

# The **O**hio **S**ubstance **A**buse **M**onitoring Network

January 2005 – June 2005

Meeting Eleven  
June 24, 2005

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



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

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In Collaboration with  
[Wright State University](#) & [The University of Akron](#)



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**THE OHIO SUBSTANCE ABUSE MONITORING NETWORK**

**JUNE 2005**



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

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NOTE: Information regarding methamphetamine abuse and availability in Ohio is presented in a separate OSAM Network report entitled, "Methamphetamine Abuse in the State of Ohio: A Targeted Response Initiative." To view the report, visit: <http://www.odadas.state.oh.us>.



# Highlights of Statewide Drug Use Trends

January 2005 – June 2005

## Toledo:

- Methamphetamine continues to increase in availability and abuse, primarily among white users.
- Pharmaceutical opioids remain in demand among users. Slight decreases in OxyContin® availability were noted.
- High-school-aged youth using powdered cocaine was noted as an emerging population in the area.
- High levels of crack abuse in the inner city areas continue.

## Cleveland:

- Increases in crack abuse among older adults in public housing, homeless people, and adolescents.
- Increasing numbers of women seeking treatment for heroin abuse.
- Ecstasy is readily available and inexpensive.
- PCP continues to be a concern in the area.

## Akron:

- Increases in crack injection among whites was noted.
- Increases in young heroin users, especially women.
- Increases in methamphetamine abuse.

## Dayton:

- Increase in methamphetamine availability and abuse.
- Crack injection somewhat more common in recent months.
- Transition to heroin from initial pharmaceutical opioids continues.
- A small increase in ecstasy abuse among juveniles noted by juvenile criminal justice authorities.

## Youngstown:

- Crack cocaine use penetrating suburban areas of the county.
- Users reporting crack injection.
- Emerging population of young users, including high school aged using powdered cocaine.
- Large increases in heroin availability noted; younger users reportedly experimenting with the drug.
- Law enforcement and users reporting increases in methamphetamine abuse.

## Columbus:

- More young African Americans becoming involved with powdered cocaine.
- Black tar heroin increasingly more available in parts of Columbus.
- Pharmaceutical opioids continue to be in demand; OxyContin® available, but more difficult to obtain.
- Young users (college-age) reported an increase in LSD and mushrooms (psilocybin) availability.

## Athens:

- Powdered cocaine and crack increasing significantly.
- Large increases in availability of pharmaceutical opioids reported; increases in users injecting OxyContin®.
- Ecstasy becoming popular once again.
- Availability and abuse of methamphetamine varies.

## Cincinnati:

- Methamphetamine availability and abuse continue to increase, especially among whites.
- Availability and abuse of crack cocaine remain high and is a primary reason for drug treatment admissions.
- Pharmaceutical opioid abuse continues as a significant problem; generic OxyContin® abuse continues.
- Heroin abuse increasing, especially among white youth and young adults.



**The Ohio Substance Abuse Monitoring Network (OSAM)  
June 2005 Meeting**

**Executive Summary**

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

This Executive Summary reports highlights of the OSAM Network meeting held in Columbus, Ohio, June 24, 2005. The report is based on substance abuse trend data collected and analyzed by Regional Epidemiologists (REPIs) in Athens and surrounding counties (rural southeast), Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional Epidemiologists interviewed active and recovering drug users, substance abuse treatment providers, and law enforcement personnel, and collected available statistical data to compile their regional drug trend reports. Researchers at Wright State University and the University of Akron reviewed their findings and compiled this summary of major findings.

**CRACK COCAINE**

- **Crack-cocaine abuse may be increasing among more affluent, suburban whites. Potential increases in abuse were noted among the Hispanic population in Columbus and Dayton.**

Crack-cocaine abuse and availability remain high in most urban areas of the state. Substance abuse treatment providers continue to report high levels of crack-cocaine abuse among their clients. New emerging user groups were identified in several areas of the state. Youngstown, Akron, and Columbus reported increasing crack-cocaine abuse among more affluent, suburban whites. The Columbus and Dayton reports indicated potential increases in crack-cocaine abuse among Hispanics. Smoking crack cocaine remains the primary method of use; however, Dayton, Youngstown, and Akron also reported slight increases in crack-cocaine injection. Prices reported for crack cocaine were slightly lower than last round. An eightball (1/8 ounce) cost between \$100 and \$150.

**POWDERED COCAINE**

- **Adolescent and college-age whites continue to be reported as a growing population of powdered cocaine abusers.**

Powdered cocaine remains readily available in all reporting areas of the state. Adolescents and college-age whites continue to be reported as an increasing group of new users. Intranasal inhalation is the primary method of administration. On average, a gram reportedly sells for \$50. However, prices in the Akron area are reportedly higher, reaching up to \$100 per gram.

**HEROIN**

- **Heroin availability and abuse continue to increase across the state. "Tar" heroin is now consistently available in parts of Columbus.**

Most areas of the state continue to report increases in heroin availability and abuse. Most heroin in the state is described as "brownish" in color. "Tar" heroin is sporadically available and somewhat rare, except in Columbus where active users report "tar" being consistently available in some areas. The Akron, Dayton, Youngstown, Columbus, and Cleveland areas continue to report increases in heroin abuse primarily among young whites. Among this group, heroin abuse tends to be via intranasal inhalation, but some users eventually transition to injection. Most areas of the state continue to report individuals abusing pharmaceutical opioids and later transitioning to heroin abuse for a stronger, less expensive high. The cost for a gram of heroin ranged between \$100 and \$150.

## PHARMACEUTICAL OPIOIDS

- **OxyContin® availability continues to decline in most areas of the state, except Athens. The Akron area reported increases in the availability and abuse of Kadian®.**

Demand for pharmaceutical opioids such as Vicodin® (hydrocodone), Percocet® (oxycodone), and OxyContin® (oxycodone controlled-release) remains at high levels throughout the state. An increase in the availability of Kadian® (morphine controlled-release) was reported by active users in Akron. Active users in the Dayton and Youngtown areas continue to report street availability of methadone tablets. Participants in all areas of the state, except Athens, reported slight decreases in the availability of OxyContin® over the past six months. In contrast, participants from Athens not only reported significant increases in the availability of the drug, but also increases in intravenous injection of the drug. Prices reported for pharmaceutical opioids remained consistent, with OxyContin® selling for .50 to \$1 per milligram, and other pharmaceutical opioids such as Vicodin® and Percocet® selling for about \$3 to \$5 per tablet. Abusers are described primarily as whites. Younger users (e.g., high school age to 25 years old) continue to be reported.

## MARIJUANA

- **Widespread abuse of marijuana across diverse groups of users continues to be reported across the state.**

Consistent with past reports, marijuana remains readily available across the state. Although the quality of the drug varies significantly, users in Dayton and Athens perceived a general increase in the quality of marijuana available. Prices remained consistent over the past six months with 1/8 ounce of marijuana costing anywhere from \$25 - \$60, depending on the quality of the drug. The perception among users that marijuana is a *safe* drug that is socially acceptable persists among active drug abusers.

## METHAMPHETAMINE

- **Most regions of the state reported gradual but consistent increases in the availability and abuse of methamphetamine. The diversity of the abuser population suggests a developing threat of “multiple methamphetamine epidemics.”**

In the current reporting period, the OSAM Network conducted a Targeted Response Initiative focused on methamphetamine abuse. Most regions of the state, except Cleveland, reported an increasing trend in methamphetamine availability and abuse. These reports are corroborated by the continuing increases in methamphetamine lab arrests across the state. Typical methamphetamine prices were reported around \$100 per gram. Smoking and intranasal inhalation were reported as the most common modes of administration. User groups include gay men, young adults age 18-25 in the “rave” or party scene, and low/middle class whites in both urban and rural environments. Further details regarding our findings on methamphetamine abuse will be forthcoming in a series of OSAM-O-Grams.

## PHARMACEUTICAL TRANQUILIZERS

- **Benzodiazepine availability and abuse remain consistent at relatively high levels.**

The abuse and availability of benzodiazepines such as Xanax® (alprazolam) and Valium® (diazepam) remain consistent at high levels across the state. As in past reports, benzodiazepines are commonly used in combination with other drugs—most notably, alcohol, because of the enhanced effects that result.

## HALLUCINOGENS

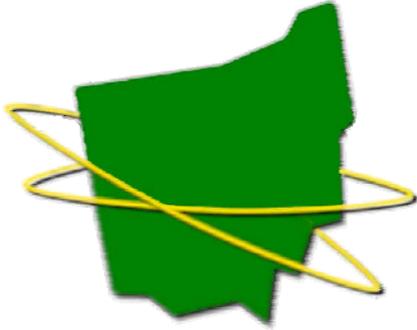
- **Increases in the availability of MDMA/ecstasy were noted in several areas of the state. LSD and psilocybin remain available at low levels, except in Columbus where young users report increased availability of the two drugs.**

Although ecstasy abuse in the state has been on a steady decline since early 2003, increases in availability of the drug were reported in some areas. Following an increase in the availability of ecstasy in Athens previously, Akron and Cleveland are now reporting increases in availability of the drug. Users are described as being primarily young (18-24) and of white ethnicity. Active drug abusers from the Akron area reported that crack dealers were using ecstasy, and reportedly selling both crack cocaine and ecstasy.

Availability and abuse of LSD and psilocybin (mushrooms) fluctuates greatly across the state. Users are described as primarily young (18-24) white individuals.

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





The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

Meeting Twelve  
June 24, 2005

# **SURVEILLANCE OF DRUG ABUSE IN STARK AND SUMMIT COUNTIES, OHIO**

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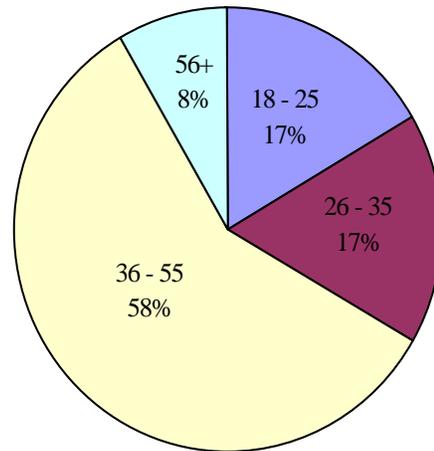
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**Qualitative Data Sources**

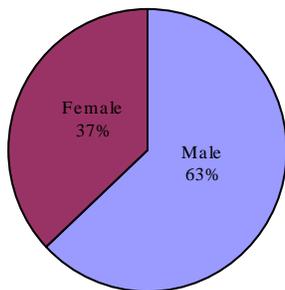
Focus Group	Participants	Type of Participants
4/13/2005	6	Akron Detox Clients
5/03/2005	5	Salvation Army Clients
5/11/2005	6	Community Health Center Clients
5/11/2005	7	Community Health Center Providers
5/16/2005	7	Quest Recovery Treatment Clients
5/31/2005	3	Narcotics Officers
6/02/2006	4	Adult Probation Officers
<b>Total</b>	<b>Total</b>	
7	38	

**Age  
Active/Recovering Users**

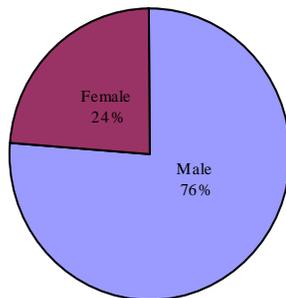


**Gender**

**All Participants**

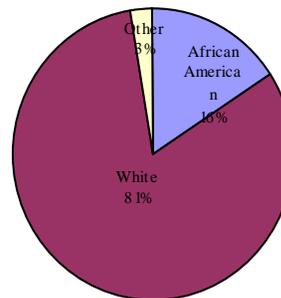


**Users**

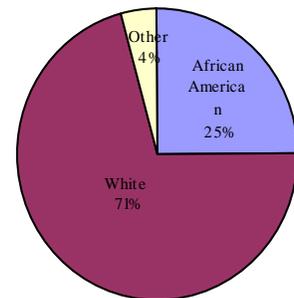


**Ethnicity**

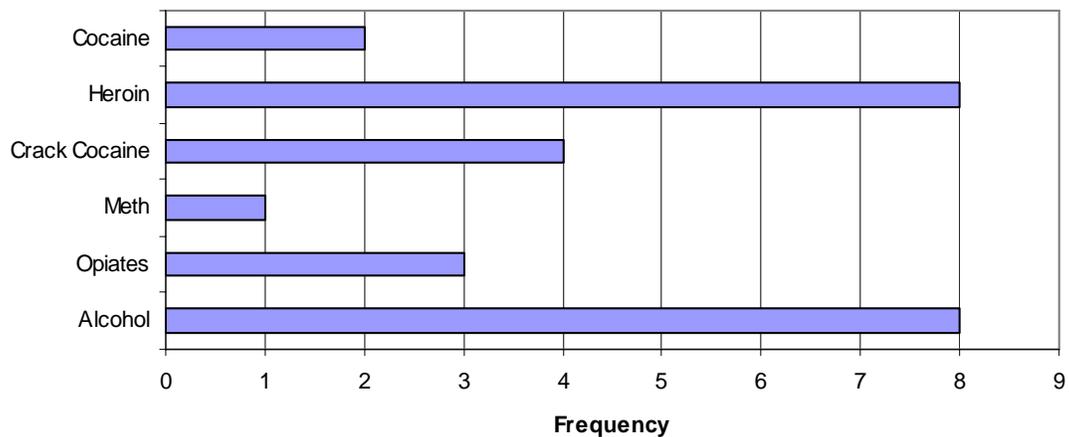
**All Participants**



**Users**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine



Since the beginning of the OSAM Network, crack cocaine has consistently been reported as a problematic drug in the Stark and Summit county area. Its cost has remained stable since 2001, with increased availability reported in the previous reporting period. Participants have reported a wide range of crack cocaine users in the area. Smoking has remained the primary method of administration; however, beginning in 2002, there have been rare reports of injection of crack.

### Current Trends

Law enforcement professionals this round described a “stable and brisk crack cocaine market.” Users, as in previous rounds, discussed the ability to get crack cocaine easily in most urban neighborhoods. Users in Akron agreed that it is easier to buy crack in some areas and that some areas of Canton are “overrun by crack.”

One user commented:

*“I think there is a little bit of stigma becoming attached to crack cocaine, and as that usage maybe drops off, people are switching to powder or OxyContin®, or some other way to get high, because I think there are people now that are really looking down on people that smoke crack.”*

The profile of users this round was described as “diverse.” Law enforcement perceived increasing use of crack by white users and females in general. Users commented that there appears to be a group of methadone users who are moving to crack use because it is easier to get.

Some users described crack as “getting cheaper,” although the prices reported were comparable to the last round with \$20 rocks or 3 for \$50, eightballs (1/8 ounce) at \$120-150, and an ounce for \$800. Users reported the ability to get crack cocaine for as little as \$2. Both users and law enforcement professionals commented on an increasing appearance of “fake crack.” All participants agreed that the overall quality of crack is decreasing, although it still depends on the seller. The mode of administration remains the same - primarily smoking - although law enforcement professionals reported an increase in crack cocaine injection, particularly among Whites.

As in previous rounds, users described high availability and use of crack in urban public housing, with a particular increase in use by residents over the age of 50 years. Users reported seeing crack being used and sold by adolescents as young as 13 years of age.

Law enforcement professionals commented that the crack scene is “getting younger all of the time.” Users agreed that the majority of crack users in the area are African-American and commented that they rarely run into a white crack dealer.



Treatment was described by users as a “last resort” when you “run out of everything and there is nowhere to go to rest.” All participants commented on the link between crack and crime, believing that crack was linked with property and petty crimes.

## Cocaine HCl



Powdered cocaine continued to be available in the area. In the previous round, an increase in the availability of powdered cocaine was noted. Over the past few rounds, an increasing trend toward younger users has been reported by users, treatment providers, and law enforcement professionals.

### Current Trends

This round, law enforcement professionals reported a “stable” powdered cocaine market. Some users commented that there have been periods when powdered cocaine has been difficult to find, stating that the rock form is always easier to find.

Both treatment providers and law enforcement professionals commented on a perceived increase in intranasal inhalation, stating that it was “the in thing to do.” Users reported that dealers tell them that you are less likely to become addicted to cocaine if you snort.

Prices reported this round were decreased from previous rounds, with a gram reportedly selling for \$60-\$100 and an ounce for \$1000-\$1750. Some users reported that one can buy an ounce for \$800 in some areas. Quality was described as varying from dealer to dealer.



Treatment providers were concerned that younger users seem to think that it is less dangerous to use powdered cocaine in a primo (marijuana laced with cocaine) than to smoke crack, and they described an increase in younger, white adolescent users. Users in focus groups described powdered cocaine users as “casual users” who are “functional” and using only on the weekends.

## Heroin



Overall heroin use in this area has been described in previous rounds as increasing, particularly among younger users (under 30 years of age). Price has consistently been reported as \$20-30 a bag. Although injection use has been the primary method of administration among long-time users, younger users have been reportedly smoking or inhaling the drug intranasally.

### Current Trends



Heroin availability this round was described as “stable” in the area. In terms of the profile of heroin users, participants reported (as in previous rounds) that there are increasing numbers of younger heroin users. Law enforcement professionals, in particular, noted an increase in young women using heroin.

Users indicated that better quality heroin is available “up in Cleveland” and that there is a lot of “dog food” (poor quality heroin) in the Akron area. Price remained stable at \$20 a bag, \$100 a bundle, and \$325-750 a brick. Users perceived the price of heroin to be less in Cleveland. In terms of purity, law enforcement professionals reported that heroin in the area varied considerably, from 50-90% pure.

One law enforcement professional commented that heroin “doesn’t discriminate” and that there are users of all ages and ethnicities. All participants commented on hearing that there were high school students in the area experimenting with snorting heroin.

*“I’ve been in the methadone clinic twice for coming off heroin, and the amount of people that were on it [my] first time were mostly from 35 to on up. Now, this last time I was in this methadone clinic and stuff - people 19, 20, 21- coming in with methadone already, [which means] they would have got a habit by now.”*

## Other Opioids



Previous reports have indicated declining availability of OxyContin® in the Stark-Summit area, following the increases reported in 2004. A “leveling off” of pharmaceutical opioid availability and use has emerged in this area.

