The **Ohio Substance Abuse Monitoring Network**

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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

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

In Collaboration with
Wright State University & The University of Akron

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SURVEILENCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

JUNE 2000

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PATTERNS AND TRENDS OF DRUG USE IN

AKRON AND CANTON, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2000

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

Abstract

Alcohol continues to be the most commonly abused substance in Akron and Canton and it is often used in combination with other drugs. Marijuana use continues to be widespread and not commonly viewed as a drug. Crack cocaine is very available and on the increase with middle class youths and professionals. There has been a large increase in methamphetamine and Ecstasy whose users tend to be white, middle class youths and young adults. Heroin is reportedly on the rise among the middle class, particularly young adults and professionals.

INTRODUCTION

1. Area Description

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

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

2. Data Sources and Time Periods

- **Qualitative data** were collected in 4 focus groups and 1 individual interview conducted between April and June 2000. The number and type of participants are described in Tables 1 and 2

- **Treatment admissions data** per drug category are available from the OSAM Network for the counties of Summit and Stark.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
4-12-00	5	Drug Users
4-27-00	6	Drug Users
5-18-00	3	Drug Users
6-14-00	7	Drug Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
6-21-00	Sheriff's Department; special drug unit

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	21	1	22

Table 2: Detailed Focus Group/Interview Information

April 12. 2000: Users at a homeless shelter for women

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"India"	35	Black	Female	Used crack and alcohol for 13 years
"Alecka"	49	Black	Female	Used heroin and cocaine for 30 years
"Monette"	40	Black	Female	Used cocaine, alcohol, pills, marijuana for 15 years
"Moniquic"	39	Black	Female	Used cocaine and alcohol for 7 years
"Shawntae"	37	Black	Female	Used crack and alcohol (beer) for 12 years

Recruitment Procedure: *The five participants listed above were recruited by contacting the Harvest Home Women's Shelter in Akron. The supervisor selected these five participants for the focus group.*

April 27, 2000: Users at a homeless shelter for men

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Alan"	40	White	Male	Used marijuana for 25 years
"Kurt"	48	White	Male	Began alcohol at age 14; with exception of 7 years, drank entire life
"Anthony"	39	Black	Male	Starting drinking at age 16, using crack at age 28
"Eric"	41	White	Male	Started drinking in high school and except when in treatment (6 times), used constantly. Began snorting cocaine in the 80s and smoking crack in the early 90s
"Curtis"	36	Black	Male	Started marijuana at age 13, used alcohol until 1990, started crack in mid-20s
"William"	47	Black	Male	Started alcohol at 13 years of age, then pills and marijuana, used heroin first time in early 20s and has used 25+ years, began using cocaine in1981; using the 2 together until now

Recruitment Procedure: *The six participants above were recruited by contacting the Barberton Mission. The supervisor selected these six participants for the focus group.*

May 18, 2000: Users at a drop-in detoxification center

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"John"	50	White	Male	Alcoholic for 30 years
"Wendy"	35	Black	Female	Crack cocaine user for 10 years
"Sally"	32	Black	Female	Crack cocaine user for 10-11 years

Recruitment Procedure: *The three participants were recruited by contacting the Oriana emergency and detoxification center in Akron. The supervisor selected these three participants for the focus group.*

June 14, 2000: Users at residential treatment center.

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Bill T."	41	White	Male	Alcoholic for 24 years; no prior treatment
"Bill W."	54	Black	Male	Alcoholic for 37 years; no prior treatment
"Jingle"	32	Black	Male	Crack addict for 10 years; 1 prior treatment 5 years ago
"Tom"	41	White	Male	Alcoholic for 28 years; 1 prior treatment 11 years ago
"Deann"	39	Black	Female	Crack addict for 15 years; no prior treatment
"Chip"	37	White	Male	Alcoholic for 15 years; 2 prior treatments
"Day Night"	29	Black	Female	Crack addict for 10 years; 1 prior treatment 5 years ago

Recruitment Procedure: *The seven participants were contacted by calling the Clinical Director at the Community Drug Board in Akron. She selected these seven participants for the focus group.*

June 21, 2000: Sergeant at CenTac

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Larry"		White	Male	12 years with CenTac, the county drug task force

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Users say crack cocaine is very available. "You can get it anywhere, anytime. They arrest 2 dealers and the next day there are 5 more out there." "It's right here on this corner…just like a convenient store, you can get it 24-7." Some uses believe availability has increased in the past 6 months – one year. One person told of going through MacDonald's and getting a rock in her box of chicken mcnuggets. Quality varies, "depending on who you know." "B-12 is being used to cook it up; it damages yours lungs…looks like cocaine, but cuts your breath off." All groups talked about the use of B12 and several agreed it is increasing. There has been "bad stuff lately with more garbage in it." Some of the "bad stuff" tastes like mint and is laced with Novocain." "There is bad crack going around." All groups agreed that there has been a decline in quality. One user said, "eight months ago it was white, high quality, lately it's been yellow…mostly cut." The CenTac officer agreed it is "very" available with availability and use remaining stable over the last 6-12 months. He also felt the quality was about the same.

The most common method of use is smoking, often put in cigarettes or marijuana. Small pipes called straight shooters are being used because "it is more intense." "The glass ones are popular because you can just drop them and they break and there is no evidence." Some users break it down and shoot it.

Some participants said a rock is selling for $5 - $15, others said $20/rock with 3 for $50 or 8-9 for $100. The CenTac officer said it is selling for $20/rock.

Some state there are more young, white girls, age 18 – 23 using than ever before; another group talked about an increase in use among the 21-22 years olds but didn't differentiate between males and females. They also see more white males ages 32- 45 and more professionals. "In last 6 months more upper class people doing crack." One focus group discussed an increase in users between the ages of 45-50, both men and women, white and black. One focus group talked about the fact that 8 – 10 year old youths are selling it. The CenTac officer said users tend to be lower socioeconomic class, both black and white ranging in age from 25 – 40.

1.2 COCAINE HYDROCHLORIDE

"Powder is hard to get now…you have to know someone and have to deal with major weights, no small amounts" Participants in other groups agreed, stating it isn't as available as crack but "there are still sources." "It tends to be more prevalent in affluent areas." The CenTac officer said they haven't seen a change in availability of powder

There was consensus among all the groups that there has been a decline in quality overall, but it varies depending on the source. One participant said, "It is stepped on more and more but is stronger because of what they're putting in it." Another participant thought the quality was good.

Powder is most often snorted. According to CenTac, the quality is good, but they attribute this to the fact that they are buying in large quantities and "very close to the supply source." The officer acknowledged that "once it hits the streets it can be stepped on as much as 20 times" which compromises quality.

In the last 6 months, there reportedly has been an increase in female users between the ages of 25-40. According to CenTac, the "hard core users" tend to be between the ages of 18 and 25, social users 25 – 30 years old and an increase in users between the ages of 40 – 50. There is no difference in race and gender although most tend to be lower or middle class. He said the upper class users are very difficult to identify.

According to users, it is selling on the street for $100/gram. CenTac is currently paying $120-$180/gram, $1200-1800/ounce and $25,000 - $27,000/kilo.

2. Heroin

All four-user groups said heroin use is increasing. "It is on the rise" and availability is "unreal, you can get it anywhere, anytime." "It's on the increase; it's coming back with a vengeance." It is popular with both males and females in the suburbs. Professionals are using it. Another group said availability has "just picked back up and many old users are coming back." There was a difference in opinion in one of the groups; one user sees more older people using and another participant said she was aware of younger people (age 22 – 25) using heroin. In a second group, participants said the 18-20 year old group has emerged as new heroin users. One group did not see any difference in use between men and women, white and blacks although another group said the new user groups were white, upper class, mainly males middle age or younger. One user was aware of an upper class suburb where white teenage males were using heroin.

It sells for $20 - $30/bag, $150 - $200/bundle and quality is good. One user said, "It has a greater effect now than before because of what's being put in it." Another user said it is a lucrative drug for dealers; "You only need 5 good customers to make a killing."

Shooting is the most common form of administration.

CenTac did not have information on availability or use since they aren't dealing with it. The Sergeant said heroin users are an "exclusive" group. In addition, "the sentencing guidelines are terrible." It typically sells in 1/10 gram quantities for $40 - $60 and less than one gram is only a forth degree felony. It takes about 250 grams to send someone to jail.

3. Other Opioids

There has been a slight increase in other opiate use, particularly Vicodin.

It is "very easy" to get. One user group talked about how easy it is to get drugs from doctors, even hospitals because "they are in such a hurry they want to get you in and get you out so they just give you drugs." One participant thought they "aren't too available" although others said, "It depends on who you know."

Vicodin and Percocet sell for $5/pill. "Dilaudad sells for $40/pill.

There has been no change in user group; "it's mainly an older crowd." The typical user is described as white women age 30 or under. "Also, It goes hand in hand with heroin." "Vicodin is mainly for whites."

4. Marijuana

Most agreed that availability has stayed stable. One participant said it is "somewhat scarce; harder to get than crack." Another participant said it is difficult to find "out on the street." Others said it is "extremely available." CenTac has seen a moderate increase in availability and use in the last 6 – 12 months

Cost has gone up. It sells for $35/quarter-ounce; $400/quarter pound. Joints sell for $5 - $10; a blunt for $5 - $20. CenTac said "you can make big money, better profit out of marijuana than any other drug. In Mexico a pound sells for $50-$75, by the time it gets to Texas it is $150 - $250/pound, by the time it gets to Akron it is $1,500 - $1,800/pound." In addition, sentences for marijuana are very light.

Quality has declined. "There is no good bud." "It is dirt weed." Others said, "It depends on who you know." Another group said "it keeps getting stronger; each generation of plant is better." CenTac said the quality of the marijuana they are buying is good.

All races, ages, socioeconomic classes and both genders use marijuana. Young (age 14) boys and girls are smoking blunts; they are definitely most popular with the user under age 23. Blunts tend to be more popular with blacks, joints more popular with whites. Younger people seem to be smoking larger quantities. One participant thought it is "making a comeback with people who are tired of the chase of crack" or who use it to "mellow out" from crack.

Participants talked about smoking cigamos or primos, tobacco or marijuana laced with cocaine. This is a "more acceptable" way to use cocaine, "it means you're not a crackhead." Primos tend to be more popular with older groups, age 27+, according to one group. Another group talked about use of wets (marijuana in embalming fluid) among young males ages 18 – 25. They agreed the young drug dealers liked wets.

5. Stimulants

5.1 METHAMPHETAMINE

There is a large increase in methamphetamine use. Many participants believed it was more predominant in white communities. There has been a definite increase in methamphetamine labs in the past year. According to the CenTac officer, the availability is "great." They have seen a significant increase in labs, especially the small labs. "It's easy to set up in the basement, easy to make and easy to take down." He said middle class users snort and lower class users inject. Use is evenly divided between males and females, although the "best cookers are the females." Users are predominantly white, ranging in age from 18 to 40.

6. Depressants

Focus group participants haven't heard much about use of depressants. "It's still there, maybe decreased in the last year, but you don't hear much about it." One participant said Valium is often used after Cocaine "to go to sleep." Most tablets sell for about $5/pill.

7. Hallucinogens

Participants thought hallucinogens were more popular with the "younger generation, i.e. high school and college students. Two groups thought there has been a large increase in the past year; "there is a rebirth of it." The quality

is good and a sheet can be purchased for $100. Users tend to be high school or college students, both male and female, predominantly white and the "preppy type."

7.1 ECSTASY

There has been a large increase in Ecstasy. The quality is good; "it comes out of New York." It sells for $20/pill and is used by both men and women, more whites than blacks. It is very popular in clubs with young adults. The CenTac officer said it is most popular with the 16-21 year olds, predominantly white middle and upper class, both males and females. He said there has been a large increase in the past 6-12 months.

8. Inhalants

Inhalants are "picking back up; they are on the rise." They tend to be popular with younger (junior high age) kids. "Black kids are doing it now; it used to be mainly whites." "Nitrous is on the rise with the younger group." "Whippets have been around and are popular with the young kids."

9. Alcohol

Alcohol is acceptable and very available. "It is the number one problem among everyone; you can get it 24-7." One group believed alcohol use was increasing. "More and more drug dealers go to bars to deal and spend a lot of money (on alcohol) there." They believed juveniles were using more alcohol than in the past; "there are more brands to attract younger kids and it has more alcohol in it." Same participants thought alcohol was on the rise because parents gave their children permission to drink and have parties where alcohol is served. Alcohol is also used to "come down from crack or beer can be used to make the high last longer." Several agreed that beer makes the crack-high last longer.

10. Special populations and issues

10.1 HOMOSEXUALS

Viagra is popular with the gay population. It is very available and sells for $25/tablet.

10.2 YOUTHS

Refer to special report on juveniles.

CONCLUSIONS

Alcohol continues to be the most commonly abused drug due to its acceptability and availability. It is often used with other drugs, to enhance or counter their effect.

Marijuana is readily available and not commonly perceived as a drug. The drug task force has seen a moderate increase in availability and use in the last 6-12 months. The price has also increased. There was varying opinion about quality.

Crack cocaine is highly available. Uuser groups agreed there has been a decline in quality over the last 6 – 12 months; the drug task force has not seen a decline in quality. Use seems to be increasing among the young (age 18 – 23) white population who are middle to upper class; many are professionals. However, the drug task force believes users are predominately lower socioeconomic class, ranging in age from 25 – 40. Powder Cocaine is more

difficult to get. Users believe there has been a decline in quality. The drug task force is buying high quality powder, but they "buy close to the source." Users report an increase in females between 25-40 using.

Heroin use is increasing, particularly with suburban populations and professionals. There was varying opinion among focus group participants about the type of user. Some thought the new users were males and females ages 18-25 and others believed they were predominantly males, middle age or younger. Another participant thought previous users were "coming back."

There has been a large increase in methamphetamine. It is very available and according to the drug task force, there has been an increase in the number of small labs in the area. Users are predominantly whites, ranging in age from 18 – 40.

Ecstasy is another drug that is on the rise. The drug task force and users both agree there has been a large increase in the past 6 – 12 months. It is most popular with white middle-upper class young people (ages 16-21).

In comparing these findings to those from six months ago, they are similar, particularly in the identification of drugs that are on the increase in the area (Methamphetamine , Ecstasy and Heroin) as well as the drugs whose availability and use has remained stable.

RECOMMENDATIONS

I. Since findings indicate an increase in the use of methampehtamine and heroin, particularly among the middle class youths to middle age adult,

- Prevention efforts that specifically target these groups should be developed
- Efforts should be made to develop drug-free workplace strategies with employers
- Treatment strategies to treat methamphetamine abusers need to be developed
- Local drug boards should encourage the media to provide information about these drugs to the community

II. Since findings indicate a dramatic increase in availability and use of Ecstasy,

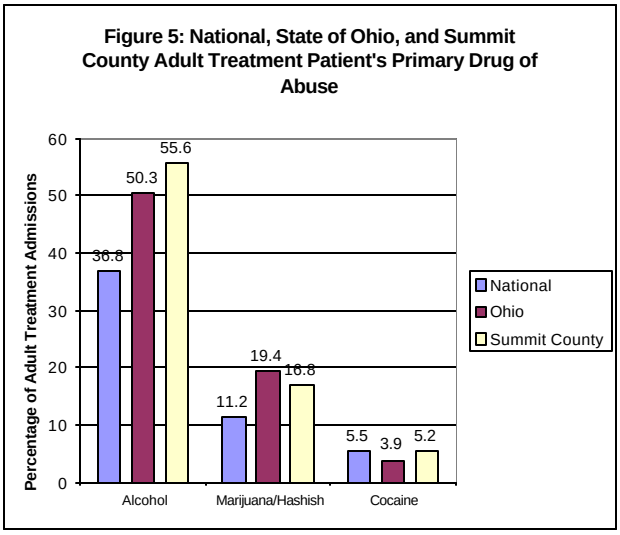
- Training should be given to prevention providers, to ensure they have the most current information on this drug and its effects
- Prevention efforts that specifically target the 16 – 21 year-old group should begin immediately
- Focus groups should be held with youths and young adults to collaborate and gather additional information on these findings
- Educational information should be made available to colleges and college officials should be encouraged to participate in an aggressive campaign to educate students about Ecstasy

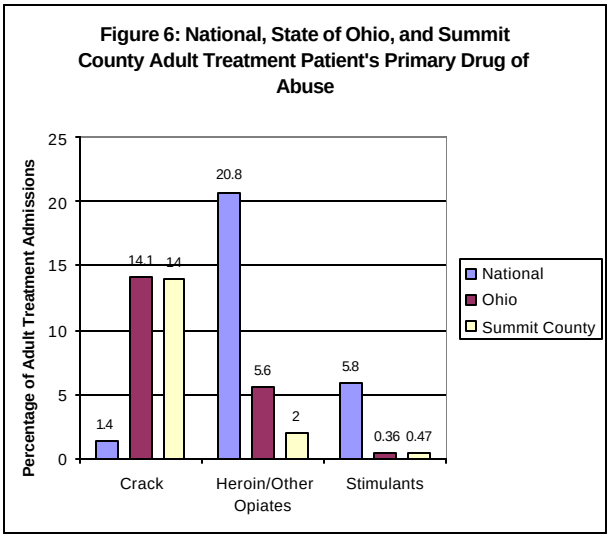
EXHIBITS

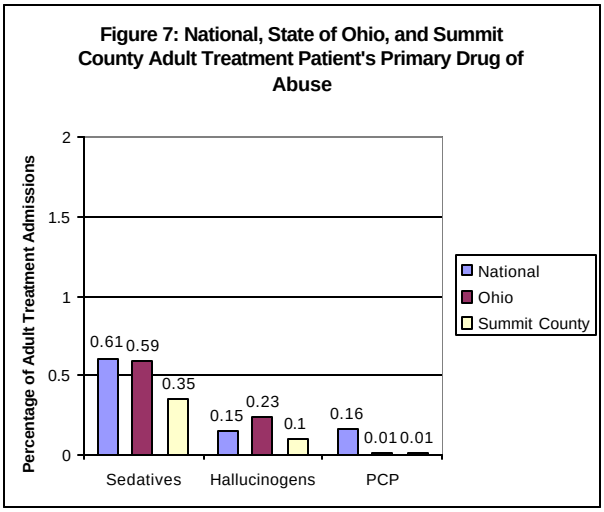
Exhibit 1: Admissions data per drug category for Summit County

Exhibit 2: Admissions data per drug category for Stark County

Exhibit 1: Admissions data per drug category for Summit County







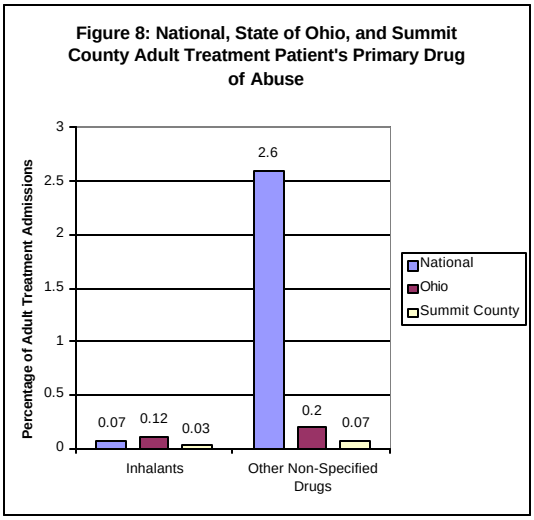
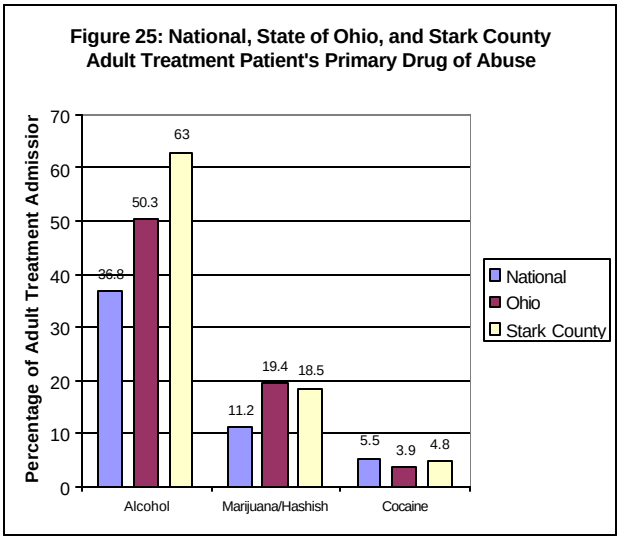
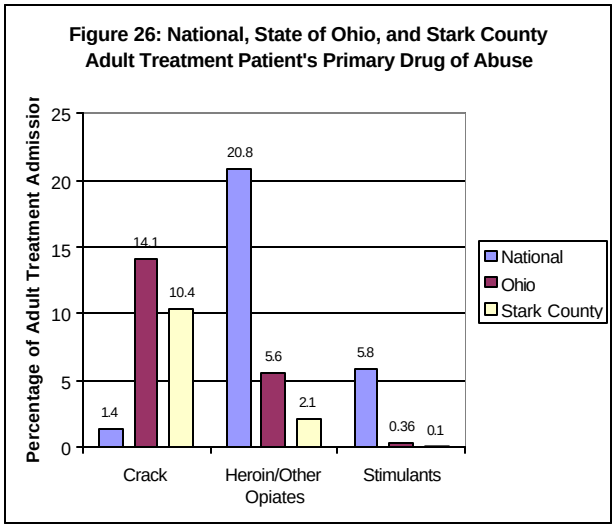
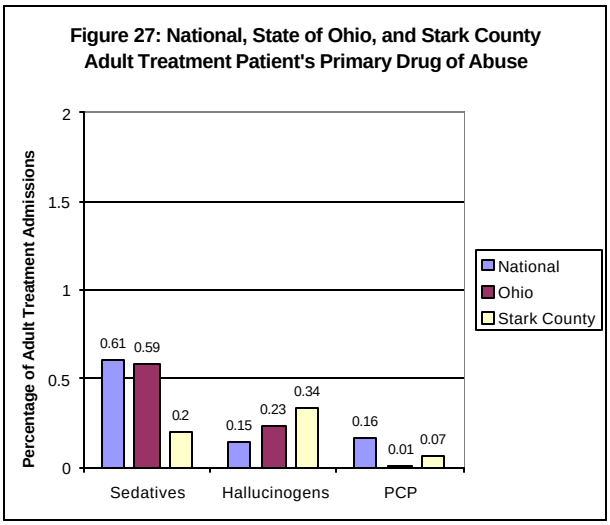
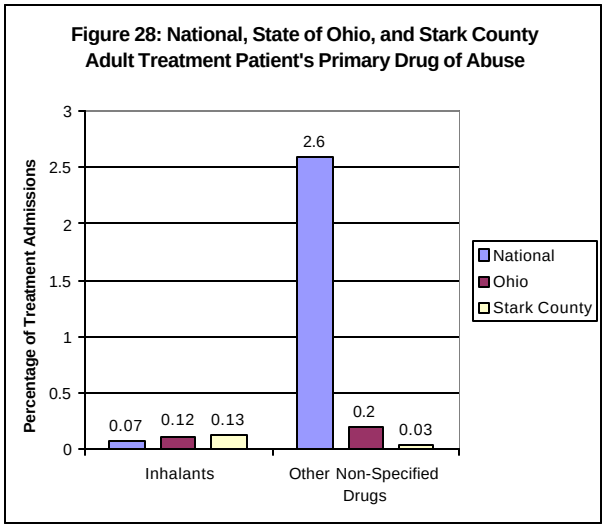


Exhibit 2: Admissions data per drug category for Stark County









PATTERNS AND TRENDS OF DRUG USE IN

CINCINNATI (HAMILTON COUNTY), SOUTHWEST, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

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Abstract

The Ohio substance abuse monitoring node in Cincinnati gathers data from multiple sophisticated data collection systems e.g. the Cincinnati Drug and Poison Information Center (DPIC), the Cincinnati Police Pharmaceutical diversion Unit (PDU) AKA drug diversion data (DDD), the Cincinnati Cororer's Office, the Early Prevention and Intervention Project (EPIP). The substance abuse epidemiology of the Greater Cincinnati area reflects the social and cultural realities of the region. The population of the area is divided into neighborhoods, each with specific SES characteristics. The drug and alcohol using patterns tend to be derivative of the neighborhoods in which they exist. The exception may be RAVE scene in which urban and suburban youth congregate in inner city large buildings to "party". In general, the area tends to be conservative. The city of Cincinnati is losing population to the suburbs. Several large corporations dominate the commercial life of the city. The social service community of the area is in relatively good operating order. The "Pill Town" aspect of the Greater Cincinnati area continues as a unique aspect of the area. Data from the DPIC includes the eight Counties of the DPIC service area. Drug pattern specifics: Methamphetamine has made its way to Cincinnati, Marihuana availability and price continue to be high, crack continues to be readily available and often adulterated, Heroin is more available and very expensive, MMDA is widely available from imported sources and not cheap. GHB is now seen more often, some is synthesized using internet information. Pharmaceutical diversion is an important source of street drugs in Cincinnati. US HB 484 continues to present problems for the people of Hamilton County. Women are worried that the child's time in a residential treatment program will count against the child's 484 time, even though that is not true.

