuse to heroin. Intravenous injection was the most common mode of administration.

Current Trends

Over the past several reporting periods, heroin availability has increased in the Toledo area from low almost one year ago to high in the current reporting period.

Toledo crime lab professionals indicated moderate availability of the drug, and

Heroin



BCI & I Bowling Green reported high and increasing number of cases in the northwest region. Users rated the availability between a 7 and 10 on a 0 to 10 scale and commented

that heroin is “on the come-back” and that “you can get it all day.” One active heroin user also added, “It seems like it’s increased a little bit, I’ve seen more dealers hitting the streets with it.”

Although brown powder seems to be the most common form of the drug, tar heroin is increasing in availability and was estimated as moderate (6 on a 0 to 10 scale) by most active users. Toledo crime lab professionals reported brown powder heroin to be most common; however, BCI & I Bowling Green analyzed only black tar cases this reporting period. Tar heroin was said to be of good quality and sells for \$125-\$170 per gram. Brown powder is less expensive and reportedly sells for \$50-\$75 per gram or \$120-\$150 per 1/8 ounce. Brown powder is said to be of lower quality. Users also reported buying brown powder in “\$20 papers” which were estimated to be 0.2 grams each. Heroin is most commonly injected but users indicated that younger people (aged 16-23) “start out snorting” and then transition to intravenous use so as not to “waste” it.

Of note, several users reported availability of white or “China White” heroin. However, in most cases it was believed to be fentanyl powder sold as heroin. The price was \$50 per gram. One older male user commented, “Cause, see, there’s a lot of people around here that are selling white heroin. They’re trying to say it’s China White but it’s fentanyl out of Detroit.” A 33-year-old white

male recently admitted to treatment for opioid abuse added:

I couldn’t find heroin and I went to my one friend and he was like, ‘I can get this fentanyl, it’s better than heroin,’ which it is, and went and got that. And I tried it, and I liked it. ...you just buy by the papers, um, you know 10 bucks a paper, however many of them I wanna get...I shoot it up...You just put water and then you crush the fentanyl up, you don’t even cook it.

Cases of heroin adulterated with fentanyl were reported by BCI & I Bowling Green.

Typical heroin users are whites between the ages of 20 and 40. A 31-year-old white male, recently admitted to treatment commented on an increasing trend of heroin abuse among his peers:

Uh, I’m gonna tell from first hand because I live in the Toledo area all my life and, uh, I’ve done every drug out there from hallucinogens to everything. And all my friends growing up [are now on heroin]. My twin brother just OD’ed in May of heroin overdose and [I] found his body in the car. And all the kids I grown up with just strung out on heroin. It’s just crazy...

Participants also noted an increase in the number of Hispanic users. According to active and recovering users, both powder and tar heroin is sold primarily by Hispanic dealers. The dealers were also said to be “getting younger” (18-20 years old) with one user commenting, “...most Hispanic, and a couple of girls be on now.” Another user noted, “I had a kid sell ‘8-balls’ of heroin to me and he used his homework papers, graded papers

from school to wrap it up.”

Treatment providers indicated that many clients have transitioned to heroin from pharmaceutical opioids, particularly OxyContin®. One provider commented, “OxyContin... that’s for the younger kids, [they] are doing those and what not, and it’s basically heroin. And it’s so much cheaper to buy heroin than OxyContin.” Administrators at a local treatment agency noted a decreasing trend in OxyContin®-related admissions and a significant increase in primary heroin admissions over the past 6-12 months. Treatment providers commented:

When I’m doing an assessment for an admission, a lot of it’s heroin IV use....

I think I got more heroin coming in than pills lately. I had two younger ones in last week. They came in, their friends came in together kind of, and they had been doing OxyContin and Percocet and, and just switched to heroin a month ago.

Heroin is used in combination with marijuana, alcohol, benzodiazepines and powdered cocaine. Treatment providers noted a decreasing trend of concomitant heroin and powdered cocaine use (“speed-ball”).

OTHER OPIOIDS

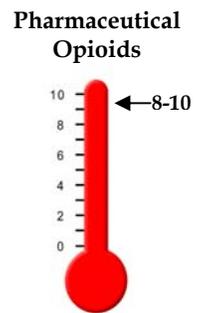
Historical Summary

Toledo experienced a steady increase in pharmaceutical availability over the previous several reporting periods, as indicated by both users and crime lab reports. Vicodin® (hydrocodone and acetaminophen),

Percocet® (oxycodone and acetaminophen), and OxyContin® (oxycodone controlled-release) were said to be highly available (9 on a 0-10 scale). Users also described some availability of Dilaudid® (hydromorphone) and increasing street availability of methadone wafers. Users were characteristically described as suburban whites between the ages of 18 and 40.

Current Trends

In the current reporting period Vicodin® and Percocet® were again rated as highly available (10 on a 0 to 10 scale) by users and treatment providers. However, respondents indicated that availability of OxyContin® has decreased over the past six months. Users rated it between 6 and 9 on a scale 0 to 10, but all participants indicated that the drug has become harder to obtain. A white male, recently admitted to treatment, noted, “In the last six months it’s, like dropped. It went from, I could get them anywhere to... finding the real ones...I’d say about a 6 right now.”



Toledo crime lab professionals confirmed the decreases in availability of pharmaceutical opioids and rated both OxyContin® and hydrocodone-containing products as “low.” BCI & I Bowling Green reported moderate availability but decreasing number of cases of OxyContin® and high availability of other oxycodone and hydrocodone-containing products.