## Current Trends

Most participants reported decreasing availability of OxyContin® (oxycodone long-acting) in the area. Dilaudid® (hydromorphone) and fentanyl continued to be available, and users reported a perceived increase in the availability of Kadian® (morphine sulfate sustained release) for the first time. As in previous rounds, the “party crowd” was described as preferring OxyContin® over other available drugs.



Users were reported to inject, swallow, or crush and inhale the drugs intranasally. Some participants reported that some users are crushing and putting OxyContin® in marijuana and smoking it. Law enforcement professionals described the ease of obtaining opioids through pain clinics. Doctor shopping (obtaining multiple prescriptions for medication from multiple doctors) was also reported.

Percocet® (oxycodone) and Vicodin® (hydrocodone) were reported as still available throughout the area, with less availability of Tylox® (oxycodone) and Percodan® (oxycodone).

Prices during this round were consistent with previous rounds, according to users. OxyContin® varied in price by area, but was often available for \$10 per 20 milligram tablet and \$20 per 40 milligram tablet. Dilaudid® was available for \$15 per 4 milligram tablet and for \$25 for an 8 milligram tablet. Fentanyl was \$15 for 25 milligrams and \$50 for 100 milligrams. Kadian® could reportedly be purchased in 30 milligram tablets for \$5 and in 60 milligram tablets for \$10.

## Marijuana



Since the beginning of the OSAM project, marijuana has consistently been reported as readily available, very potent, and varying in cost depending on the quality and quantity throughout the area. Young teenagers have been consistently reported as a growing group of new users.

### Current Trends

Focus group participants during this round of data collection again indicated that marijuana was plentiful. Users reported being able to get marijuana easily.

*“Pretty stable. Every once in a while we go through a dry spell if there is a big bust. But, basically, I started smoking weed when I was 14, and I don’t think I’ve ever gone through a spell where I couldn’t get it somewhere.”*

Users reported that the quality of marijuana “goes up and down,” but that during this round, one could get many different types of marijuana in the area. In fact, one user said:

*“You know, a lot of it depends on if it’s the really good stuff, like the hydroponics. A quarter [ounce] could be sixty bucks for the really good, powerful stuff. And, I have friends that have bought the really good stuff, and got so high on it, that they started calling it ‘heroin weed,’ cause it wasn’t like the weed they used to smoke years ago.”*

A law enforcement professional stated:

*“There’s been an increase in this area of higher quality ‘BC Bud’ and ‘hydro.’”*

Marijuana was reported to be available in \$5-\$10 bags or \$5 joints. Users in Stark and Summit stated that marijuana varied in quality and price, ranging from \$100 to \$400 per ounce. Law enforcement professional described 10 pounds of high quality marijuana being available for \$3500, brought to the area by Mexican dealers.

As in previous rounds, law enforcement officers commented that marijuana users were getting younger all of the time.

Treatment providers explained that their clients rationalized their use by saying that they are “just smoking pot” and that “they do not have a problem,” so it usually took a court order for a client to go into treatment for marijuana.

## Depressants



The abuse of pharmaceutical depressants has been a consistent problem in the Akron area. Users have varied greatly in age and ethnicity. Although limited in availability, the most commonly reported depressants being abused in the area have been Valium®, Ativan®, Klonopin®, and Xanax®.

### Current Trends

As in previous reports, some street availability of depressants was noted. Treatment providers, users, and law enforcement professionals all indicated that Valium® (diazepam), Ativan® (lorazepam), and Xanax® (alprazolam) were available and that abuse continued steadily as in previous reports.

## Other Notable Trends

### HALLUCINOGENS



Several respondents indicated that LSD (acid) was currently available, but that availability was limited, mostly among networks of individuals who participate in the club scene, or who follow certain celebrated rock bands and DJ's. Reportedly, when these bands perform in the area, the availability and use of LSD increases. This is probably related to the influx of traveling fans who bring psychedelics with them and are involved in distribution among fellow band followers.

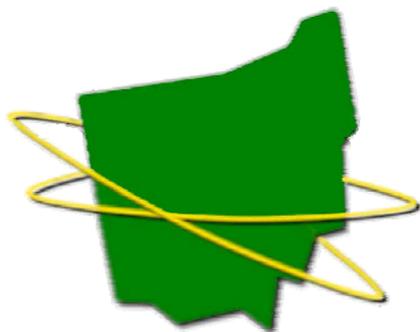
Most of the time, LSD has been reported in terms of anecdotal and episodic use. These individuals started their illegal drug use with marijuana, then moved rapidly to the use of hallucinogens. Most of those interviewed had totally stopped using LSD and other hallucinogens, and had moved onto drugs that allowed them to function with less difficulty. Prices for LSD ranged from about \$5-15 per dose.

There was no mention of mescaline use reported during this round. Mushrooms (psilocybin) were reported to be popular, and sporadically available. These were usually brought to the area and remained within closed networks of users. The mushrooms were sometimes "fresh," but usually in dried form. They were reportedly consumed as a tea, or ingested orally. They were sold individually or in baggies containing ounces or smaller quantities. It was typical to pay \$1-4 per mushroom. It was not certain which variety of hallucinogenic mushrooms were available, although many respondents believed they were true psilocybin strains. Some respondents reported that they were had friends who were growing their own mushrooms from kits and spores they had obtained over the Internet.

### MDMA (ECSTASY), KETAMINE



Users reported an increase this round in the availability of ecstasy, \$20 for a single tablet and \$25 for a double stack (2 tablets). In terms of quality, users commented that "you never know what you are getting." Users were described as "ravers," "speed freaks," and "gay club users." Crack dealers were reported to use ecstasy and were reportedly selling both drugs. The connection between ecstasy and crack is a phenomenon that appears to be increasing. This might indicate increased ecstasy use among African-American users in the area.



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# **SURVEILLANCE OF DRUG ABUSE IN ATHENS, VINTON & MEIGS COUNTIES, OHIO**

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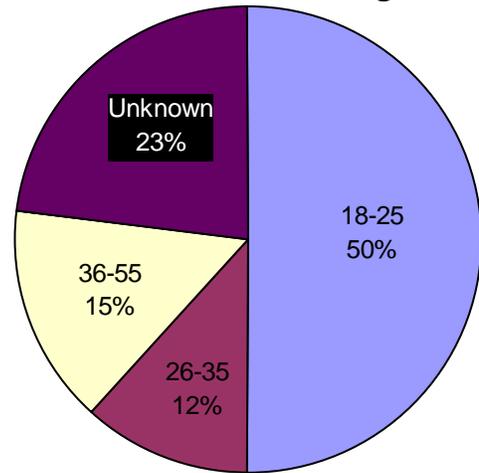
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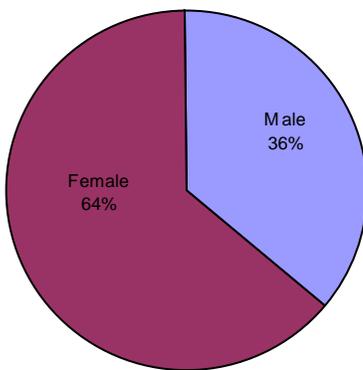
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
4/21/2005	6	Former Users in Recovery
4/28/2005	3	Former Users in Recovery
5/03/2005	13	Former Users in Recovery
6/04/2005	3	Former Users in Recovery
<b>Total</b>	<b>Total</b>	
4	25	

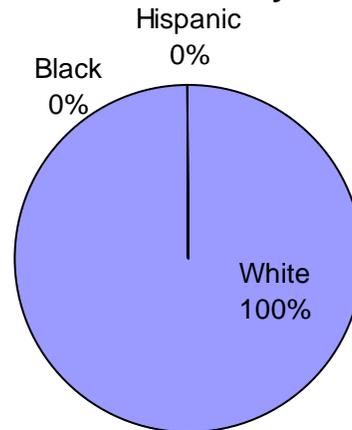
**Age  
Active/Recovering Users**



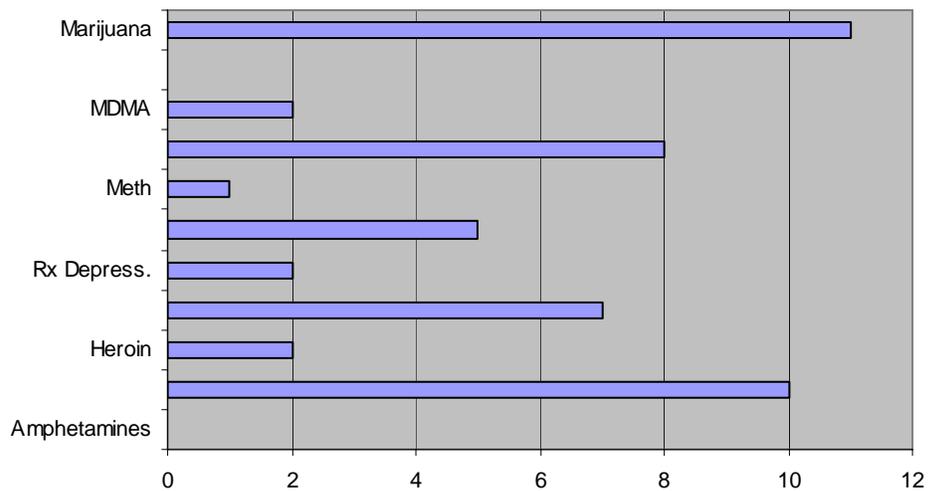
**Gender**



**Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine



The previous report indicated that there had been large increases in the availability of crack cocaine in Southeast Ohio. In Southeast Ohio, crack cocaine has been selling for approximately \$75 - \$110 per gram or \$125 - \$250 per eightball (1/8 ounce). Some participants also indicated that crack cocaine use had been increasing so dramatically that marijuana use was actually decreasing. Users also indicated that individuals who used crack cocaine almost always used depressants as well (e.g., Valium®, Xanax®). These depressants reportedly helped them to “come down” from a crack high so they could sleep.

### Current Trends

Participants indicated that crack cocaine was “everywhere” and “extremely” available in Southeast Ohio, and they stated that “You can get it anywhere.” Similar to powdered cocaine, the increase in availability of crack cocaine was described as “large.”

The quality of crack cocaine in Southeast Ohio was described as “pretty good” by one user. In terms of cost, one user indicated that crack cocaine cost \$100 per gram, while another user indicated that it sold for \$50 to \$60 for a 1/16th ounce and \$100 per eightball (1/8 ounce). Some users thought that crack cocaine was less expensive than powdered cocaine. Similar to past reporting periods, the availability and cost of crack cocaine seemed to exhibit regional differences. For example, crack cocaine was widely available and relatively inexpensive in Portsmouth, Ohio, but less available and more expensive in Marietta, Ohio.

One focus group, composed of all women, indicated that they were seeing more female crack cocaine dealers.

## Cocaine HCl



Focus group participants in the past data collection reporting period indicated that powdered cocaine was “very available” and that there had recently been “large increases” in availability. The quality of powdered cocaine in Southeast Ohio was said to be improving, in part, because there was much competition among dealers. Powdered cocaine in Southeast Ohio was reportedly selling for approximately \$80-100 per gram or \$150-250 per eightball (1/8 ounce). The most common methods of administration of powdered cocaine have been intranasal inhalation and smoking. The use of powdered cocaine was said to span “all SES groups,” but participants indicated that younger individuals were now using powdered cocaine.

### Current Trends

Participants indicated that powdered cocaine was “very available,” “extremely available,” and “everywhere” in Southeast Ohio. Most participants indicated that the availability of powdered cocaine was “increasing” and characterized these increases as “large.” One participant, who had been living with a cocaine dealer, indicated that--in their town of residence--relatively large



quantities of powdered cocaine were being brought in “daily.” When asked to expound on this, the participant indicated that she and her partner would drive to Columbus 4 or 5 times per week and bring back 15 ounces of powdered cocaine each trip (which they could easily distribute to users in just one day).

The quality of powdered cocaine in Southeast Ohio was described as “good,” although “stomping” (diluting the drug with other substances) practices remained somewhat common. The most common substances used to “cut” or “stomp on” powdered cocaine included ether, baking soda, powdered sugar, and Vitamin C. Conversely, one participant indicated that the quality of powdered cocaine was now so good that some users were no longer bothering to prepare their cocaine for injection by cooking or using cotton balls or other strainers. Instead, many users simply added the powdered cocaine to water in the syringe (known as “shaking” or “shakers”). If all of the powder dissolved, the user could be assured that no foreign substances had been added and they could proceed to inject the drug.

The cost of powdered cocaine was reportedly \$50 to \$100 per gram or \$85 to \$160 per eight-ball (1/8 ounce), depending on how well one knew the dealer. Many participants indicated that they either stole or pawned personal items (e.g., CDs, DVDs, television sets) in order to obtain the money to purchase powdered cocaine.



Most users of powdered cocaine were inhaling the drug intranasally as their primary method of administration. However, unlike past focus groups, many participants now indicated that powdered cocaine users were increasingly injecting the drug as their preferred method of administration. This represents an important change from methods of administration described in past focus groups. Many participants indicated that the stigma associated with injecting drugs had decreased, and as more people injected drugs, other users became open to the idea of injecting their own drugs as well.



A Chemical Dependency Counselor at the Southeast Ohio Correctional Facility in Nelsonville, Ohio (i.e., SEPTA) indicated that she was seeing an increase in the number of drug users who were injecting drugs (in particular, cocaine).

In terms of new user groups, most focus group participants indicated that adolescents were increasingly using powdered cocaine. One participant indicated that powdered cocaine was in the middle schools and that they knew of some students in 8th grade who were using powdered cocaine.

## Heroin



In the past data collection period, participants had described heroin as “...getting more available,” while some participants indicated that they were “hearing about it more.” Participants indicated that heroin could be purchased for “\$20 per bag” (for black tar) or “\$30 per pack” (the amount needed for one use). In terms of methods of administration, participants indicated that most people were “shooting” (injecting) heroin.

## Current Trends

The availability of heroin seemed to vary by geographic region. The availability of heroin was said to be increasing in Ross County but decreasing in Hocking County. Several participants

from the Athens area indicated that they had not seen heroin in this vicinity. Most participants agreed that, if one wanted to purchase heroin, it was much easier to do so in Columbus, Ohio.

Participants indicated that they had paid \$20 to \$30 for a “small sack” of heroin. When asked to describe the types of heroin available in Southeast Ohio, participants indicated “yellowish,” “black tar,” and “powder.”

One participant indicated that they had originally used OxyContin®, but then switched to heroin because heroin was much cheaper.

Participants believed that heroin was being injected most often, although one female participant indicated that she had inhaled it intranasally, citing a fear of needles.

## Other Opioids



In past data collection periods, OxyContin® was described as being “everywhere.” Most participants also indicated that there had been “large increases” in the availability of OxyContin® in Southeast Ohio. The selling price of OxyContin® in Southeast Ohio has remained at \$1 per milligram for the past 2 to 3 years. Crushing the drug and inhaling it intranasally was the primary method of administration.

## Current Trends

Participants in the current reporting period indicated that there had been a “large increase” in the availability of OxyContin®. Participants also indicated that there had been a large increase in the number of OxyContin® dealers. The increase in OxyContin® availability was said to be most notable in Scioto County and Athens County. Primary methods of OxyContin® administration were intranasal inhalation and intravenous injection. This latter finding is consistent with the participants’ belief that more drug users were injecting than ever before. One participant indicated that “Portsmouth, Ohio is the OxyContin® capital of the world.”



Participants indicated that OxyContin® was currently selling for between \$1 and \$1.50 per milligram. However, one participant indicated that, because of the increasing number of OxyContin® dealers, prices were actually decreasing. This participant indicated that they could buy an 80 milligram tablet of OxyContin® for \$65.

One participant indicated that they could easily trade crack cocaine for OxyContin® and described the “½ Rule.” The ½ Rule suggests that for every dollar’s worth of crack cocaine, the buyer gets two milligrams of OxyContin®. For example, \$40 worth of crack would be worth one 80 milligram tablet of OxyContin®.



As noted above, most participants indicated that OxyContin® was being snorted; however, an increasing number of people in Southeast Ohio were injecting OxyContin®. One user indicated that he had recently injected a combination of OxyContin® and cocaine.

Other opioids, such as Vicodin®, Percocet®, Lorcet®, Lortab®, and Dilaudid®, were widely available in Southeast Ohio. Participants indicated that there had been large increases in the availability of Vicodin® and Percocet® in particular.

The main method of administration was intranasal inhalation. One user indicated that Vicodin® was a “last resort drug” because it could not be injected.

When asked how (younger) participants obtained the money to buy opioids, one user indicated that a number of individuals began using opioids when they turned 18 and became eligible for Medicaid. This user indicated that it was simple to go to the doctor’s office and fake having a toothache or back pain and then have Vicodin® prescribed.

The prices varied by geographic region of Southeast Ohio. For example, in Portsmouth, Percocet® sells for approximately \$8 per tablet, while in Lancaster, it is much cheaper (reportedly \$5 for the same dose tablet).

## Marijuana



In past reporting periods, many participants indicated that marijuana was “very available” in Southeast Ohio. There was some disagreement among participants, however, regarding possible increases or decreases in the availability of marijuana. While some participants indicated that there were “large increases” in the availability of marijuana, others thought that the availability of marijuana was decreasing, citing increased demand for other drugs such as crack cocaine, powdered cocaine, and OxyContin®. Most participants agreed that, even if the availability of marijuana was decreasing in Southeast Ohio, there was still a relatively large amount available for purchase. High quality marijuana was selling for \$50 per 1/8th or \$150-\$200 per ounce, while medium quality marijuana was selling for \$30 per 1/8th.

## Current Trends

Marijuana has historically been widely available in Southeast Ohio and it remains so today. As one participant responded, “Marijuana has always been around and always will be.” Another participant indicated that “Everybody has it for casual use...like cigarettes.”

The current quality of marijuana has been described as “very good.” In fact, most participants indicated that they would rather not purchase poor quality marijuana (if they knew it was of poor quality) because better (or high) quality marijuana was certain to be available somewhere, and they would rather keep looking for better quality marijuana.

The following prices were provided by participants for marijuana of various qualities:

Poor Quality:	\$25 per 1/8th ounce
Medium Quality:	\$30 per 1/8th ounce
High Quality:	\$50 to \$100 per 1/8th ounce

Marijuana was the drug of choice of many focus group participants. Some participants still failed to see marijuana as a “drug.” One participant stated, “There aren’t any potheads anymore,” meaning that few people smoked marijuana exclusively and didn’t do any other drugs. Instead, many participants indicated that they used marijuana in conjunction with other drugs and were particularly likely to use marijuana as a way to “come down” from other drugs.