INTRODUCTION

1. Area Description

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

2. Data Sources and Time Periods

- Cincinnati Drug and Poison Information Center (DPIC) the DPIC is the regional drug and poison information center for southwest Ohio. The 1999 annual report is currently in press.
- The Cincinnati Pharmaceutical Diversion Unit (PDU). The Cincinnati Pharmaceutical Diversion Unit is a unit of the Cincinnati Police, which is responsible for the investigation of the diversion of pharmaceuticals from legitimate use. Dr. Nelson is a member of the Ohio chapter of the National Association of Drug Diversion Investigators (NADDI).
- The Early Prevention and Intervention Project (EPIP). EPIP is a street outreach project directed at people at high risk of infection with HIV, STI's and TB. The program has six outreach workers and contacts thousands of people on the street each year who are currently using drugs.
- The Hamilton County Coroner. Drug involvement in overdose and drug abuse cases show the involvement of drugs and alcohol in deaths in Hamilton County

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)

1-19-2000	8	Street users in treatment

Individual Interviews

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

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	8	0	8

Table 2: Detailed Focus Group/Interview Information

January 19, 2000: Street drug users in Treatment

"Name"	**Age**	**Ethnic.**	**Sex**	**Experience/Background**
"Pam"	25	White	Female	Six years of crack use, prostitution. High School grad
"Grace"	39	White	Female	Twenty years of cocaine, crack, heroin use, prostitution, boosting, drug running. Has GED
"Sheela"	24	Black	Female	Fifteen years of marihuana, crack, alcohol use prostitution. High School drop out
"Kindra"	31	Black	Female	Sixteen years marihuana, crack, "pain pills"
" Azanna"	27	Black	Female	Nine years of crack use, selling, prostitution
"Zelda"	29	White	Female	Speed, crack, rural 3 children
"Camella"	22	Black	Female	Crack, boosting, prostitution
"Helen"	36	White	Female	Crack, technical education,

Recruitment Procedure: *Recruited from Women in treatment who had been referred to treatment.*

DRUG ABUSE TRENDS

1. Cocaine

Cocaine is very available. Its form and price depends on market variables. Crack tends to be used by African-Americans, and the lower SES population. Crack use by middle and upper SES populations certainly occurs as is evidenced by the pattern of buys in the inner city by suburban users. This use pattern is less visible than the use pattern by lower SES people. Crack on the street is a number of different chemicals and varies from day to day. Street Crack usually contains some cocaine, but may also contain lidocaine, procaine, xyloacaine, benzocaine, or other local anesthetics. Unfortunately, all of these other local anesthetics are toxic. Crack is smoked in pipes or other devices suited for heating and vaporizing the drug. The process of injecting crack is rare to nonexistent in Cincinnati.. Crack use is associated with prostitution and low level gang behavior.

Powdered cocaine tends to be used most often by higher SES users. The drug is nearly always used by insuflation "snorting". Rarely it is injected by older IDU's. The socio-economically-defined patterns of cocaine use are quite clear and remarkable.

2. Heroin

Historically, the supply of heroin in Cincinnati has been among the poorest in the Midwest. The reasons for this are many. Narcotic Law enforcement in Cincinnati is among the best in the country. In the past, heroin has come down

I-75 from Detroit. This continues to be the main route of supply. However, the influx of Hispanic emigrants has brought Mexican heroin with them as a source of income. Sporadically, batches of relatively high quality heroin are seen on the streets of Cincinnati. The Heroin supply seems to be on the rise, but lags most other cities in the United States.

3. Other Opioids

Pharmaceutical diversion is an important source of "other opioids" in Cincinnati. This means that the vast majority of opioid drugs abused in Cincinnati are opioids diverted from pharmaceutical channels. The opioids are sometimes extracted from the tablet dosage forms and then injected intravenously. More of this kind of drug use goes on in Cincinnati than any other city in the country. A summary of opioids diverted is attached (Exhibit 3).

4. Marijuana

The use if marijuana is moving toward a socio-systonic behavior in many of the drug using groups in Cincinnati. The use of beer and marijuana is so common many groups do not consider beer to be alcohol or marijuana to be a drug. The use of marijuana is the most common second only to alcohol. Marijuana is very available and not cheap. Several qualities of marijuana are available including Mexican, Jamaican, domestic and various forms of hashish, which tends to be less available. Use rates of marijuana tend to be at the national norm.

5. Stimulants

Methamphetamine has made its way into Cincinnati drug using groups. The source is clandestine laboratories which produce batches of methamphetamine using over the counter, herbal and other decongestant products with phenyplropanolamine, pseudoephedrine or ephedrine in them as starting products. Street stimulants include Crank, which varies in content, but usually contains some amphetamine in the hydrochloride or sulfate form. Most comes from underground laboratories, which vary considerably in quality. The motorcycle gang group tends to transport and sell Crank. Ice has showed itself very infrequently in Cincinnati.

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

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

6. Depressants

GHB is showing up more often. It is one of several "date rape" drugs used in patterns from consenting use to being surreptitiously added to a woman's drink. No cases of flunitrazepam use as a date rape drug have been identified in Hamilton County. The abuse of depressants occurs for its own sake and as a way to come down from stimulants, e.g., Crack, ICE, and Crank, etc. Among the benzodiazepines, Xanax-R is preferred by "downer" users. Carisoprodol is sought after because it is easily available and produces the same effects as other "downer" drugs. Methocarbamol is also sought after since it is readily available and produces the same effects as other "downer" drugs. Depressants are often combined with alcohol to intensify their effects. Unfortunately, such use is dangerous and accounts for a large proportion of the depressant related deaths.

7. Hallucinogens

The available hallucinogens in the Greater Cincinnati area are:

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

8. Inhalants

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

9. Alcohol

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

10. Special Populations and Issues

US HB 484 continues to have negative consequences on the children of chemically dependent women, who believe that the children will be taken away from them if the children spend time in a residential treatment facility.

CONCLUSIONS

The substance abuse epidemiology of the Greater Cincinnati area reflects the cultural realities of the region. The population of the area is divided into neighborhoods, each with specific SES characteristics. The drug and alcohol using patterns tend to be derivative of the neighborhoods in which they exist. The exception may be RAVE scene in which urban and suburban youth congregate in inner city large buildings to "party". In general, the area tends to be conservative. The city of Cincinnati is losing population to the suburbs. Several large corporations dominate the commercial life of the city. The social service community of the area is in relatively good operating order.
The "Pill Town" aspect of the Greater Cincinnati area is truly unique. This is thought to be derivative of the high quality of law enforcement, i.e., keeping heroin out and more conservative intravenous drug users.

US HB 484 continues to present problems for the people of Hamilton County. This bill, designed to limit the amount of time a child can spend in foster care before the mother loses custody, is having a negative impact on the mothers' willingness to allow their children to be treated in residential programs. Women are worried that the child's time in a residential treatment program will count against the child's 484 time, even though that is not true. An aggressive public education campaign or other re-mediation is needed.

RECOMMENDATIONS

III. The dismantling of the Cincinnati Public Schools Office of Substance Abuse Prevention should be reversed.

- The Cincinnati Public Schools Substance Abuse Coordinator should be re-hired
- The staff of the Cincinnati Public Schools Office of substance Abuse Prevention should be re-hired.
- The Cincinnati Public Schools Office of Substance Abuse Prevention should be allowed to continue its successful program in substance abuse prevention

IV. Mothers of children eligible for programs such as GLAD House (a residential treatment program for children of chemically dependent women) must be made aware that their child's time in the facility DOES NOT count toward the one year of foster care time limit

- GLAD HOUSE residential enrollment dropped dramatically when the new rule went into effect
- The effect of the foster care rule on GLAD HOUSE and similar programs must be reversed.

EXHIBITS

Exhibit 1: EARLY PREVENTION INTERVENTION PROJECT (EPIP) 7/99 TO 1/2000 DATA

Exhibit 2: GHB DRUGSCOPE

Exhibit 3: PHARMACEUTICAL DIVERSION UNIT DATA

Exhibit 4: DPIC DATA

EARLY PREVENTION INTERVENTION PROJECT EPIP

SEMIANNUAL REPORT

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

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

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JANUARY, 2000

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I.) EXECUTIVE SUMMARY

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

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

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

2.) BACKGROUND

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

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

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

3. THE REAL WORLD OF EPIP: WHAT PARTICIPANTS SAY

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

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

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

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

3.) PROGRAMMATIC CHANGES

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

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

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

A.) Schools

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

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

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

B.) Probation.

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

C.) Seniors.

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

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

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

D.) Hispanics

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

5.) EPIP PROCESS EVALUATION

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

6.) EPIP GOALS

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

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

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

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

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

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

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

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

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

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

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

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

GOAL 7. To screen and refer for TB treatment.

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

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

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

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

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

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

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

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

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

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

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

7.) EPIP OUTPUT INDICATORS

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

A. OUTPUT INDICATORS

1. NO. OF CLIENTS RECEIVING EDUCATIONAL SESSIONS.....3682
2. NO. OF EDUCATION SESSIONS PROVIDED.....268
3. NO. OF CLIENTS RECEIVING RISK ASSESSMENTS.....822
4. NO. OF CLIENTS RECEIVING HIV PRE-TEST COUNSELING.....956
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14. NO. RECEIVING AWARENESS SERVICES..... 1411
15. MEAN PRE VS. POST TEST SCORE.....6.6 VS. 8.9
16. MEAN TRAINING EVALUATION SCORE... 0 (POOR) TO 4 EXCELLENT 3.7

B. DEMOGRAPHIC DATA

RACE, N=5912-

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

SEXUAL ORIENTATION, N=2149-

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

AGE, N=4923-

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

SEX, N=4923-
FEMALE.....2,568-
MALE.....2,355-

DRUG OF CHOICE, N=1586-
ALCOHOL.....712-
CRACK/COCAINE.....432-

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

8.) AGENCY INTERACTIONS

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

9.) EPIP TRAININGS AND PRESENTATIONS

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

10.) FUTURE PLANS AND PROGRAM DIRECTION

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

DrugScope

Vol. 26, No. 5 November - December, 1997

GHB (GAMMA-HYDROXYBUTYRATE)

GHB is an illicit drug manufactured in clandestine labs and used at rave parties, to get high and reportedly to facilitate date rape. Slang names include: Grievous Bodily Harm, Georgia Home Boy, Liquid Ecstasy, Liquid X, Liquid E, Soap, Scoop, Easy Lay, Salty Water, G-Riffick, Cherry Menth and organic Quaalude. Although usually available as a clear liquid in a small plastic bottle for $10, it may also be a white powder.

GHB was first developed as an anesthetic. However, it was never approved for this use in the United States. Although it is not legal now, it was available as a liquid, powder or in capsules at health food stores and gyms as a nutritional supplement in the late 1980s and early 1990s. It was marketed as a sleep aid, fat burner, anabolic agent (to build muscles) and a natural psychedelic. Those in rifle competitions used it to decrease tremors to increase accuracy. Body builders thought that it was an amino acid that could act as an osmotic diuretic (water pill) to reduce the water retention that occurs with use of anabolic steroids. Athletes also hoped GHB would have an anabolic effect by increasing growth hormone levels and decreasing the energy requirements of muscle cells that may be compromised during strenuous exercise. Such an effect is theoretical and has not been proven. Legal use as a nutritional supplement ceased when the FDA declared GHB an unregulated drug on November 8, 1990, after several reports of adverse events including seizures, coma, respiratory arrest and death. GHB is especially dangerous when mixed with alcohol, which can add to the decreased activity of the central nervous system caused by GHB.

GHB is formed when gamma-aminobutyric acid (GABA) breaks down. GHB can also be transformed back into GABA. GABA is a brain chemical that decreases stimulation of the brain. Benzodiazepines, drugs such as diazepam (Valium®), alprazolam (Xanax®), lorazepam (Ativan®) and "roofies" (Rohypnol®) work by enhancing the action of GABA. These agents are used as sedatives, muscle relaxers, to induce amnesia prior to surgery and to treat seizures. GHB affects many different brain chemicals including dopamine, serotonin, natural opioids (morphine-like drugs) and acetylcholine. Clinically, GHB appears to act much like a benzodiazepine. It can be used as a sedative, muscle relaxer, anesthetic, to induce amnesia and to treat sleeping disorders. However, GHB can also induce seizures.

The effect of GHB depends on the dose given. Low doses (10 mg/kg) cause drowsiness, amnesia and a decrease in muscle tone. Medium doses (20-30 mg/kg) cause more severe drowsiness,

dizziness, euphoria and normal sleep patterns (in those with sleep disorders). High doses (50 mg/kg) induce general anesthesia. Very high doses (50-70 mg/kg) cause slowing of the heart beat and breathing, hallucinations, seizure-like activity and coma. Death may occur. Use with alcohol or other drugs that decrease activity in the central nervous system increases the effects. Additional reported effects include: sweating, decreased temperature, increased blood pressure, decreased blood pressure when sitting up or standing up, headache, confusion, fatigue, agitation, nausea, vomiting and uncontrolled urination. Effects may occur within 5 - 30 minutes and last for 3/4 - 8 hours.

As GHB can cause drowsiness, decreased muscle tone and amnesia, it is an ideal date rape drug. In addition to date rape or robbery, seizures, a short coma or an inability to breath effectively could occur after use. Although GHB has not yet become popular in Cincinnati, it has been problematic in many other cities, and is likely to appear in Cincinnati.❖

Written by: Andy Edrich, Pharmacy Extern

NITRITE ABUSE

Volatile nitrites are strong-smelling liquids inhaled by drug abusers to "get high." The most commonly inhaled nitrites are amyl nitrite, butyl nitrite and isobutyl nitrite. Often called "poppers," nitrites are available in 1/3 - 1 ounce vials, bottles, or mesh-encased glass capsules that "pop" when broken open. Amyl nitrite was available as a prescription drug from 1936 to 1960 to treat angina (chest pain). In 1960, amyl nitrite was given non-prescription status. However, this status was revoked in 1968, when it was apparent that the drug had gained popularity among drug abusers. To escape FDA (Food and Drug Administration) restrictions, butyl and isobutyl nitrite were made available as non-drug items. Often they were sold as "room odorizers." They had a supposed aphrodisiac smell described as similar to dirty socks or a gymnasium. The labels warned that the products were not to be inhaled or consumed. Although generically known as "poppers," some trade names were Locker Room, Rush, Rush Kick, Belt, Climax, Heart-On, Jac Aroma, Thrust, LR, Quick Silver, Bolt, Hard Ware and Bullet. A federal law passed in 1988 made "all consumer products used for inhaling or otherwise introduced into the body for euphoric or physical effect," including products containing butyl, isobutyl, isopropyl nitrites and all other alkyl nitrites, illegal. However, nitrites are available illegally. The volatile liquids can be purchased "under-the-counter" at some local bars.

Nitrite abusers hope for euphoria, reduced social and sexual inhibitions, enhancement of meditation or dancing, increased appreciation of music, increased response to sexual stimuli and increased sexual arousal. In the homosexual population, nitrites are used during sexual activity to reduce anal sphincter tone. In both homosexuals and heterosexuals, nitrites are used to enhance orgasm and facilitate penile engorgement. Reported effects include flushing, warmth, throbbing, dizziness, a rapid pulse and the perception that time is slowing down. Most of the physical effects are due to

vasodilation, a relaxation of blood vessels. Abusers report effects lasting 5 seconds to 15 minutes, averaging approximately 1 minute.

Nitrites may cause various adverse effects. The fumes can irritate the throat and lungs. The liquid can cause crusty lesions if skin contact is made, especially around the nose. Headache, nausea and fainting are possible, and may be more likely if nitrates are combined with alcohol or smoking.

As with any inhalant abuse, inhalation of nitrites results in decreased oxygen flow to the brain, heart and other tissues by displacing oxygen in the lungs. Nitrites can also affect oxygen supply by decreasing the red blood cell ability to carry oxygen (methemoglobinemia) or by decreasing the number of red blood cells (hemolytic anemia). Extreme vasodilation could cause sudden death due to cardiovascular collapse (failure of the heart and blood vessels to circulate blood and oxygen to the brain and other vital organs).

Cancer is another risk associated with nitrites. The body alters nitrites to form related compounds, called nitrosamines. Some nitrosamines are known cancer-causing agents. Chronic use of nitrites may increase the risk of developing cancer.

AIDS (Acquired Immune Deficiency Syndrome) and Kaposi's sarcoma, an AIDS-related cancer, have been associated with nitrite use. The association, however, remains controversial. HIV (Human Immunodeficiency Virus) has been shown to be the cause of AIDS. It is possible that nitrite abuse may increase the chances of developing HIV, once exposed, because nitrites suppress the immune system. While the reason for the development of Kaposi's sarcoma in patients with HIV is unclear, it has been suggested that nitrites predispose users to this cancer by suppressing the immune system (which can help to prevent cancer) and/or by increasing exposure to cancer-causing nitrosamines. Future studies will be required to determine whether these or other nitrite effects actually increase the risk of developing Kaposi's sarcoma in HIV patients.❖

HOTLINE Q & A

SELECTED QUESTIONS RECEIVED OVER THE LAST YEAR. NOTE: QUESTIONS AND ANSWERS PRESENTED ARE BRIEF DUE TO SPACE LIMITATIONS AND DO NOT NECESSARILY REFLECT THE TOTAL INVOLVEMENT OF DPIC STAFF IN EACH CASE. SPECIFIC DETAILS ARE DELETED OR CHANGED TO PROTECT THE CONFIDENTIALITY OF THE CALLER.

1. A child at school gave my 12-year-old son a piece of hemp rope. My son was told that he could get "high" by either chewing the rope or burning it down then rolling up the ashes and smoking them. Is this true?
"Hemp" is another name for cannabis sativa, the marijuana plant. However, hemp also refers to an industrial variety of marijuana that is cultivated for fiber from its stalks which is used to make very strong, durable rope, cloth, paper and other goods. The marijuana variety smoked for a "high" in the United States is cultivated for the flowering tops and usually contains from 1 - 8% or more of tetrahydrocannabinol (THC), the main euphoriant chemical in marijuana. Hemp generally contains less than 1% of THC. International standards recommend that hemp fibers contain less than 0.3%. Assuming that an average joint may contain approximately 30 mg of THC, hemp with a 0.3% THC content may contain 3 mg of THC if smoked in the same amount. As the rope is burning, most of the THC should be volatilized, much escaping the person inhaling it. The ashes should not contain THC to any significant degree. When swallowed, only approximately one third of the THC, had it been smoked, is absorbed. It seems unlikely that this teenager would get a significant high through inhalation or ingestion of the hemp. However, this situation is unsettling. Marijuana use in youths has been increasing in recent years. Any hint that

abuse of hemp or a more potent form of marijuana is "cool" is undesirable. The mother was advised to discuss the situation with her son and planned to notify school officials of the problem.❖

2. I just confiscated "sterile hemp seeds" from a 12-year-old student who claims that he bought them to sprinkle on salad from a local store called "Hemptations." I am considering suspension for taking "look alike" drugs to school.

Hemp seeds contain a negligible amount of THC. As long as they are sterile, unable to grow, it is legal to sell, buy and use them. As a matter of fact, they are found in some bird seed. Although a high is unlikely, the promotion of hemp seeds at school as "legal" marijuana is concerning. Hemp containing no THC is being developed. This may resolve some of the abuse issues associated with the hemp currently on the market.❖

3. A friend came to the house last night. He called this morning because he was missing a joint. My 3-year-old, 20 pound schnauzer is acting like he is drunk this morning. Although he seems to be breathing alright, he is stumbling around and occasionally appears to be partially paralyzed. We think he may have eaten the entire joint. Is marijuana toxic to dogs?

Although this amount of marijuana is probably not life-threatening, the symptoms are concerning. Anticipated symptoms include salivation, muscular weakness, a strong pounding pulse, incoordination, collapse and alteration between states of deep sleep and alertness. Breathing may become shallow. Although recovery was expected, the owner was advised to have the dog evaluated by a veterinarian. It is possible that the symptoms were caused by ingestion of marijuana, exposure to some other toxic substance or an unrelated medical problem.❖

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Editors: Karen S. Krummen, Pharm.D., Gaylene B. Tsipis, M.S., R.Ph., O.C.P.C.
Editorial Board: E. Don Nelson, Pharm.D., O.C.P.S., Earl G. Siegel, Pharm.D.,O.C.P.S., Marsha A. Polk, H.P.T., O.C.P.S., and Alicia Aumentado, R.Ph., O.C.P.S. Production by Stephen M. Kramrech. The opinions expressed herein are those of the contributing authors and do not necessarily reflect the views of the editor, publisher or supporting institutions.

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DRUG & POISON
INFORMATION CENTER

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DRUG STATISTICS

TOP DOSAGE UNITS DIVERTED FOR 1999

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

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

PRESCRIPTIONS 23,422

DOSAGE UNITS 1,840,839

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

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

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PUBLIC SERVICE MISSION STATEMENT

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

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

OUR VISION

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

The data included in this 1998 Annual Report were prepared by Karen Simone, Pharm.D., A.B.A.T. with the support of Gaylene B. Tsipis, M.S., R.Ph., C.S.P.I., O.C.P.C., Earl Siegel, Pharm.D., C.S.P.I., O.C.P.S., Todd Carson, M.S., B.B.A., and Steve Kramrech, Senior Systems Analyst.

EXECUTIVE SUMMARY 1998

1998 was another year of dramatic growth and change for the Drug & Poison Information Center (DPIC). After many years of increasingly cramped space, particularly for call room functions, the Center realized its long-awaited dream as it moved to a new facility. The new site not only provided additional space for the Center's burgeoning call room activities, but also made it possible to consolidate staff and functions that had previously been parceled out to four different locations into a more efficient unit. The move also permitted a long overdue updating of the Center's telecommunications and computerization.