Dilaudid® (hydromorphone) availability was described by users as low (2-4 on a 0 to 10 scale). Users also indicated low street availability of several other pharmaceutical opioids including: Duragesic® (fen-

tanyl transdermal system), Darvocet® (propoxyphene and acetaminophen), Ultram® (tramadol), and morphine tablets. Street availability of methadone, of both tablets and wafers, was reported by users and treatment providers as moderate but increasing. Users also reported seeing more liquid methadone sold on the street; this form of the drug was thought to be “take-home” doses from a methadone clinic in a neighboring state. Among all users interviewed, whites between the ages of 20 and 25 reported the highest levels of pharmaceutical opioid availability.

The Toledo crime lab reported a low and decreasing number of cases of methadone and no cases of Dilaudid®. BCI&I Bowling Green reported high availability of methadone and low availability of Dilaudid®. The later also reported moderate availability of Darvon® (propoxyphene), although this particular drug was not reported by users.

OxyContin® prices have increased from \$0.50 to \$0.75-\$1.00 per milligram in many areas of Toledo. An active user commented, “I’ve heard people paying as much as 80 bucks for an 80 of OxyContin.” Several users reported street availability of generic oxycodone (controlled-release) priced at \$30 per 80-milligram tablet. Prices of most other pharmaceutical opioids have remained unchanged over the past year. Percocet® was priced at \$3 per 5-milligram tablet or \$5 per 10-milligram, and Vicodin® at \$1-\$2 per 5-milligram tablet. Methadone tablets and wafers still sell for \$0.50 per milligram. Dilaudid® was priced at \$10-\$20 per 4-milligram tablet (Table below).

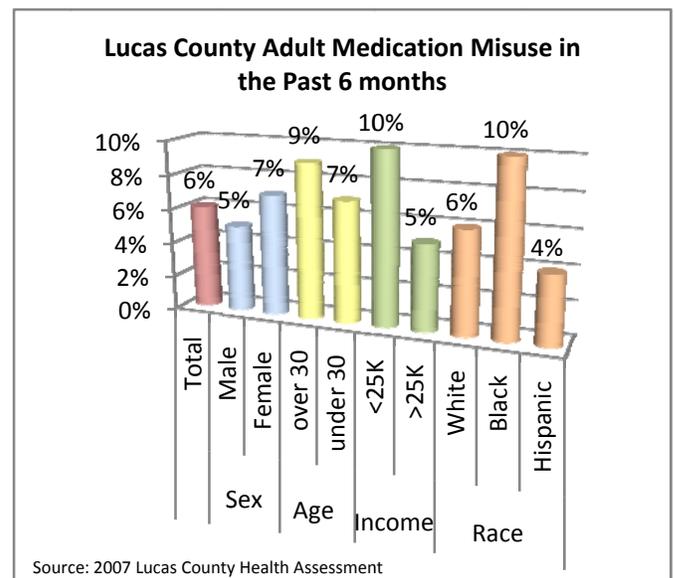
Typical users continue to be described as whites between the ages of 20 and 40. Active African-American crack users re-

ported an increase in suburban whites looking for OxyContin® on the streets in downtown Toledo. Treatment providers reported increasing numbers of OxyContin® - addicted whites, including young adults (20-25), switching to intravenous heroin use.

Street prices of pharmaceutical opioids

Vicodin®	5 mg	\$1-\$2
Percocet®	5 mg	\$3
	10 mg	\$5
OxyContin®	80 mg	\$40-80
	80 mg (generic)	\$30
Methadone	40 mg (wafer)	\$20
Dilaudid®	4 mg	\$10-\$20
Suboxone®	8 mg	\$20

Results from the 2007 Lucas County Health Assessment Project identified that 6% of adults reported non-medical use of prescription medications (including pharmaceutical opioids) in the past six months. About 3% reported non-medical use of codeine, and about 1% OxyContin®. As seen from the figure below, prescription drug misuse was more common among females, those of lower socioeconomic status, African Americans, and those under the age of 30.



Of note, OSAM focus group participants reported a slight increase in Suboxone® (buprenorphine & naloxone) diversion, rating it between a 4 and 6 on a 0 to 10 scale. Users indicated that “orange stop signs” or “bupe” sells for \$10-\$20 per 8-milligram tablet. A 42-year-old white female and a 31-year-old white male describe their experience with the drug:

Female Participant: *I've taken that [Suboxone®] a handful of times in the last year, actually...to get well.*

Male Participant: *Suboxone's a wonderful drug. I think it's better than methadone because there's no, like, addictive level to it. You don't really get high, it takes away the monotony.*

Interviewer: *On the scale of 0 to 10, where would you put availability of Suboxone? Would you have to look for it?*

Female Participant: *No, I'd say maybe a 6 or 7. But I also, I just lucked out; I had a connection for a little bit for it...it's very powerful... 'cause you can easily break it up, you can take just a spec, but it's miraculous.*

A treatment provider also commented on Suboxone®, “I know, I have got a couple phone calls saying ‘I want to start Suboxone here because I’ve been buying it on the street and it’s working.’” Crime lab professionals also confirmed a slight increase in availability in the Toledo region. In the previous reporting period, neither BCI&I Bowling Green nor Toledo crime labs reported cases of Suboxone® but, both labs reported current cases of Suboxone® diversion and estimated street availability as “low.” BCI &

I Bowling Greene also reported low availability of Subutex® (buprenorphine) and Buprenex® (buprenorphine).

METHAMPHETAMINE

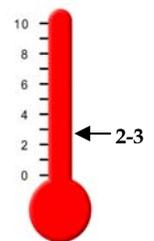
Historical Summary

Although there were no active users interviewed in the previous data collection period, methamphetamine availability was rated as 2-3 on a 0-10 scale. Crack cocaine and other drug users felt that methamphetamine was more available in rural areas of Toledo and would it require a bit of effort to access the drug. Users were still described as being predominantly white, rural residents.