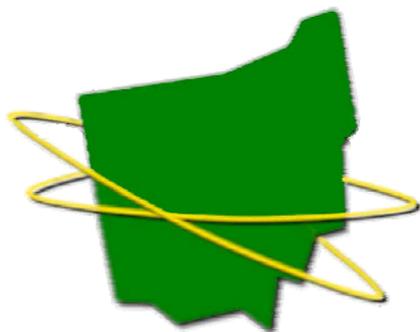
## Other Notable Trends

### MDMA/Ecstasy



One participant indicated that Ecstasy was “getting really popular again.” She said that use of Ecstasy was increasing particularly among younger adults (i.e., ages 16 through 24) and that it was often used at clubs.

One participant indicated that the price of Ecstasy was \$20 to \$30 for a single stack or \$50 for a double stack. A different participant indicated that she paid \$30 per tablet and agreed that Ecstasy use was increasing among younger populations.



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

**Meeting Twelve**  
**June 24, 2005**

# **SURVEILLANCE OF DRUG ABUSE IN HAMILTON COUNTY, OHIO**

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

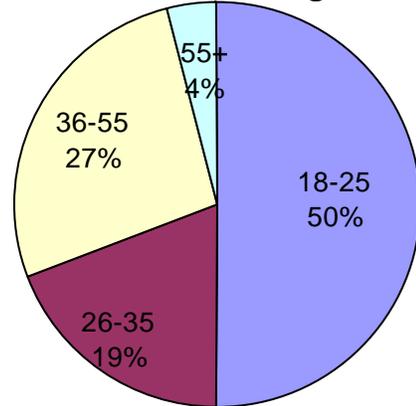
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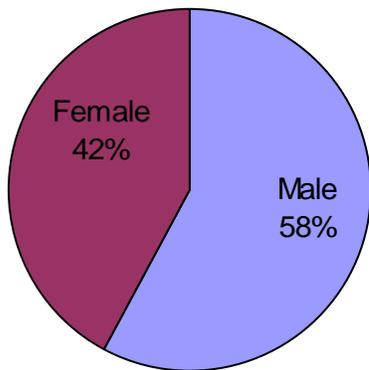
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
4/20/2005	8	Peer/Health Educators
4/26/2005	8	Recovering Users in Treatment
5/13/2005	10	Active Drug Users
6/03/2005	8	Recovering Users in Treatment
<b>Total</b>	<b>Total</b>	
4	34	
<b>Interviews</b>		
1	35	

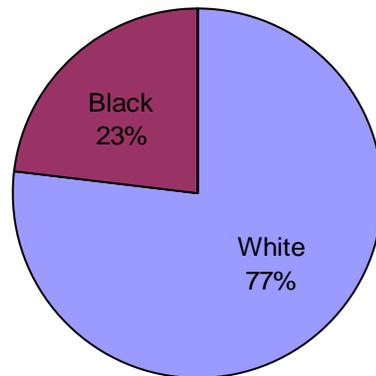
**Age Active/Recovering Users**



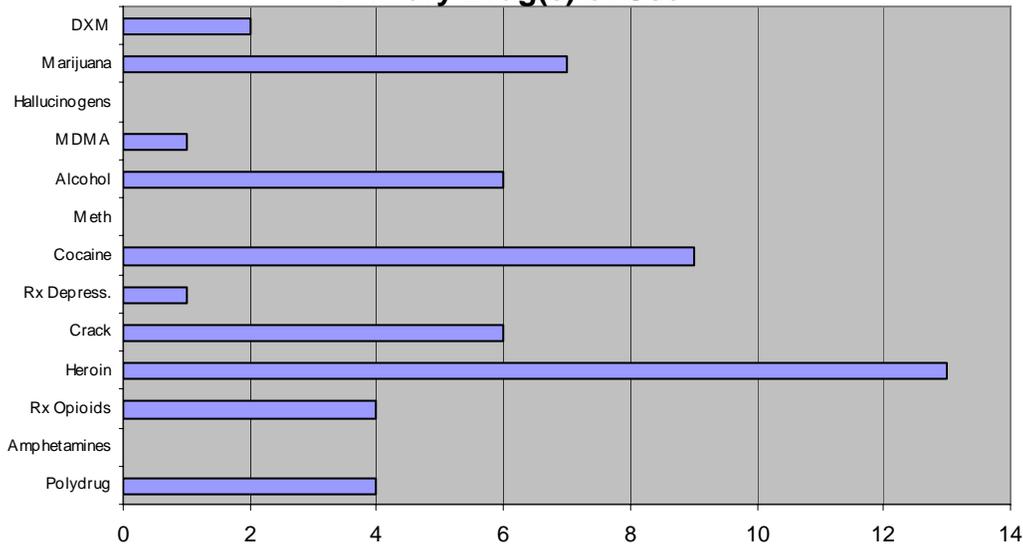
**Gender**



**Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine

### Current Trends

Crack cocaine was still reported as readily available in Hamilton County, with a large increase in availability noted during the current reporting period. On a scale of 1-10, participants overwhelmingly reported that crack cocaine was a 10 to 10+. The increase in availability was attributed to a changing dynamic with regard to crack use within the community. Along with the higher availability, an increase in the use of crack cocaine by working class individuals was reported.

Overall, participants reported that the quality of crack varied geographically across the city, but had remained fairly stable, and may have increased slightly in the last 6 months. Additives described as lowering the quality of crack included baking soda, 7-up, baby aspirin, prescription stimulants, and laxatives.

The price of crack remained relatively stable over the last 6 months, with some fluctuation noted with higher amounts of the drug. While crack was sold to users by a “dollar” amount in the range of \$2-20, it was also available by weight of drug.

Prices for various quantities of crack cocaine included the following: 1 gram for \$20-50, 3 grams for \$125, an eightball (1/8 oz) for \$120-175, 1/4 oz for \$200, and 1 ounce still commanding a range of \$500-600. Having a “connection” to the dealer enhanced the purchaser’s buying power, and an eightball might be purchased for \$100 with close ties. The purchase of 13.43 grams of crack by law enforcement was reported to cost \$400.

The most prevalent mode of use was smoking the crack in a pipe. However, some users of crack cocaine administered it by injection. Participants described breaking the crack down with lemon juice or vinegar to make it into a solution for injection.



An interesting, potentially emerging, trend in crack use in Cincinnati was noted during this reporting period. While in past reports the typical user of crack cocaine was noted to be predominantly African American, this reporting period saw a shift to include more whites and working-class individuals. Presumably as a result of more individuals using crack cocaine, overall use was described as being higher as well. In a previous report, it was noted that increased availability led to a perceived increase in use of crack cocaine, a trend that appears to be widening the population that is using this drug on a regular basis. This finding will need additional monitoring to establish the shift as an actual trend in use of crack.

Crack Cocaine Availability



## Cocaine HCl

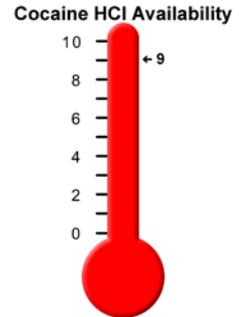
### Current Trends

Powdered cocaine (cocaine HCl) continued to be readily available in the Cincinnati region, with a reported slight decrease in availability over the last 6 months. Participants described the availability on a scale of 1-10 as an average of 9.1.

The quality of powdered cocaine available on the street overall remained relatively stable. Substances described as being used to increase the bulk of the cocaine included milk, sugar, Vitamin E powder, baby laxative or aspirin, and Vitamin B12.

As in previous reports, variable cost for powdered cocaine was reported as dependent on how close an individual's connection was to the drug source.

An overall decrease in cost was noted during this reporting period. If an individual had a close connection to the drug source, a gram of powder could be obtained for as little as \$25. The price point for a gram of powdered cocaine more typically ranged from \$60-80. The price for an eight-ball (1/8 oz.) of powdered cocaine varied from \$90 to upwards of \$250. An ounce of powdered cocaine ranged from \$800-1200, depending on the quality of the drug. The price for higher amounts of powdered cocaine dropped significantly for an individual with connections to the drug source, and was reported to be \$2,000 for ¼ kilo of powdered cocaine, or \$7,000-8,000 for a kilo. This diverged tremendously from previous reports, where the price point for a kilo of powder reached upwards to \$25,000. This discrepancy in price could be due to the participant's close connections to the source of the drug. During this reporting period, law enforcement described the purchase of a kilo of powdered cocaine that started at an offering price of \$24,000, but was eventually reduced to \$18,000 for the sale, reaffirming the trend towards lower prices for closer connections to the dealer. Law enforcement also conveyed that importation of powdered cocaine to the Cincinnati region was coming from Mexico, Texas, and/or Arizona, with a noted increase in powdered cocaine arriving through Hispanic connections.



Snorting and injecting powdered cocaine (dissolved in liquid) were described as primary routes of administration. The practice of lacing marijuana joints with powdered cocaine and subsequently smoking them continued to be reported. Several participants described free-basing cocaine, although it was not considered a new or emerging trend. New users of powdered cocaine included younger individuals starting around the age of 13 years, and individuals described as “old pill users” in their 30’s. Post-teen/early twenties individuals using powdered cocaine was described in previous reports. While there were no notable gender differences with regard to use of powdered cocaine, a slight increase in male vs. female use was expressed by several participants. The drug is still described as predominantly a white (vs. African American) drug of choice overall.

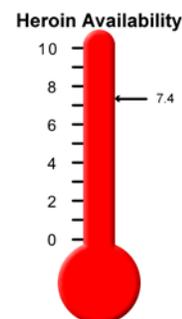
## Heroin

### Current Trends

The availability of heroin slightly decreased over the last 6-month period, according to the majority of focus group participants. On a scale of 1-10, the average availability across the city was 7.4 (range 5-10). As in previous reports, geographical variation of availability across the city was noted.

Several varieties of heroin were reportedly available over the last 6 months. Slang names included “brown sugar,” “Mexican mud,” and “China white.”

The cost for heroin remained relatively stable over the reporting period. Heroin could still be purchased by a dollar amount vs. weight amount of drug, typically starting in the \$10-20 price range. Less than gram amounts followed this pricing scheme: 0.1 grams for \$20-\$25, 0.25 grams for \$50-\$70, and 0.5 grams for \$90-\$100. Prices for a gram of heroin ranged from \$165-\$200. An eightball (1/8 oz.) could be obtained for approximately \$500-\$600. Heroin sold in “baggies” was often noted to have “stamps” on it, presumably indicating where the drug had originated; for instance, various participants described the term “New York bags.” A “stamped” bag commanded a \$20 price tag. If 10 bags were sold, the term “bundle” applied, and the cost was \$90-\$120, and if 50 bags were sold, the resulting “brick” cost \$475. Law enforcement reported sale of Mexican brown heroin placed inside capsules for \$15/capsule, the actual amount of drug not described.

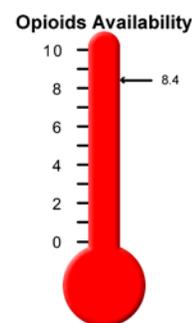


The primary route of administration of heroin remained injection of heroin-containing solution directly into a vein, but snorting and smoking of heroin was also popular. “Skin-popping” was still described by a number of participants, and one participant reported rectal administration of heroin. The trend toward younger new users persisted with heroin, with new users as young as 13 years of age experimenting with heroin. The trend towards more white vs. African American users that emerged over the last year was consistent. There appeared to be no noticeable difference in gender, with equal numbers of males and females using heroin. Reports of mixing heroin with crack were noted, as well as consistent reports of OxyContin® “snorters” graduating to heroin use.

## Other Opioids

### Current Trends

OxyContin® availability, on a scale of 1-10, was noted to be an average of 8.4 (range 5-10) in the Cincinnati region in the previous six months. As far as pharmaceutical diversion to the streets, OxyContin® continued to lead the other opioids in both desirability and availability. Although there was an increase in price for OxyContin® tablets during the latter half of 2004, the beginning six months of 2005 saw a drop more closely approximating \$0.50-0.75/milligram of drug. For lower strength OxyContin® tablets, the 10-milligram tablet could be obtained for \$5-\$7, and the 20-milligram for \$10-15. A 40-milligram tablet of OxyContin® was reported to cost between \$20-\$25, and an 80-milligram OxyContin® could be obtained for \$40-\$50. While oxycodone, either immediate or sustained release, could be swallowed whole, it was also crushed and snorted, chewed, or injected by users. OxyContin® remained the pill of choice on the street, and was noted to be used by heroin users and to create new heroin users, a factor driven by economics and drug tolerance. The generic extended release oxycodone products did not appear to be making a significant impact at this time. Law enforcement reported the capture of Oxycodone “placebos” that were discovered to contain hydrocodone as the primary ingredient when analyzed. These were sold as 30-40 tablets of purported 40-milligram strength oxycodone for \$450. Several group participants also discussed the purchase of whole prescriptions of OxyContin® from individuals as being more desirable than the purchase of one tablet at a time.



When respondents discussed where diversion of methadone from treatment clinics to the street was likely to occur, most participants disclosed that doctors' offices were likely sites. Fewer of the 40-milligram methadone wafers were noted as being available during this reporting period, but tablets and liquid methadone were readily available for individuals seeking the drug. The 40-milligram wafers could be purchased for \$10-\$15, and a 5-milligram or 10-milligram tablet for \$0.50/milligram. A 4-ounce bottle of liquid methadone reportedly cost \$150.

Morphine tablets, especially the sustained release (SR) morphine, were noted to be accessible, but not as popular nor as available as OxyContin® tablets to users. When available, 5-milligram IR tablets could be obtained for \$5, 10-milligram tablets for \$7, 30-milligram tablets for \$10, and 100-milligram SR tablets for \$40/tablet.

Other opioids frequently encountered as a result of pharmaceutical diversion included Vicodin®, Lorcet®, and Lortab®; products containing varying amounts of hydrocodone and acetaminophen. These drugs were all purchased according to the hydrocodone content in the tablet. Users frequently mistook the acetaminophen content in the tablets as the narcotic constituent, most likely because it comprised a higher milligram amount in the tablets. The cost (based on hydrocodone content) decreased during this reporting period to \$1-\$2 for 5 milligrams, \$2-\$3 for 7.5 milligrams, and \$3-\$7 for 10 milligrams. Lorcet® and Lortab® tablets were found to have costs similar to Vicodin® tablets, again dependent on hydrocodone content.

Percocet® and Tylox® tablets, combinations of oxycodone and acetaminophen, were readily found on the streets as well. They were sold by oxycodone content, and again, the prices dropped over this reporting period. The 5-milligram tablets cost \$2-\$5, the 7.5-milligram tablets cost \$3.50-\$6, and the 10-milligram tablets cost \$7-\$10.

Other opioids reported as available on the street in much smaller numbers included the following: Dilaudid® (hydromorphone) tablets, \$5-\$20/2-milligram tablet, and \$15-\$40 per 4-milligram tablet; Tylenol with codeine®, \$0.25-\$1.00/tablet; and Duragesic® (fentanyl) patches, \$10-\$20/100-microgram strength patch. The price for Dilaudid® was noted to have decreased, and participants described this as a connection-based drop in price. A newcomer, not described before, were Actiq® buccal lozenges (fentanyl citrate). These reportedly cost between \$15-\$20, although dosage strength was not specified.

Pharmaceuticals were generally ingested as intact tablets, or crushed and then either snorted or injected directly into a vein. The process of crushing, then injecting tablets remains a dangerous drug abuse practice that can lead to limb amputations, stroke, heart attacks, and pulmonary emboli in both inexperienced and experienced drug users. Patches containing the drug fentanyl were more likely to be cut open, with the contents ingested, than either smoked or injected.

New users of pharmaceutical narcotics were reported to be more likely female, and as young as 14-16 years of age. As a result of the legal status of these drugs, an overall pervading perception by participants was that these are seen as less of an addiction problem than other illicit drugs. One participant, a 37-year old, white male, former poly-drug user, noted; "More females are getting involved in OxyContin®, I think. Because guys turn them on to them. Because they're trying to supply these chicks with drugs and you can snort them and it seems harmless because it's a prescription medication and they get addicted pretty quick. They don't realize that it's just prescription heroin..."

The issue of prescription narcotic abuse carries a double edge that is not likely to change anytime in the foreseeable future.



“Bowl parties,” were described as the gathering of people in one establishment, each bringing oral forms of drugs (tablets, capsules, etc) to put into a large bowl for distribution at the party. There is no prerequisite for the class of drug brought, so over-the-counter medications are mixed with prescription drugs in the bowl. Noted to occur more predominantly in the teen population, this carries real potential for serious harm from the indiscriminate ingestion of unknown drugs over a short period of time. Whether this practice continues to be described will need further evaluation as well.

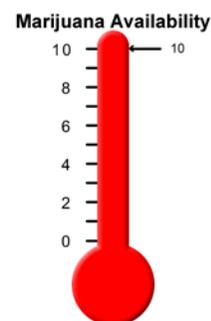
## Marijuana

### Current Trends

During this 6-month reporting period, the availability of marijuana was reported as a 10+ on a scale of 1-10, and as remaining stable according to participants. Law enforcement described Texas, Arizona, and Mexico as sources for some of the marijuana found on the street.

Overall use remained at a high level. Participants reported that the quality of available marijuana was very high.

Blunts could be purchased for \$5 for one, and \$10 for two. Low-grade marijuana could be purchased for \$5/gram, or as little as \$65/ounce. Medium-grade marijuana reportedly cost around \$150/ounce and went by the slang term “dirt weed.” High-grade marijuana reportedly cost \$20/gram or \$200-\$400/ounce, depending on type sold. Some of the terms for high-grade marijuana included “beasters,” which was sold for \$250-\$300/ounce, and “brick weed,” which cost \$200/ounce. A pound of marijuana of unspecified grade was reported to cost between \$1,000-\$2,000.



New users were as young as 10 years of age, and continued to be more male than female. There appeared to be no differences among ethnic groups for use of marijuana. Again, older individuals, described as being “in the 40’s and older” were cited as new users of marijuana during this reporting period. This was consistent with noted trends towards older folks turning to marijuana in previous reports.