The DPIC became one of the largest poison control centers in the country in terms of our professional staff of 34 pharmacists and nurses, 7 of whom have earned postgraduate degrees, 25 of whom have passed the Certified Specialist in Poison Information (C.S.P.I.) exam administered nationally by the American Association of Poison Control Centers, and 10 of whom have passed the Ohio Certified Prevention Specialist or Consultant (O.C.P.S. or O.C.P.C.) exam. This was a banner year for poison control and contract activities with 11 of the Center's pharmacists and nurses receiving their C.S.P.I. credentials and one pharmacist becoming credentialed by the American Board of Applied Toxicology (A.B.A.T.).

Thus prepared with a combination of additional qualified staff and improved systems, we tackled another year of increased community and corporate services, as well as academic involvement. Presented in this report are the highlights of the Center's year of poison control, substance abuse prevention and education, drug information and academic accomplishments.

Stable funding support for DPIC's poison control services remained a foremost concern. While discussions regarding the configuration of poison control in Ohio continued, the DPIC maintained service to 22 counties in Ohio. Outreach activities were increased across the state in collaboration with the other Ohio poison control centers.

The Center either initiated or participated in campaigns for increased city, county, state and national support. The pervasive message across all of these efforts is the same – if each group who benefits from the availability of poison control center services contributes their fair share, no one group will need to feel an undo burden. To this end, Ohio Senator Michael DeWine introduced legislation that would provide some federal support for poison control for the first time. If passed, his bill would provide approximately 16% of a center's operating budget for poison control. His efforts followed the findings of several recent studies demonstrating that the availability of poison control centers provides a better than 7:1 benefit to cost ratio in terms of health care dollars saved for every dollar spent on poison control. This ratio is second only to childhood immunizations in terms of public health benefit. The DPIC worked with Senator DeWine's office during his initial fact-finding phase regarding the current state of poison control in Ohio. The information gathered in Ohio ultimately contributed to the formulation of legislation that could help qualified poison control centers across the nation. It is hoped that Senator DeWine's initiative toward establishing a portion of federal funding for poison control will lead others to commit their fair share of support to these invaluable community services.

DPIC FACULTY, STAFF AND CONSULTANTS

DPIC Hotline Staff
Jerry Ahluwalia, Ph.D. Candidate
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Shirley Brame, M.Ed., O.C.P.S.
Nicole Eison, B.A.

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

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Jewel Sisk, College Student
Faith Snow, B.A.
Tom Wessler

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LaSonjia James
Danielle Lewis
Linda Niehaus, R.N.
Kathy Nye
Rahlanda Schroeder
Lynn Sprafka, R.N.
Beverly Ward, B.S., A.A.S.
Sandee Westfall, B.S.
Marilyn Wiltshire, B.S.
Kali Zagorianos, R.Ph.

6 Co-Toxicologist-in-Chief
7 Business Manager
8 Senior Systems Analyst
9 Contract Coordinator

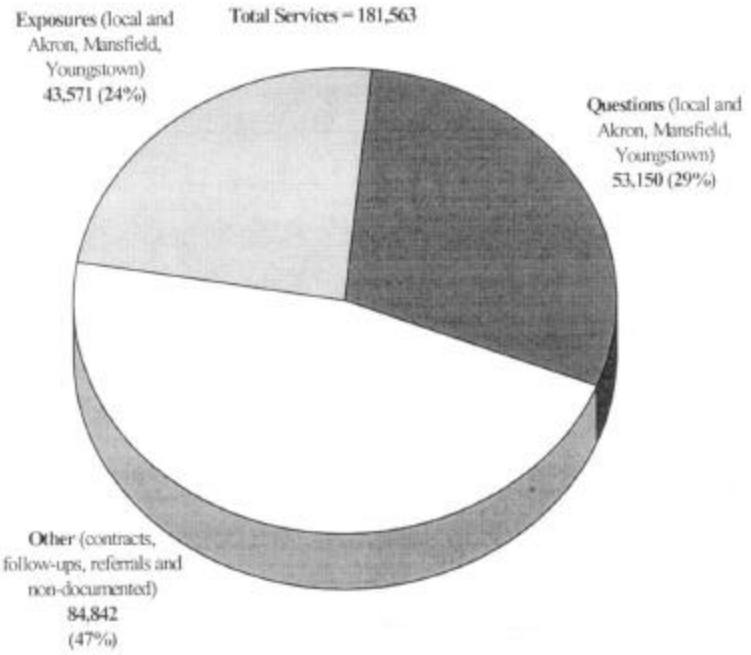
DPIC MEMBER HOSPITAL SERVICES REPRESENTATIVES

Adams County Hospital	William Jones, R.Ph.
Bethesda Base Hospital	Sue McBeth, R.Ph.
Bethesda North Hospital	Steve Porowski, R.Ph., M.S.
Brown County General Hospital	Dennis Heenan, R.Ph.
Children's Hospital	Jack Horn, R.Ph., M.S.
The Christ Hospital	David Fye, Pharm.D.
Clermont Mercy Hospital	T.J. Burns, R.Ph.
Clinton Memorial Hospital	Kalvis Danenbergs, R.Ph.
Deaconess Hospital	Phil Schott, R.Ph.
Dearborn County Hospital	Kevin Burns, R.Ph.
Drake Center, Inc.	Tom Huber, R.Ph.
Franciscan Behavioral Health Services	David Roth, R.Ph.
The Fort Hamilton Hospital	Gene Wolke, R.Ph.
Good Samaritan Hospital	Sue McBeth, R.Ph
Highland County Hospital	Kimberle Omler, R.Ph.
Jewish Hospital Kenwood	James Gates, R.Ph.
McCullough-Hyde Hospital	Donald Becker, R.Ph.
Mercy Hospital-Anderson	T. J. Burns, R.Ph.
Mercy Hospital-Hamilton	Tab Dehner, R.Ph.
Mercy Hospital-Fairfield	Tab Dehner, R.Ph.
Middletown Regional Hospital	Joanne Tolliver, Pharm.D.
Franciscan Health Care System (Mt. Airy Campus)	Behavioral Unit Secretary
Franciscan Health Care System (Western Hills Campus)	Ronald Pennick, R.Ph.
St. Luke East Hospital	Keri O'Connell, Pharm.D.
St. Luke West Hospital	Susie Kathman, Pharm.D.
St. Elizabeth North Hospital	Richard Haughaboo, R.Ph.
St. Elizabeth South Hospital	Donald Ruwe, R.Ph.
Shriners Hospital	Robert Kopcha, Pharm.D.
The University Hospital	Wayne Bohenek, Pharm.D., M.S.
Veterans Administration Hospital	E.K. Hammond, Pharm.D.
Warren County	Site Admin., Diane Hendry
DTC Pauline Warfield Lewis Center	Ken Martin, R.Ph.

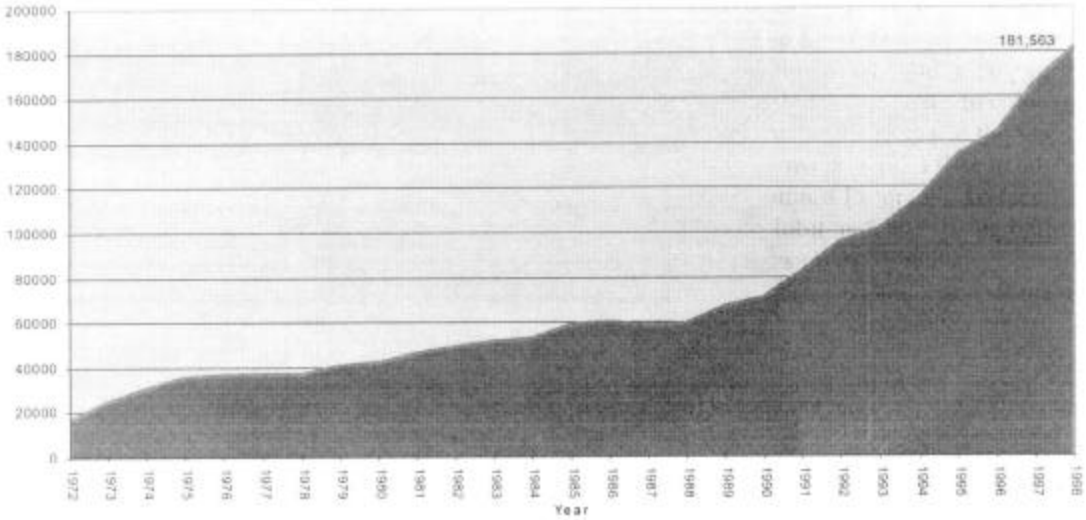
24-HOUR HOTLINE SERVICES

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

Types of Hotline Services

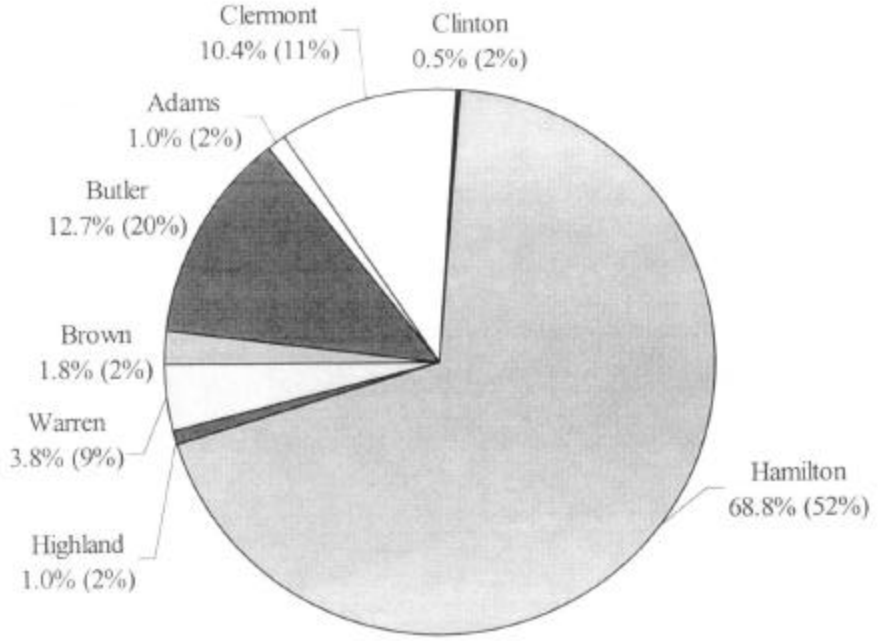


Total Services Provided by Year
(1972-1998)

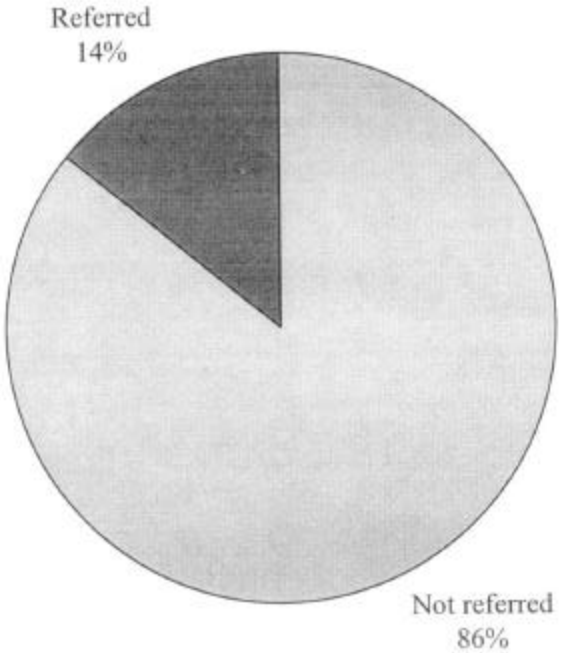


DOCUMENTED CALLS WITHIN LOCAL SERVICE REGION BY COUNTY

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



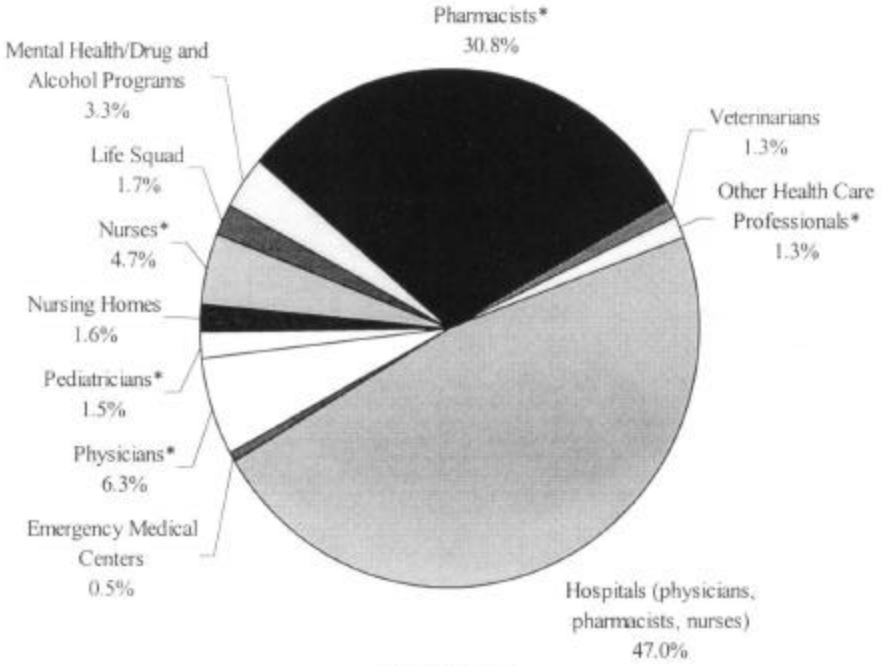
EXPOSURE CASES REFERRED TO A HEALTH CARE FACILITY



Excludes those already at a health care facility on first contact

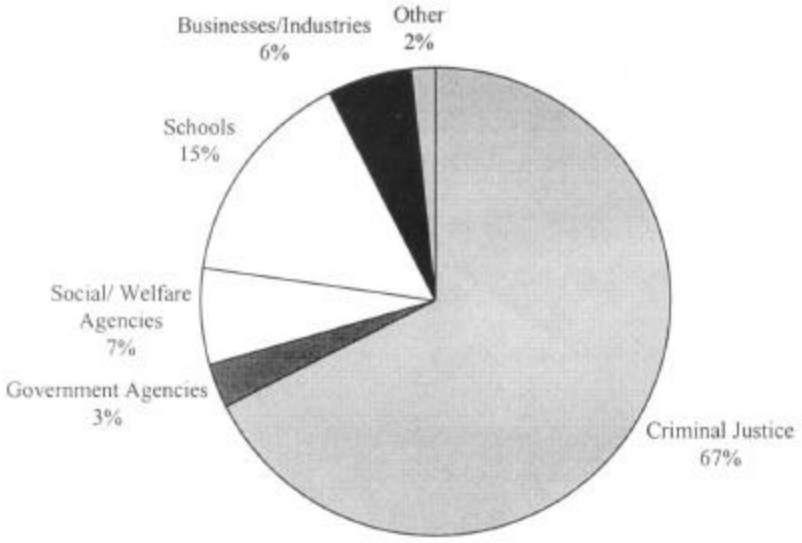
Call Origins

Health Professionals



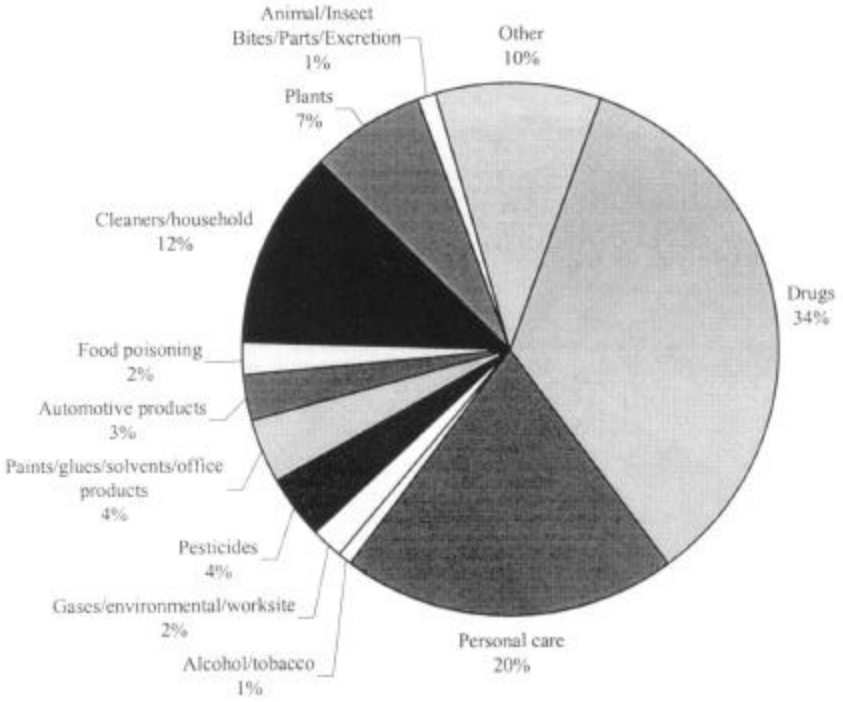
*Not at a hospital

Non-Health Professionals

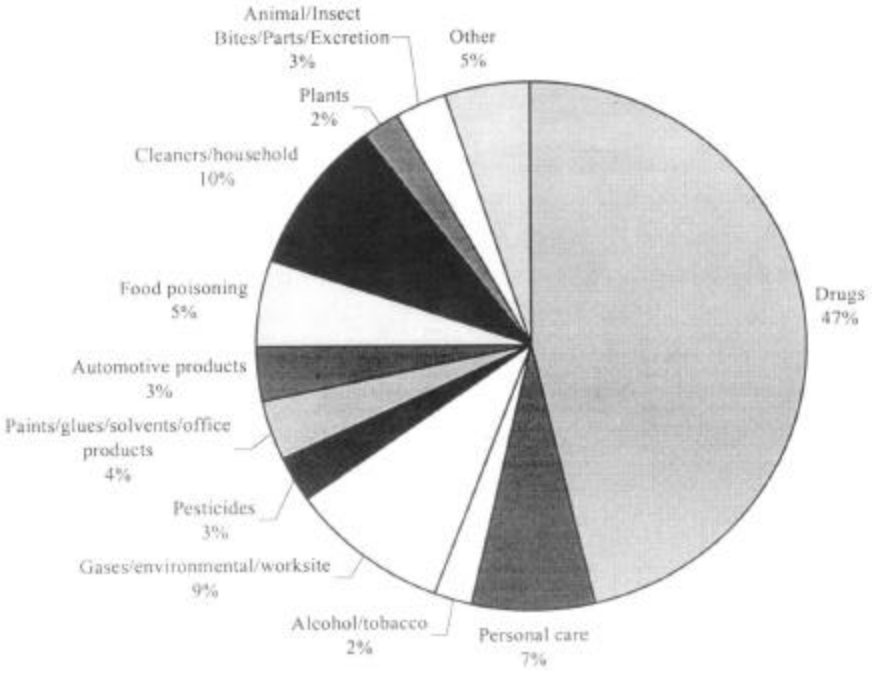


EXPOSURE CATEGORIES

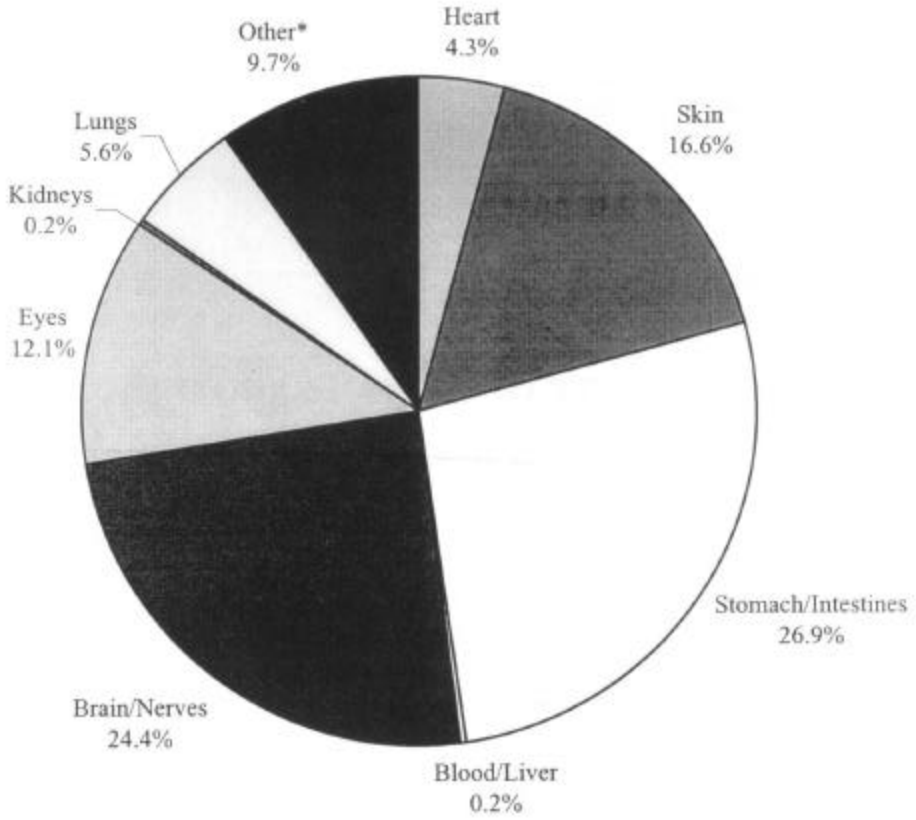
Children under Six Years



Adults & Children Six Years or Older

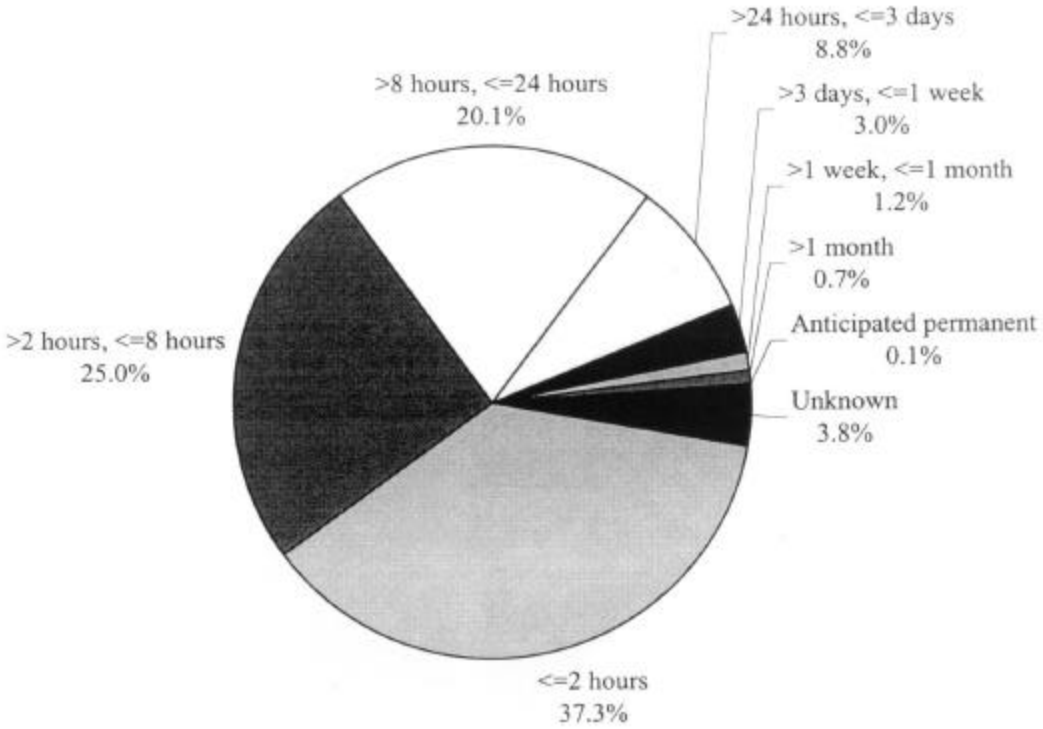


SYMPTOMATIC HUMAN EXPOSURES BY SYSTEM

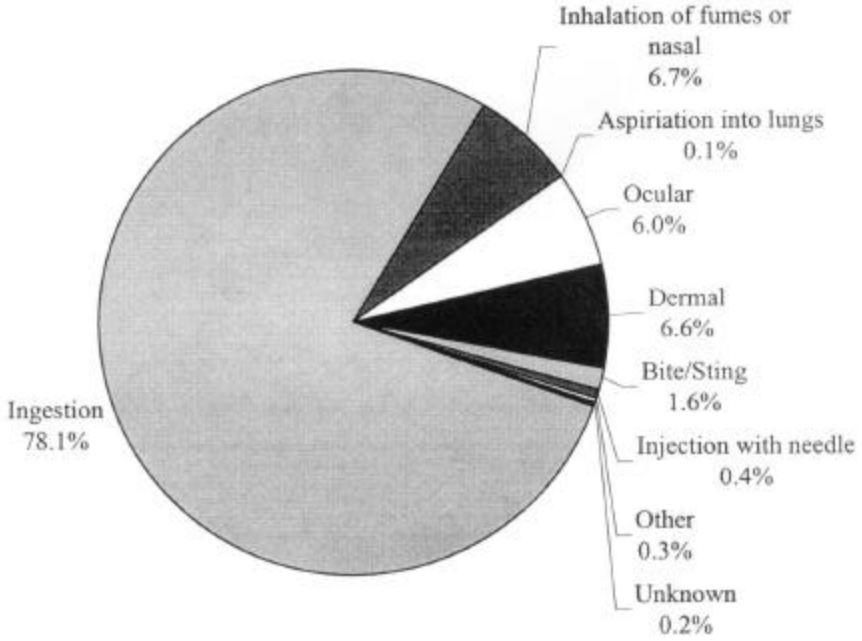


*Fever, low blood sugar, bleeding, acidic blood, excessive secretions, sweating, other