Current Trends

Consistent with previous reporting periods, participants had little first-hand knowledge of methamphetamine use, quality or pricing in the inner-city Toledo area. Users again rated methamphetamine availability as low - 2-3 on the 0 to 10 scale. Toledo crime lab professionals reported moderate availability of methamphetamine and an increasing numbers of cases; meanwhile, BCI&I Bowling Green reported low and decreasing availability of the drug. Several users had experience with the drug but did not purchase it locally. One female user from Fulton County claimed she could find it “all day long” in more rural areas of the region. Another active street user, a white male, rated it a “4” but only because he knew someone in the area who manufactured the drug, saying, “Yeah, it was always a sour chemical, there’s a lot of garbage that goes into it. I’ve used it, I was,

Methamphetamine



I was hooked on it for about six, seven months."

A "yellowish" powder was the most common form of methamphetamine, and this type was thought to be locally manufactured. Crime lab professionals reported moderate purity of the drug (30%-60%). The drug typically sells for \$100 per gram. A user commented on the current prices: "I mean, there are stages where it varies because if someone gets popped, or a lab gets popped then there's a drought, so, I mean, it goes from \$80 to \$100. Sometimes when it's booming, it's \$80 and then lately it's been, like, around \$95 to \$100." Users also described buying the methamphetamine from out-of-town truck drivers. This type of distribution was said to be common at truck stops and "biker bars" in the outlying counties.

Users reported that methamphetamine is typically smoked but occasionally snorted or injected. Consistent with previous reports, methamphetamine users were described as whites aged 30-40 years old. Users also reported methamphetamine use among Hispanic males.

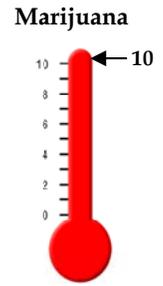
MARIJUANA

Historical Summary

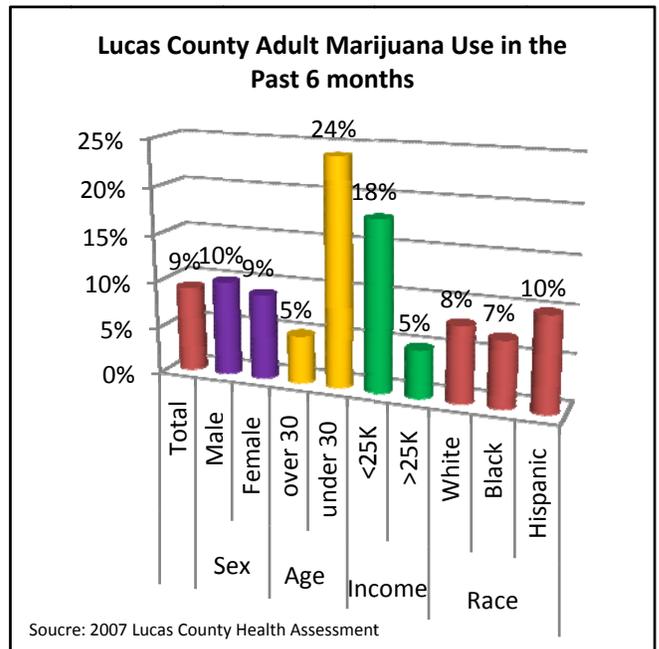
Users, crime lab professionals and law enforcement officers agreed that marijuana availability was high (10 on the 0-10 scale) in and around Toledo. Both users and crime lab professionals confirmed the high quality of the drug. Prices for the high-grade, higher quality form of marijuana ranged from \$350 to \$400 per ounce. Users were described as very diverse in terms of age, ethnicity and gender, with participants reporting users being as young as 12 years old.

Current Trends

Currently, users reported high and increasing availability of marijuana. Several described the availability as "10+" on a 0 to 10 scale and "as high as ever." Toledo crime lab professionals also reported high availability of marijuana. BCI&I Bowling Green reported high availability and increasing numbers of cases. Both crime labs reported high quality of marijuana. According to users, "hydro," which is considered excellent quality marijuana, sells for \$110-\$125 per 1/4 ounce. Mid-grade marijuana sells for \$40-\$50 per 1/4 ounce.



According to the 2007 Lucas County Health Assessment Project, 9% of Lucas County adults reported using marijuana within the past six months, the rate was 24% among those under the age of 30 and 17% among those who had annual income less than \$25,000.



Users reported seeing increases in marijuana use among adolescents as young as 14 years of age. Treatment providers indicated that their clients, particularly adolescents, do not view marijuana as a harmful or dangerous substance. They also reported that many primary marijuana users come to treatment because of legal problems and not because they are actively seeking treatment for the drug. Active street users reported that “coco-puffin,” or smoking marijuana laced with crack cocaine is common among African-American crack dealers in the Toledo area.

OTHER TRENDS

Benzodiazepines

Benzodiazepines remain readily available in the Toledo region, although treatment providers perceived higher popularity than what was indicated by active users. Users reported drugs such as Xanax® (alprazolam), Valium® (diazepam), Ativan® (lorazepam) and Klonopin® (clonazepam) were easy to obtain either through legitimate prescriptions or on the street. Xanax® was reportedly the most easily available, a “10” on the 0 to 10 scale, and selling for \$4-\$5 per 2-milligram bar. Crime lab reports confirm high availability of Xanax® and moderate availability of other benzodiazepines. Valium® sells for \$2 per 10-milligram tablet and Klonopin® \$2 per 2-milligram tablet.

As was reported previously, these pharmaceutical tranquilizers are typically used in combination with alcohol, crack cocaine and methadone. Treatment providers indicated that benzodiazepine abuse usually develops through legitimate prescriptions, and typical users are whites in their 30s.

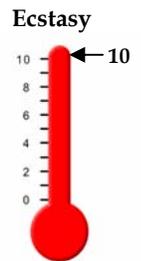
The 2007 Lucas County Health Assessment reported that 4% of Lucas County adults misused tranquilizers in the 6 months prior to the survey.