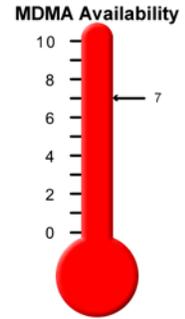
### Other Notable Trends

#### MDMA/Ecstasy

The availability of MDMA, on a scale of 1-10, was reported to be a 7 on average (range 4-10) over the last 6-month period. This was a noticeable decrease over the previous reporting period. Powder MDMA was not noted to be widely available. The tablets sold varied by design and size geographically around the city.

The cost of MDMA reportedly decreased slightly over the last 6 months to \$10-\$20 for a single “hit” tablet. “Double stacks” cost \$25-\$30 each, and “triple stacks” cost \$40 each.

There were no noted gender or ethnic differences for users of MDMA cited during this reporting period, mirroring previous reports. The trend of younger people accounting for the majority of use continued, with users as young as 15 years reported as new users. One participant described the use of MDMA as a “phase that was moving on,” as people moved to other illicit drugs like heroin or cocaine, or prescription OxyContin®, for abuse.

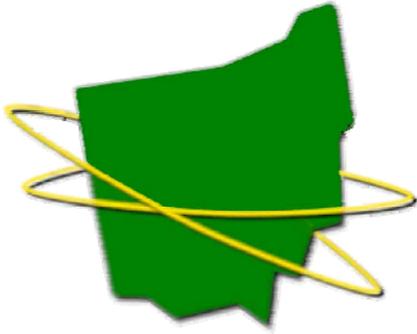


## Dextromethorphan

During this reporting period, 2 of the 10 active drug users reported dextromethorphan as a drug of choice. Although it has been reported previously in the population as a whole, predominantly in the teen/early twenties group, this was the first encounter with active, admitted users. Reasons for use were easy availability of a legal substance, and it could easily be shoplifted from a store. Dextromethorphan abuse was reported to occur in children as young as 9 years of age, and was gaining in popularity. This will need to be evaluated in future reporting periods to identify the scope of abuse more clearly.







The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

Meeting Twelve  
June 24, 2005

# **SURVEILLANCE OF DRUG ABUSE IN CUYAHOGA COUNTY, OHIO**

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

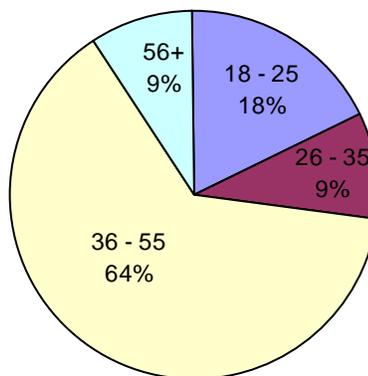
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**Qualitative Data Sources**

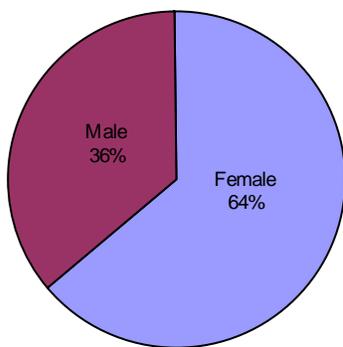
Focus Group	Participants	Type of Participants
4/26/2005	5	Male Users in Residential Treatment
4/26/2005	6	User Group at Substance Abuse Treatment Facility
4/27/2005	9	Treatment Provider Group
5/18/2005	9	Treatment Providers and Administrators
5/20/2005	4	HIDTA Members
<b>Total</b>	<b>Total</b>	
5	33	

**Age  
Active/Recovering Users**

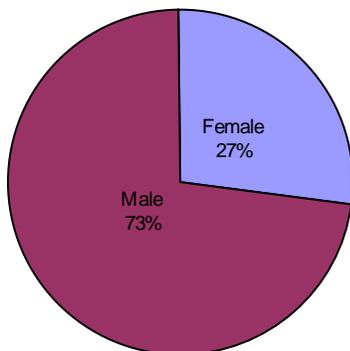


**Gender**

**All Participants**

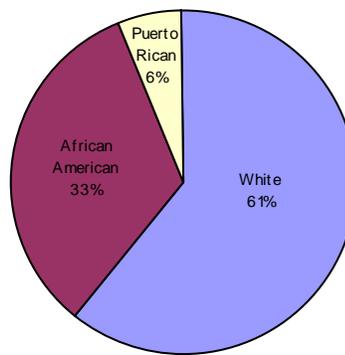


**Users**

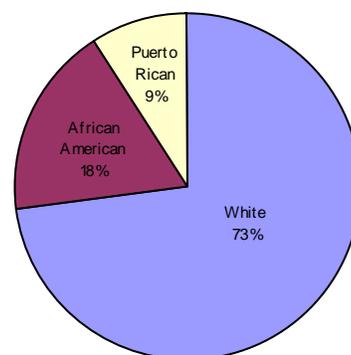


**Ethnicity**

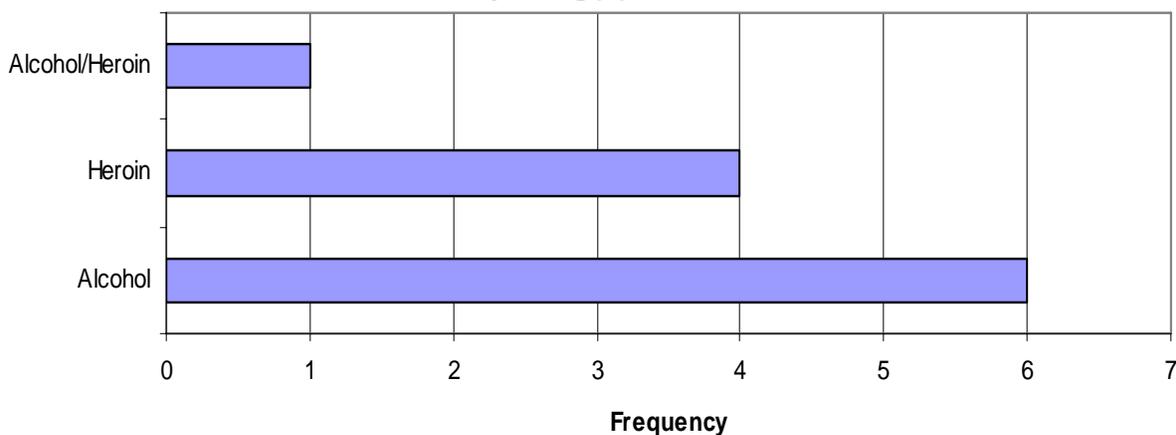
**All Participants**



**Users**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine



For the past five years, crack cocaine has consistently been reported to be the foremost illicit drug problem in Cuyahoga County. New groups of users emerged in the more recent past, including adolescents and older residents in public housing. Users in the Cleveland suburbs were also reported to be increasing. Prices remained stable, although quality was reported to be decreasing.

### Current Trends

According to drug users, law enforcement, and treatment professionals, the availability of crack cocaine in the Cleveland area remained very high. Crack was described as “easy to buy” and available in various weights or quantities. A user noted:

*“You can walk right here and buy whatever you want to buy . . . a lot of money’s spent here on crack.”*

This round, treatment professionals reported increased crack cocaine use in three specific groups: the homeless, older adults in public housing, and younger adolescents (as young as 15 years of age). One treatment professional commented:

*“It’s huge in the homeless population . . . the older population – one thing I’m convinced of is the CMHA housing -- the high rise that once housed seniors are now mixing the population with handicapped and disabled – so as a result you have all these different ages 20s, 60s, 40s, 50s – they’re using and in turn all these older people are starting to smoke crack at 50, 55.”*



Crack cocaine in this area varied greatly in terms of quality, from dealer to dealer and from neighborhood to neighborhood. “Rocks” were selling at \$20, 3 for \$50 in some areas. This round, users reported what they called “Dollar Day,” a “sale” on crack at the end of the month when users are out of money.

Users and treatment providers reported that smoking crack was still the most common mode of administration. According to participants, adolescents reportedly appeared to be more willing to experiment with crack use once they started smoking marijuana.

Treatment providers commented on the stigma that continues to be associated with crack use. They explained that some individuals do not come forward for treatment for crack use because they are concerned about the negative associations of crack with crime and other social problems. One substance abuse treatment provider said:

*“I’ve run across people who don’t want to say ‘crack’. I’ll say ‘what do you do as a drug of choice’ and they’ll say ‘cocaine’; cause they don’t want to say crack . . . “*

While the increased use among adolescents and older adults had been reported in previous rounds, the concern regarding increased crack use among homeless in Cleveland was new this data collection round. As in previous rounds, users reported that crack use in Cleveland was no longer limited to African-American users or to the inner city. Users described people in the suburbs using the drug and losing their houses due to addiction problems.

## Cocaine HCl



Powdered cocaine has consistently been reported as less available in Cleveland, with most of the cocaine in the area sold in rock form. Users last round reported that powdered cocaine continued to be available in the suburbs. Cost and quality were consistent in the last few rounds of data collection.

## Current Trends

As in previous rounds, law enforcement professionals reported that the majority of powdered cocaine sold in Cleveland was sold to make crack. Powdered cocaine was more easily available in the suburbs, where users reported an increase in the use of the drug.

*“Cocaine is still fairly much around – I think the reason for that is the people I happen to know have just a plain old fear of getting involved with something like crack . . . so as long as they can just do the powder they’ll be safe – as far as really going overboard . . . which I know it’s false.”*

Users this round reported that the quality of powdered cocaine in the area varied, although some said the cocaine was “cut pretty bad.” Powdered cocaine users in the area were described as primarily White, with a noted increase in use among suburban high school youth. Several treatment providers described an increasing concern over White suburban high school youth who are snorting cocaine. As in previous rounds, cocaine use was considered to be “upper class.”

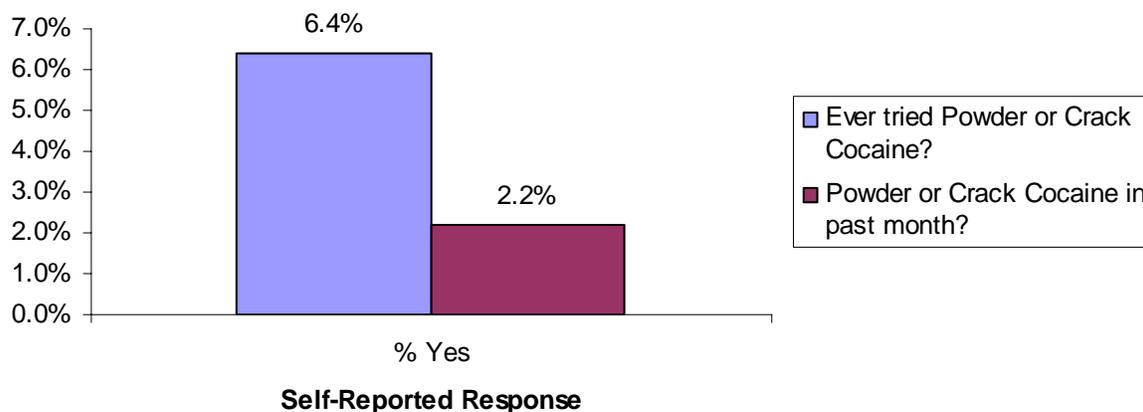
Powdered cocaine was reported to sell for \$80-\$100 per gram, \$300 per 1/4 ounce, \$600 per 1/2 ounce, and \$1750 per ounce.

Regarding treatment for powdered cocaine, one user said:

*“I’ve been in detox four times starting in 2001, and this is hopefully my last attempt, and I don’t think in the four times I was in detox that I met anyone there for powdered cocaine – they were either there for alcohol, they were there for... Vicodin® and OxyContin® or they were there for heroin. I’ve never met anyone in treatment for cocaine.”*

Data from 1854 juveniles detained in one Cuyahoga County detention center indicated that 6.4% had ever used powdered or crack cocaine, while 2.2% had used in the past 30 days. These data were comparable to self-reported responses on Ohio high school surveys.

### Powdered and Crack Cocaine Use Among Juveniles Arrested in Cuyahoga County (n = 1854)



## Heroin



Over the past few rounds of data collection, a dramatic increase in availability of heroin in Cuyahoga County has been reported. Trends of increasingly younger users have also been reported.

### Current Trends



Heroin was reported this round to be plentiful and available in Cleveland. Both users and treatment providers described an increase in the use of “speedball” (cocaine/heroin) injection. As in previous rounds, all focus groups (users, treatment providers, and law enforcement professionals) reported increasingly younger users.

One user commented:

*“I’ve seen a big epidemic . . . all the kids are doing it . . . like 15, 16, 17 . . . they’re snorting it.”*

Once again, the Cleveland East Side/West Side price difference was described, with the more expensive (\$20 bags) on the East Side. Users reported that the quality was poor “unless you know somebody.” As in previous rounds, users described “old timers,” who were injecting heroin, and newer users, who were smoking and inhaling the drug intranasally. Users described both White and African-American heroin users in the area.

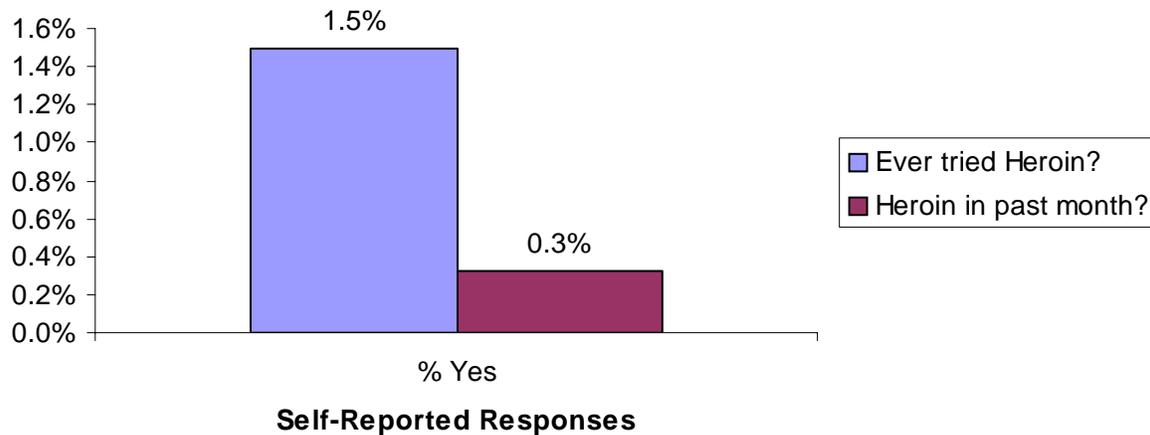
Treatment providers this round commented on increasing concerns about the number of females seeking substance abuse treatment for heroin addiction. Users also reported “seeing a lot of women” using heroin.

When asked about getting treatment after detox, one provider said:

*“I think that there’s two variables. One variable is that ‘oh, I’m gonna go to some meetings. All I have to do is stop doing this, and I’ll be fine. All I have to do is get detox.’ The other variable is trying to get them to treatment. And, typically, they don’t do well without some kind of harm reduction, some kind of medication, in out-patient. In fact, I don’t think [a Cleveland treatment center] takes anyone that’s heroin-addicted that’s not on medication.”*

Juvenile detention center data from Cuyahoga County indicate 1.5% (N=1854) have ever used heroin with 0.3% having used in the past 30 days (self-reported data).

### Heroin Use Among Juveniles Arrested in Cuyahoga County (n = 1854)



### Other Opioids



Over the past few years, OxyContin® emerged as a serious problem in Cuyahoga County but it decreased in availability the recent past. In the last round, users and treatment providers reported a continued decrease in the availability and demand for OxyContin®, and users described abuse as “slowing down.”

### Current Trends

During this round of data collection, there was no mention of Dilaudid® (hydromorphone) or fentanyl. Users and treatment providers reported a continuing decrease in the availability and abuse of OxyContin®. When available, OxyContin® was reported to be selling for \$20-\$25 for a 20 milligram tablet and \$30-\$35 for a 40 milligram tablet.



Users were described as primarily white, most of whom were introduced to the use of opioids by legitimate prescriptions (e.g., for pain treatment).

During a user focus group, a women commented:

*“A guy who just graduated from our Intensive Outpatient class last Friday—he had a valid medical reason for being on Oxys, but then he got to the point where he was addicted and was going to several doctors and ended up with a DEA indictment, and I mean it was a holy mess... A lot of people start off with a legitimate medical reason and are given Vicodin® or OxyContin® and end up in treatment.”*

## Marijuana



Since the beginning of the OSAM project six years ago, marijuana has been reported as easily available in Cleveland. Both users and treatment previously providers reported that “marijuana is not considered to be a drug.” Law enforcement described marijuana in the area as “an easy-to-get social drug.”

### Current Trends

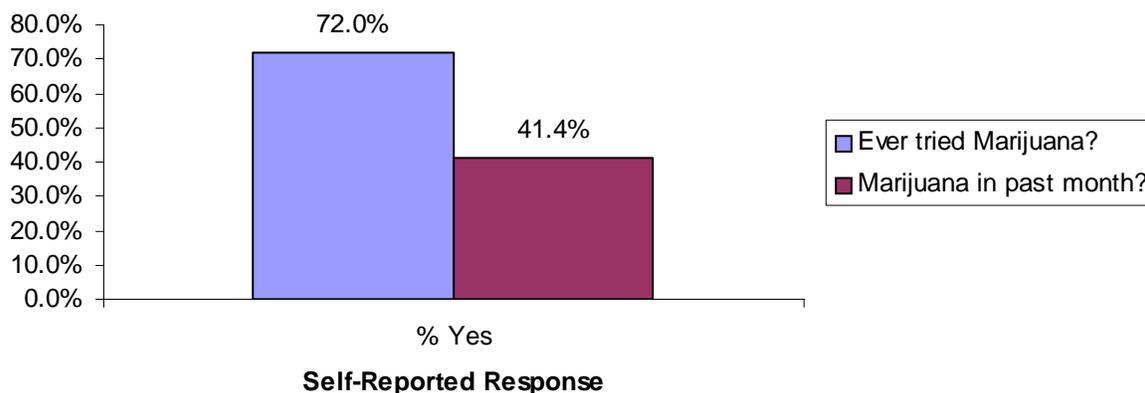
The price and quality of marijuana in the area remained stable this round. Good quality marijuana was available on the East side of Cleveland at a cost of up to \$300 an ounce; “hydro” (high-quality) was reportedly selling for \$250-\$450 an ounce. Law enforcement professionals this round reported “BC Bud” coming from Canada.