DURATION OF CLINICAL EFFECTS AFTER HUMAN EXPOSURE

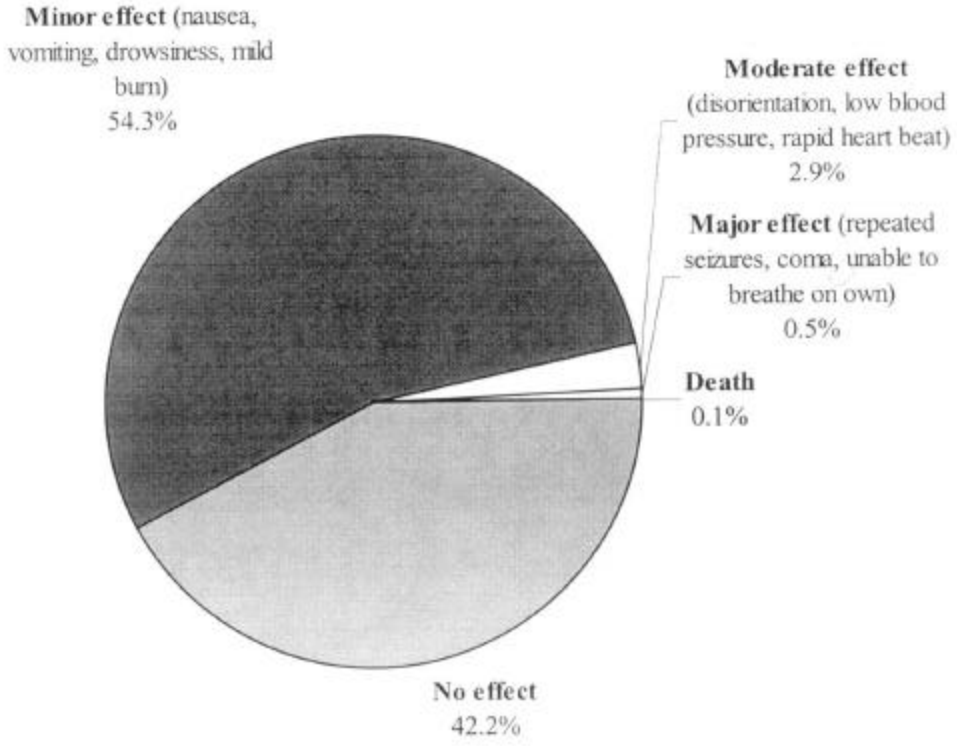


ROUTE OF HUMAN EXPOSURE

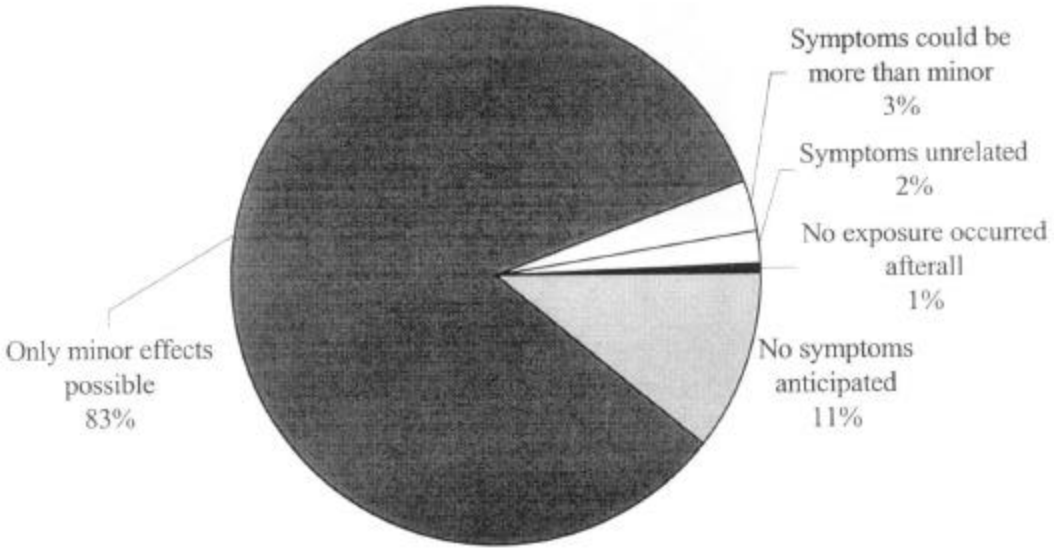


HUMAN EXPOSURE CASE OUTCOMES

Followed



Not Followed



HUMAN DEATHS

Although most exposures handled by the DPIC have good outcomes, a small number of cases result in death each year. This year is notable for two deaths from theophylline for the second year in a row. The reasons have been: therapeutic misadventure (2), suicide (1) and deliberate misuse (1). In addition, another death occurred from inhalation of carbon monoxide. Two were reported last year. Following are the causes of poisoning deaths this year.

Abuse/Misuse (hydrocodone and acetaminophen, chronic)

Misuse (theophylline)

Misuse (multiple herbal supplements)

Misuse/Accidental (saturated polyester resin, amorphous silicate, talc and styrene monomer).

Suicide (diltiazem)

Suicide (lansoprazole, nifedipine, aspirin, acetaminophen)

Suicide (ibuprofen, metoclopramide, amoxicillin, dicyclomine, cimetidine, loratadine, acyclovir, multivitamin, meclizine, gabapentin, amitriptyline)

Suicide/malicious/unknown (lead and/or aspirin)

Malicious (arsenic and phenobarbital)

Therapeutic misadventure (theophylline)

Accidental (carbon monoxide)

Accidental (fumes from drain cleaner and bleach)

Accidental (mushrooms)

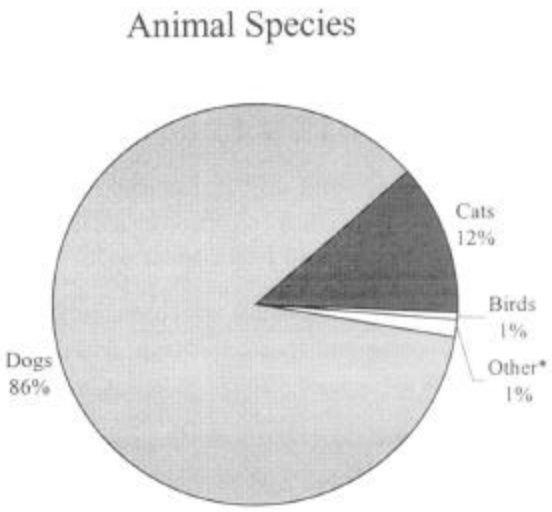
Unknown (glyburide, minoxidil, epoetin alfa, calcium, multivitamins)

Unknown (selegiline, acetaminophen)

ANIMAL EXPOSURES

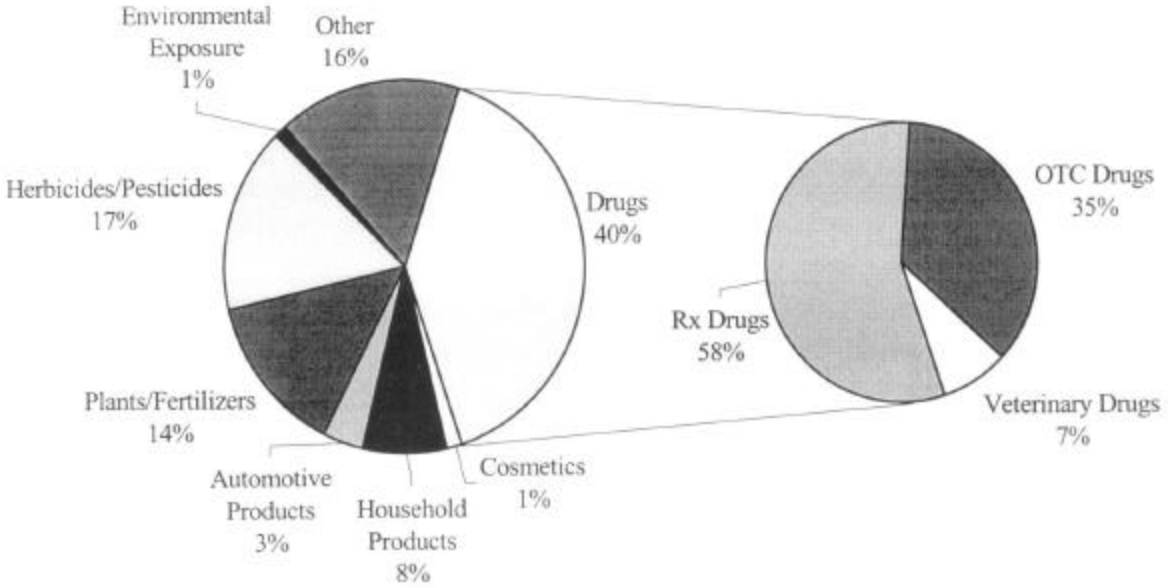
DPIC received 1,749 animal exposure calls during 1998. Veterinarians calling or referring clients to DPIC for treatment advice totaled 14% of the animal exposure calls, with owners of animals making up the remaining calls received. Most of the calls received resulted in no effect or expected minor symptoms from the exposure (90%). However, 22 deaths were reported to the center. Two cats and one dog died after drinking antifreeze. In addition, other substances thought to have caused or contributed to some of the deaths in dogs include: nicotine chewing gum, carbon monoxide, brodifacoum mouse killer, and metaldehyde slug and snail killer.

Most animal exposures handled by the DPIC involve dogs.



*Other: ferrets, rabbits, horses, cows, hamster, chinchilla

Exposure Categories



HOTLINE QUESTION EXAMPLES

"My friend drank something from a water bottle that a guy at a bar offered her. Shortly after, she became very drowsy. We took her home. She was feeling much better a couple of hours later. She didn't remember anything from the time period shortly after she drank from the water bottle until she was more coherent. The guy talked about GHB. What is that? Could that be what she drank?"

"A patient developed fever, chills and weakness after returning to work this Monday. He has noticed the same symptoms at the beginning of each workweek since starting a new job. He welds zinc. Could this be metal fume fever?"

"My son and his friends are doing something with fire extinguishers. What could they be doing? Is it anything to worry about?"

"My 50-pound dog found and ate all of the Easter candy before the children woke up for their Easter Egg Hunt. Approximately three pounds are missing. I heard that chocolate is poisonous to dogs. Should I be concerned?"

"I accidentally took my husband's digoxin, furosemide and lisinopril instead of my estrogen, progestin and hydrochlorothiazide. Is this serious? Should I put my finger down my throat and vomit?"

"A glow stick from an amusement park just broke open in my six-year-old's mouth. It burns a little. Do I need to take him to the hospital?"

"A 34-year-old intoxicated male was bitten on the hand by his pet rattlesnake. He has some fairly significant swelling up to the elbow, but seems fine otherwise. He wants to leave because we are refusing to let him have beer or a cigarette while in the emergency department. Will he require antivenin? How long do we need to observe him?"

"My mother and I were cleaning out my new apartment. Very strong fumes developed after we mixed bleach with a toilet bowl cleaner. We got fresh air right away. Although I feel pretty good now, my mother is still nauseous, coughing and short of breath. What can I do for her?"

"The football coach at our high school told my son that he should use a creatine supplement to increase his weight and be more competitive. Is this safe?"

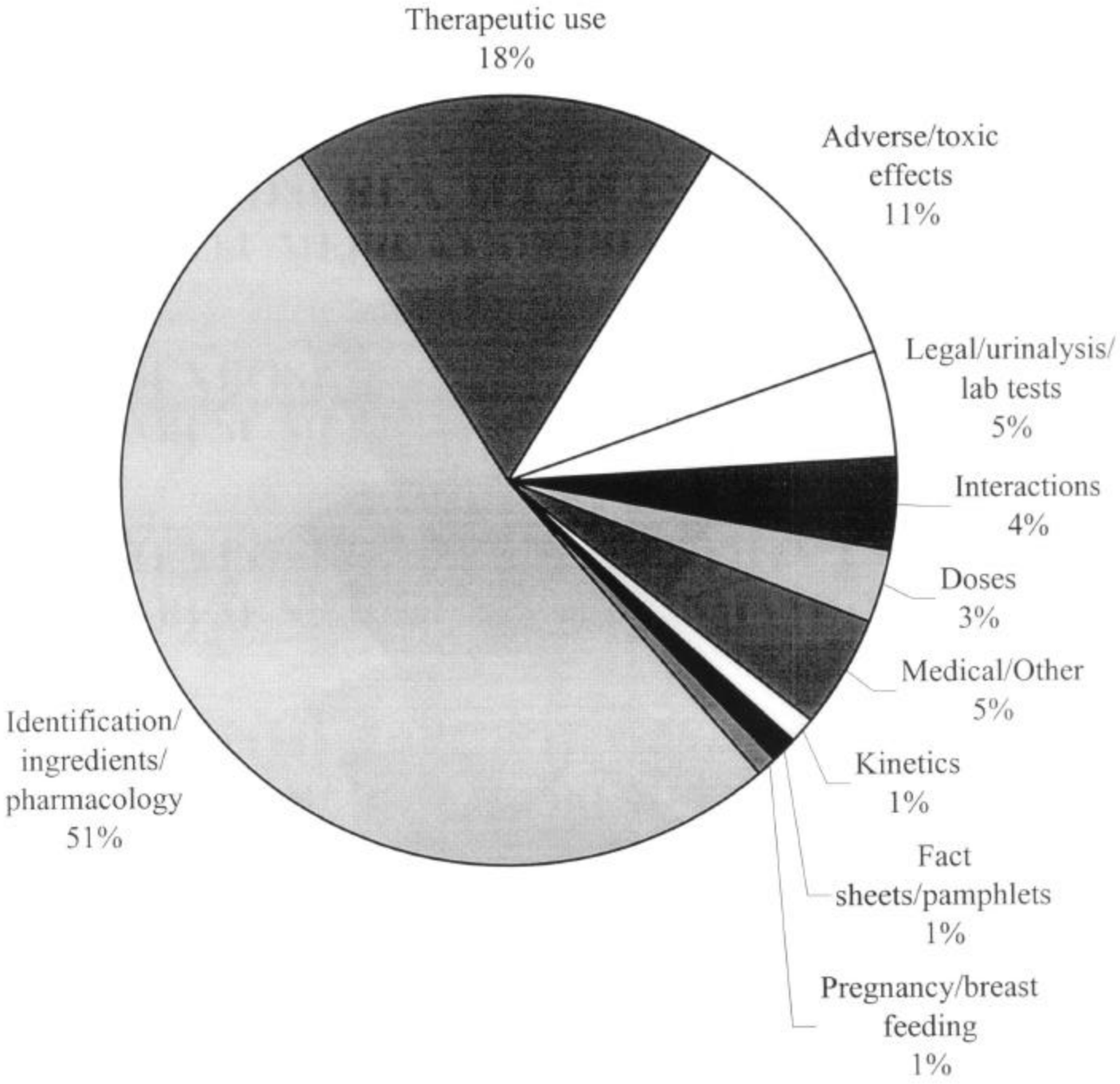
"My husband and I both dosed our one-year-old with a cold and allergy medicine. Will she have any serious problems? I already dropped her off at daycare."

"I think that my estranged wife is poisoning me with arsenic. Every time that I eat something she has baked, I become drowsy, vomit a lot and have diarrhea. What should I do? I don't want to get her into trouble."

"My wife works at a clinic that received an envelope that may have had anthrax in it. She was sent home with an antibiotic. What symptoms should we look for? How serious is this?"

"A tanker carrying sulfuric acid is leaking onto a local highway. How hazardous is this for those driving by or living in the area?"

NON-EXPOSURE CALL QUESTION TYPES
ABUSE/MEDICATION INFORMATION



SUBSTANCES CITED IN DRUG ABUSE/CHEMICAL DEPENDENCY CALLS

***INCLUDES ABUSE/SUICIDE/INTENTIONAL MISUSE INFORMATION AND EXPOSURE CALLS (n=31,749)**

Depressants

Pain Relievers

Hydrocodone (Vicodin)	2369
Oxycodone (Percocet)	1253
Propoxyphene (Darvocet)	755
Fioricet-type +/- codeine	417
Tramadol (Ultram)	333
Codeine	333
Morphine	269
Methadone	165
Other opioid	156
Pentazocine (Talwin)	140
Midrin-type	82
Heroin	67
Hydromorphone (Dilaudid)	47
Diphenoxylate/loperamide (Lomotil/Imodium)	42
Naloxone/Naltrexone (Narcan/Revia)	38
Meperidine (Demerol)	36
Poppy seeds	24
Fentanyl (Duragesic/Sublimaze)	17

Alcohol

Alcoholic beverages	897

Benzodiazepines

Alprazolam (Xanax)	1049
Diazepam (Valium)	941
Clonazepam (Klonopin)	477
Lorazepam (Ativan)	338
Temazepam (Restoril)	119
Non-beverage alcohol[1]	113
Flunitrazepam (Rohypnol, "roofies")	98
Clorazepate (Tranxene)	80
Chlordiazepoxide (Librium)	64
Other benzodiazepine	47
Oxazepam (Serax)	40
Flurazepam (Dalmane)	18

Muscle Relaxers

Methocarbamol (Robaxin)	609
Cyclobenzaprine (Flexeril)	493
Carisoprodol (Soma)	449
Orphenadrine (Norflex)	120
Baclofen (Lioresal)	111
Metaxolone (Skelaxin)	97
Chlorzoxazone (Paraflex)	91
Other Skeletal Muscle Relaxer	23

Stimulants

Cocaine	358
Methylphenidate (Ritalin)	345
Tobacco/nicotine	329
Caffeine[2]	194
Amphetamine	148
Phentermine (Adipex-P)[3]	143
Ephedrine	118
Stimulants for asthma[4]	104
Crack Cocaine	84
Pseudoephedrine	81
Phenylpropanolamine (PPA)	75
Other stimulant	70
Caffeine/ephedrine/other mix	35
Methamphetamine/Ice	25
Benzphetamine (Didrex)	22
Fenfluramine (Pondimin)[3]	18

Hallucinogens/Entactogens/Delerients

Marijuana	517
Other antihistamine	311
Dicyclomine	129
Benztropine (Cogentin)	88
LSD (lysergic acid diethylamide)	85
Anticholinergic plants/medicines[5]	80
Mushrooms/peyote ("shrooms")	60
Ecstasy (MDMA, similar)	51
PCP (phencyclidine)	45
Ketamine ("special K")	45
Other[6]	41
Oxybutinin	39
Trihexyphenidyl (Artane)	26

Inhalants

Solvents (acetone/toluene/other)	113
Other (mostly cleaners)	66
Hydrocarbons (mineral spirits/other)	52
Butane/propane/aerosol propellants	48
Other gases[7]	43
Glues/adhesives	19
Paints (toluene/xylene)	17
Nitrous oxide ("whippets")	14

More Depressants

Other

Non-prescription sleep aids (Sominex)[8]	418
Buspirone (Buspar)	135
Zolpidem (Ambien)	115
Other[9]	84
Barbiturates (Seconal, others)	34
Gamma-hydroxybutyrate (GHB)	32
Meprobamate (Equanil)	20

Antidepressants

Trazodone (Desyrel)	449
Amitriptyline (Elavil)	418
Sertraline (Zoloft)	183
Paroxetine (Paxil)	162
Fluoxetine (Prozac)	138
Doxepin (Sinequan)	137
Venlafaxine (Effexor)	121
Bupropion (Wellbutrin, Zyban)	101
Imipramine (Tofranil)	87
Nefazodone (Serzone)	85
Mirtazapine	72
Other antidepressant	70
Nortriptyline (Pamelor)	48
Fluvoxamine (Luvox)	23

Antipsychotics	**864**
Anticonvulsants	**470**

Miscellaneous

Other[10]	2646
Plant/herbs/etc.	159
Anabolic steroid/clenbuterol	55

"Not Abusable"[11]

Anti-inflammatory agents (ibuprofen)	2271
Antibiotics (penicillin)	1362
Acetaminophen (Tylenol) or Aspirin	1237
Heart medicine (Digoxin/Inderal)	919
Cough/cold/allergy	693
Other (prednisone/thyroid)	421
Stomach medicines	405
Vitamins/minerals	175
Aspirin/acetaminophen with caffeine	120
Birth control pills/hormones	75
Medicines for brain/dizziness/vomiting	49
Genitourinary	41

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

2 No Doz, "pea shooters," other

3 "Fen-Phen"