Seroquel®

Consistent with previous OSAM reports, users indicated street diversion and abuse of Seroquel® (quetiapine fumerate). Seroquel®, an antipsychotic pharmaceutical, is typically abused for its sedative properties and “to come-down off of stimulants” such as crack cocaine. Users also reported taking Seroquel® with alcohol, which was said to, “knock em up, get full effect drunk.” Active street users noted that Seroquel® typically sells for \$1 per tablet. Treatment providers noted only a few reports of Seroquel® abuse and felt it had limited popularity and street value. Toledo crime lab professionals reported low availability of Seroquel®, and BCI&I Bowling Green reported moderate availability of the drug.

MDMA/Ecstasy

Previously, crime lab professionals indicated an increase in Ecstasy availability. In the current reporting period, active and recovering users confirmed increases in MDMA (Ecstasy) availability and use. Users reported high availability of the drug, a 10 on a 0 to 10 scale. Toledo crime lab professionals reported moderate availability, and BCI & I Bowling Green reported high availability of the drug. Users commented on increases in Ecstasy abuse:



That's the most recent drug, the most popular right now... the younger generation's crack.

Yeah... cause I done seen people come and buy 20 at a time.

Prices were said to be decreasing with Ecstasy selling for \$10-\$20 per tablet. Many users reported, "\$10 for 'double stack', \$15 for 'triple stack.'" Ecstasy is commonly used in combination with alcohol by younger individuals (18-25 years of age) in the club or party scene. According to crime lab professionals in Bowling Green and Toledo, besides MDMA, Ecstasy tablets frequently contain a host of other substances, such as methamphetamine, ketamine, 3 trisfluoromethylphenylpiperazine (TFMPP), and benzylpiperazine (BZP).

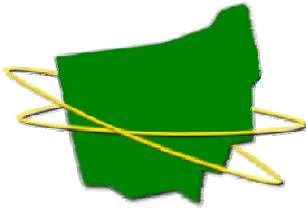
An African-American female cocaine user noted that "lots of kids are askin' for it." Several active users who identified themselves as "baby boomers" reported increasing popularity of Ecstasy among older crack-cocaine users and noted its reputation as a "sex drug."

A 57 year-old African-American male, recovering user, explained:

Participant: Ecstasy is, uh, most of them the X with, you know what I saying, they can get their groove on... Yeah, the world isn't messing with them Viagra, it's much better than Viagra, you know, you're the freak of the week. You know what I'm saying?

Interviewer: Can you get it from the same person that you buy crack from or you buy heroin from?

Participant: Uh, huh, I can get it, I can go outside and walk out the parking lot and stand there for like five minutes, no, two minutes...Uh huh. Some dealers sell you the ball of crack, then they sell you the X, and then they give you a rubber free.



Ohio Substance Abuse Monitoring Network

Meeting Sixteen
March 21, 2008

June 2007 – January 2008

SURVEILLANCE OF DRUG ABUSE IN THE YOUNGSTOWN AREA

COLUMBIANA AND MAHONING COUNTIES, OHIO

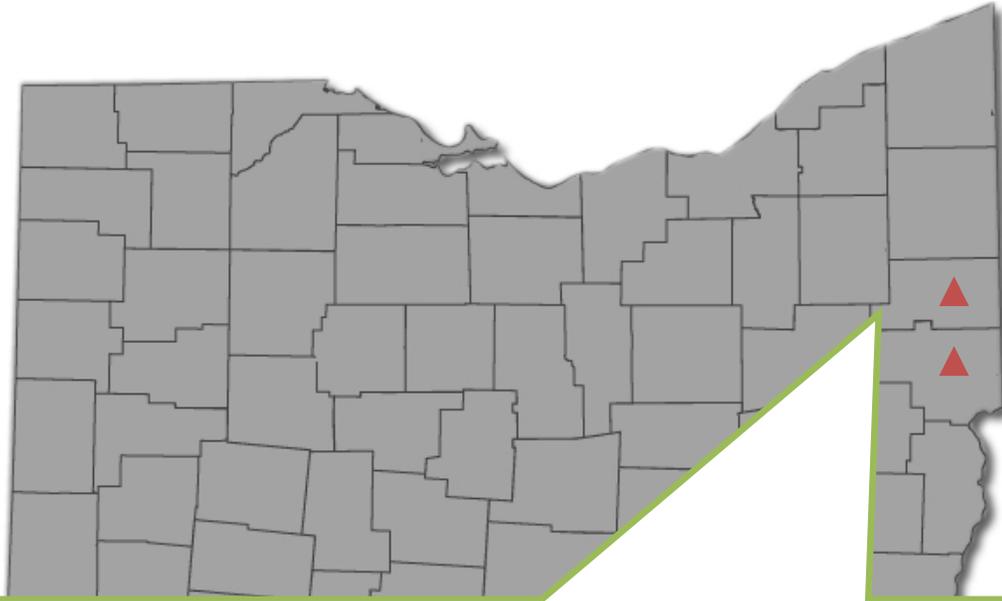
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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction
Services**