Law enforcement professionals continued to be concerned that marijuana was a gateway drug, leading to the use of other drugs. This concern was voiced by a user as well:

*“Same people, the same folks I grew up with in middle school, outside the old school track smoking weed, we are right now smoking crack, snorting cocaine, shooting heroin, poppin pills – so I really do believe that was a very big gateway drug . . .”*

In the Cuyahoga County detention center intake data collected on 1854 juveniles, 72% of juveniles reported ever using marijuana and 41.4% reported using in the past 30 days.

### Marijuana Use Among Juveniles Arrested in Cuyahoga County (n = 1854)



## Other Notable Trends

### MDMA (ECSTASY)

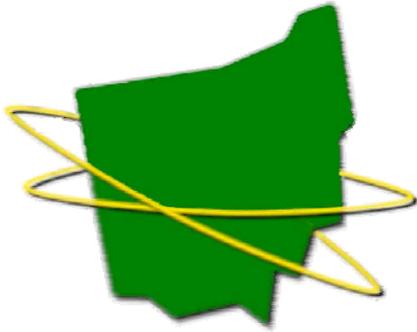


The continued availability and use of Ecstasy was reported this round. Ecstasy was reported to be very available (and very cheap) in Cleveland, at a cost of \$10 per tablet.

### PCP

PCP was also once again reported to be a concern in the Cleveland area—a trend uncommon in other areas of the state. Treatment providers stated that users of PCP referred for treatment typically did not enter and remain in treatment.





The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

**Meeting Twelve**  
**June 24, 2005**

# **SURVEILLANCE OF DRUG ABUSE IN FRANKLIN COUNTY, OHIO**

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

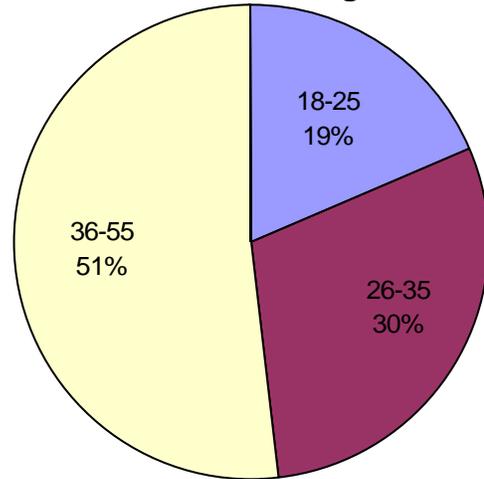
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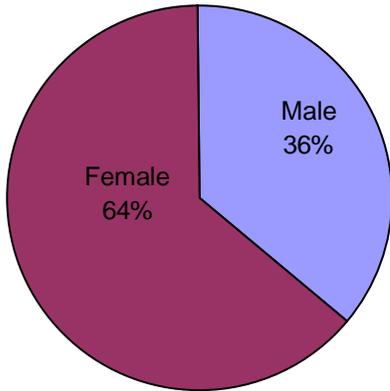
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
4/18/2005	5	Recent & Recovering Users
5/04/2005	7	Recent & Recovering Users
5/10/2005	9	Recent & Recovering Users
5/19/2005	6	Treatment Providers
5/25/2005	11	Recent & Recovering Users
<b>Total</b>	<b>Total</b>	
5	38	

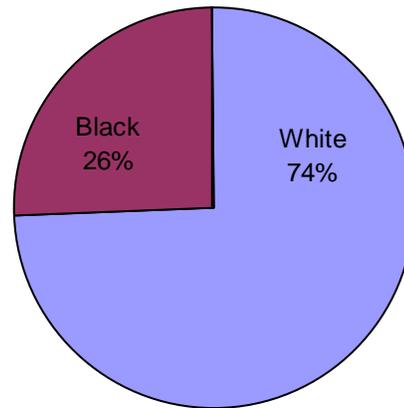
**Age  
Active/Recovering Users**



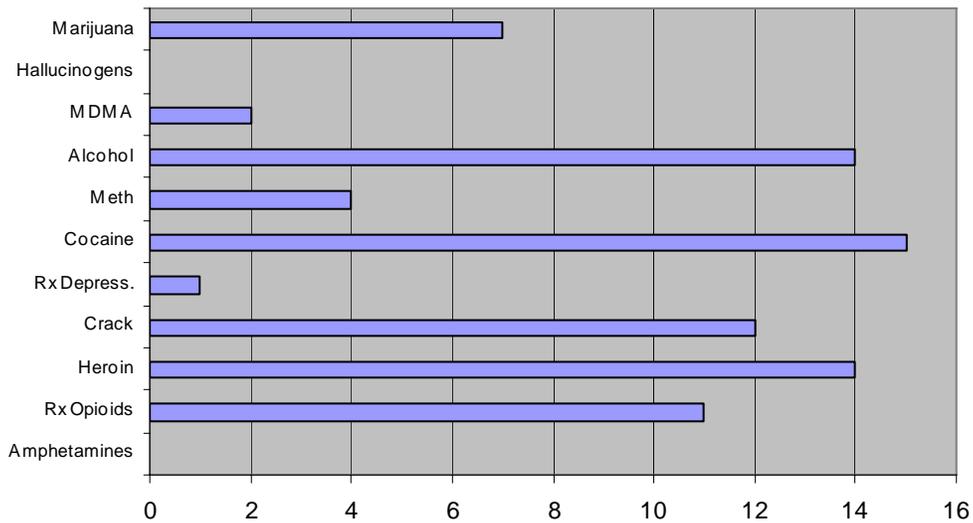
**Gender**



**Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

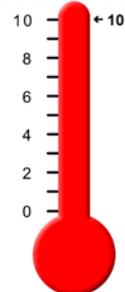


OSAM participants consistently reported that, aside from marijuana, crack cocaine presented the most prominent illicit drug problem in the Columbus area. This continued in the last reporting period.

### Current Trends

Active and recovering users reported that crack cocaine was widely available in Columbus. A typical statement was made by a 41-year-old, African-American man in recovery, “In Columbus you can buy crack cocaine anywhere, right out the front door.” Most groups reported crack availability as a “ten” on a scale of one to ten. This was especially true on the east side. An African-American man in his 50s, stated that, “The rock is the majority of what people sell inside the projects.”

Crack Cocaine Availability



Among young adults recruited from the north part of Columbus, however, crack was not reported as being quite so ubiquitous. One young white woman, age 22, stated that crack was, “very available, if you have the [courage] to go into the places where they sell it.” Another young white woman, age 26, said, “I don’t know any of our friends that go out searching for crack, it’s just a matter of being somewhere that it gets pushed on you.” A 22-year-old, white man agreed, saying, “I’ve never even seen it, I don’t even know what crack looks like.”

In addition to the typical association with inner-city, low-income African-American and white populations, there were several other groups mentioned as possible sources of an increase in crack cocaine use. One such group was Mexicans. A 43-year-old, African-American man, said, “I didn’t really think Mexicans used cocaine as far as smokin’ as much as they did [but] there was a couple a times me and some Mexicans, that I didn’t think used, but we sat up and smoked cocaine all night.”

Another group of users was people over age 50, especially older men who became involved with younger crack-smoking women. A 52-year-old, African-American woman said, “I know a whole lot of people in their sixties smokin’ like fools. They’ll smoke. They won’t pay their rent, goin’ on seventy years old.” Similarly, a 53-year-old, African-American man stated:

*“I say in the last six to ten years, them older people that’s past fifty years old is deciding to smoke, and a lot of ‘em get, get turned out by, ya know how a older man wants a young woman, and she’s cracked out ya know.”*

The other group of emerging crack users mentioned was white people, especially more affluent whites and those from outlying areas, as opposed to inner city residents. A 38-year-old, African-American man said that the new crack users are:

*“...more discreet and they’re not gonna run up to ya on the street as they pick through your hand, I mean you’ll probably never see ‘em actually smoke crack, cause they won’t do it out in public and you’ll never see ‘em sloppy in, in their hygiene ya know, they just smoke crack and maintain their jobs and businesses.”*

The prices reported for crack cocaine remained consistent with earlier reports, with “rocks” selling for \$10, \$20, or \$50, and eightballs (1/8 ounce) selling in the range of \$100-\$150 depending on the source, quality, and other circumstances. The quality of crack cocaine was again reported as variable, with several participants stating that the best way to be sure about quality was to purchase powdered cocaine and “cook” it oneself.

## Cocaine HCl



Like crack cocaine, cocaine HCL, or powdered cocaine, was reported as being highly available. In some groups it was reported as increasing in availability, even to the point of being sold on the street alongside crack cocaine. It was also cited as a common occurrence for heroin users to buy powdered cocaine, in order to inject both together (a practice known as “speedballing.”)

### Current Trends

According to our participants, the abuse of powdered cocaine continues to increase. For example, a 49-year-old, African-American participant commented:

*“The availability of powder cocaine is just as high as crack cocaine. I would say it’s just as readily, you can get it, if you say I wanna a sixteenth of hard, a sixteenth of soft, it’s right there. Snortin’ cocaine is just as strong as it’s been since I started cocaine. People are still cookin’ cocaine up, still rockin’ it up. So it’s still out there, it’s still large, it’s still around. It’s ready and available.”*

Another participant said, “it’s [cocaine] easier to get than pills, I’ll tell you that.”

Within a predominantly African-American focus group, the availability of powdered cocaine was likewise affirmed. Though one participant ranked it as a “4” in availability, the majority ranked it as an “8” or a “9,” just below crack and marijuana.

Not all the participants agreed. A 54-year-old, white man who used heroin thought that cocaine was far less available than it had been in the 1970s and early 1980s, saying, “You’re not gonna find any real good cocaine unless you go [elsewhere]. The rich people got all kinds a good drugs, man.”

Participants made distinctions between users of powdered cocaine and crack cocaine users that are consistent with past reports. For example, a 38-year-old African-American man, stated:

*“I discovered about powder is, it’s like a certain clientele, that I noticed in Ohio that does powder, um you’re probably gonna find your more, um, I wanna say classier, your more sort of wealthier people, middle, middle class and up doing coke, doing powder.”*

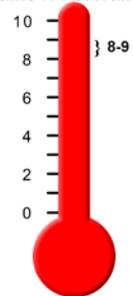
Young adult users also stated that powdered cocaine was more likely to be seen as a socially acceptable drug among white college students.

Another group strongly associated with powdered cocaine was heroin injectors. A 52-year-old, African-American man who used crack said, “Powder cocaine is plentiful; it goes along with heroin users; they like speed-balling, that type of, ya know that circle, that’s never gonna end.”

As in the past few reports, young African Americans, such as those who sell crack, were repeatedly mentioned as a group that is becoming more involved in the use of powdered cocaine. As one participant commented, “They won’t smoke crack but uh they’ll snort cocaine all day long.”

In addition, Mexicans who won’t use heroin—even though they sell it—were alleged to use powdered cocaine with regularity. As a 33-year-old, white woman said, “I had a few Mexicans tell me, a bag of cocaine and a beer goes hand in hand.”

Cocaine HCL Availability



These reports confirmed that long-term drops in prices for powdered cocaine remained steady. For example, a 21-year-old, white man said he had recently paid a hundred dollars for an eightball (an eighth of an ounce): “Two years ago it woulda been about a hundred and fifty dollars for pretty good stuff, for an eight ball. For a gram would be about, forty, thirty-five, thirty [now], depends on the mood of the person.”

In terms of quality, several individuals reported that the quality of powdered cocaine in Columbus was very good. For example, a 22-year-old, white man, said, “There is definitely some ‘rocket fuel’ in Columbus, and it’s cheap. Like really, really good cocaine, but it’s definitely all about having the right connection.” He claimed that he could make a phone call and get it for 50 dollars a gram.

## Heroin



Since June 2001, heroin abuse has been reported as increasing in Columbus. The evidence for this was clearly seen in the treatment populations represented in the focus groups. Treatment providers at inpatient detox facilities where focus groups were conducted asserted that dependence on heroin and other opioids were the primary problems that they confronted.

### Current Trends

Across the groups, participants agreed that heroin was “making a comeback.” For example, a 47-year-old, white woman who used crack, said, “Last time I was in rehab, everybody coke, coke, coke. Now, one, two, three, crack users, everybody else, heroin.” Another person commented:

*“I seen a big increase in the people sellin’ heroin and most of ‘em are young people. [Heroin] just came on the scene so strong and so available, and it’s a lot cheaper than the way it used to be. I give it a nine or a ten on availability.”*

Heroin continued to be widely available in Columbus, though this could vary depending on location and type of heroin. Black tar heroin was consistently reported as available, especially on the city’s west side, where the Mexican population was concentrated. The overall situation was summed up by a 54-year-old, white man seeking treatment for heroin addiction:

*“Black guys have powder, the Mexicans have tar, all right? So when the black guys got busted, well a couple of ‘em are facing life cause they were busted before twice on heroin charges ... so the Mexicans got, they got the town now...”*

Participants in the young adult focus group, all of whom were white, stated that heroin was not spreading outside of the circles of regular users that they knew. At this time, the need for a personal connection seemed to limit the availability of heroin as compared to crack, which could be quickly purchased from a stranger on the street in certain neighborhoods.

The groups of people associated with heroin use continued to be the following: 1) older individuals, who have been using it for decades, 2) younger, more recent initiates, who are introduced to it by friends, and 3) people of all ages who switch to heroin because it is cheaper than the pharmaceutical opioids on which they have become dependent. According to focus group participants, heroin abuse was more prevalent among whites than other ethnic groups, though there were several African-American heroin users, as well as one Latino, represented in the focus group sample.

Heroin was typically sold in \$10 or \$20 amounts, packaged in small bags or envelopes if it was powder and tied in tiny balloons if it was tar, although two participants had seen it sold in \$5 amounts, called

“nickel bags.” Larger amounts could also be purchased in “bundles”. As one person explained, “You get like two tenths [of a gram] for like twenty bucks, and you can get ‘em in bundles of ten ... for like a hundred and fifty or sometimes a hundred bucks, depending on where you’re going.” None of our participants had purchased “weight,” that is, amounts larger than grams, so they were less certain of prices for heroin bought in bulk.

As far as the quality of tar heroin, compared to that of the powder, several participants believed that the tar heroin was more pure because it was harder to cut with other ingredients. However, it carried other risks as well. Because it cannot be inhaled intranasally, it has to be injected, and it may be riskier to inject than powdered heroin. Powdered heroin is simply mixed with water in a spoon or syringe cap and injected (though it may sometimes be heated or “cooked”), while tar heroin is more of a gummy paste that needs to be heated properly and can clog a syringe. One resulting risk is that of skin abscesses. A 51-year-old, white man stated,

*“[Tar] does a lot of bad things to your health other than just abscesses but abscess is one of the worst things... I can’t do powder after I did the tar man, powder ain’t nothin’ you know what I’m saying? After doing the tar, you can’t never go back to the powder, almost like it’s a different drug almost or something. It’s like it’s more potent.”*

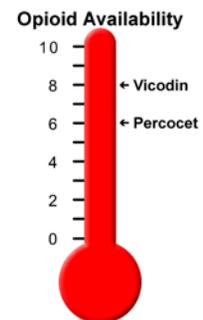
## Other Opioids



The trend of increasing dependence on pharmaceutical opioids such as oxycodone and hydrocodone continued. Two focus groups in the last round, one conducted at a downtown inpatient detox facility and one conducted at a downtown methadone clinic, included high numbers of individuals who were primarily or even solely dependent on these drugs, commonly known by the brand names of Vicodin®, Percocet® and OxyContin®.

## Current Trends

Availability of pharmaceutical opioids was ranked by focus group participants as less than that of illicit drugs such as marijuana and cocaine, though this varied by type of drug. Vicodin® was ranked as an “8” and Percocet® as a “6.” OxyContin® was seen as more expensive and harder to find, though still available. A 21-year-old, white man, explained, “It really depends, you gotta find somebody, ya know, a good connection, I used to get my own prescription ‘cause I’ve had two surgeries on my shoulder so I’d get ninety Vicodin a month, but since I don’t have insurance out here I can’t get those anymore.”



Personal prescriptions or relationships with other people who have prescriptions (friends or family) were two common ways of obtaining pharmaceutical opioids.

Other ways that were mentioned included the following: 1) standing outside of pain clinics and asking people what they had to sell, and 2) buying prescriptions off of elderly people at bingo halls. Those who have access to legitimate medical prescriptions also found them easy to sell. One 53-year-old white man who regularly used heroin as well as other opioids said, “I’m a combat vet, and you can get anything you want. All you gotta do is start namin’ the stuff. They give it to you once a month.”

The groups most strongly associated with dependence on pharmaceutical opioids were middle- and working-class white people. A 38-year-old, African American said that prescription drug abuse was “a high prestige thing, you just don’t see that on the street, that comes from high prestige people.”

However, it was apparent from the focus groups that many people seeking treatment for opioid dependence were not wealthy, though some were middle class. Most, in fact, were people from working-class

backgrounds, employed in services, construction, or trades, and many claimed that they began using because of pain related to injuries. A 36-year-old, white man who was dependent on Percocet® had a typical story:

*"I gotta a bad back so that's how I started. The doctor gave it to me and then, when I'd run out I'd just get 'em off the street. People sold 'em, so I'd get 'em off the street and I was taking like to ten twelve a day, sometimes more than that actually."*

One participant who later began using heroin because several doctors stopped giving him prescriptions rejected the notion that he was a "drug addict," saying, "I'm a person in pain who uses drugs."

Another group strongly associated with prescription opioid use were those individuals who were already addicted to heroin and needed a substitute to keep them from going into withdrawal. As stated by one participant, "Everybody that I know that's a junkie, a heroin junkie, or is big into downers definitely uses OxyContin to replace heroin when they can't get any."

Finally, there were those who might simply use these drugs as a recreational party drug, to either augment or substitute for alcohol, or to relax. One person commented:

*"I will never ever touch heroin at all [and] I don't really do pills that much but like occasionally if someone's like 'well do you want some?' I'm like 'yeah.' There are certain nights I can't sleep, maybe ya know eat a pain pill and lay down and watch a movie or somethin' like that, I'm not one of those people that go out and like search for 'em, I drink way too much to care about doing pain pills, but way before heroin."*

The quality of prescription pharmaceuticals is standardized, which is one of the characteristics that makes this type of drug use more attractive to some individuals. Prices varied somewhat, but not as much as with illicit drugs. According to a 26-year-old, white woman, "Vicodins go from two to three dollars to sometimes five dollars. Percocets are, uh usually a dollar more."