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

5 Jimson weed, benztropine (Cogentin), other

6 Other anesthetics, ergot alkaloids

7 Ozone, carbon monoxide, helium, other

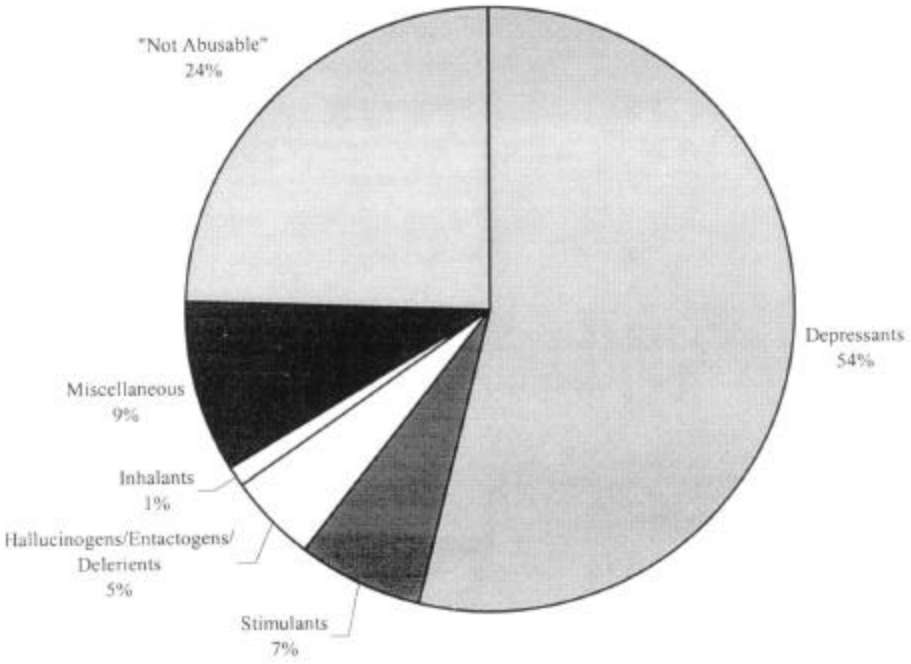
8 Most with diphenhydramine (Benadryl)

9 Chloral hydrate, Quaaludes, other

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

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

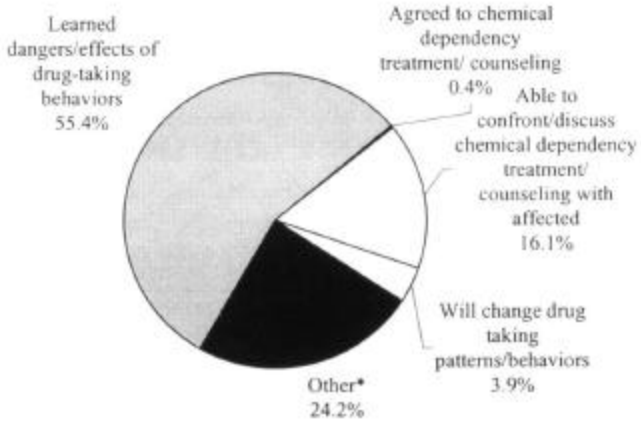
SUBSTANCES CITED IN DRUG ABUSE/CHEMICAL DEPENDENCY CALLS*



*See previous two pages for detailed description of categories

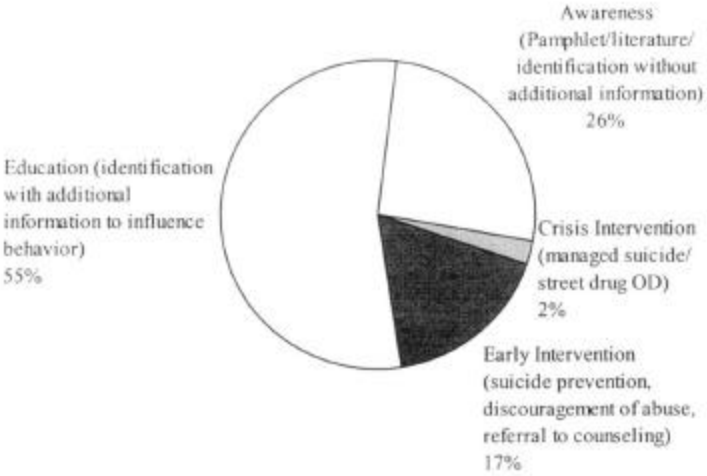
SUBSTANCE ABUSE HOTLINE CALLS: SELECTED IMPACT DATA

Caller Impact

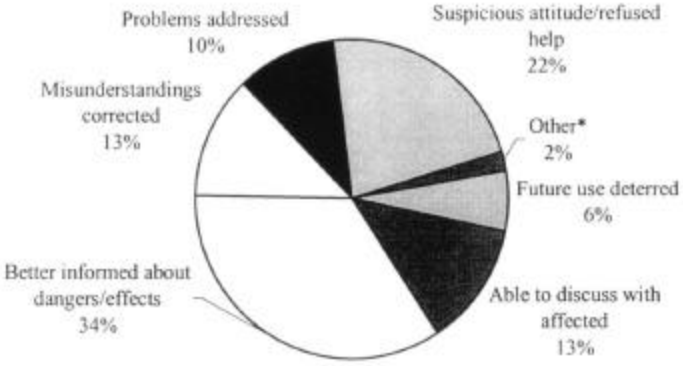


*Examples of other: Police drug identification, school projects, will abuse despite information given

Categories of Service Provided



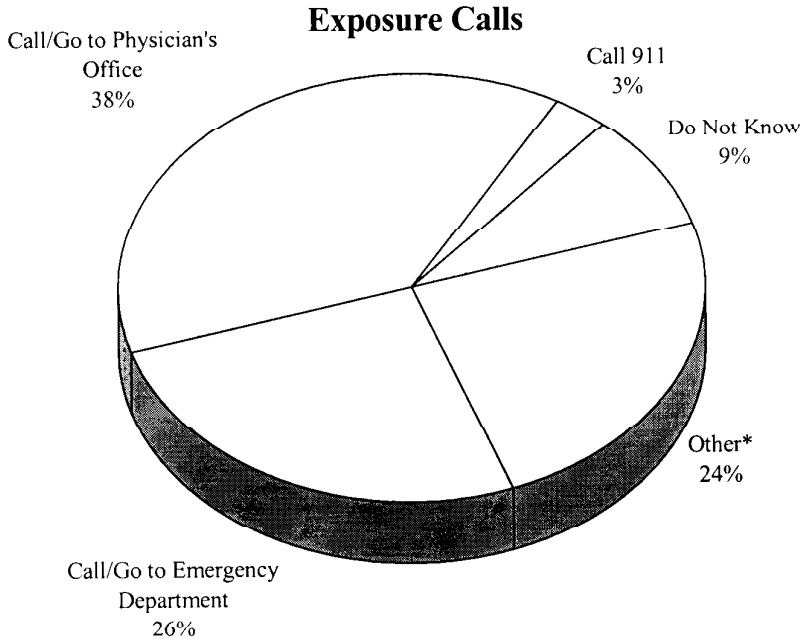
Services/Information Provided



* Examples of other: Police drug identification, RPh calling on behalf of a parent, school projects

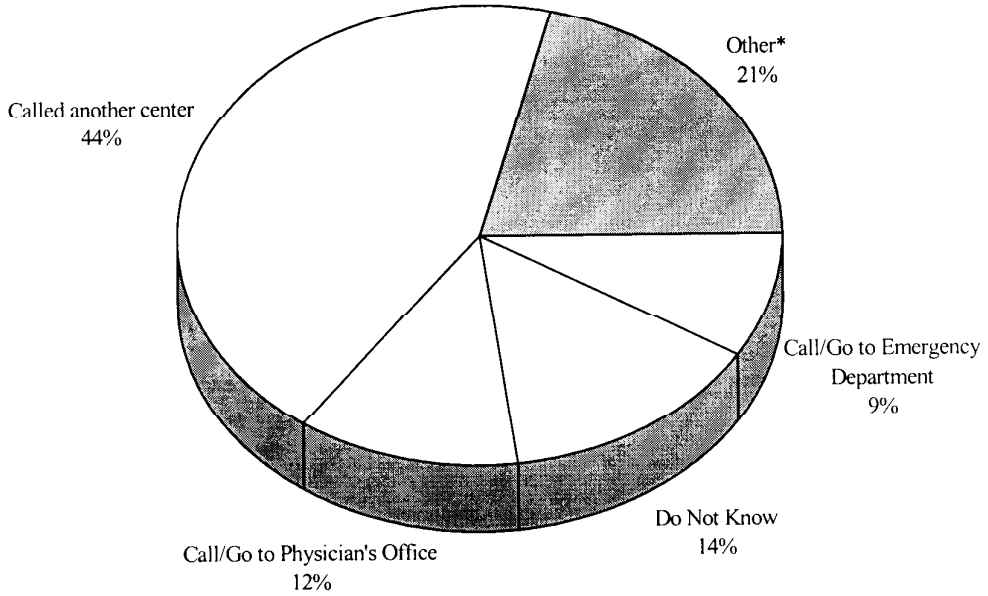
ALTERNATIVES FOR ASSISTANCE WITHOUT A LOCAL POISON CENTER

Exposure Calls



*"Panic because it takes to long to contact the pediatrician; wash eyes and wait; trust in the Lord as always; call the manager (at work); worry myself sick; just wait for reaction if any."

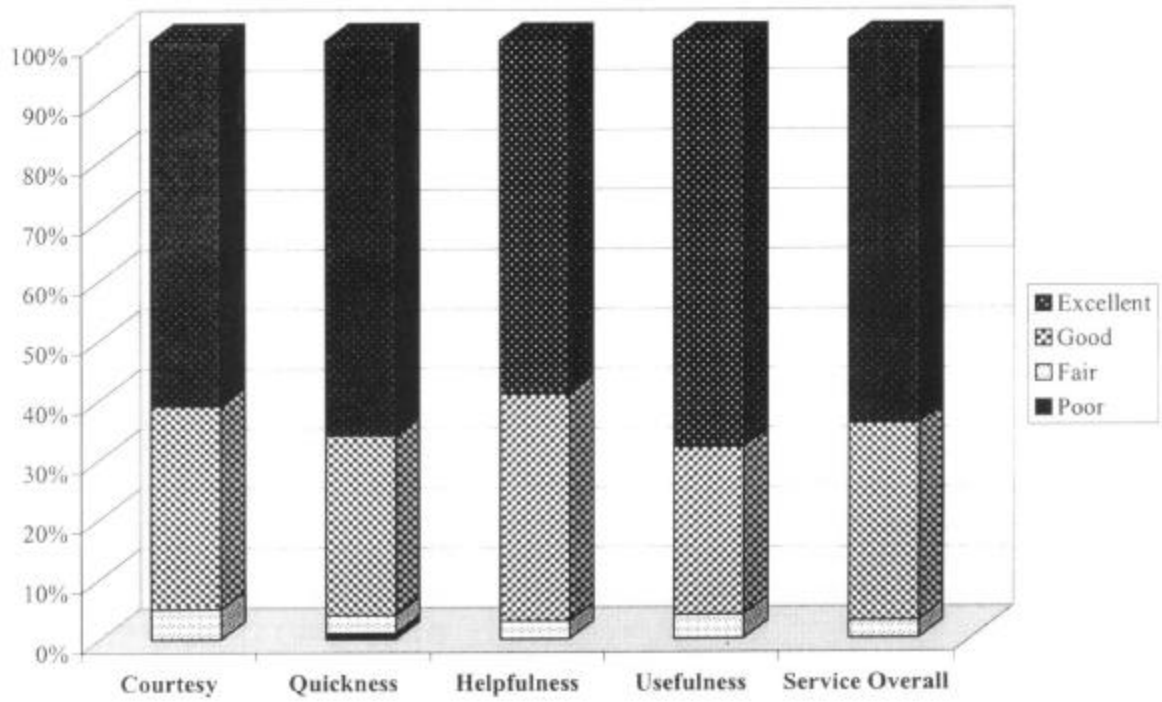
Information Calls



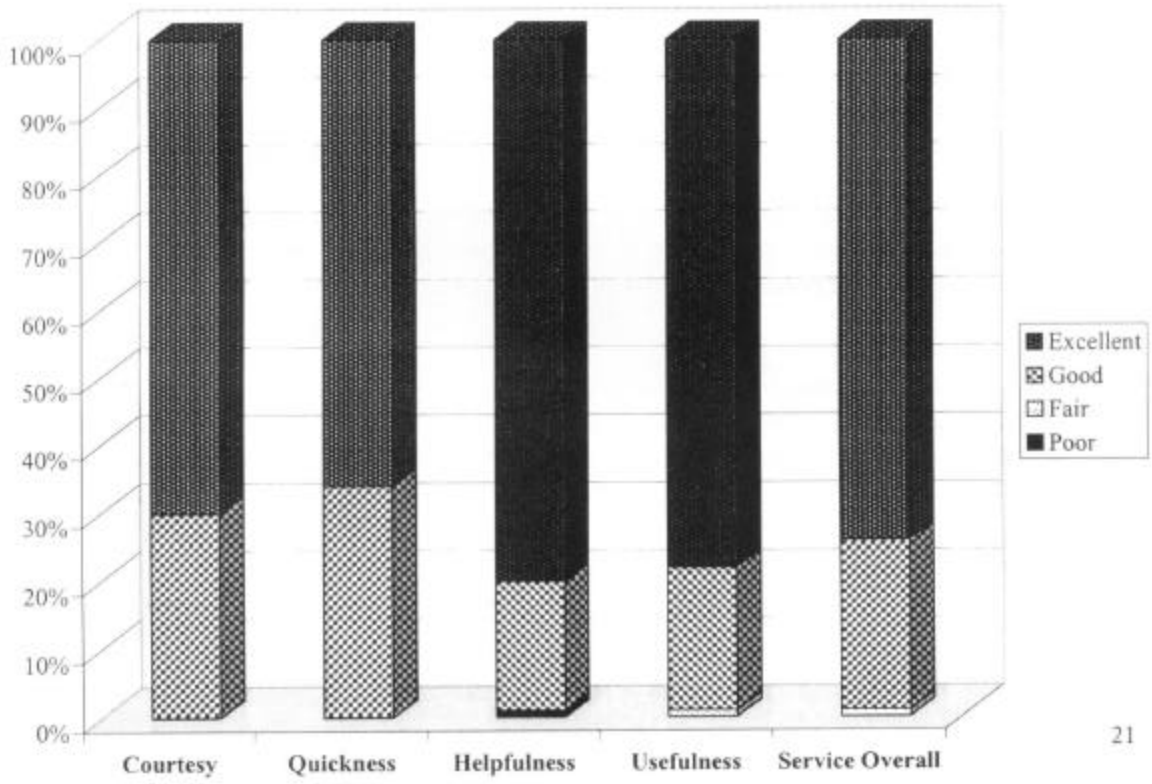
*"Do the wrong thing; try to look it up myself; nothing; get information somewhere else; consult another physician; go to the library; try elsewhere which would take longer; surf Internet."

DPIC HOTLINE SATISFACTION SURVEYS

Exposure Cases (n=100)



Information Cases (n=100)



EDUCATION/PREVENTION HIGHLIGHTS

Educators of the Ohio Poison Centers Collaborative Network

The Health Educators of the Columbus Central Ohio Poison Center, the Cincinnati Drug & Poison Information Center and the Greater Cleveland Poison Control Center have formed a collaborative network to address poison prevention outreach for the State. The group is seeking cost-effective ways to offer basic information for displays and distribution as well as in-depth prevention education for trainers in the area of poison control.

The collaborative network is already working with the Safe Kids Coalition on a grant from the Youngstown Junior League to provide poison prevention information to Mahoning County, which is physically closest to Cleveland. The Columbus "Be Poison Smart" program will be used in this county, where poison control services are provided by the Cincinnati DPIC. Training of the trainers programs will ultimately benefit: parents receiving home healthcare or taking children to appointments at health department clinics; preschool children at Headstart programs; and others. Surveys and evaluations, as well as routine call data, will provide a variety of statistical measures to be used in demonstrating the value of poison prevention and education.

University Of Cincinnati Institute of Psychiatry and Law Consulting

In 1998, the University of Cincinnati Department of Psychiatry founded the University of Cincinnati Institute of Psychiatry and Law. The Institute has training and consulting components. Dr. E. Don Nelson and Dr. Earl Siegel were invited to serve as founding faculty of the Institute. The Institute has established a website to promote awareness of the Institute and its faculty.

Case consultations include criminal and civil cases involving drugs, alcohol, and chemicals. Arbitration and/or negotiations resolve most of the cases after an expert opinion is given in writing or by deposition. A few cases proceed to trial and some require live testimony by one or more expert witness.

Dr. Nelson has presented several training seminars on the effects of drugs and alcohol on the body, brain and behavior in relation to legal issues. Organizations addressed include the Hamilton County Public Defenders Association, the Indiana Bar Association, the Kentucky Bar Association, the Salmon P. Case Inn of Court Society and the Stuart Potter Inn of Court Society.

Education/Awareness Focus

Children's Hospital Medical Center (CHMC):

- Pediatric resident education in the Injury Prevention Curriculum
  - -Monthly experiential site
  - -Bimonthly poison and drug abuse prevention lectures
- Lectures on "Substance Abuse Pharmacology" and "The Abuse of Herbs" to staff at the Adolescent Clinic
- Grand Rounds: "Pediatric Poisoning: A New Perspective"
- Carbon Monoxide article for the quarterly publication "Young & Healthy"
- Just Community program drug abuse prevention collaboration with CHMC and the University of Cincinnati
- Substance abuse prevention satellite conference host for CHMC staff and the community (e.g. "Adults – How to Talk to Your Kids about Drugs," "Keeping Kids Drug Free: Effective Prevention Programs," and "Addiction's Impact on Family and Friends").

Hamilton County:

- Poison prevention education messages for children 3- to 10- years of age: "Healthy Habits", "Safe Eating", "Adults That You Trust" and "Pretty Poisons"
- Drug abuse/poison prevention education messages for children 8- to 12-years of age delivered to scout troops, church groups, health class and baby sitting clinics
- Increased number of presentations (e.g. "Using Your Medications Wisely") to older adults, working with the Mental Health and Aging Coalition

Statewide:

- Several well-received lectures (e.g. "Toxicovigilance," "Keep Off the Grass," and "Huffing Heartstopping Household Highs.")
- Consultations on industrial exposures to toxic chemicals, planning for responding to toxic spills and advice regarding proper clean-up procedures

Regional:

- Collaboration with the American Red Cross Task Force on Carbon Monoxide Safety to have information brochures with prevention tips and DPIC's phone number sent with Cinergy billing to 400,000 households
- Toxicology conference drawing over 75 toxicologists from 7 states
- Expanded prevention/awareness/education provided to include new areas of concern
  - Herbal use, misuse, abuse and homeopathic treatments
  - Date rape, "drug mugging"
  - Toxic Terrorism/ Weapons of Mass Destruction

THE PREVENTION RESEARCH UNIT

The Prevention Research Unit (PRU) of the DPIC implements programs that promote healthy, drug-free lifestyles. The PRU provides service to youth, parents, health care professionals, educators and members of the community. Over 2.5 million contacts with individuals in Hamilton County have been made by the PRU over the years. In addition, over 2,000 community residents regularly receive intense substance abuse prevention and education services, delinquency prevention programming, truancy services and community empowerment training services. During the 1998 calendar year, the PRU also participated in a partnership with Public Allies, a program designed to provide specialized training for individuals interested in community service. The following is a brief summary of the services provided by this community active division of the DPIC:

RESPONDING TO EVERY ADOLESCENT'S CRY FOR HELP (REACH)

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

KNOWLEDGE LEVEL/ PERCEPTION OF HARM	BASELINE	MIDYEAR	FINAL
I admire people who use drugs	70%	20%	7%
I admire drug pushers	90%	83%	19%
Drugs are needed to feel good	65%	33%	15%
It's O.K. to try drugs once or twice	57%	47%	16%
Positive cultural identity/awareness	10%	40%	100%
Drug abuse harms the body	25%	77%	85%
Drug abuse is unhealthy	33%	80%	93%

CHANNELING AGGRESSION FOR NON-DELINQUENT OUTCOMES (CAN-DO)

The PRU receives funding from the Office of Criminal Justice Services to implement a delinquency prevention program. The CAN-DO project provides interventions in school settings for African-American youth between 7- and 13-years of age. Youth who participate in the CAN-DO project have a history of "trouble behavior" and are at high risk of becoming involved in the juvenile justice system. The table below details a comparison of the most common trouble behaviors as indicated on student profile assessments:

BEHAVIOR	BASELINE	MIDYEAR	FINAL
Unruly	75%	40%	19%
Disruptive	100%	47%	34%
Other *	24%	10%	1%

*Stealing, sexual acting out, inappropriate racial comments, disrespectful of authority

Data was also gathered from teachers and counselors regarding student behavior. The following table displays that comparison.

BEHAVIOR	BASELINE	MIDYEAR	FINAL
Don't behave in class	100%	55%	12%
Bother others in class	95%	65%	25%
Get in trouble in class	100%	42%	20%
Don't follow class rules	95%	60%	10%

This exciting new program is funded by the Ohio Department of Alcohol and Drug Addiction Services. The MAAT project centers on the principles of *Maat*, which includes trust, justice, righteousness, propriety, harmony, balance and order. Interventions involve African-American males and females who are between 7- and 14-years of age. Youth participants are selected for involvement in the program based on high risk of involvement in the drug abuse culture due to the presence of one or more of the following risk factors: 1) high absenteeism and/or truancy from school; 2) school failure; 3) lack of sufficient cultural foundation; 4) lack of bonding with school and/or community; 5) low socioeconomic status; 6) ethnic minority; 7) lack of positive parental role models and/or 8) African-American males/females who lack ongoing contact with positive African-American role models (elders). Project participants become reacquainted with the village (community) and are taught by elders to uphold village principles and to pass these teaching on the next generation.

NOMAD (NO MORE ALCOHOL AND DRUGS) MOBILE PREVENTION PROJECT

The NOMAD van remains the most community-visible of all the DPIC prevention and outreach programs. The mobility of the NOMAD van enables staff to provide substance abuse prevention and education services to hard to reach populations that may be missed by traditional access methods. The NOMAD project provides community-specific substance abuse and poison prevention/education services throughout Hamilton County. Major community events attract millions, and of these, over 300,000 individuals participated in NOMAD specific activities. Services were provided at community fairs, rallies, promotional events, pool sites, recreation centers, health fairs, shopping centers, juvenile detention centers, and schools. The NOMAD unit is easily recognized and has become synonymous with substance abuse prevention in communities throughout Hamilton County. Many who participated in NOMAD programs would not have been exposed to targeted prevention services if the NOMAD van did not provide such services to them in their communities. Over 350,000 pieces of substance abuse prevention and/or treatment literature were distributed and several referrals to community based counseling, family support groups or treatment services were made by NOMAD staff. Now over seven years old, the NOMAD mobile unit is ready for expansion. The DPIC is seeking support to enhance this vital community service program.

PREVENTION ALLIANCE

The Prevention Alliance continues to focus on prevention education and outreach services to the western portion of Hamilton County. These activities are conducted under the direction of the PRU staff. Alicia Aumentado, RPh, CSPI, OCPS represents DPIC in collaboration with the Alcoholism Council of the Cincinnati Area (ACCA), Crossroads Centers and the Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP). This year's highlights include seminars conducted to address the effects of marijuana use, pharmacology of cocaine, the toxicology of inhalant abuse and the health hazards of tobacco use. Special sessions entitled "Dispelling the Myths of LSD" were also held. The summer activities take place at pools, day camps and community centers. In addition, programming for Older Adults was conducted at the Drake Center, Metropolitan Housing and Senior Expo. Lecturers discussed issues such as: safe use of medication, problems associated with deliberate and accidental misuse of medication, interactions with alcohol and medicine, adverse effects and communication with health care professionals.