AREA PROFILE



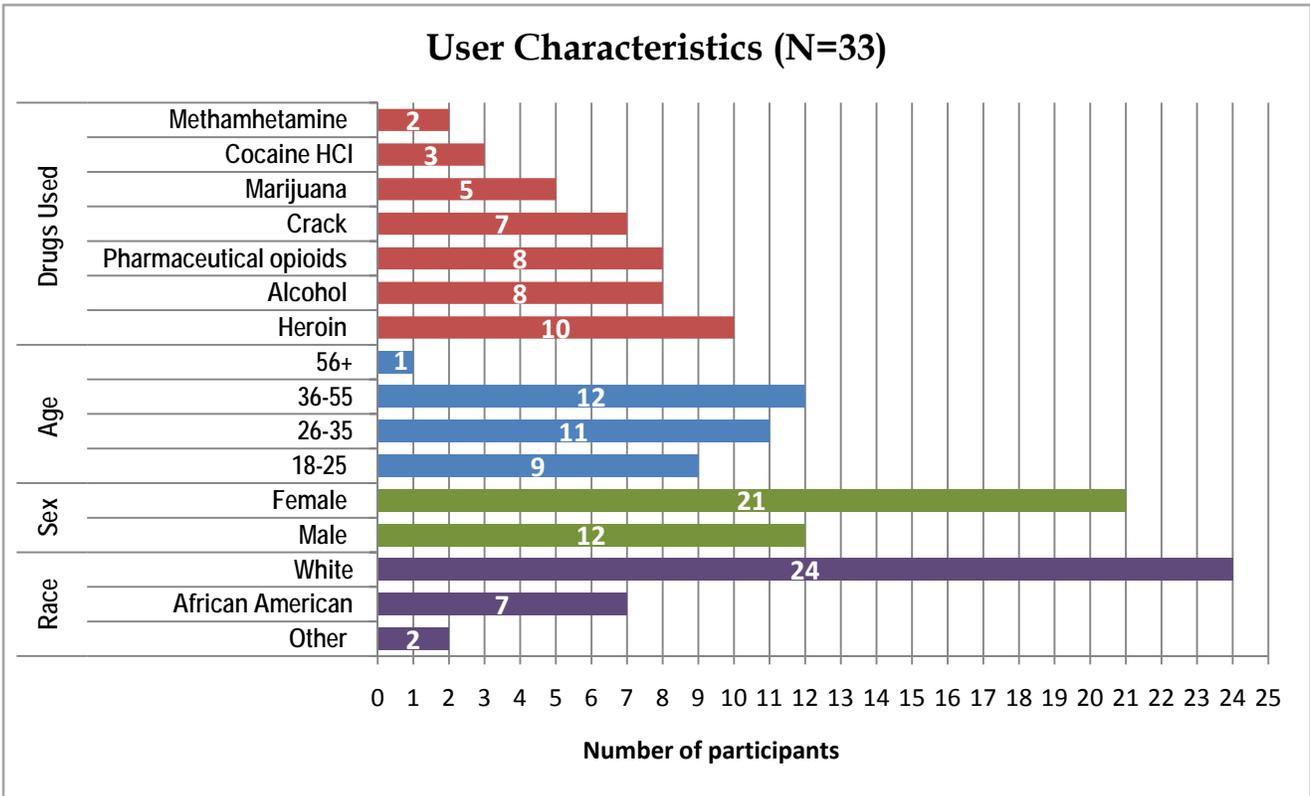
Indicator (Source: US Census, Quick Facts)	Columbiana County	Mahoning County	Ohio
Total population, 2006 estimate	110,542	251,026	11,478,006
Whites, 2006	96.3%	81.9%	84.9%
African Americans, 2006	2.3%	16.0%	12.0%
Hispanic or Latino origin, 2006	1.3%	3.3%	2.3%
High school graduates (age ≥25), 2000	80.6%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

DATA SOURCES

Interviews Conducted in the Dayton Area		
Date	Number	Participants
11/19/07	7	Treatment providers
11/20/07	6	Recovering users
11/26/07	8	Recovering users
11/27/07	6	Recovering users
11/28/07	6	Law enforcement
11/28/07	6	Recovering users
11/29/07	7	Recovering users
Total number:		
Focus groups	7	
All participants	46	
All users	33	

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

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



Note: participants could have self-reported use of more than one drug.
(Cocaine HCl refers to powdered cocaine).

CRACK COCAINE

Historical Summary

In the prior reporting period, availability of crack cocaine continued to be rated high by users, with most rating it at 10 on the 0 (not available) to 10 (highly available) scale. Many users believed that it had become easier to obtain recently. The BCI & I Richfield crime lab reported high and stable availability of crack cocaine. Prices for a gram ranged between \$40 and \$65, but the typical price reported was \$50. The crime lab reported crack cocaine to be between 30% and 60% pure. Some users reported that young dealers had been bringing it into senior citizen apartment buildings and trying to get elderly residents addicted. Smoking remains the primary mode of administration, but injection was increasingly popular.

Current Trends



Respondents rated crack-cocaine availability as high, some rating it between 8 and 10, but most, including law enforcement officials, rating it as a 10. One user commented, "I've never done crack, but I know if I walk out my door, I could get it in a very short period of time." A few

users recounted a brief drought having occurred during the previous six months. One user explained:

This summer when [law enforcement] got that boat that came into Cleveland . . . the street was very, very dry.

Focus group participants reported that crack cocaine was becoming more readily available in small towns close to

Youngstown. A policeman commented, "As the population of Youngstown dwindles, the towns and cities on the borders are using it." The BCI & I Richfield crime lab reported high availability and an increased number of cases of crack cocaine.

The price of crack cocaine varies greatly. One user reported that crack "can go for anything. If you got a dollar, you get a dollar's worth. If you have \$50, you get \$50 worth." A gram sells for between \$40 and \$80, and a 1/2 gram sells for about \$25. Street names for crack cocaine include "girl," "method man," "hard," "white-white," and "devil."

The BCI & I Richfield crime lab registered crack-cocaine purity as being high (60% and above) and unchanged, but members of user groups reported declines in quality. One user commented, "It's who you're dealing with at that point in time. A lot of people will sell you a piece of wax. I know. I've done it..." And another added:

The coke is what makes it potent, and if that's been stepped on—by the time it gets to Youngstown it's been stepped on, and then we step on it, too. We want to make money. The quality of the rock intensifies only with the quality of the coke.