OxyContin® prices, on the other hand, could vary more, because they were somewhat difficult to find and more highly valued. In the focus groups, participants had paid from 50 cents to a dollar a milligram, though the former was seen as the standard expected price in Columbus.

None of the focus group participants mentioned knowledge of abuse of buprenorphine (Suboxone; Subutex). However, four participants in the MDMA/Club Drug and HIV/STD Risk Behavior Study in Ohio (NIDA R01 DA14488; Robert Carlson, PI) who were screened said they knew people who had used "buprenorphine" to get high in the previous six months. All four were white men ranging in age from 20-23. Two participants had heard of "buprenorphine" being sold on the streets, and two had heard of Suboxone being sold on the streets. Two participants had used "buprenorphine" to get high in the previous six months. Several of these individuals were recruited to participate in individual OSAM interviews.

The tablets were described as "Bupes" or orange "stop-signs." Although participants were referring to Suboxone, they most commonly referred to the drug as "Bupes." Participants felt the "high" was comparable to heroin, but lasted much longer compared to Vicodin. When asked to compare Vicodin to "Bupes," one participant said, "Well, they're [Bupes] definitely better in that you can eat a half of one and feel good all day long, and it's a lot stronger." This participant said he knew one or two people who had snorted "Bupes" to get high. He said he knew of 6-7 people who had used "Bupes" to get high in Akron, Columbus, and Cleveland. The people he knew who used "Bupes" to get high in Columbus were heroin users. Participants said that "Bupes" cost as much as \$60-\$70 dollars for a "stop sign" and were often obtained from people who had them prescribed.

Participants indicated that "Bupes" were not readily available on the streets. This might represent a limited network of users. Nevertheless, it is important for the OSAM network to continue monitoring abuse

of this drug.

## Other Notable Trends

### LSD, PCP and psilocybin mushrooms

Few participants had much recent experience with hallucinogenic drugs, and none had used or seen PCP. However, participants in the young user focus group stated that LSD and mushrooms had greatly increased in availability, in part due to the change of seasons. As one person said, "It's spring, if you like hallucinogens, this is the time to do it."



Prices for LSD were reported as "ninety dollars for ten hits, I guess six bucks a hit if you get 'em one at a time." Though LSD was reported to be readily available, it was necessary to have a connection in order to obtain it. As one participant stated: "It has to be literally who you hang out with 'cause, usually amongst the LSD culture, it's reserved for people who are in it, like you don't just give acid to people who don't know what they're about to be doing."

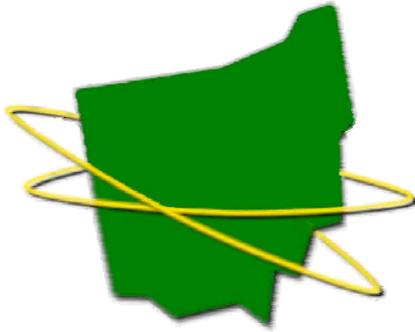
Mushrooms (psilocybin) were likewise reported as available, especially among certain groups. According to one participant, "Mushrooms are definitely very, very prevalent and cheap," and he said they were typically priced at thirty to thirty-five dollars for an eighth of an ounce.

### MDMA/Ecstasy

MDMA or "ecstasy" was reported as available but as decreasing in popularity, quality, and price. The only focus group that claimed significant experience with MDMA was the young adult group. Participants in that group stated that a tablet of MDMA could be purchased "in ten minutes" for as little as \$15, but that the decline of the rave scene had resulted in less demand for it. As one participant explained:

*"I can't eat ecstasy anymore because of the things they put in it now, so, because I'm allergic to codeine and a bunch of other things and now people are like cutting it with codeine, cutting it with this and that 'cause they wanna make more money."*





The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

Meeting Twelve  
June 24, 2005

# **SURVEILLANCE OF DRUG ABUSE IN MONTGOMERY COUNTY, OHIO**

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

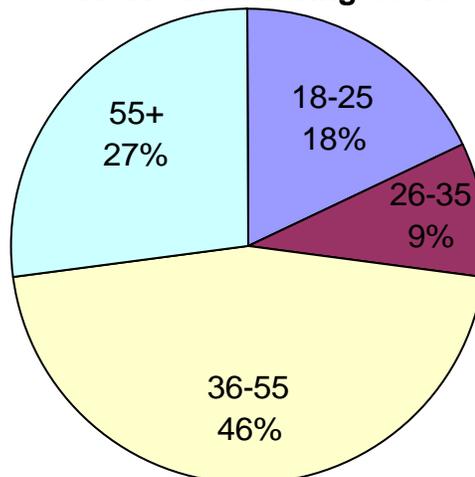
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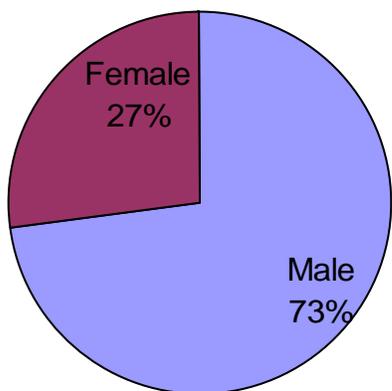
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
2/23/2005	8	Active/Recovering Users
5/11/2005	8	Juvenile Probation/ Treatment Officers
6/14/2005	9	Treatment Providers
6/24/2005	3	Treatment Providers
<b>Total</b>	<b>Total</b>	
4	28	
<b>Interviews</b>		
4	32	

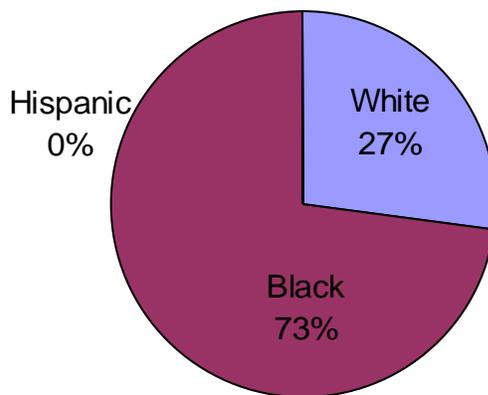
**Age  
Active/Recovering Users**



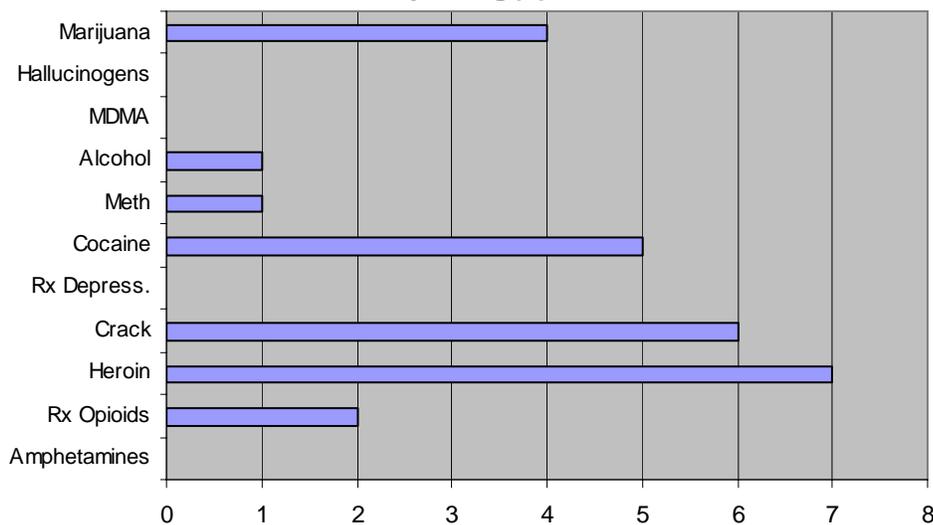
**Gender**



**Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine



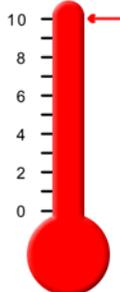
Since January 1999 when the OSAM Network first began monitoring drug trends in the state, crack-cocaine abuse in the Dayton area has remained at relatively high levels. Since January 2000, participants have been reporting an emerging user population consisting of middle-aged and older men from suburban communities. An increase in juveniles and young adults abusing crack cocaine has been reported since January 2001. Prices for crack cocaine decreased slightly during the last reporting period.

### Current Trends

Of the 11 active users interviewed for this round, six reported regular use of crack cocaine (see table).

Active and recovering drug users continued to report high availability of crack cocaine, “it’s everywhere,” “every corner,” “real easy to get.” Similar to the previous reporting period, drug users rated crack availability at a 10 (on a scale from 0 to 10).

Crack Cocaine Availability



Crack dealers continued to use very aggressive market-

ing and distribution strategies. As in the previous reporting period, active users and juvenile probation officers reported that African-American teenagers were involved in the street dealing of crack cocaine. According to user reports, crack dealers might sell only crack cocaine or crack cocaine in addition to heroin and powdered cocaine.

Users believed the quality of crack cocaine continued to fluctuate. Long-term users typically complained about decreasing quality of the drug.

Some active crack users reported prices as low as \$35-\$40 per gram of crack cocaine, and \$100 per 1/8 ounce. Others reported that typical prices averaged \$60 – \$70 per 1/16 ounce (about 1.5 grams) for “the good stuff.” These reports seemed to suggest a continuing trend of decreasing prices of crack cocaine in the area. In comparison, about a year ago, typical prices ranged between \$50 and \$60 per gram.

Treatment providers continued to see high levels of crack abuse among their clients. The majority of the crack-using population seen in the local treatment agencies consisted of middle-aged individuals of lower socioeconomic status, overrepresented by African Americans. New crack users were described as being both young (early 20s) and old (some in their 60s), which was consistent with trends identified in the previous reporting periods. Some treatment agencies observed increases in crack-using women, many of whom had a history of victimization and abuse. First mentions about crack use among a local community of recent Mexican and Central American immigrants occurred in the fall of 2002. This same substance abuse treatment agency continued to report occasional cases of crack use in this population.

According to probation officers, crack use among juveniles was seen as “socially degrading,” although they continued to see small but consistent numbers of adolescents who report experi-

Characteristics	No.
<b>Participants who reported regular use of crack cocaine</b>	<b>6</b>
<b>Gender</b>	
<b>Female</b>	<b>2</b>
<b>Male</b>	<b>4</b>
<b>Ethnicity</b>	
<b>African American</b>	<b>5</b>
<b>White</b>	<b>1</b>
<b>Age (years)</b>	
<b>Range</b>	<b>40-61</b>

mentation or regular use of crack cocaine. Some of these juveniles might have had parents using crack cocaine; reportedly, adolescent females might also be introduced to crack cocaine by their older male partners.



Active crack and heroin users reported seeing some individuals “re-discovering” crack injection. This practice was reportedly more common among heroin abusers who, instead of injecting powdered cocaine, would use crack dissolved in lemon juice or vinegar. Crack injection was occasionally reported in the previous periods but was described as very rare and unusual. This reporting period, focus group participants shared a perception that crack injection was somewhat more common. Users felt the high was more “intense” if they injected crack instead of powdered cocaine. A 55-year-old, African-American man, and a heroin and powdered cocaine user, commented:

*“Some people are greedy. They are trying to get as high as they can and somebody done told ‘em said, ‘Man, if you shoot some crack, you melt the crack down and shoot it, you’re gonna feel it twice as you would with regular powder cocaine.’”*

Between January and June 2005, the Dayton Daily News (DDN) and WHIO TV reported eight cases of crack trafficking and/or abuse in the Dayton area and surrounding communities (DDN: January 17, February 9, February 28, April 15, April 29, June 7 and June 14; WHIOTV.com: March 14). One of the crack abuse cases (DDN April 29) involved two juveniles.

## Cocaine HCl



Decreasing prices and increasing availability of powdered cocaine have been reported in the area since 2002. In 2003, reports about powdered-cocaine abuse continued to increase, especially among suburban youth in their late teens and early 20s. The practice of “speedball” (mixing cocaine and heroin) injection was reported as increasing in the area.

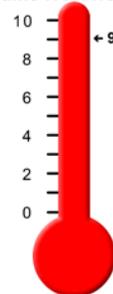
### Current Trends

Inner city users continued to report high availability of powdered cocaine, “It’s movin’ pretty close to crack, second runner up...” Drug users rated powdered cocaine availability at about 9 (on a scale of 0 to 10). Most heroin dealers also had powdered cocaine for sale, and sometimes they might offer “free caps” of powdered cocaine to those who buy heroin. A 27-year-old, white man was a powdered cocaine dealer before he got introduced to methamphetamine about a year and a half ago. He described the availability of powdered cocaine:

*“We had a lot of it, a lot of it. The guy was bringing a lot of it and begging me to take more, ya know what I’m saying, lots of it like quarter kilo in a month or something.”*

Reported increases in the availability of powdered cocaine were reflected in decreasing street value of the drug. According to active users, powdered cocaine prices were comparable to those of crack, and were around \$35-\$40 per gram, \$60-\$70 per 1/16 ounce, \$100-\$150 per 1/8 ounce, and \$700 per ounce. These prices were lower when they were compared to prices about a year ago, when the typical price for a gram of powdered cocaine was \$50 - \$60.

Cocaine HCl Availability



Active users disagreed about the quality of the drug. Some believed that low prices indicated decreasing quality of the drug. Others felt the quality had been “good.” A 24-year-old man who used heroin and powdered cocaine commented, “Yea it’s been real good, I mean for the last three years it’s been real good, I ain’t really gotten no bad stuff so....”

Treatment providers continued to report that powdered cocaine was rarely reported as a primary drug of choice among individuals seeking substance abuse treatment. One substance abuse treatment agency observed potential increases in powdered cocaine use among suburban middle-aged individuals who reported finding powdered cocaine in social settings where only marijuana and alcohol were typically used.

Active users continued to characterize powdered cocaine users as “blue-collar workers,” “professionals,” and individuals “who have jobs.” Powdered cocaine use remained common among heroin users who “speedball.” Juvenile probation officers continued to see some powdered cocaine use among white male and female adolescents (16-17-year-olds).

Between January and June 2005, the Dayton Daily News (DDN) and WHIO TV reported six cases of powdered cocaine trafficking and/or abuse in the Dayton area and surrounding communities (DDN: February 28, March 7, and March 29; WHIOTV.com: February 11, March 29, and May 5). One article described two unrelated drug busts that occurred over the same week-end and yielded 19 kilograms of powdered cocaine (DDN, March 29).

## Heroin

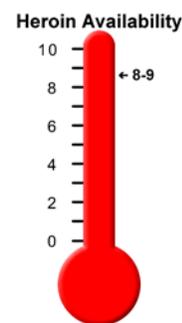


In June 2000, the OSAM Network in Dayton started reporting increases in heroin availability and abuse. The fastest growing population of heroin users was described as white suburban youth in their late teens and early 20s. This emerging group continues to be reported in recent OSAM reports. Availability of “black tar” heroin has been reported, but only rarely in the Dayton area.

### Current Trends

In the current reporting period, seven users reported heroin as their drug of choice. All of them used crack or powdered cocaine in addition to heroin (see table).

Participants continued to report increasing availability of heroin. Users estimated its availability to be between 8 and 9 (on a scale from 0 to 10). Even though heroin availability continued to be reported in some suburban areas, most sales were still concentrated in the inner city. A 24-year-old, white male, heroin and powdered cocaine user, commented, “Oxys you can get in the suburbs but not heroin, no. I do not know nobody that sells it in the suburbs so yea, always had to come to the city.”



Similar to crack cocaine, heroin was being marketed and distributed in a very “open” and aggressive manner. Users reported some dealers selling heroin from houses, others had to be contacted by phone and they meet the “client” at a specific public place. Heroin was also sold in anonymous street transactions.

*“Some houses.... like they give you ‘testers’ and then some give like free.... to promote their business. Yeah, crack and heroin. It’s so plentiful, they can afford to do it now.” (51-year-old, African-American woman, crack user)*

*“Say you’re parked somewhere waiting for your dealer or something. And if they drive by and they see that you’re white, ya know, and that you’re down there in a bad part of town, they know what you’re doing. They know that you’re down there trying to score drugs. So they’ll just stop and say, “Here’s my number.” And a lot of times they’ll give you somethin’ for free just to get you to start going through them.” (24-year-old, white man, heroin user)*

*“Like you can walk out on your street and get crack or heroin, not meth, it’s kinda like... you have to order it, ya know.” (47-year-old, white woman, heroin and crack user)*

Typically, heroin dealers had crack and/or powdered cocaine for sale. A 24-year-old, white male heroin user commented:

*“They’ll actually have crack, heroin and coke, but it’s very seldom you’ll find a dealer that only sells heroin because they know that most people like to do ‘em both....”*

“Mexican brown” type heroin continued to dominate the market in the area. It was typically sold in rock or powder form and varied in color from beige to brown. Users mentioned occasional availability of black tar heroin, which they perceived as being of much higher potency than “Mexican brown.” A 23-year-old, white man, heroin user, commented: “Actually, there’s been some tar heroin that was going around last six months. And that was the first time I ever got a hold of some of that stuff and yeah, it was excellent.”

Characteristics	No.
<b>Participants who reported heroin as their primary drug of choice</b>	<b>7</b>
<b>In addition to heroin used crack</b>	<b>3</b>
<b>In addition to heroin used powdered cocaine</b>	<b>4</b>
<b>Gender</b>	
<b>Female</b>	<b>1</b>
<b>Male</b>	<b>6</b>
<b>Ethnicity</b>	
<b>African American</b>	<b>6</b>
<b>White</b>	<b>2</b>
<b>Age (years)</b>	
<b>Range</b>	<b>23-57</b>
<b>20s</b>	<b>2</b>
<b>40s</b>	<b>2</b>
<b>50s</b>	<b>3</b>

According to user reports, heroin was sold for \$125-\$140 per gram and \$60-\$75 per ½ gram. These prices were similar to the prices in the previous reporting period. Some users reported that besides \$20 “caps,” heroin was being sold in smaller quantities, \$10 “caps” or \$5 “caps.”

Similar to the previous reporting period, white suburban individuals continued to be described as a growing group of new heroin users. A 24-year-old, white male heroin user commented, “It [heroin] has hit real bad like in the middle class, like in like the suburbs of like where I live.... It’s really getting bad around there.”