The following are ongoing programs offered by DPIC through the Prevention Alliance:
1) Medication Education for the Older Adult
2) NOMAD Mobile Prevention Services
3) Adult Drug Abuse Education Program
4) Drug Abuse Prevention Program for Youth
5) Inhalant Abuse Prevention Program (Youth Component)
6) Inhalant Abuse Prevention Program (Adult Education Component)
7) Training of Trainers Programs

EARLY PREVENTION INTERVENTION PROJECT (EPIP)

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

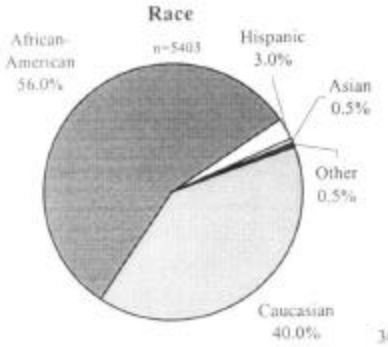
E. Don Nelson, Pharm.D., O.C.P.S., DPIC Associate Director and EPIP Research Director, uses process, outcome, and impact measures to evaluate the performance of the project in relation to its goals and objectives. Dr. Nelson also functions as the primary trainer for the EPIP.

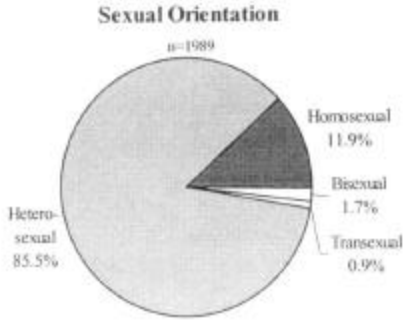
Anonymous HIV testing, TB testing and STD screening evaluation are offered on- or off-site. Persons positive for HIV are referred to the AIDS Treatment Center (ATC) at the University of Cincinnati for appropriate CD4 monitoring and institution of appropriate anti-viral therapy. Data from the EPIP project are reported to the Hamilton County Alcohol & Drug Addiction Services (ADAS) Board and to Ohio Department of Alcohol and Drug Addiction Services (ODADAS).

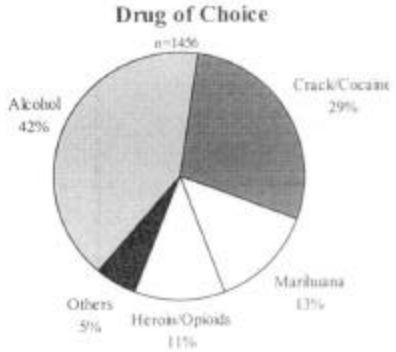
In the course of the provision of EPIP services, EPIP staff has interacted with ODADAS-certified chemical dependency treatment programs in Hamilton County. In addition, EPIP has delivered services to numerous other agencies serving clients with high-risk behaviors for substance abuse and HIV infection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

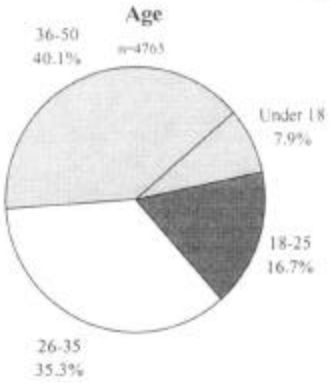
EPIP Statistics for July - December 1998

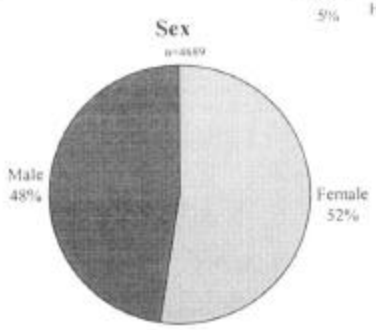
Clients receiving educational sessions	2,863
Education sessions provided	196
Clients receiving risk assessments	776
Clients receiving HIV pre-tests	1187
Clients receiving HIV blood draws	1058
Clients receiving STD blood tests	114
Clients receiving post-HIV test counseling	642
Clients receiving nursing assessments	159
Clients receiving case management services	196
Agency staff training sessions	19
Staff trained in external trainings	276
Clients receiving outreach contacts	1758
Clients receiving interim services	372
Faith based clients	534
Mean pre- vs post-test score (HIV knowledge)	6.5 vs 8.8 out of 10
Mean training evaluation score 0 (poor) to 4 (excellent)	3.8











NetWellness™

For a fourth year, DPIC participated in NetWellness™, a web-based consumer health information service from the University of Cincinnati, The Ohio State University, and Case Western Reserve University. In addition to health information from quality-evaluated web links, medical literature, databases and original content, NetWellness offers access to health care professionals in a wide variety of specialty areas through "Ask an Expert." Pharmacists from the DPIC provide the "Expert" for the Pharmacy and Medication area. Since it began in 1994, this area has continuously been the most accessed of all NetWellness® resources. To date 1,650 questions have been asked. Questions cover a wide range of topics, including concerns about drug-drug and drug-disease interactions, medication use during pregnancy and breast feeding, therapeutic uses, side effects, herbal and alternative medicine, substance abuse issues and newly approved medications, to name a few. In responding to questions, the pharmacists try not only to give the individual the information requested, but also to provide the information in a manner that is useful to others with similar concerns. The overall goal is to encourage and enable consumers to become active knowledgeable participants in their own healthcare. Typical questions answered through "Ask an Expert – Pharmacy and Medications" include:

1. **"I have a question about tetracycline - I am currently taking it to take care of a dermitis problem on my face. The bottle says to avoid prolonged sunlight, which I find it hard to do as I am a nanny am often outside. What is the side effect of the sunlight? It seems like my face is breaking out more, and I wonder if the tetracycline is the problem. Thanks for the information."**
Answer: Tetracycline may cause your skin to be more sensitive to sunlight than usual. Exposure to sunlight may cause a severe sunburn, skin rash, redness or skin discoloration. If possible, you should avoid direct sunlight. If you have to be in the sun, wear protective clothing and apply a sun block product that has a SPF of at least 15.

2. **"What are drug-herb reactions of St Johns wort, kava, valerian, chamomile and ginsing?"**
Answer: The following potential and reported drug-herb interactions were found. St. John's wort may interact with antidepressants, lithium, meperidine, selegiline and other prescription medicines. Over-the-counter (OTC) medicines such dextromethorphan, phenylpropanolamine, and pseudoephedrine may also interact with St. John's wort. Alcohol and other CNS depressants (medicines that slow down the central nervous system) may add to the effects of Kava Kava and should be avoided unless otherwise directed by a physician. Some examples of CNS depressants include antihistamines, sedatives, sleeping medicine, narcotic pain relievers, barbiturates, and muscle relaxants. Valerian Root is used for its sedative effects. It does not appear to interact with alcohol. However, it may add to the effects of other CNS depressants. Chamomile may interact with warfarin. Ginseng may interact with digoxin, warfarin, blood pressure medicines, Lasix and other diuretics. Little is known about drug-herb interactions. Make sure your doctor is aware of any herbal product or alternative medicine you take.

3. **"I'm considering taking that new diet pill Xenical (I think is the name) - the fat blocker one. I am 50 lbs overweight so I should be a good candidate. Can you tell me about it and the side effects?"**
Answer: Xenical (generic name - orlistat) is indicated for obesity management including weight loss and weight maintenance when used together with a reduced-calorie diet. This medicine is recommended for patients that are either significantly overweight (at least 30% above ideal body weight) or are overweight (at least 20% above ideal body weight) and have additional risk factors (eg. high blood pressure, high cholesterol). Xenical works by decreasing dietary fat absorption. In one-year clinical trials, 57% of patients taking Xenical (in conjunction with a modest calorie reduction) lost at least 5% of their body weight, compared to 31% of patients taking a placebo. This medicine has also been shown to lower cholesterol levels.

In clinical trials, 8.8% of patients taking Xenical discontinued treatment due to adverse effects. Some more common side effects of this drug include oily spotting, gas with discharge, fecal urgency, oily or fatty stools, increased number of bowel movements, and inability to control bowel movements. Gastrointestinal side effects may increase if Xenical is taken with a diet high in fat (>30% total daily calories from fat). Other side effects may also occur.

DPIC services available on **NetWellness™** include: (1) **"Ask an Expert"**, providing answers to consumer questions related to pharmacy/medication issues by DPIC pharmacists; (2) a demonstration model of **HOPEline®**, an interactive, self-help substance abuse/chemical dependency database, self-assessment tests, (3) the Center's "all-in-one" **Poison Prevention Pamphlet** and (4) general information about the Center and its services.

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

DPIC INCREASES INVOLVEMENT IN DRUG INFORMATION EDUCATION

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

The Center's commitment to the training of pharmacists in the area of drug information was further expanded in 1998 as the Center became the primary drug information experiential site for students transitioning into the College of Pharmacy's new 6-year program. Additionally, the Center participated in the Certificate Program in Drug Information offered to practicing pharmacists through the Council of Ohio Colleges of Pharmacy. Gaylene Tsipis, M.S., R.Ph, and Karen Krummen, Pharm.D. precept these programs.

DPIC Toxicology Fellows, E. Bottei, MD (Chicago) and R. Ponampalam, MD (Singapore), discuss the toxicity of nutmeg.

DPIC nurses and pharmacists teach pharmacology at the University of Cincinnati in the College of Evening and Continuing Education.

Toxicology Fellow, Ed Bottei, MD, presents continuing education to DPIC nurses and pharmacists. The topic is Toxic Terrorism and Weapons of Mass Destruction. Dr. Bottei is prepared for an incident.

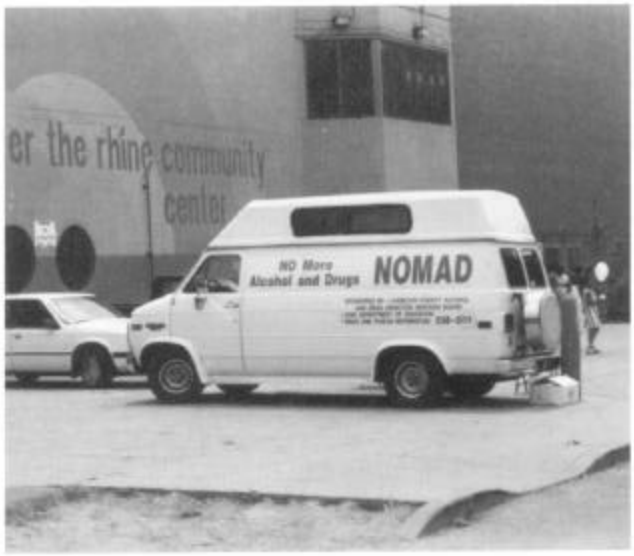
DPIC staff meet weekly with the UCMC Toxicology Consult Team to discuss toxicologic topics.

DPIC representatives meet with toxicologists from around the country (and the world) yearly to maintain toxicology and drug abuse/information currency.

Hotline staff manage exposures to and answer questions about substances and drugs of abuse, poisons and medications.

Marsha Polk, HPT, OCPS, PRU Director

The Prevention Research Unit has made over 2.5 million contacts with individuals in Hamilton County since its inception.



The NOMAD mobile unit goes wherever outreach is needed.

Over 300,000 Hamilton County residents participated in NOMAD-specific activities.

E. Don Nelson, PharmD, OCPS, teaches youngsters at the Glad House about the dangers of tobacco use.

EPIP educates those at especially high risk for contracting TB, HIV and other STDs.

STATEMENT OF REVENUE AND EXPENSES
FOR FISCAL YEAR ENDING JUNE 30, 1998
Poison Control and Community Services

REVENUES		
OUTREACH SERVICES - Grants and Related Contracts		
REACH		131,250
CANDO		41,676
MAAT		25,000
ADAS Westside		38,661
CCHB		40,000
Hamilton Co. Educational Serv. Center		29,000
POISON CONTROL - COMMUNITY HOTLINE		
Member Hospitals/Institutional Support		124,961
Public Support of Community Services		
Ohio Department of Health		310,815
Ham. Co. ADAS		176,426
City of Cincinnati		11,100
Donations/Misc. Income		10,061
Total Revenue	$	938,950
EXPENSES		
Salaries and Benefits		
Outreach Services		240,137
Poison Control - Community Hotline		1,015,616
Subtotal - Salaries and Benefits	$	1,255,753
Non-Personnel Expenses		
Outreach Services		65,450
Poison Control - Community Hotline		333,582
Subtotal - Non-Personnel Expenses	$	399,032
Depreciation	$	78,559
Total Expenses	$	1,733,344
Net Balance For Poison Control and Community Hotline Services	$	(794,393)

DRUG & POISON
INFORMATION CENTER

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Cincinnati, Ohio 45267-0144

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PATTERNS AND TRENDS OF DRUG USE IN

CUYAHOGA COUNTY/ CLEVELAND, OHIO

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June, 2000

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

Abstract

Crack cocaine and heroin remain Cuyahoga County=s primary drug abuse problem. Utilizers of these two substances continue to be African-American males in their late twenties, early thirties. The prevalence of crack cocaine is relatively unchanged; however, there are new user groups emerging. Specifically, focus group participants shared that there is an increase in white, professional male/female individuals whom are using crack cocaine. African-American males in their twenties and early thirties, who were previously identified as primary abusers of crack cocaine, are not abusing the drug to the extent that was reported previously due to the negative consequences of the drug and the stigma associated with being labeled a Acrackhead@. The increase in Heroin utilization that was reported in January, 2000 remains unchanged. New user groups of youth experimenting with hallucinogens and Aclub drugs@ (LSD, Ketamine/@Special K@, and AEcstasy@) have emerged and continue to increase. Other opiates remain popular with white females, although the high cost and availability of select painkillers (Vicodin, Demerol, Dilaudid) are a limitation. Marijuana remains the most common drug used throughout Cuyahoga County, often used in conjunction with other drugs and alcohol, particularly with the adolescent population. A myriad of treatment barriers continue to exist for the drugs mentioned - especially heroin and crack cocaine. Reimbursement issues, lack of residential treatment programs and availability of treatment programs are the predominant challenges facing treatment providers throughout Cuyahoga County.

INTRODUCTION

1. Area Description

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

2. Data Sources and Time Periods

$ **Qualitative Data** were collected in four focus groups and 1 individual interview conducted in April, May and June, 2000. The number and type of participants are described in Table 1 and 2.

$ **Alcohol and Drug Abuse Treatment admission data** are provided by the Ohio Department of Alcohol and Drug Addiction Services for the state of Ohio and each specific county.

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

$ **Availability, price and purity data** are available through the Cuyahoga County Sheriff=s Department and local suburban police/sheriff departments for January, 1999 through June, 2000.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
06/05/00	5	Active Users
06/05/00	6	Active Users
06/16/00	5	Active Users
06/21/00	4	Active Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
05/04/00	Treatment Provider, Clinical Director of large, multi-site chemical dependency agency in Cleveland, Ohio

Totals

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	20	1	21

Table 2: Detailed Focus Group/Interview Information

June 5, 2000

Name	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
Mark	35	White	Male	Active drug user. Primary drugs of choice are heroin and other opiates. Has been using drugs since age 17. Works in construction trades hanging drywall. Has been incarcerated several timed for possession/dealing of drugs and probation violations.
Brian	40	White	Male	Active drug user and dealer. Primary drug of choice is crack cocaine and alcohol. Born in Cleveland, has lived in Boston, Miami and the Caribbean Islands. Been involved in dealing heroin and cocaine for the past 13 years - has been incarcerated twice for possession and dealing of drugs.
Pat	33	White	Male	Active drug user presently in treatment. Primary drug of choice is alcohol and marijuana. Works as machinist.
John	32	Hispanic	Male	Past drug user, presently in treatment and has not used drugs for past eight months. Primary drug of choice is alcohol.
Tim	31	Hispanic	Male	Active drug user. Primary drug of choice is cocaine - both powder and crack. Has been incarcerated for possession of drugs, repeated DWI-s and parole violations. Works as tool & die cutter.

Recruitment procedure: *The participants above were recruited through a previously established contact with the Recovery Resources, Inc. in Cleveland, Ohio. The Clinical Director asked the Program Director of the IOP program to recruit individuals to participate in the focus group.*

June 05, 2000

A Name@	Age	Ethnicity	Gender	Experience/Background
Stephanie	21	White	Female	Active drug user. Primary drug of choice is marijuana. Has been incarcerated twice for possession of drugs.
Bernice	37	Black	Female	Recovering active drug user, has been in and out of treatment for past ten years. Primary drug of choice was heroin - has been clean for eighteen months. Was homeless during most of the past 15 years - prostituted self and Ahustled@ to support habit.
Beatrice	45	White	Female	Active drug user – presently attempting treatment. Primary drug of choice is crack cocaine. Has dealt in drugs in past to support habit. Also worked as billing clerk.
Tracy	26	White	Female	Active drug user, presently in treatment. Primary drug of choice is alcohol and marijuana. Has been incarcerated for theft/robbery to support boyfriend=s habit.
Denise	39	White	Female	Recovering alcoholic. Has abused alcohol and Aother drugs@ since she was fifteen years old.
Susan	31	White	Female	Active drug user – has repeatedly attempted treatment. Admits to Aillegal activities@ to support habit.

Recruitment Procedure: *The six participants listed above were recruited through a contact with the Cuyahoga County Forensic/Correction Program. The nurse liaison asked the counselors for volunteer recruits to participate in the focus group.*

June 16, 2000

A Name@	Age	Ethnicity	Gender	Experience/Background
David	39	Black	Male	Active drug user and dealer. Primary drug of choice is crack cocaine, marijuana and alcohol. Has college degree from OSU. Has been clean off and on for the past ten years - 2 years is longest time of sobriety. Has been incarcerated for possession and parole violations. Admits to feeling Ahelpless@ with his addiction to crack cocaine.
Tommy	22	White	Male	Active drug user and dealer. Primary drug of choice is alcohol and marijuana.
Brian	23	White	Male	Active drug user, presently in treatment for heroin. Has held a job as a machinist. Has been incarcerated in past for domestic violence and possession.
Chris	33	Black	Male	Active drug user presently in treatment. Primary drug of choice is heroin and alcohol. Works on assembly line. Has been incarcerated in past for DWI=s.
Chuck	36	White	Male	Active drug user. Primary drug of choice is marijuana, crack cocaine and painkillers. Works as nursing home operator.

Recruitment Procedure: *The participants above were recruited through a previously established contact with a treatment provider in the Cuyahoga County Forensic Program.*

AName@	Age	Ethnicity	Gender	Experience/Background
Jamaica	19	Black	Female	Active drug user, Primary drug of choice is marijuana and alcohol
Carrie Ann	24	White	Female	Active drug user, presently in treatment. Primary drug of choice is cocaine. Has been using cocaine since 16 years of age.
Deborah	39	White	Female	Active drug user and dealer. Primary drug of choice is cocaine and painkillers. Has Ahustled@ for past 20 years to support habits.
Patsy	46	Black	Female	Active drug user, presently in treatment. Primary drug of choice was crack cocaine. Was an active dealer of other narcotics to support crack cocaine habit.

Recruitment Procedure: *The four participants above were recruited through a previously established contact with a mental health facility who offer chemical dependency programs for clients. Treatment providers requested volunteers for participation.*

AName@	Age	Ethnicity	Gender	Experience/Background
Lindsay	44	White	Female	Eighteen years in chemical dependency field. Clinical director of large treatment facility in Cleveland, Ohio. LISW, Doctorate in counseling.

Recruitment Procedure: *The individual above was recommended by many treatment providers and counselors as a valuable resource and participant in the focus group process.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

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

Treatment providers, law enforcement personnel and drug abusers/dealers report an expanding user group of crack cocaine. All focus group participants identified an increase in crack cocaine utilization among male/female professional clientele - lawyers, judges, physicians and successful business entrepreneurs.

> *... We used to love the ones who wanted deliveries - we=d smoke off them all night. They=d give me their money to make a buy. I=d get a pack busting it down ... I=d call them stupid white people. These were people who owned businesses. They would pick me up on the stroll - they didn=t want to be seen smoking. A year later I would see them out on the street. They had lost everything. Crack cocaine took them like that..*

Crack cocaine crosses both genders, race/ethnicity and age groups. Participants report that African-American males that had previously been abusing crack cocaine are no longer utilizing the drug due to the extreme negative consequences of the drug and the societal stigma associated with being labeled a Acrackhead@. As one active drug user/dealer described:

...A lot of the crackheads are looking for a new drug. Old time users have been run through the wringer. They=re tired. It=s beaten them up - physically, mentally, psychologically, spiritually.
...When I first started doing crack, it was the new good thing, but as the years progressed, I started losing things. You little brothers and sisters would see this stuff and say, AI don=t want that.@ That=s what I hear from young people - AI don=t do crack, I do powder.@

The treatment issues associated with crack cocaine identified in the January, 2000 report remain - specifically, minimal residential treatment options, lack of treatment programs designed uniquely to treat a cocaine addiction, and lack of treatment available for the indigent population. Many active drug users verbalized that the treatment that was available was ineffective in treating their addiction. As an active drug user described:

... I remember when I was in a program and I was just a opt and cocaine user before my crack addiction started. I would go to a meeting and they would talk about cocaine. By the time I came out of the meeting, I wanted to use so bad it would drive me crazy ... all I could think about was smoking some cocaine - that is when my addiction was so bad ... you could always find the best stuff right around the treatment facility.

The price of crack cocaine varies, depending on the quality and purity of the drug, relationship with the dealer, ethnicity, and location of the purchase (higher in the suburbs vs. the inner city). A sixteenth of an ounce cost approximately $80/$125, an eight-ball (1/8 of an ounce) sells for approximately $150-$175, and an ounce costs approximately $950-$1000.

All participants agreed that treatment can only be effective if the person who seeks treatment is motivated to pursue sobriety. Participants identified that the group counseling and incarceration were two effective treatment modalities in curbing their addiction.

1.2 COCAINE HYDROCHLORIDE

Participants describe a decrease in the prevalence of cocaine hydrochloride use, related to the increasing popularity of crack cocaine and limited availability of powder cocaine. Treatment providers and drug users relate that the majority of cocaine users melt the drug to liquid form for smoking purposes.

The price of powder cocaine remains stable - a gram sells for approximately $100, and ounce sells for approximately $750-800.

2. Heroin

Next to alcohol and crack cocaine, heroin is the primary drug of choice for users in Cuyahoga County. Participants agree that there continues to be a steady increase in utilization amongst users particularly among women and youth (ages 17-23). This increase may be due to the easy availability and low cost of heroin, improved quality and potency.

Heroin is available in bundles (ten hits/=bags= to a bundle) sells for approximately $250, an ounce approximately $5000 - $10K - depending on location of purchase and quality.

The current popular method of administration is smoking. Heroin use among the younger population continues to increase. Participants verbalized that this may be due to the Asocial cache@ attached to heroin, availability of the drug and the ›excitement= of purchasing the drug in an environment that they may not be familiar with. As several participants related:

... I can be in the hood and I=m using and I go home and not using and I don=t even think about it. But then somebody will come by and just trigger it - it=s not even the heroin, it=s just the excitement of being down there around it.

...I don=t know if it is the high ... I guess it=s the excitement. It=s all a rush - it=s some place you=re not supposed to be - a lot of the guys from the suburbs fell like they are cheating death coming down to the projects.