Smoking remains the primary mode of crack use, but users reported increasing use by injection. A user reported, "Most people smoke crack, but I've seen very heavy addicts both shoot and smoke. Once you pick up that needle, they use it with everything." Another user stated, "More people I know shoot it. Once you pick up that needle, efficiency comes into play."

Participants reported that "anyone" can be a crack-cocaine user and that the drug

“does not discriminate,” but also noted increasing use by Latinos.

POWDERED COCAINE

Historical Summary

In the prior reporting period, powdered cocaine remained readily available in urban areas, and users rated its availability at 9-10 on the 0 (not available) to 10 (extremely available) scale. The BCI & I Richfield crime lab reported moderate but stable availability of the drug. Prices remained stable over the previous six months, and participants reported that a gram sold for \$50 and 1/8 ounce sold for \$125. Users reported poor quality of powdered cocaine, and the crime lab reported moderate quality (30%-60%). Participants reported that powdered cocaine was commonly used by blue-collar workers and individuals working at restaurants.

Current Trends

Cocaine HCl



Most users rated powdered cocaine availability at 7-10 and law enforcement officials reported 10 on a scale of 0-10. One recovering user stated that “[powdered cocaine is] always easy to get. Sometimes it seems like it’s harder to get, but that’s the price [increases].” Users indicated that powdered cocaine was less available than crack or heroin. One user commented, “The thing that’s really on the street is the rock. That’s overwhelming the powder. You get a nice bundle of powder and turn half to two-thirds to rock.”

Participants reported that prices for powdered cocaine vary depending on who you are, who you know, and where you live. Law enforcement reported that an ounce of powdered cocaine sells for between \$800 and

\$1,000. Users reported 1/8 ounce selling for approximately \$125-\$150, and that a gram sells for \$30-\$40. One quarter-ounce reportedly sells for \$225-\$250. Common street names for powdered cocaine included “snow,” “Tony,” “Scarface,” “blow,” “girl,” and “soft.”

In general, participants perceived the quality of powdered cocaine to have varied over the past six months. A few users said that the quality of the drug was poor. The BCI & I Richfield crime lab reported moderate (30%-60%) and unchanged purity of powdered cocaine. According to users, younger dealers typically sell lower quality than older dealers:

Younger kids are getting very creative with it. The more old-school – the older guy who has been selling for a while, he’s gonna give you quality drugs. The younger guy wants to make the money, so he’ll step on it and step on it. So it all depends on who you go to and what age group.

Law enforcement officials noted powdered cocaine use among diverse groups. One officer stated, “Powder is everybody . . . anybody from an urban junkie to someone out in the suburban areas using it as a status drug.” Participants mentioned whites with greater financial means as being common users of powdered cocaine. Users commented:

[I] sell a lot of coke to the white population. They want more expensive, more quality stuff.

Most people are weekend users. That’s how it begins. They keep their job. Possibly people who are in professional jobs – people who make a lot of money. It’s just a way to blow off steam for them... It usually starts as something recreational.

Participants reported that powdered cocaine is frequently used in combination with other drugs. As one user stated, “A lot of addicts I see want to go up and they want to come down. They’ll snort OxyContin or heroin and mix the cocaine in or do one and one – a line of cocaine and line of heroin.” The use of “slush” (cocaine mixed with OxyContin®, Percocet®, or “any kind of downer”) was identified by users as increasing in popularity.

Focus group participants reported injection use of powdered cocaine as common among primary heroin injectors, typically young, white individuals. As one user commented, “Most of the people that shoot coke – early college . . . primarily white guys who grew up in money.”

Treatment providers indicated that intranasal inhalation is more common among older clients (over 35), and injection use of powdered cocaine was more commonly seen among young (18-28 years of age) heroin injectors:

. . . the older ones are more into the snorting because they think it’s safer than shooting or smoking the crack . . . [W]ith IV drug users, they are trying to get the quickest high they can, so that would make sense that the younger ones are going to be using that [route of administration].

HEROIN

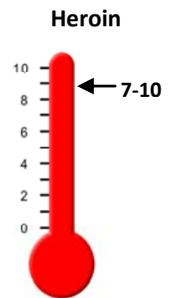
Historical Summary

During the previous reporting period participants reported increasing availability of heroin in the Columbiana and Mahoning County areas. Availability ratings ranged between 6 and 9 on the 0 (not available) to 10 (high availability) scale. Black tar heroin was perceived as being the most sought-after type, but crime lab reports indicated brown

powder heroin as the most commonly available form. Prices for a tenth of a gram of heroin were reported at \$20, and a gram was selling for \$150. Participants believed heroin quality had decreased over the previous six months. The crime lab reported moderate and unchanged purity of the drug, but reported cases of heroin being mixed with fentanyl, which heroin users confirmed, alongside adulteration with Vitamin B-12. Participants reported a continuing trend of heroin use among young, white individuals.

Current Trends

As in the prior reporting period, participants noted continuing increases in heroin availability. Brown powder heroin was considered the most prevalent type in the Youngstown area, and users rated its availability at 7-10 on the 0 (not available) to 10 (extremely available) scale. Law enforcement officials rated its availability as a 10, and BCI & I Richfield crime lab data suggested moderate and unchanging availability. “China White” was also somewhat available in the area (rated as a 3), and black tar heroin was considered to be rare, with users rating its availability at 2-4. One user described how readily available heroin currently is in the area:



Years ago when I was in high school, it wasn't that available. It was just the pills. Now that heroin is so available, kids are doing it. They aren't necessarily starting out with the Vicodin. They are literally finding heroin first.

Prices of heroin varied depending on the type being purchased. Brown powder was considered the least expensive, and white powder and black tar forms were more expensive. Prices for a gram of brown powder ranged between \$90 and \$125, and a 1/2 gram sells for \$50. White powder heroin sells for between \$130 and \$150 per gram and for \$75 per 1/2 gram. Street names for the drug mentioned by participants included "brown," "boy," "stunner," "horse," "dirty," and "dog food."