Heroin use was reportedly more common among white than African-American young adults, although drug users continued to report that young African-American crack dealers snorted

heroin “to be hip and fit into their little clique.”

Treatment providers and active users continued to report a connection between initial OxyContin® or other pharmaceutical opioid abuse and subsequent transition to heroin. A 24-year-old, white heroin user described his “pathway” to heroin use:

*“I got addicted to those [OxyContin tablets] real bad and used those for a long time, ‘bout five years, somethin’ like that. And then I started with the heroin cause I couldn’t find Oxys no more. And my buddy told me, ya know, that I could go over to [the city] and he’d introduce me to one of his friends to start getting the heroin and stuff. Cause I was sick, and I couldn’t go to work or nothing like that, cause they could tell--one day I’d be fine, the next day I’d be sick, ya know, if I didn’t have it.”*

One local substance abuse treatment agency reportedly started seeing an increase in heroin users seeking non-methadone treatment.

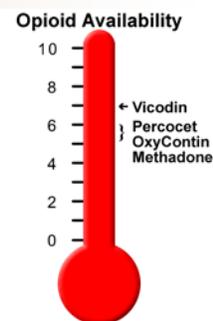
## Other Opioids



Diversion and abuse of OxyContin® (oxycodone controlled-release) and other prescription analgesics has been increasingly common among white youth and young adults since June 2000. By June 2003, due in part to stricter policing and media hype, availability of OxyContin® reportedly decreased in the area; however, demand for the drug remained high. In the last reporting period, young active users (18-25) indicated that their peers often used prescription analgesics in combination with alcohol, marijuana, and benzodiazepines as a socially-acceptable way to party and have fun.

## Current Trends

Participants continued to report easy access to Vicodin® (hydrocodone) (at the level of about 7), and somewhat lower availability of Percocet® (oxycodone and acetaminophen), OxyContin®, and methadone tablets (all between 5 and 6). A few individuals mentioned street availability of fentanyl patches (Duragesic®). Active users indicated that some dealers specialized strictly in pharmaceutical drugs, including both tranquilizers and opioids, “certain pill houses you go in there and get everything...” Some “pill” dealers were older individuals who started selling their own prescriptions, “There a lotta old people that’s hustlin’ pills...” Treatment providers emphasized that many users found it fairly easy to manipulate existing medical regulations for pharmaceutical opioid prescriptions. Emergency rooms were reported as being among the easiest “targets” for doctor shopping practices.



Prices of prescription analgesics remained similar to the previous reporting periods. OxyContin® sold for \$0.50-\$1 per milligram; Vicodin® containing 5mg hydrocodone cost \$3; 7.5mg of hydrocodone around \$4-\$6. Percocet® containing 7.5 milligram of oxycodone sold for about \$5. Methadone tablets sold for \$0.50 per milligram (10 milligram methadone tablet for \$5, 40 milligram methadone wafer for \$20). Second-hand fentanyl patches (Duragesic®) might sell for as high as \$70 per patch.



Users and treatment providers emphasized the diversity of the user population. Probation offi-

cers reported seeing high levels of pharmaceutical opioid abuse among juvenile offenders. Most pharmaceutical opioids, except OxyContin®, were often perceived as safe and socially acceptable, comparable to alcohol and marijuana.

Patterns of pharmaceutical opioid abuse typically varied depending on the reasons and social settings of use. When used in recreational situations, pharmaceutical opioids were often combined with alcohol, marijuana, and benzodiazepines. A 21-year-old, white woman commented, “It was like a combination, ya know what I mean, eat a few pills, drink a couple beers, smoke a couple joints...” Many individuals used Vicodin® and some other commonly prescribed pharmaceutical opioids to self-medicate every day aches and pains. A 27-year-old, white woman commented, “When I have a toothache or I’m so stressed out, and I can’t sleep, y’know, I’ll take a Vicodin to sleep....”

OxyContin® continued to have high demand among some users, although the majority viewed it as a dangerous drug, comparable to heroin and crack. Many users shared a perception, that “OxyContin’s same as heroin.... It’s like a doctor prescribed heroin.” (21-year-old, white woman).

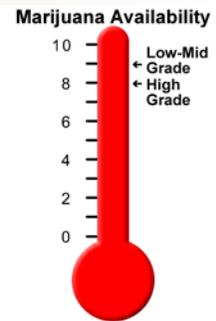
## Marijuana



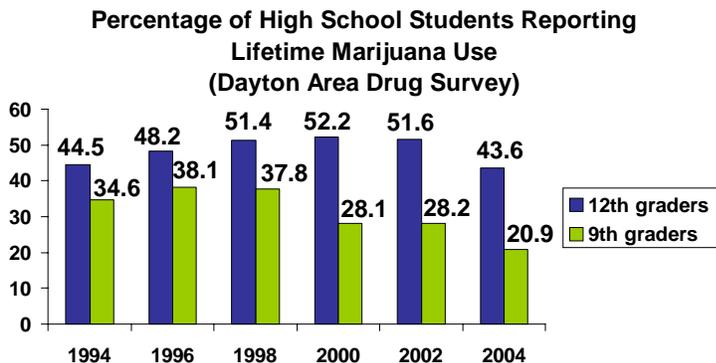
Since June 1999, availability of marijuana has been reported as very high. Participants have been consistently reporting increasing potency of the drug. Treatment providers, active users and probation officers, have been reporting about continuing increases in the social acceptability of the drug

### Current Trends

Active users continued to report high availability of marijuana. Availability of low- and mid-grade marijuana was rated at the level of 9; availability of high-grade marijuana was rated at about 8. According to user reports, it was not common among marijuana dealers to engage in anonymous street transactions such as those common with heroin and crack. A 27-year-old, white man commented, “You gotta actually know somebody [to get weed]. There is no people standing on the side of the street like they do crack.”



Participants typically agreed that marijuana has been of very high quality. Mid-grade “decent stuff” could be bought for \$25 per 1/8 ounce and \$150 per ounce. The highest quality marijuana (“hydro” or “seedless”) could be bought for \$50 per 1/8 ounce or \$350 per ounce.



Treatment providers mentioned that marijuana was often the very first substance used among African-American adolescents, while white youth typically were introduced to marijuana after they had experimented with alcohol. Heavy marijuana use was reported among young heroin and crack

dealers (“dope boys”). Treatment providers, probation officers, and active users continued to report that marijuana was viewed as a very socially acceptable and “safe” drug, and was often perceived as being less harmful than tobacco cigarettes.

According to the Dayton Area Drug Survey (DADS), marijuana use has dropped significantly among area high school students. Lifetime rates among 12<sup>th</sup> graders dropped from 52.2% in 2000 to 43.6% in 2004 (see figure). However, according to the 2004 data, about 6% of 12<sup>th</sup> graders reported daily marijuana use.

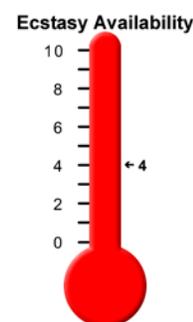
Between June and January 2005, DDN and WHIO TV reported nine cases related to marijuana trafficking and/or abuse (DDN: January 17, January 26, February 9, March 7, March 22, June 7; WHIOTV.com: January 26, May 5). One of the articles reported a seizure of \$3.1 million in cash, which was related to a large-scale marijuana trafficking operation in Dayton (DDN January 17). Another case involved 2,318 pounds of marijuana seized by the Ohio Highway Patrol in Piqua (DDN March 22).

## Other Notable Trends

### MDMA/Ecstasy

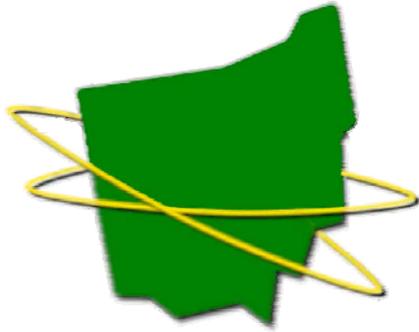


Treatment providers and most active users continued to report decreases in ecstasy use. Active inner-city users estimated its availability at about 4. However, over the past few months, probation officers observed a small “blip” or short-term increase in ecstasy use among juveniles. One 27-year-old, white woman, interviewed for the methamphetamine Targeted Response Initiative (TRI), reported that the rave scene and ecstasy use were still “popular” in the Dayton area. She was the only participant who reported recent active engagement in the rave scene. In contrast, most younger (age 20s) users interviewed for the methamphetamine TRI reported experience with ecstasy at house parties.



Most active drug users interviewed in the focus groups as well as for the methamphetamine TRI reported that many users turned away from ecstasy because of a widely shared belief that most ecstasy tablets are of poor quality, cut with various other substances that may be more dangerous than MDMA. For example, a 23-year-old, white male heroin user who in the past was involved in the rave scene and used ecstasy for some time commented, “You don’t know what they’re putting in them things when they push ‘em together. So I won’t take that [crap] ever again. You couldn’t pay me enough money to eat one.” Many users shared a perception that ecstasy might be cut with heroin, a belief that has not been confirmed by crime lab professionals interviewed in the previous reporting periods. A 27-year-old, white woman commented, “Say you get a pill that has black dots in it... Nine times outta ten that’s cut with heroin.”

According to some reports, good quality MDMA sold for \$30-\$35 a tablet, and lower quality ecstasy sold for \$20 per “pill.”



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

Meeting Twelve  
June 24, 2005

# **SURVEILLANCE OF DRUG ABUSE IN LUCAS COUNTY, OHIO**

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

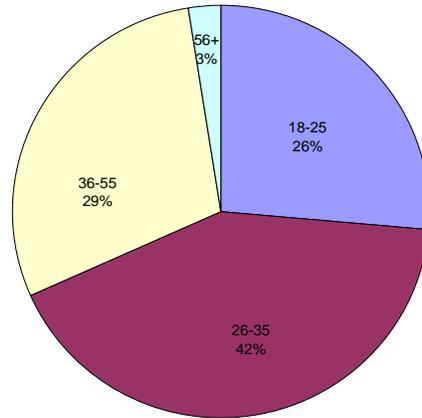
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**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
2/06/2005	7	Univ. Toledo Active Users
2/20/2005	6	Active Users
2/27/2005	7	Support Network (user in family)
3/21/2005	8	Active Users
4/18/2005	6	Treatment Professionals & Recovering Users
<b>Total</b>	<b>Total</b>	
5	34	

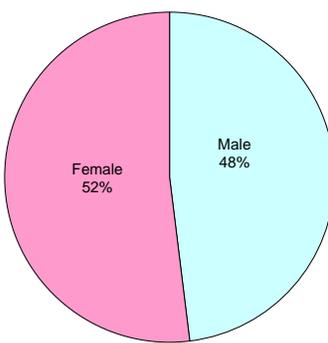
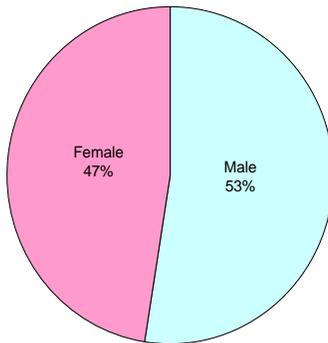
**Age  
Active/Recovering Users**



**Gender**

**All Participants**

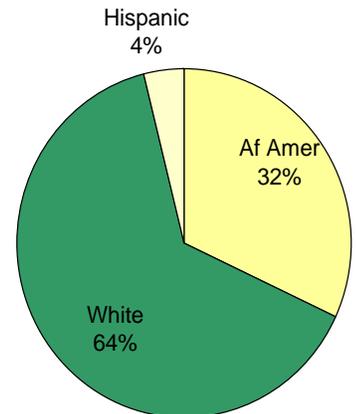
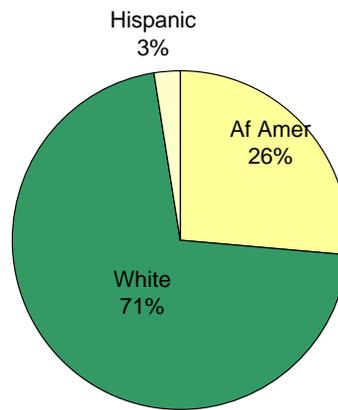
**Users**



**Ethnicity**

**All Participants**

**Users**



## Crack Cocaine



Crack-cocaine abuse in the Toledo area remained at relatively high, consistent levels. A trend of younger suburban black males both selling and using crack cocaine emerged. Since January 2004, an increase in juveniles and young adults abusing crack cocaine was reported.

### Current Trends

Crack cocaine was reported as having remained consistent at a high level of availability and abuse in Toledo. According to participants, crack cocaine was readily available and cost anywhere from \$10 to \$20 per rock. The quality of crack cocaine was perceived to be good as long as the user knew where to obtain it and was an experienced user.

## Cocaine HCl



Since June 2004, powdered cocaine availability remained high while the quality continued to decrease.

### Current Trends

There has been a steady decrease in powdered cocaine quality in Toledo and surrounding communities over the last 12 months, although availability has remained high. Despite the decrease in quality, the price of powdered cocaine has remained steady and was reported to be approximately \$100 per 1/8 ounce.

According to several participants, powdered cocaine abuse was most commonly seen in persons between the ages of 18 and 40 years of age. Older users were typically men, whereas both men and women were among the younger users. This has been confirmed by family members of users. Newer users seen over the last 6 months included young high school males and females. This was corroborated by five participants, and this information was consistent with information reported over the past year. As one 24 year-old, male, white active user stated:

*"I see a lot of kids buying cocaine. I mostly sell them junk 'cause they know no better, like high school kids."*

According to the three self-reported users and others who used the drug in conjunction with other drugs, the most common route of administration of cocaine was intranasal inhalation. Often drugs such as benzodiazepines (Valium®), opioids (OxyContin®, Darvocet®, Percocet®), and heroin were used in conjunction with cocaine. Several participants who use/have used these drugs indicated that intravenous cocaine use was less common. Overall, powdered cocaine was perceived to be available all over Toledo, but the perceived quality of powdered cocaine in Toledo and the surrounding communities was poor.

## Heroin



In June 2004, the Toledo OSAM Network started reporting decreases in heroin availability and abuse in Toledo. The fastest growing population of heroin users was described as young black males in their teens and early 20s.

### Current Trends

Heroin was reported to be less popular among suburban youth. Notably, according to two focus group participants, a detective and a law enforcement official, heroin overdose was increasing among young African-American men (14-20 years). This trend was not at variance with what had been reported in Toledo previously. As stated above, heroin was perceived by some participants as being difficult to obtain, especially in suburban areas. African-American adolescent males were perceived as most at risk for heroin use in Toledo. According to one 23-year-old, white, female active heroin user:

*“Heroin is pretty much not around here anymore. Downtown used to be okay, but that really has been rough. I get it from my ex-roommate who works in Columbus.”*

## Other Opioids



Since June 2004, the Toledo OSAM Network reported increasing abuse of OxyContin® (oxycodone, controlled-release) and other pharmaceutical opioids. Abuse was increasingly common among white youth and young adults. This trend remained consistent, and availability of pharmaceutical analgesics reportedly continued to increase.

### Current Trends

Opioids such as Vicodin® (hydrocodone), Percocet® (oxycodone), Darvocet® (propoxyphene) and OxyContin® (oxycodone, controlled-release) were readily available and commonly abused in the Toledo area. According to many focus group participants, especially the college-aged population (18-24), the opioids that continued to increase the most in popularity over the last six months were Vicodin®, Darvocet®, and Percocet®. A slight decrease in OxyContin® availability and consequent usage was noted. According to active drug users, Vicodin® and Percocet® remained the most easily accessible pharmaceutical opioids. This reinforced findings discovered during the last year.

According to active users, the use of pharmaceutical analgesics was primarily among middle-to-upper class, white, young men and women ages 18-25. Abuse of OxyContin®, Vicodin®, and Percocet® was also reported as being common among athletes at the college level. This was supported by one 24-year-old, African-American, male participant who reportedly sold these pharmaceutical drugs to college athletes.



Abuse of these drugs was reportedly also increasing among high school students. These reports were corroborated by addiction professionals. According to active users and addiction professionals, pharmaceutical opioid abuse increased over the past year. It was common for users to take pharmaceutical opioids in combination with alcohol in order to “boost” the drugs’ effectiveness or take advantage of the synergistic effect that resulted when the two drugs were combined. This was a major problem according to one 19-year-old, African-American, female active user:

*“Most people who take pills don’t look at them like drugs, like street drugs, and that is why they are more willing to take them.”*

## Marijuana



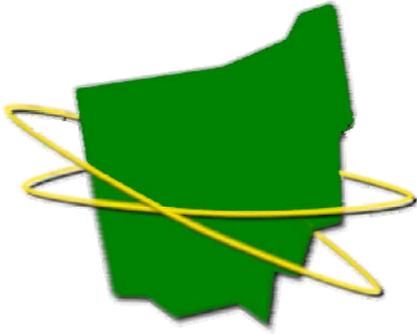
Marijuana availability and abuse have remained high in Toledo since OSAM began reporting in the Toledo area six years ago. As reported in other areas of the state, quality of marijuana varied greatly.

### Current Trends

Active users and treatment providers reported that the availability of marijuana remained high, despite fluctuations in quality. A 21-year-old, white, male marijuana user commented, “...pot is everywhere...parties, dorms, even my mom smokes weed.”

Participants reported that users included high school children and young adults ages 14-18, white females ages 18-24, and African-American males ages 18-30. In general, participants reported high levels of marijuana use among high-school-aged children and other adults.

As with most drugs, prices for marijuana fluctuated depending on quality and location, (e.g., downtown Toledo or in the suburbs); however, 1/8 ounce of marijuana was consistently reported as costing between \$25 and \$45, and an ounce of marijuana reportedly cost between \$100 and \$150 in the Toledo area.