3. Other Opioids

Popular opioids currently being utilized in Cuyahoga County are Percodan, Vicodan and Demerol. These opiates are readily available on the street, but the cost is high (ranging from $5 to $50 a pill depending on the class of drug). The most popular method of drug procurement is provided through medical professionals - e.g. prescriptions from dentists, emergency room visits, prescriptions from friends, elderly parents, children and friends. Active drug users of opiates report that their Afull-time job was hustling for >scripts@ to support their habit. Primary users continue to be predominantly women, although treatment providers report an increase in the number of white, male users, ages 35 years and older.

4. Marijuana

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

Participants report that marijuana is Aeverywhere@ - is present in all schools and is being utilized by a much younger population group (average age at experimentation reported to be 5th-6th grade and earlier). Combining marijuana with other drugs such as PCP and crack cocaine, rolled into a cigar casement (APrimos@/@Blunts@) is very popular with young users. An ounce of marijuana currently sells for approximately $50-$60, depending on location and quality.

5. Other Drugs

All participants reported that there are new user groups emerging in the youth population experimenting with hallucinogens and Aclub drugs@ such as LSD, Ketamine/@Special K@ and AEcstasy@ and are increasing. The Aclub drugs@ are readily available for purchase in bars, at raves and rock concerts. The current price is approximately $10-$20/hit. One participant described a drug called AKhat@ - an African shrub that is utilized by chewing the leaves and is reportedly ten times as addicting as crack cocaine and much more powerful.

CONCLUSIONS

Alcohol, crack cocaine and heroin remain the most commonly abused drugs in the Cuyahoga County area. Alcohol use and abuse is so widely practiced and accepted that it is not perceived to be a chemical substance by active drug users. Crack cocaine crosses both genders, race/ethnicity and age groups. A new user group is emerging amongst crack cocaine users that represent white, urban professional male/females in their mid-thirties and forties. Heroin remain stable in utilization among users. The past two years have resulted in a significant increase in utilization among youth (ages 17 - 23), potentially due to easy availability, low cost and Asocial cache@/excitement that heroin is perceived amongst younger users.

Several new drug abuse trends have been reported in the Cuyahoga County area. Hallucinogens, known as Aclub drugs@ (LSD, Ecstasy, Special K) are becoming increasingly popular among the county's youth (ages 15 - 22 years of age). The primary hallucinogen being utilized is Ecstasy which is readily available throughout the regional bar scene and weekend Araves@. Marijuana is present in all schools and is being utilized by a much younger population group of 11 - 12 year old youths. Abuse of prescription pharmaceuticals (Valium, Ativan, Vicodan and Demerol) is reported to be on the increase in both male and female user groups.

Many treatment barriers continue to exist for many of the drugs discussed - especially crack cocaine and heroin. Detoxification programs that are available for cocaine addiction are predominantly offered on an out-patient basis with a very low success rate. Heroin treatment programs are available through in-patient hospitalization programs; however, many insurance panels do not provide reimbursement for this type of treatment program.

RECOMMENDATIONS

- Residential treatment is desperately needed for addiction treatment, following intensive in-patient and in junction with out-patient treatment.

- The increase in drug abuse among the juvenile population needs to be addressed through an increase in education and prevention programs. These programs need to be evaluated for effectiveness and redesigned, if necessary, to increase drug abuse awareness and understanding of addiction consequences.

PATTERNS AND TRENDS OF DRUG USE IN

COLUMBUS, OHIO

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2000

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

Abstract

Crack cocaine use is endemic, particularly at the street level. Although quality varies, crack is very accessible. Focus group participants noted an increase in younger users and a decline in neighborhood conditions because of the widespread use of this drug. Because of increased availability, turf wars have been settled and street level crime has been somewhat reduced. Powder cocaine is rarely ingested by the street level user, but rather is more associated with middle/upper class persons and college students.

Heroin is of extremely high quality and use has increased. A recent bust conducted in central Ohio yielded 3 pounds of black tar heroin.

Pharmaceuticals were easy for college students to obtain, but not the street level user. Because use occurs with prescribed medications, it is not perceived as abusive. As might be expected, alcohol use is extremely heavy among this group. GHB and alcohol are associated with Greek sponsored activities.

Raves are held weekly. Students estimated that 85-90% of rave participants are using club drugs in various combinations. Because of increased news coverage on club drugs and raves, the frequency of these events subsided for a short time.

Participants perceived treatment as adequate and available.

INTRODUCTION

1. Area Description

The City of Columbus is the state capital of Ohio and is located in the center of the state in Franklin County. Approximately 635,000 people live in the city and 962,000 live in the county (including Columbus). Caucasians and African Americans are the two primary ethnic groups, with the county reporting 79.2% and 17.8% of the population represented respectively. The majority of the population (53%) is between the ages of 18 and 44. Seventeen percent of the city's population (not including institutionalized persons) are below poverty level.

2. Data Sources and Time Periods

Qualitative data were collected in 4 focus groups from March, 2000 through June, 2000.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Type
3-6-00	2	Police – Strategic Response Bureau
5-20-00	3	Active users
5-20-00	5	Active users
5-26-00	9	Active users, 1 outreach worker

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	19	0	19

Table 2: Detailed Focus Group Interview Information

March 3, 2000: Columbus Police Department, Strategic Response Bureau

"Name"	Ethnicity	Gender	Experience/Background
Steve	W	M	Lt. With Strategic Response
Dennis	W	M	Sgt. Criminal Information Unit

Recruitment Procedure: *The two participants were recruited by the head of Narcotics for the Columbus Police Department. Five were originally recruited to participate.*

May 20, 2000: User Focus Group

"Name"	Age	Ethnicity	Gender	Experience/Background
Ravonne	31	B	F	Former crack user. Now 2.5 years clean
Matt	25	W	M	Student at OSU. Uses alcohol, acid and mushrooms
Jay	25	A	M	Student at OSU. Uses alcohol, marijuana, and ecstasy

Recruitment Procedure: *Recruited by Robert Arnett, Outreach Worker for the Columbus Health Dept.*

May 20, 2000: User Focus Group

"Name"	**Age**	Ethnicity	Gender	Experience/Background
Betty	18	W	F	College student at OSU. Uses alcohol and ecstasy. Occasionally works security at raves
Chaka	19	W	F	College student at OSU. Uses amphetamines and ecstasy. Was in treatment for heavy use of stimulants. Still uses. Occasionally works security at raves.
Mark	19	W	M	College student at OSU. Uses acid.
Vippen	19	H	M	College student at OSU. Uses marijuana and occasionally ecstasy. Uses at house parties. Not into the rave scene.
Danielle	18	W	F	College student at OSU. Uses marijuana and ecstasy. Claims she was heavily into the scene, but not so much now.

Recruitment Procedure: *Recruited by Robert Arnett, Outreach Worker for the Columbus Health Dept.*

May 26, 2000: User Focus Group (Friends of the Homeless)

"Name"	**Age**	Ethnicity	Gender	Experience/Background
Arnie	41	B	M	Outreach worker who works for all the shelters in the Columbus area. Has had this position for 1.5 years
Mike	34	B	M	Uses crack
Lawrence	34	B	M	Uses crack
Clyde	49	B	M	Uses crack
Keith	29	W	M	Uses Marijuana
Willie	41	B	M	Uses crack and alcohol
Dan	42	W	M	Uses alcohol and crack. Has been in treatment multiple times and has been an active user for the last 20 years
James	34	B	M	Uses crack, heroin. Has been clean for one week. Did not access treatment
Allen	38	B	M	Uses crack

Recruitment Procedure: *Robert Arnett Outreach Worker for the Columbus Health Department made initial shelter contact.*

1. Cocaine

1.1 Crack Cocaine

Crack cocaine continues to be readily available, however officers from the Strategic Response Bureau noted that there has been a reduction in street level crime because the "crack epidemic has subsided." Although they did not feel that there was a decrease in use, the economy and supply are better and, as a result, turf wars have been settled.

Current users concur regarding the availability. They note the user group is getting younger as are the dealers. There are more female users as well. Users from the shelter group said:

> *I was recently in a treatment center in Columbus. For this one young guy it was not so much about the drug, its about the money. In every session we had all he talked about was money. It was really sad. He had started by dealing.*
>
> *The dealer becomes the role model and younger guys look at the dealer and think, "that's what a man is."*

Many of the users commented on the drastic change in etiquette, for lack of a better term, that occurred as a result of the introduction of crack in the late '80's or "back in the old days." One user remarked:

> *When I started to use in the late '80's, early 90's, crack was predominantly sold in crack houses. You'd put your money through a slot. But now, its available on the street. You couldn't keep running in and out of the house, because maybe that guy had a family and had to work too. The Neighborhoods got so run down and they took it to the streets. You used to have to respect your Neighbor. Now nobody knows who anyone else is, they come and go so quick.*
>
> *You used to get what you paid for. There was some respect. Now they have no respect for themselves, no respect for their parents. Some of the stuff is not even real.*

The quality was described as "terrible" and "stepped on" but still "you'll sell your soul for it." Rocks sell for about $20.

1.2 COCAINE HYDORCHLORIDE

Powder is not associated with the street level user. According to the Columbus Police, powder is seldom implicated in street level crime. Users note that powder was more accessible until '92 when rock appeared. It is now more profitable to rock cocaine.

Quality is low. A gram is sold for $50. The price can vary according to the purity, location of the sale, and the buyer's connections. Powder is typically cut with over the counter drugs and stimulants, so the buyer is never aware of exactly what he is getting. The street level user seldom sees powder any more, however the college students report use of powder in the clubs. Powder is almost always snorted.

As previously reported, powder is more typically used by people in the middle and upper classes, who report increased accessibility.

> *You used to have to make a phone call and now its just on the streets (former middle class user)*
>
> *People think they can protect themselves, and usually have enough money to keep themselves out of trouble. The body gets tired in 2-3 days and will just shut down. They still have enough money so their bills still get paid. (street level user).*

2. Heroin

Few of the interviewees used heroin or could inform on current patterns of use; however, one Informant spoke of the easy accessibility of heroin and its high quality. He felt that in the past year use has increased. Heroin is primarily injected.

In mid-June, two Mexican immigrants living in central Ohio were charged with selling high-grade black tar. The Columbus Dispatch reported that they were among more than 200 suspects who have been arrested or are being sought as part of an eight month nationwide investigation called "Operation Tar Pit." The well organized ring sold Mexican manufactured heroin in Ohio, Alabama, Alaska, Arizona, California, Colorado, Kentucky, Georgia, Hawaii, Illinois, Michigan, Nevada, New Jersey, New Mexico, Oregon, Tennessee, Texas, Utah, and West Virginia. Nationwide, the ring distributed 80 pounds of heroin a month, worth more than 7 million dollars. Ring members sold drugs at such low prices that they pushed Colombian traffickers out of many markets. The network used juvenile girls and elderly men to carry drugs to distribution points in 22 cities. Locally, agents seized more than 3 pounds of heroin and cocaine, worth about $250,000.

One outreach worker reported increased use of high quality heroin:

> *People were half-in, half-out of their cars in a nod. They couldn't get from here to there.*

It is unknown whether these recent arrests are related to the influx of high grade heroin on the streets.

3. Other Opioids

Vicodin use is common among college students. The use of pharmaceuticals is widespread among this user group.

> *You might not get the one you want, but you can find something similar. People think that Taking a pain killer is not going to hurt you. They use them with alcohol.*

The students interviewed were unsure of the cost. All of them reported being able to get their drugs for free. One student reported that some club drugs were cut with methadone:

> *You have to be careful nowadays because it started out like MDMA. But people are like making this shit in their basements. They're cutting it with methadone. They call them "smackies" and they can make you sick.*

Another reported club drug combination was acid and percosets.

4. Marijuana

Marijuana remains plentiful and easy to obtain. It is described as only being a phone call away and more people are growing it at home. The street level user sees it as the drug of choice for the young. Young people will sometimes sell crack to support a marijuana habit. One veteran user reported seeing more teens in treatment centers reporting their drug of choice as marijuana. He also said he was seeing more young people with a marijuana addiction at AA and NA meetings.

Quality, and therefore, price, varies. A quarter sells for $20 for "crap." High quality can sell for $50-$60 a quarter. College students report that the age for initial use was around 11 and that there was a trend towards younger people using.

5. Stimulants

Ecstasy is available upon demand. The perception is that use and availability are increasing.

Although this drug used to be associated only with raves, its use is widespread in the current club scene. One student who works security at raves stated:

> *Everyone comes up to me even when I'm wearing security. They come up and go, "do you want to buy a pill?" And I'm like, "I don't do it. If you come at me again, I'm going to take it away from you."*

Quality is changeable and sometimes it may be cut with heroin. Ecstasy can be purchased in pill form or powder form. Pills are preferred, as "powder doesn't last." Ketamine and methamphetimine are also very popular and available. Methamphetamine is used to stay awake at parties that can last several days. Users are reported to be younger and younger.

> *You see children, 11 year olds running around. They've got Vicks Vaporub shoved in their nose, chewing on a pacifier. The age is ridiculous. They're all doing it. They bring all their friends and they all use drugs.*

6. Depressants

Xanax and Valium are reported to be readily available on the street, although none of the focus group participants identified as a user. The college students reported that GHB was very big in the Greek setting. GHB is often combined with alcohol. Recently, an OSU student died from ingesting GHB and alcohol.

7. Hallucinogens

The street drug user seems very unaware of patterns of hallucinogen use. They tend to characterize them as "college drugs." The college students confirmed that there was still a lot of LSD use. A hit generally sells for $5. One student sold blotter acid for $2 a hit to friends. When asked about trends in use, one student said:

> *Use is decreasing. You can have a blast or you can have a breakdown and all it takes is that one bad time.*

Acid and mushroom use is not uncommon at raves. There were no reports of PCP use.

8. Inhalants

None of the participants had any input on inhalant use.

9. Alcohol

Alcohol use continues to be widespread among all user groups. The college students were particularly aware of alcohol issues.

> *Keg parties are free and there are parties on weekday nights. I know people that come here that already have a party lifestyle that last like the year before they bail out. This place is a hole. You get here and you don't know what hit you. Next thing you know you drop out. Of all my friends, only four of us are graduating and I'm not kidding you, there were about 25 of us who started. Everyone else is gone. They just couldn't take it. They get up in the morning and drink till six which is when they can go buy more beer. Everyone is going to class and we're still up from the night before.*

This one place (store) I go to, they put liquor on my student I.D. Its not allowed. They'll sell it anyone as long as you're the same color as the person on the I.D. They'll sell it to you.

10. Special Populations and Issues

10.1 CLUB DRUGS AND RAVES

Raves occur every weekend in central Ohio. Young people are notified through flyers in music stores a and by word of mouth. Ravers can be very young, 13-14, but typically they are in their early 20's. For a while, there were several news programs like 20/20 that featured raves and the drug use associated with them. Promoters were reluctant to hold raves.

20/20 and 60 Minutes fucked all that up. Hard to get a venue. They don't want the liability. They think its going to make them look bad. They (raves) stopped for a while. They were having them in cornfields and outdoors.

The college students were very defensive of raves.

They're not bad at all. We go for the music. We go sober. A lot of people that used to go and get fucked up every weekend got sick of seeing all this happening. They just grow out of it. Its gets repetitive.

It sucks because there are people like us who have been going. There's like this fucking bad ass d.j. going to be in town. It's like what we do and the kids get all fucked up and they don't know what they're doing and don't know what they can have and don't know what they shouldn't have. They're fucking it all up just because they want to get a buzz. Its really annoying and its really, really, really unfair.

Raves are good. Look at it from our point of view. Its like no ones going to be at a party and give you a drink with GHB in it. Its really hard cuz everyone goes in with the attitude that its all about drugs. We look at it like 'its what we do.' You're going to see a lot of kids laying on the ground but its part of it.

All of the students who attended raves asserted it was not about the drugs, but rather the atmosphere and the music. However, when asked what they thought the percentage of youth using drugs at raves was, they agreed that 85-90% was accurate.

10.2 TREATMENT

Street level users and college students felt that treatment was readily available, even to those with few or no resources. One user said:

Treatment is available. I've been in and out of 30 treatment centers and I have 21 years of drug use. I think there are a lot of resources that people aren't aware of and the ones that are free are no less than the ones that cost money. The ones that cost money, you have more anonymity. The ones in the neighborhoods, you're more likely to see someone you know. But once you get in those rooms, its up to you what you're going to do. In IOP, I gained structure, had someplace to go, someone to care about me. And its not costing me a dime.

The appearance is that there isn't many facilities around as there used to be and I think The reason is that there used to be a lot of detox centers. And a lot of folks would run to A detox center for 3 days like me because I was tired. I wanted a place to sleep and eat.

I'd sleep and eat for three days and I'd be right back out there. People who were in charge of those facilities, they became aware of what was going on and so they closed down but there's plenty out there for those who is seeking help.

If you don't really want help, you'll say there's no place. Its all about the money. Once you get into sobriety you find out about so many networks. I didn't know people cared about me like this.

An outreach worker felt that more people seem to want help. For those who are serious about it, he reported there's always a place to call. The client must call him/herself to get into Maryhaven. Sometimes they have to call every day which is difficult for a crack or heroin user.

You want help. You want help. As long as you're not high. We won't make that call until we're out of money.

10.3 YOUTH

Users were unanimous in their assessment that younger and younger people are doing drugs of all kinds. As previously mentioned, the college students said that the ravers were getting younger, around 13-14, and some even as young as 11. Ecstasy and ketamine use was widespread (85-90%) among ravers. They felt that high school kids had easy access to acid and psylocibin, in addition to alcohol and marijuana.

The outreach worker for the shelters stated:

Young people starting with powder. Joint to rock. They're in training.

10.4 DRUGS AND GANGS

The Strategic Response Bureau has been concentrating their efforts on nightclubs in order to investigate gang activity in Columbus. Although there is some exchange of drugs, the purpose seems to mainly be to socialize. Violence usually occurs in a dispute over a woman, but drugs escalate the fighting. "Drugs are a secondary activity."

Crack is highly associated with gang activity and officers have noticed a resurgence of heroin use in the clubs. Marijuana is also frequently used by gang members. "Smoke when they wake up till when they go to bed." Officers commented there is less enforcement and no fear factor or stigma associated with marijuana use. Users are much more open than in the past. Hallucinogens are primarily associated with suburban gangs.

The officers related that Russian nationals were responsible for transporting ecstasy into the area in false compartments in vehicles. After they were arrested, the supply temporarily dried up.

There are also a number of Asian gangs in Columbus (Vietnamese, Cambodian, and Laotian). Their interest in drug trade is minimal. They are mostly involved in intimidation tactics.

The Short North Posse was a central city gang that was rounded up and incarcerated several years ago. Their activities provided "jobs" related to dealing. Since the mass arrest, there has been an economic void in this area of town. In the next year, these gangbangers are slated for release. The Strategic Response Bureau will be carefully monitoring this situation.

CONCLUSIONS

Crack cocaine continues to increase in availability although the quality was generally described as poor. The user group appears to be getting younger as are the dealers. Powder use is reportedly increasing in middle and upper classes and is used in clubs frequented by young adults. Heroin use has increased and the quality is high. However, few of the participants had much information on heroin.

GHB is readily available on campus and is frequently used with alcohol at Greek sponsored events. Alcohol is the primary drug of choice on campus. Most parties used to take place on the weekends, but according to the students interviewed, heavy use continues through the week.

Raves occur every weekend and continue to attract very young people. Although participants denied that raves were about drugs, they estimated that 85-90% of the ravers were using.

RECOMMENDATIONS

I. Drug use among youth requires special attention.

- marijuana use has no fear factor or stigma attached. Use has increased and is open.
- Club drugs are widely used. Because raves are not age restricted, young people in Their early teens attend. Club drugs are highly associated with these events.

II. Drug use in Columbus is increasing among user groups suggesting the need for tailored Prevention/intervention strategies.

- powder cocaine use and availability is increasing among those with higher incomes
- crack cocaine use and availability is increasing at the street level
- increased use of club drugs at raves by the very young. Raves increasing in frequency
- GHB and powder cocaine highly associated with Greek sponsored parties

PATTERNS AND TRENDS OF DRUG USE IN

DAYTON, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK – June 2000

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Abstract

Alcohol continues to be the most widely abused drug in Montgomery County, while crack cocaine abuse continues to present the most deleterious problems to the community. Participants agree that crack cocaine abuse is moving into the middle class, working professionals and now report an increase in first-time, older (ages 40+) users. Rural areas around Montgomery County report a low prevalence of crack cocaine abuse in the past, but have seen a recent increase in crack cocaine-related arrests. Active users report an increase in the abuse of powder cocaine, but treatment providers have not seen this increase in treatment. Active users noted a significant increase in heroin abuse, especially among younger individuals. Prescription medications such as Xanax, Vicodin, and OxyContin are readily available and their abuse has increased over the past six months. Marijuana continues to be the most widely abused illicit drug in Montgomery County. Although most users deny negative consequences related to marijuana use, treatment providers report an increase in clients reporting physical and psychological dependence to the drug. Methamphetamine abuse and supply continues to be low in Montgomery County. Ecstasy appears to have made the largest increase in availability and use in the past six months. Participants report that ecstasy abuse is increasingly common among juveniles and young adults, and that the use of ecstasy is no longer restricted to weekend parties or Raves.

INTRODUCTION

1. Area Description

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

2. Data Sources and Time Periods

- **Qualitative data** were collected in three focus groups between May 2000, and June 2000. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

- **Alcohol and Drug Abuse Treatment Admission data** are available from the Ohio Department of Alcohol and Drug Addictions Services for fiscal years 1996 through 1999.

- **Urine Screening data** are available from the Montgomery County Adult and Juvenile Probation Departments.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
5/25/00	6	Treatment providers/counselors
5/31/00	7	Treatment providers/counselors, law enforcement, prevention specialists, Children Services
6/5/00	9	Active drug users

Individual Interviews

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

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	22	0	22

Table 2: Detailed Focus Group/Interview Information

May 25, 2000: Treatment Providers (Adult Clientele)

"Name"	**Ethnicity**	**Gender**	**Experience/Background**
"N"	White	Female	Recovering; several years experience in providing chemical dependency treatment.
"T"	White	Female	Several years experience in chemical dependency/mental health fields. Currently works with dual-diagnosed clients.
"D"	White	Female	Working in the chemical dependency field for 22 years, including outpatient, residential, adolescent, chemical dependency and mental health.
"S"	White	Female	Has been working in chemical dependency and with dual-diagnosed clients for about 12 years.
"M"	White	Male	Several years experience in chemical dependency field. Currently assesses clients and makes referrals for treatment.
"Sheila"	Black	Female	Ten plus years experience working in chemical dependency field; primarily underserved populations.

Recruitment Procedure: *The six participants listed above were recruited by contacting various treatment agencies in Montgomery County and asking supervisors to send participants to participate in an OSAM Network focus group.*

May 31, 2000: Treatment professionals, law enforcement, prevention specialists, & CSB

"Name"	**Ethnicity**	**Gender**	**Experience/Background**
"OM"	White	Male	Ten years service in public safety, including paramedic and police officer.
"Trisha"	White	Female	Licensed social worker and Ohio certified Prevention Specialist. Four years experience at current job working in chemical dependency field.
"S"	White	Female	Nine years chemical dependency counseling, four of which have been serving pregnant clients. Licensed professional counselor, licensed social worker, CCDC-III, and prevention specialist.
"D"	White	Male	Working in chemical dependency field for many years.
"DD"	White	Male	Seven years experience working in chemical dependency field. Experience with prison populations, mental illness, and dual-diagnosis.
"C"	White	Female	Several years experience in chemical dependency field. Currently, supervising an agency serving chemically dependent clients.
"Joe"	White	Male	Four years experience working with families with drug and alcohol problems.