The quality of heroin is typically evident by its form or color. Black tar and white powder, especially "China White," are considered high-quality forms. The quality of brown powder heroin, by contrast, ranges from moderate to poor. Some users reported the existence of a gray powder heroin, stating that it was higher in quality than most brown powder. The BCI & I Richfield crime lab estimated heroin purity as moderate (30%-60%). Reports of fentanyl being mixed with heroin surfaced again. One user detailed his experience with what he perceived to be a heroin-fentanyl mixture:

. . . it was purple in color. It turned brown in water. I passed right out for nine hours. I woke up when I heard my dad screaming at the door. He thought I was dead, and here I was with a needle still in my arm. I didn't feel anything. Fentanyl was really big last summer. A lot of my friends in Michigan died from it.

Injection was thought to be the most common route of administration, followed by snorting and smoking. Many participants asserted that younger heroin users typically snorted the drug, while more experienced, long-time users injected it. One user commented:

My dude I was with all the time was a 60 year-old black man [who shot heroin]. I don't see a lot of 13 year-olds shooting heroin. That's something you get into after time.

Focus group participants noted heroin use among diverse groups, but reported continued increases among young (i.e., 17-30) whites. One user theorized as to why more young whites are using heroin:

[I] ran across young girls, young boys, low-esteem, having problems with their parents, not fitting in. It's the low-esteem attitude that [is] taking young people into heroin. It's more young white people. Too much peer pressure. White homes want too much out of their kids. There's so much stress in the home.

According to users and treatment providers, many young, white heroin users started using pharmaceutical opioids prior to heroin. Focus group participants commented:

There's an increase in the young white community. They start out snorting OxyContin and they find out that heroin is cheaper. Some of these are college kids. (Treatment provider)

No one ever started on heroin. Everybody who eventually does heroin started out with an opiate and decided they liked that. It probably is the white class – probably about 70/30 [70% are whites]. (Drug user)

According to participants, African Americans who use heroin tend to be primarily older, long-time IV users.

OTHER OPIOIDS

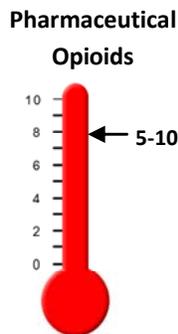
Historical Summary

Availability of pharmaceutical opioids such as OxyContin® (oxycodone extended-release), Vicodin® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen) was considered high by participants during the previous reporting period. The BCI & I Richfield crime lab reported moderate availability of oxycodone and low availability of both Darvon® (propoxyphene) and buprenorphine. "Doctor-shopping" was identified as an easy means of obtaining pharmaceutical drugs. Participants noted the popularity of "Pharm Parties" during which party-goers put various pharmaceuticals into a large bowl for common consumption until completion.

Current Trends

As in the prior reporting period, focus group participants reported high availability of most pharmaceutical opioids. Users reported OxyContin®, Vicodin® and Percocet® as being the most common pharmaceutical opioids on the street. Focus group participants rated OxyContin® availability as between 4 and 10; Vicodin® between 7 and 10; Percocet® at 9; Lortab® (hydrocodone and acetaminophen) at 7-8; morphine at 3; methadone tablets/wafers at 8-10; and fentanyl at 5-6. Users were divided on the availability of Suboxone®. While some rated its street availability as a 3, others rated it as between 8 and 10.

The BCI & I Richfield crime lab reported high and perhaps increasing availability of hydrocodone, Oxycontin® and other



oxycodone-containing products, moderate availability of methadone tablets and wafers, and low availability of Dilaudid® (hydromorphone), Darvon® (propoxyphene), Suboxone® (buprenorphine and naloxone), Subutex® (buprenorphine) and Buprenex® (buprenorphine).

Participants indicated that over-prescribing and "doctor shopping" are common, and medical providers are sometimes lax in prescribing Vicodin® and some other pharmaceutical opioids:

[There is] great availability of the Vicodins because it is being given freely by doctors. Anywhere from a dentist for a simple dental procedure to back pain – your internist will give it out – it's like candy... (Treatment provider).

Doctors are getting a lot better at we[ed]ing drug seekers out, but there are a lot of people who don't fit that drug-seeker model [but abuse or divert pharmaceuticals]. (Drug user)

Prices for OxyContin® ranged from about \$0.50 to \$1 per milligram. One user described how the price of OxyContin® was linked to the time of day, "Early in the day, you can get an [80-milligram] for \$40, but later you will pay a dollar per milligram." Vicodin® ES reportedly sell for as little as \$3 and as much as \$10, and a tablet containing 5-milligram of hydrocodone sells for \$2-\$3. Percocet® sells for about \$5 a tablet. Forty milligram-strength methadone wafers sell for \$20-\$25. Ultram® (tramadol) was reported to sell for \$0.50-\$1 per 50-milligram tablet. Fentanyl lozenges (Actiq® brand) reportedly sell for between \$30 and \$50. A single fentanyl

patch (Duragesic®, sold in 5, 25, 75 and 100 mcg/hr versions) sells for \$20. Suboxone® tablets sell for \$5-\$15 each.

Most users of pharmaceutical opioids reportedly swallow or crush and snort drugs such as OxyContin®, Vicodin® and Percocet®. However, progression to injection use and eventual transition to heroin was reported by focus group participants as being rather common. Participants report also that users of pharmaceutical opioids are diverse, but that the number of young (i.e., high school age), white users, especially females, continues to increase.