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2005 — June 2005

Meeting Twelve  
June 24, 2005

# **SURVEILLANCE OF DRUG ABUSE IN COLUMBIANA AND MAHONING COUNTIES, OHIO**

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

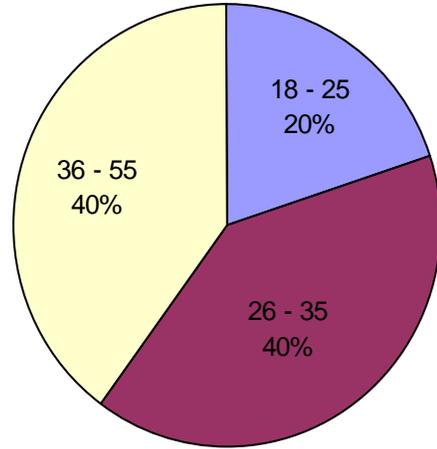
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**Qualitative Data Sources**

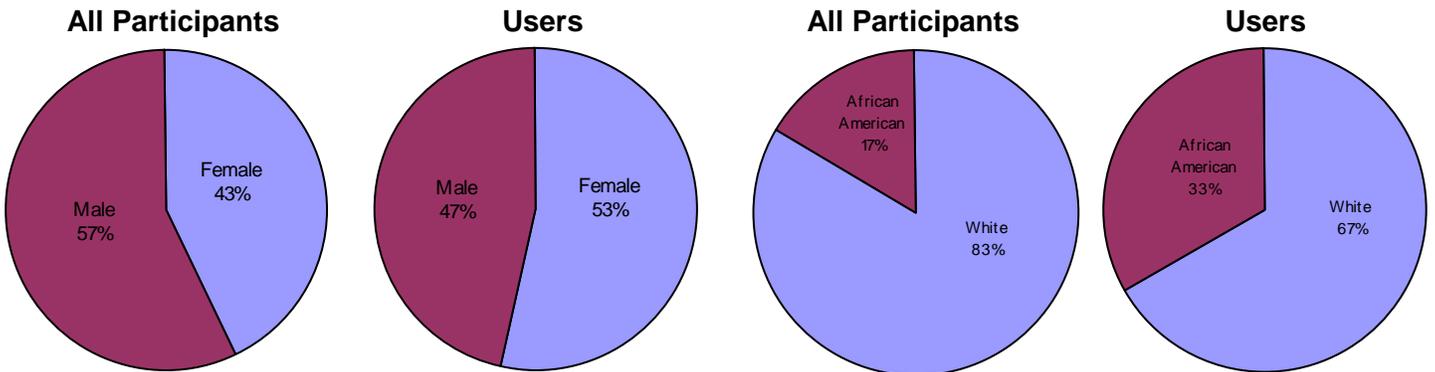
Focus Group	Participants	Type of Participants
3/28/2005	3	Methadone User Group
3/29/2005	6	Women's Residential Treatment User Group
3/31/2005	4	Men's and Women's Residential Treatment Center Staff
4/02/2005	6	Men's User Group - Early Residential Treatment
4/18/2005	9	Men's Group in Early Recovery at Outpatient Treatment Facility
4/19/2005	2	Mahoning County Drug Task Force
4/21/2005	5	Outpatient and Residential Treatment Providers
<b>Total</b>	<b>Total</b>	
7	35	
<b>Interview</b>		
3/29/2005	1	Law Enforcement/BCI
	<b>Total</b>	
	1	

**Age  
Active/Recovering Users**

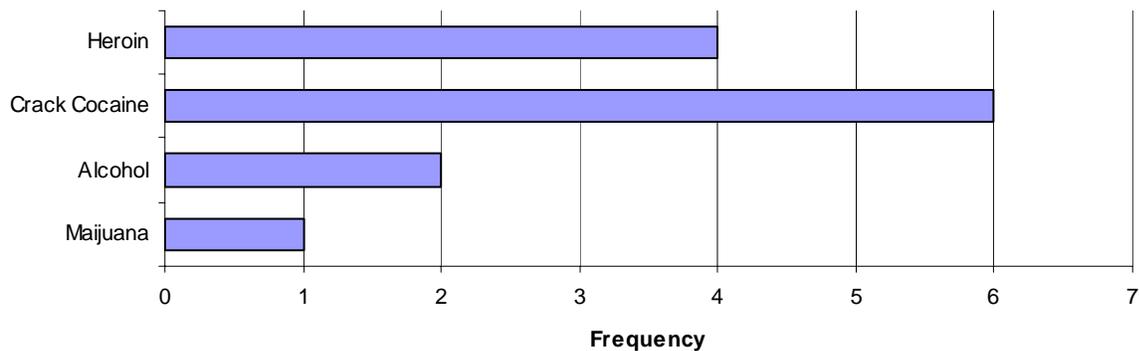


**Gender**

**Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine



Consistent crack cocaine use in urban areas such as Youngstown has occurred over the past five years. While prices have fluctuated throughout the past five years, generally, the availability and quality of crack cocaine in the area remained high.

### Current Trends



Focus group participants in this round reported that crack cocaine remained very easy to obtain in most urban areas in Mahoning and Columbiana counties. Crack was reported as especially easy to purchase in Youngstown, Salem, and Lisbon. Increased use in the suburban areas was reported, in particular in the Boardman area, where users would go into Youngstown to buy crack. One law enforcement officer commented:

*“In the city of Youngstown, crack is still the primary [illicit] drug problem; there are open air markets and certain houses are dens of use and abuse. We see a lot of older users - repeat crack heads.”*

The level of crack cocaine use over the past 6 months was described as “stable” at high levels. One 31-year old, white user commented:

*“Crack (use) hasn’t slowed down since 1988. As soon as they shut down one crack house another 10 more pop up. When they make arrests, there’s a dent on a certain section of streets but you just drive around a couple more and you can find it on the next street over. When a house is busted, it depends how much they were selling and who they pissed off....if there’s money to be made, they’re coming back. Most dealers in the Youngstown have everything you want....heroin, crack, weed.”*

Users described crack delivery systems based on a phone call. After a call to a dealer, crack would be delivered to a user’s home. Users also described increased use of crack by “people you would not expect.” A 21-year-old user stated:

*“I’ve smoked with names in this town that people would know of....very prominent people.”*

Female users described a sex-for-drugs trade with crack dealers:

*“It’s not so much that they trade, but they let you smoke and smoke and smoke and then go ‘hey, come here’ and they’ll expect it....it’s not like they say it up front...they get you as high as they can and then they take advantage of you.”*

As in the previous round, crack cocaine in the area was available in \$10 or \$20 rocks, with \$20 rocks being the most commonly mentioned. “Crumbs” were reported to be \$3. A gram of crack was reported to be between \$40 and \$80 by users. Users reported buying “cookies,” round and flat cookie-shaped pieces weighing 3.5 to 5 ounces. One user commented:

*"I saw dealers giving it to people....they stopped me and my partner and said here's my phone number....here's a taste and actually give it to people to get them started They say, 'here's your first bullet - put it in your head and I'll see you in 20 minutes.'"*

Users also reported systems of credit:

*"If you're a regular customer and you have a relationship with your dealer...you know what I am saying....and I wake up in the morning and all I got is \$3 before I get out to make any hustles, he'll give me a 20 [piece] for \$3 to get me started cause he knows I'm gonna be good for the money....all day."*

The quality of crack cocaine in the area was reported as varying. Some users reported migraine-like headaches that resulted because of the other substances used to "cut" crack.

As in previous rounds, most users reported smoking crack, with some users telling of injectors who dissolved the crack down using vinegar. One user commented that injecting crack was something "only whites do." Younger users were still reporting crushing the crack to sprinkle it on marijuana ("woolies") and smoking it.

Over the past few rounds, users have reported that crack users in this area seemed to be younger and now included both African-American and white users. Also, users reported older men who were using crack for the first time as they engaged in sex with prostitutes. Treatment providers reported an emerging group of crack users who are professionals (i.e., nurses, lawyers, etc.), and that they have received calls from agencies wanting to know where professionals can go outside of the county for treatment. The stigma associated with crack use was described by both users and treatment professionals.

## Cocaine HCl



Powdered cocaine continued to be available in the area. In the last round, the price reported by users was somewhat lower than in previous rounds. Since June 2001, an increase in use of powdered cocaine by younger users has consistently been reported. Since the beginning of the OSAM project, the predominant mode of administration has consistently been intranasal inhalation.

## Current Trends

Law enforcement, treatment providers, and users reported that powdered cocaine was readily available in both Mahoning and Columbiana counties, particularly in some parts of the Youngstown area. Powdered cocaine was reportedly easier to obtain now in Trumbull county than previously. Users stated that crack was easier to obtain than powdered cocaine in the downtown areas of Youngstown. Users reported a large increase in the availability of powdered cocaine in the East Palestine area.

Law enforcement this round stated that some dealers preferred to deal in powdered cocaine and allow users to "rock it up" themselves because the penalties for crack possession are much higher than the penalties for powdered cocaine.

Prices reported by users were less than the previous rounds, at \$50 a gram and \$110-\$135 for an eightball (1/8 ounce). Current quantity prices quoted by law enforcement participants in this area were \$800-\$1,100 an ounce. As in the previous round, powdered cocaine was described as low in quality, cut with over-the-counter sinus medicine and baking soda.

Similar to previous reports, focus groups described snorting, smoking, and some injection use as routes of administration for cocaine. Law enforcement officers reported that the most common use of powdered cocaine was for conversion to rock form.

Younger users were reported by all participants, with users reported in Columbiana County high schools. One focus group participant commented:

*“My 14-year-old daughter tried powder cocaine. She said she got it at school.”*



A treatment provider commented that he had a 16-year-old girl tell him that marijuana is “ancient” and that “coke is in.” A user reported knowing of high school football players using powdered cocaine to have more energy when bench pressing.

Treatment providers reported that use of powdered cocaine was seen as recreational, and it often was used at home or in bars. Therefore, without real consequences, it was difficult to get some clients to go for treatment. Law enforcement officials also reported that juveniles thought cocaine was not as addictive and harmful as crack and were willing to experiment with it. Reports indicated that crack dealers tend to be African Americans who live in an urban area, while powdered cocaine dealers are generally white suburban dwellers.

Law enforcement officials expressed concerns that parents, especially suburban parents, were not as concerned about alcohol or marijuana use—they were only concerned when more powerful drugs such as powdered cocaine was used. Treatment providers commented that powdered cocaine users came to treatment when forced by family or legal problems but “they really don’t want treatment.”

## Heroin



Since June 2001, participants in Mahoning county have reported significant increases in heroin availability; however, Columbiana county participants reported only slight increases the last round. During that time, a large increase in heroin availability was reported in Columbiana county. Participants since 2001 have reported new users ranging in age from 18 to their early 20s. Injection, inhaling intranasally, and smoking have all been reported as routes of administration.

## Current Trends

During this round, continued high availability of heroin was reported in both Mahoning and Columbiana counties. Large increases in availability were noted in East Liverpool, Salem, Wellsville, and Salineville. Along with the reported continuing decrease in OxyContin® availability, more heroin use was reported in this area.

Networking (e.g., knowing the right people) was described as the most efficient means of

obtaining heroin in this area. One user commented:

*“Once I became addicted, I had 6 or 7 dealers so that if one was out I could try another one. The deeper I got in, the more people I began to know and the people has access to greater quantities.”*

The price of heroin was consistently reported as \$20 per bag or bundled (bags of 10) for \$200. A gram was reported to cost \$100 -\$150, and a “finger” (10 grams) cost \$1,000. Heroin in the area was described as brown, with no China white or black tar. Heroin was described as “cheaper and more available” in the area than OxyContin®. Heroin was reported to be coming from New York, Pittsburgh, and Chicago, with New York heroin described as “purer.” The quality of heroin in the area was once again reported to be variable, depending on the source and dealer.



Younger users were reported to be experimenting with intranasal inhalation of heroin and transitioning quickly to injecting the drug. Younger users were also reported as initially abusing OxyContin® and then transitioning to heroin (this was reported last round also). A law enforcement officer mentioned hearing of suburban high school students as young as 16 using heroin—transitioning from OxyContin® use.

Users described shifting from cocaine to heroin use:

*“It’s cheaper than cocaine and once people try it they don’t go back to cocaine unless they’re speedballing.”*

Substance abuse treatment providers commented on a recent increase in the waiting lists for heroin treatment in this area. Providers described challenges in organizing the transfer from detox to residential treatment, reporting that clients would often go out and use heroin after leaving detox but before entering in to residential treatment. Providers also commented on the difficulty of getting heroin clients to remain in treatment.

## Other Opioids



Throughout the OSAM project, OxyContin® has continued to be the preferred pharmaceutical opioid drug abused in both Mahoning and Columbiana counties. Over the previous reporting periods, OxyContin® became more difficult to obtain and was described as “hard to come by.”

## Current Trends

Most participants reported a decrease in the availability of OxyContin® (oxycodone, long-acting), and law enforcement officials reported that the availability was continuing to decrease dramatically. One officer commented:



*“There is an awareness now of OxyContin® in the community. Doctors don’t want to get caught up in it. Everyone is really listening to the information.”*

Users intranasally inhaled, injected, swallowed, chewed, or crushed OxyContin®. Treatment providers described clients who did “elderly shopping” to buy OxyContin® from elderly with pain issues. OxyContin® was also reportedly purchased from disabled persons.

In this round, as in the previous round, OxyContin® was reported to be available in area high schools. Students reportedly stole prescription medications from their parents and grandparents.

Percocet® (oxycodone) and Vicodin® (hydrocodone) were reported as still available throughout the area, with less availability of Tylox® (oxycodone) and Percodan® (oxycodone).

User groups reported a large increase in the availability of methadone tablets in the past six months, while treatment provider groups indicated no knowledge of methadone availability.

Prices during this round were consistent with previous rounds. OxyContin® varied in price by area, but was often available in 20-milligram tablets for \$10-\$20, 40-milligram tablets for \$15-\$40, and 80-milligram tablets for \$30-\$50. Vicodin® was reported to be \$7-10 for a 10 milligram tablet.

### **FENTANYL**

Reports of fentanyl abuse in Mahoning and Columbiana counties began in January 2002. The price range for fentanyl was \$20-\$30 per patch, with law enforcement reporting the tablet form selling for \$10-20 each.

During this round of interviews, treatment providers, substance users, and law enforcement reported low availability of fentanyl in Mahoning and Columbiana counties. Users reported knowing few users of fentanyl. Users were described as primarily white users who get it from prescriptions.

### **DILAUDID®**

Limited availability of Dilaudid® (hydromorphone) in Mahoning and Columbiana counties was reported by users, treatment providers, and law enforcement representatives. Law enforcement representatives reported seldom seeing it in the area, and users commented that they used this particular drug only when they could not find heroin. Users this round had no knowledge of prices of this drug.

### **LORCET®**

Abuse of Lorcet® (hydrocodone) in Mahoning and Columbiana counties remained stable since the last round of interviews. Users reported that the drug cost \$4 for a 10-milligram tablet. Treatment provider groups and users agreed that whites used Lorcet® more often than African Americans, with treatment providers explaining that white women were even more likely than white men to use the drug.

## Marijuana



Since the beginning of the OSAM project, marijuana has consistently been reported as readily available, very potent, and varying in cost depending on the quality and quantity throughout the area. Young teenagers have been consistently reported as a growing group of new marijuana users.

### Current Trends

Focus groups during this round of data collection again indicated that marijuana was very available. Substance users reported being able to get marijuana easily and that marijuana was now the “most acceptable of all the drugs.” All groups reported that the quality of marijuana “goes up and down,” but that during this round, one could get many different types of marijuana in the area.

A law enforcement officer stated:

*“Kids are very knowledgeable about what is good weed and what is bad weed. It’s like selecting a good wine. Kids are experimenting with seeds that they get on the Internet.”*

Marijuana prices reported by focus group participants were \$5-\$10 per bag or \$5 per joint. Users in both Mahoning and Columbiana counties described 1/8 ounce of marijuana as currently costing \$25-\$30, with “hydro” and other higher grades selling at \$50-\$60 per 1/8 ounce. Law enforcement reported that marijuana was available in the area for about \$200, an ounce with “hydro” grades costing \$300-\$350 an ounce. Homegrown marijuana has recently been good quality, but it varied from dealer to dealer.

Teens reportedly emptied the tobacco from cigarette wrappers and filled the wrappers with marijuana. Thus, if an officer found the “cigarettes” in the pack, the teens would avoid the marijuana possession charge. Law enforcement described three generations of users, “from grandma down to grandson.” According to focus group and law enforcement reports, children as young as 10 years old have begun using marijuana in Columbiana county, with some parents reportedly using the drug with their teenagers.

Users and law enforcement representatives agreed that marijuana use did not lead to treatment unless there was legal pressure to do so. One user reported:

*“You can’t take it seriously when they tell you that you are an addict of pot...you know what I am saying...I don’t think it’s a drug...I’m like, they should just legalize it.”*

Treatment providers explained that their clients rationalize their marijuana use by saying that they were “just smoking pot” and that they did not have a “problem.” Parents would rather see their kids smoking marijuana than drinking alcohol. One 45-year-old heroin user stated:

*“I see what alcohol can do. I saw some fetal alcohol syndrome in my family. This just doesn’t happen with pot.”*

## Depressants



The most commonly used depressants reported in the Mahoning Valley area have been Valium®, Ativan®, Klonopin®, and Xanax®.

### Current Trends

As in previous reports, some street availability of depressants was noted. Treatment providers, substance users, and law enforcement professionals all indicated that Valium® (diazepam), Ativan® (lorazepam), and Xanax® (alprazolam) were available and that use continues as reported previously. Klonopin® (clonazepam) was reported as available by users in both Columbiana and Mahoning counties in this round.

All three participant groups reported that users of these drugs were primarily white. The drugs were typically inhaled intranasally or swallowed, most likely with alcohol.

## Other Notable Trends

### HALLUCINOGENS

Since June 2002, LSD has been reported as available, although during this round, users stated that “it is not around much,” yet still available in Akron.

Mushrooms (psilocybin) were described as “occasionally available.” Prices were reported to vary from \$25 to \$75 for ¼ ounce.

### MDMA (ECSTASY)

Mahoning and Columbiana county reports in 2002 seemed to show that ecstasy use was on the rise. During this round, one user group described ecstasy as “easy to get” in city areas at a cost of \$10-\$15 per tablet, with a 10-pack available for \$90. Law enforcement described club drugs such as ecstasy as “definitely out there,” noting what they called a new inner city trend for young African-American women to use ecstasy.

### PCP

In June and January of 2003, there were some indications of the use of “wet” or “dip” (marijuana possibly laced with PCP or other unknown substances). During this round of data collection, little knowledge of PCP was reported in the Mahoning or Columbiana county area. Users commented that PCP is “a Cleveland thing” and they only see it when users bring it from Cleveland.