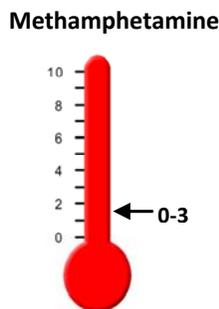
METHAMPHETAMINE

Historical Summary

In the prior reporting period, most participants reported methamphetamine availability to be limited in the Columbiana and Mahoning County areas owing to recent drug busts carried out by law enforcement. The BCI & I Richfield crime lab reported low and decreasing availability and moderate purity (30% to 60%). Although “glass”-type methamphetamine was reported, powder-type was considered the most prevalent.

Current Trends

Most participants had little or no recent knowledge of local methamphetamine trends. Most users rated its availability as from 0 to 3, but two suggested 6 on the 0 (not available) to 10 (high availability) scale. Law enforcement officials believed that availability was increasing but still extremely low. One officer reported, “We discovered three labs last year, this year none. But that doesn’t mean they aren’t importing.” One user commented,



“You would have to be in touch with someone who knows [where to get methamphetamine]. You have to go out into the country for that.”

The BCI & I Richfield crime lab also suggested low and decreasing availability and unchanged, moderate purity (30%-60%). A user reported that one gram of methamphetamine sells for \$100. Brown or white powder were the most common forms of the drug, with “glass,” “shard” or “crystal” rarely available.

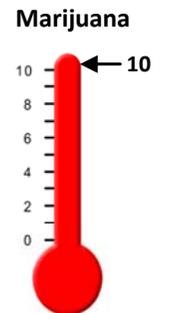
MARIJUANA

Historical Summary

During the previous report period, marijuana was seen as having remained readily available in the area. Various grades thereof were rated as a 10 on the 0 (not available) to 10 (extremely available) scale. The BCI & I Richfield crime lab reported high and stable availability of the drug and also that quality was moderate. As is typical, prices varied depending on its quality or grade. An ounce of high-quality marijuana such as “hydro” (marijuana that is grown hydroponically, in water, not soil) reportedly sold for \$300-\$400, and “homegrown” marijuana was selling for \$20-\$30 per 1/8 ounce.

Current Trends

Availability of marijuana varies depending on its quality. Both low- and middle-grade marijuana were rated between 9 and 10 on the 0-10 scale. High-grade marijuana such as “hydro” is much more difficult to obtain (being rated a 3). A user made the following attribution to its availability: “Seems to depend on the time of year . . . like you can get brick weed [poor-quality] all year long, but the



home-grown depends on the time of year, unless you have hydro, and that's expensive."

BCI & I Richfield crime lab data suggested also high and increasing availability of marijuana. Law enforcement officials attributed marijuana availability in the area to its profitability:

Profitability is so phenomenal. And the dealers know that if they get caught with it, they aren't getting a lot of time. They're getting smart as the time goes. Get caught with two pounds of marijuana, a Level 4 felony, in Youngstown, Mahoning County, you're usually not going to go to prison on that.

The price for low-grade marijuana was reported as being \$140-\$200 per ounce. High-quality marijuana reportedly sells for \$60 per 1/8 ounce, \$500 per ounce, and \$1,800-\$2,250 per pound. Users described "Y-town Brown" or "Youngstown Brown" as the cheapest (and typically poorest quality) marijuana in the area, selling for \$20 per 1/8 ounce.

In reporting the general fact that people resort to drinking alcohol and smoking marijuana when they can't find their drug of choice, participants highlighted the prominence of the latter, that it was used with all other drugs:

[Marijuana is] used with everything. All these people doing all these other drugs . . . if they don't have them or can't get them, weed is always going to be there. Even if they don't like [marijuana], they end up hitting the weed and drinking.

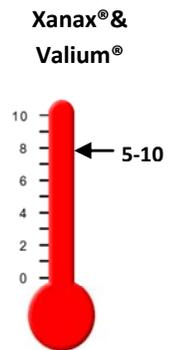
Users reported that crack and powdered cocaine are commonly used with marijuana (that is, in the form of a "woolie" or "primo"). Treatment providers and users from two different focus groups reported the practice of users dipping marijuana joints or blunts in Tussionex® (cough syrup containing hydrocodone).

Participants reported that marijuana use is common among diverse ethnic, age, and socioeconomic groups. However, a treatment provider believed that "'hydro' is being used more in the suburbs. They are either growing it themselves, or know somebody and they have the money to spend on it."

OTHER NOTABLE TRENDS

Benzodiazepines

Participants believed benzodiazepines were readily available, especially Xanax® (alprazolam) and Valium® (diazepam). Availability of Xanax® was rated between 5 and 10 on the 0 to 10 scale, and Valium® was rated between 6 and 10. The BCI & I Richfield crime lab reported moderate availability of Xanax® and other benzodiazepines. Users rated the availability of Ativan® and Klonopin® much lower, at 4-6 and 2-3, respectively. Xanax® sells for \$2 per 1-milligram tablet, and for \$3 per 2-milligram tablet. A blue tablet (10-milligram) of Valium® sells for \$2-\$3, and a yellow tablet (5-milligram) sells for \$1.



Hallucinogens

Availability of Ecstasy ranged from a low of 4 to a high of 7, according to users, and BCI & I crime lab reported high availability. Prices ranged from \$10-\$20 per tablet.

The same lab also reported an increase in BZP (benzylpiperazine) cases.

Focus group participants rated availability of psilocybin mushrooms at 3-4 on the scale of 0-10. BCI & I crime lab rated availability of psilocybin as moderate. Mushrooms were reportedly selling for \$45 per 1/8 ounce.

According to the focus group participants, LSD was available at a rating of 3-4 on the 0-10 scale. BCI & I Richfield crime lab rated LSD availability as moderate and increasing.

Other pharmaceuticals

The availability of Seroquel® (quetiapine fumarate) was rated with extreme variation, ranging from 2 to 10. Crime lab data indicated low availability of Seroquel®.

Adderall® (amphetamine mixed salts) sells for \$3-\$5 per tablet and is readily available, according to some focus group participants.