Recruitment Procedure: *The participants listed above were recruited by contacting the Preble County ADAMHS Board. A representative of the ADAMHS Board recruited the participants by contacting various agencies in Preble County.*

June 5, 2000: Active drug users

"Name"	Age	Ethnicity	Gender	Experience/Background
"Rocky"	40	White	Male	Drug of choice is crack cocaine; using for 6 years.
"Daryl"	35	White	Male	Has used many different drugs. Primary drugs of choice are powder cocaine and methamphetamine.
"Mary"	18	White	Female	Drug of choice is marijuana; has been using for 6-8 years.
"Melody"	36	White	Female	Has used *every* drug since the age of 10 and has been injecting drugs since the age of 26. Claims experience with all types of drugs.
"Keisha"	21	Black	Female	Experience with marijuana and pills.
"Monica"	30	Black	Female	Primary drug of choice is crack cocaine.
"Jenny"	43	White	Female	Primarily using pain pills, heroin, and tranquilizers for 27 years.
"B"	56	Black	Male	Primary drug of choice is crack cocaine.
"Sabrina"	43	Black	Female	Primary drug of choice is crack cocaine; has been using since the age of 15.

Recruitment Procedure: *The participants listed above were recruited through the use of outreach workers employed by Wright State University's Center for Interventions, Treatment & Addictions Research. The outreach workers were asked to recruit a diverse group of active drug users within the community.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

The devastating effects of crack cocaine use continue to plague Montgomery County. Treatment providers report that a large percentage of the clients they serve are addicted to crack cocaine. As seen in Exhibit 1, admissions for crack cocaine are surpassed only by admissions for alcohol and marijuana. This trend has continued with some consistency since 1996. Treatment providers also expressed the difficulty in treating crack addicted individuals given the high relapse rate and short treatment periods.

Law enforcement agencies report that the majority of their clients are crack cocaine involved. Although crack cocaine and powder cocaine cannot be distinguished with drug screens, the majority of positives for cocaine are reportedly as a result of crack cocaine use (see Exhibit 2).

Although participants believe that the increase in crack cocaine abuse has slowed substantially in recent years, they report that the level of crack abuse remains extremely high. Active drug users report that crack cocaine is very available in the community, but that the quality of the drug various significantly. Active users also report that the quality of crack has declined in the past six months as the price has increased. An eightball (1/8 ounce) reportedly sells for $100-$150, an ounce sells for approximately $1300, and a kilogram sells for approximately $15,000 to $18,000.

All participants noted a *shift* in the socioeconomic status of crack users. This shift was also reported in the January 2000 OSAM report. Specifically, treatment providers and active users have noticed an increase in the number of working class, white, males using crack cocaine. Treatment providers report that these individuals are primarily employed in the building trades. Both groups also noted an increase in the number of older individuals (ages 40-50) using crack cocaine for the first time. The typical individual from this possible emergent population is described as a first-time crack user, with either a history of alcohol problems or no prior drug use.

In the rural areas of Preble County, law enforcement recently made several crack-related arrests, but overall, crack cocaine abuse is rare. Crack cocaine has been the 3rd or 4th most prevalent reason for admission to treatment programs for Preble County adult residents since 1996 (see Exhibit 3).

1.2 COCAINE HYDROCHLORIDE

Treatment providers report the prevalence of powder cocaine abuse as rare among the clients they serve. According to one treatment agency's admissions statistics, only 3.9% of clients entering into treatment last quarter claimed powder cocaine as their primary drug of abuse. Furthermore, the abuse of powder cocaine appears to be limited to the white, adult population between the ages of 20 and 30 and is not gender-specific. This relative paucity of powder cocaine users as reported by treatment professionals could be attributed to the fact that these agencies primarily serve the indigent population—which is more likely to be abusing crack cocaine.

In our January 2000 report, we reported a decrease in availability of powder cocaine. Active users perceived an increase in the abuse of powder cocaine in Montgomery County since that report was made. Participants state that this increase is because individuals have seen the deleterious consequences of crack cocaine abuse and are afraid to use crack cocaine and therefore turn to powder cocaine as a *safer* alternative. Active users described this population as primarily young (ages 17-30), black and white individuals living in the suburban areas of the county.

The disparity between users and treatment providers may be an indication of an emergent population because treatment providers are typically on the receiving end of a drug problem. This possible emergent trend should be carefully watched as the OSAM Network continues to monitor drug trends in the State.

Active users report the price of cocaine hydrochloride has dropped significantly in the past six months. An ounce can be purchased for as low as $800, a gram sells for $50 to $100.

Participants knowledgeable about drug use in Preble County perceive the prevalence of powder cocaine as being very low. In fact, one treatment provider stated that she had only used the diagnosis of "cocaine dependence" three times in the past four years. However, participants agreed that the drug could easily be obtained in the area if desired.

2. Heroin

Treatment providers perceived no change in the prevalence of heroin abuse over the past six months. They report that although the number of admissions to treatment programs for heroin addiction is relatively low, it is the fourth most popular drug of abuse, preceded only by alcohol, marijuana and cocaine (crack and powder). Treatment providers attributed the low prevalence of heroin addicts in treatment to the fact that heroin users are typically able to "function daily" and are able to "hide and maintain" their addiction.

In contrast to the treatment providers we interviewed, active users agreed that the prevalence of heroin over the past six months had increased. This increase was most marked in the young adult population. Active users also noted an increase in the number of young dealers (age 20), especially young females "fresh out of high school." Users report the price and purity of heroin has increased over the last six months—a gram sells for $200.

Participants from our active user group also perceived an increase in the purity of heroin, and described heroin as "a new epidemic." Based on the reports of active users and our reported increase among youth in the January 2000 OSAM Network report, heroin use merits future attention, especially because the increase in abuse appears to be most prominent among the younger population.

Participants working in Preble County perceived an extremely low prevalence of heroin abuse. One participant stated that he had only made one heroin-related arrest in all his years as a police officer in Preble County. As seen in Exhibit 3, no more than one Preble County resident per year has been admitted for heroin treatment since 1996.

3. Other Opioids

As stated above, treatment providers did not perceive an increase in the abuse of heroin. However, they did note a significant increase in the prevalence of tablet-based opioids such as Vicodin, Percocet, and Oxycodone (OxyContin). The increases in Vicodin and other opioid abuse are perceived as most evident among white males. Treatment providers expressed difficulty in treating these individuals because users perceive these medications as safe and acceptable because doctors prescribe them. Treatment providers also

stated that users are skilled at obtaining specific prescriptions from doctors (e.g., OxyContin instead of Dilaudid).

Participants from our active user focus group also reported significant increases in the use of prescription medications such as OxyContin—the use of Dilaudid is reportedly decreasing. Both active users and treatment providers perceived an increase in the abuse of these drugs among the younger, white population, especially the abuse of OxyContin. Active users also noted that some users were snorting OxyContin.

These prescription drugs are reportedly very available and the price has increased significantly over the past year (this increase was noted in our January 2000 report).

In rural areas, the use of prescription medications such as Vicodin is perceived as very common among the adult population. Although both white males and females abuse these opioid drugs, Vicodin is believed to be more popular among males. A law enforcement officer reported an increase in the number of theft reports related to these drugs. For example, individuals report their prescription (falsely) stolen so that they can get an additional prescription from their doctor.

4. Marijuana

Marijuana continues to be extremely acceptable throughout the Montgomery County area. Treatment providers, active users, and law enforcement officials all agree that the prevalence of marijuana abuse is increasing. In fact, since its inception, the OSAM Network has reported an increase in both the prevalence and the acceptability of marijuana in Dayton, Ohio. This increase is most prominent among youth, and participants report the age of first use of marijuana continues to decline.

Treatment providers continue to face immense resistance from clients referred to treatment for marijuana abuse. Individuals using marijuana do not view the drug negatively. Conversely, most perceive marijuana as beneficial and less harmful than alcohol. However, treatment providers are now seeing an increase in clients coming to treatment for marijuana with symptoms such as withdrawal, tolerance, and loss of control. A new treatment population appears to be emerging, and treatment providers are faced with the challenge of treating these individuals despite a paucity of treatment materials related to marijuana abuse/dependence.

Although marijuana is extremely prevalent in Montgomery County, active users report that good quality marijuana is difficult to find. The price of an ounce of marijuana ranges from $150 for midrange quality marijuana to $500 for high quality marijuana. Among blacks in particular, marijuana is often smoked in “blunts” (cigar wrappers filled with marijuana). Treatment providers report that a blunt is roughly the equivalent of 10 joints. As reported in previous OSAM Network reports, marijuana continues to be accepted across familial generations and is not gender- or race-specific.

According to professionals in Preble County, marijuana is the most prevalent illicit drug in that area. Participants stated that the prevalence and availability of marijuana has remained steady at a high level in that area for the last 10 to 15 years, but that the potency of the drug has increased greatly. As one law enforcement officer stated, *“The quality is much better. Our test kits that we use…it used to be when you put them in it’d take a little while for it to turn the color it needed to be [for cannabis]. Now you throw it in there and WHAM! They’re getting more refined with the growth of it and how to get a quality plant.”*

Participants perceived marijuana as being more popular than alcohol among Preble County youth and that some juveniles use marijuana before, during (because of open lunch periods) and after school. All participants agreed that the age of first use was lowering among marijuana users in that area. In contrast to urban marijuana smokers, rural marijuana smokers tend to smoke marijuana in joints instead of blunts.

5. Stimulants

5.1 METHAMPHETAMINE

Treatment providers did not perceive an increase in the abuse of methamphetamine among the adult clients (18+) they served. Active users reported the prevalence of methamphetamine to be low, but making a comeback in the State. According to the active users we spoke with, methamphetamine appears to be restricted to the northern part of the State. The drug is considered popular among bikers, construction workers, and individuals needing a way to remain awake late at night.

Professionals working in the substance abuse field in Preble County report a very low occurrence of methamphetamine abuse in their area. The use and availability of the drug has been rare in the area for many years. Law enforcement professionals were unaware of any methamphetamine labs in the area.

5.2 ECSTASY

Treatment providers did not express concerns regarding the abuse of ecstasy (MDMA) among the adult clients they serve. Clients rarely report abusing the drug when seeking treatment. The few clients that have reported the abuse of ecstasy have been female exotic dancers.

Active users report a significant increase in the availability and abuse of ecstasy, especially among juveniles and young adults. With the exception of young, black, gay males, the abuse of ecstasy seems to be primarily limited to the young, white population. Active users report that black individuals rarely use ecstasy.

In our January 2000 report, the abuse of ecstasy was typically associated with Raves. Since that time, participants have noted an increase in the frequency of use of the drug. For example, ecstasy is used weekdays outside of the Rave scene. Data from the Montgomery County Juvenile Probation Department indicates positives for amphetamines (primarily ecstasy) have nearly doubled since last year (see Exhibit 4)

Participants in Preble County report that they are *hearing* a lot more about ecstasy in their area. However, the availability and abuse of the drug appears to be relatively rare. Youth in Preble County are very interested in the drug and according to professionals in that area, youth are interested in experimenting with it. Continued monitoring of ecstasy in this county is warranted.

5.3 RITALIN

Both treatment providers and active users perceived an increase in the abuse of Ritalin. This increase was most notable among juveniles and young adults, but some participants reported that occasionally adults take the drug instead of administering it to their child as prescribed by a doctor. Predominately, Ritalin is snorted, but some treatment providers stated that they had had clients who reported injecting the drug.

Most participants did not see a significant problem with Ritalin abuse in Preble County. However, a Children Services professional reported that the children he works with are inclined to crush and then snort the drug. This professional also reported that recently six or seven children at the children's home were caught snorting the drug.

6. Depressants

6.1 PRESCRIPTION MEDICATIONS

Active users and treatment providers perceived an increase in the abuse of prescription medications such as Xanax. The increase in Xanax abuse is perceived as being most evident among white females. Treatment providers stated that individuals abusing these drugs are very skilled at manipulating health care professionals into prescribing these drugs.

6.2 GAMMAHYDROXYBUTYRATE (GHB) & KETAMINE

Depressants such as GHB (Gammahydroxybtyrate) and Ketamine (Special K) were reportedly very rare in Dayton and rural Preble County. One active user stated that GHB was primarily used by "bikers," but that the overall frequency of use was low. Participants mentioned no other depressant drugs.

7. Hallucinogens

Although the prevalence of hallucinogens is low, one active user did perceive an increase in the use of mushrooms. However, he stated that you have to know a dealer who sells the mushrooms—you cannot just walk up to a dealer and purchase mushrooms. Mushrooms sell for approximately $5 for two or three ounces.

Active users reported the emergence of a new form of acid (LSD). This acid is sold in a gel form and is perceived as being more potent than the traditional paper form of the drug. Active users report that the overall quality of acid is poor and that users have to take four to five "hits" to experience a high. The price ranges from $5 to $15 a hit depending on the form of the drug. The typical user is white.

Participants working in Preble County did not have information to report on the abuse of hallucinogens in their area.

8. Inhalants

Our research suggests that inhalant abuse continues to be rare in the Dayton area. Any abuse of inhalants appears to be experimental or because the user is unable to obtain any other type of drug at the time. However, abuse of inhalants is elusive, and rarity in use noted may be the result of not identifying and recruiting the right participants.

The abuse of inhalants appears to be more prevalent in rural Preble County. Participants reported the abuse of inhalants such as computer cleaner (canned air), whipped cream cans, and butane. According to these professionals many juveniles who are on probation will begin abusing inhalants to avoid positive urine tests for marijuana and other drugs.

9. Alcohol

Alcohol continues to be the primary reason for treatment among clients admitted to substance abuse treatment programs in Montgomery County (Exhibit 1). The acceptability of alcohol within our society makes it a significant and persistent problem.

10. Special Populations and Issues

10.1 DUAL-DIAGNOSIS

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

Treatment providers expressed a new concern related to crack cocaine users and dual diagnosis. As one participant described:

> *"…And what we're seeing though, even though a lot of these people may not necessarily have, uh, lasting psychological problems, but initially when they come in after such long crack use, you know, it does present some kind of psychosis right, you know, and everybody looks like they have some kind of mental health issue."*
>
> *"The depression's extreme."*

"Right. So, I mean everybody across the board could be, literally, dual diagnosed, uh, from crack use. So, that presents it's own problem too."

CONCLUSIONS

Alcohol abuse/dependence remains the most prevalent drug problem in the Montgomery County area. Alcohol treatment has been the primary reason for treatment admission since (and before) the OSAM Network began monitoring drug trends.

Marijuana continues to be the most accepted and abused of the illicit drugs. Abuse of marijuana pervades age, race, and socioeconomic status. Although most users deny any negative consequences related to marijuana use and perceive its use as harmless and sometimes beneficial, treatment providers noted an increase in individuals coming to treatment displaying symptoms of dependence such as tolerance and withdrawal.

The increase in crack cocaine abuse has slowed substantially in the past year; however, its abuse remains very high in the Dayton, Ohio, area. Participants again mentioned a substantial increase in crack cocaine abuse among working class, white, males primarily employed in the building trades. An increase in first-time users aged 40-50 was also noted by participants.

Although treatment providers have not noticed an increase in powder cocaine abuse among the population they serve, active users reported an increase in abuse. This increase was especially evident among young (17-30) black and white individuals.

The active users we interviewed described heroin as "a new epidemic." Users reported an increase in the number of heroin dealers, and users stated that the purity of the drug had increased substantially in the past six months.

The abuse of prescription medications such as Xanax, Vicodin, and OxyContin are reportedly increasing in the Dayton area. Both treatment providers and active users noted these increases. These medications are readily available. Active users reported a decrease in Diluadid abuse.

The use of "club drugs", especially ecstasy, has increased significantly. This population is primarily comprised of college students, young adults, and teenagers. According to participants, the abuse of these drugs is no longer confined to weekend Raves; these drugs are increasingly being abused at home and on weekdays. According to participants, ecstasy is by far the most popular club drug with Ketamine and Gammahydroxybuturate (GHB) abuse being far less prevalent.

Ritalin abuse is reportedly increasing in the Dayton area. Treatment providers as well as active users have noted this increase. The drug is primarily snorted, but some treatment providers reported having clients who inject the drug.

RECOMMENDATIONS

I. Our investigation indicates some emerging populations and drug trends that warrant further attention in the Dayton area.

- Ritalin abuse is increasing, especially among young adults and teenagers.
- An increase in crack cocaine abuse was noted among the white, working class male population employed in the building trades, and in older, first-time users of the drug.
- An increase in powder cocaine and heroin abuse was noted among the younger population.
- OxyContin abuse is increasing, and some users are injecting the drug.
- Marijuana abuse continues at a high level, and treatment providers reported a recent increase in clients reporting symptoms of physical dependence to the drug.
- Club drugs (especially ecstasy) are rapidly growing in popularity among teenagers and young adults and are increasingly being abused, including outside of the Rave scene).

II. The following recommendations were expressed by participants (rural and urban):

- There was great concern among treatment providers regarding the paucity of dual-diagnosis treatment centers in Montgomery County. Treatment providers report that 90% or more of their clients exhibit both drug and psychological problems.
- Participants stated the need for wrap-around or after care services, including transitional housing and case management for their clients. Without these services, treatment providers believe that addiction will be perpetual for the vast majority of their clients. With these services in place, treatment providers believe relapse can be intervened upon earlier, and clients can learn the skills they need to remain drug free and functional in society.
- Treatment providers expressed the need to have more educational materials (e.g., videos, pamphlets) that are up-to-date. Current materials are out-dated, and clients (especially juveniles) do not relate to the material as it is presented.
- Treatment providers suggested the expenditure of allocated treatment money along a continuum, spending less money when the client is less receptive to (and less likely to benefit from) treatment and utilizing more money when the client is more open to (and more likely to benefit from) treatment.
- All participants expressed a desire to receive OSAM-O-Grams at their agencies. To date, none of the participants had seen the existing OSAM-O-Grams. Participants believed that up-to-date information about drug trends in their area would be most useful in preparing for and treating clients.

- Participants in rural Preble County believe the primary barrier to their clients is the lack of transportation services, given the distances that many clients have to travel to access treatment services. They state that many clients are unable to make appointments because of a lack of personal transportation or unreliable transportation.

Exhibit 1. Adult Treatment Admissions: Montgomery County

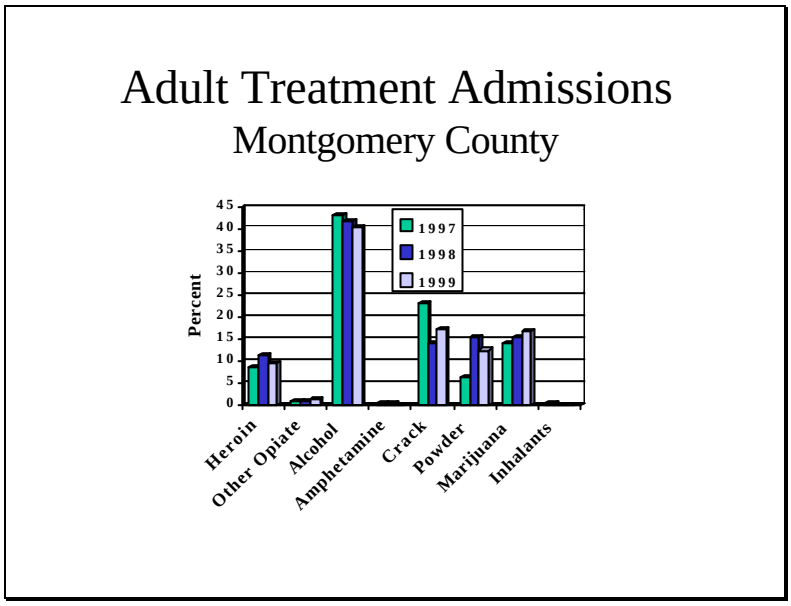


Exhibit 2. Drug Positives: Montgomery County Adult Probation

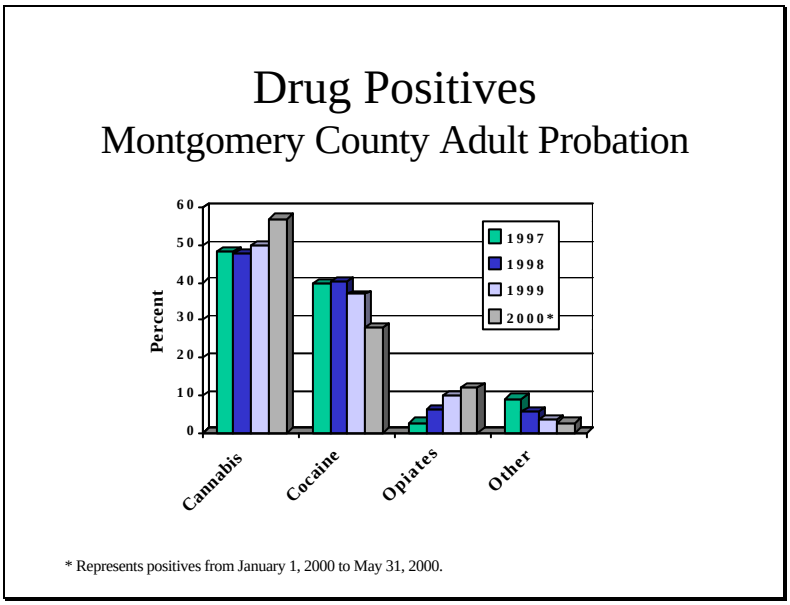


Exhibit 3. (Rural) Adult Treatment Admissions: Preble County

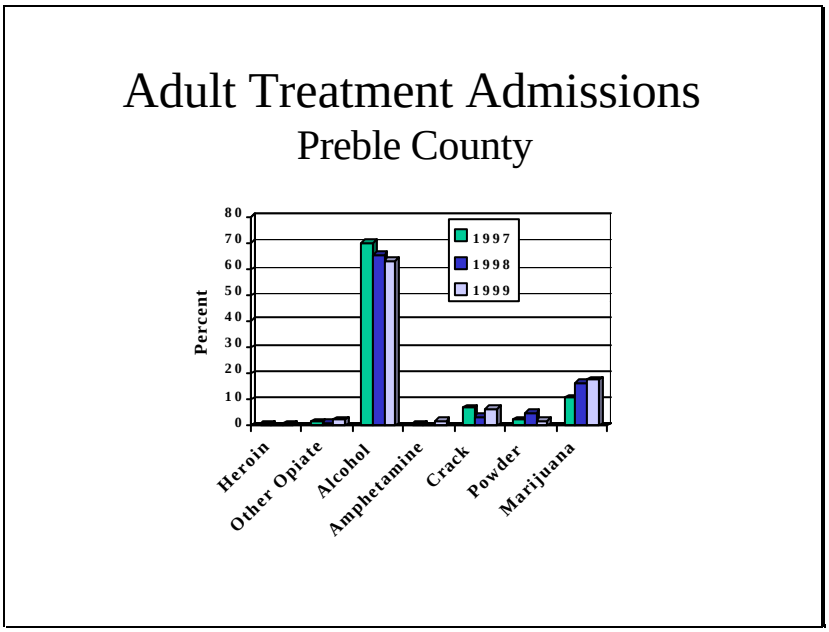
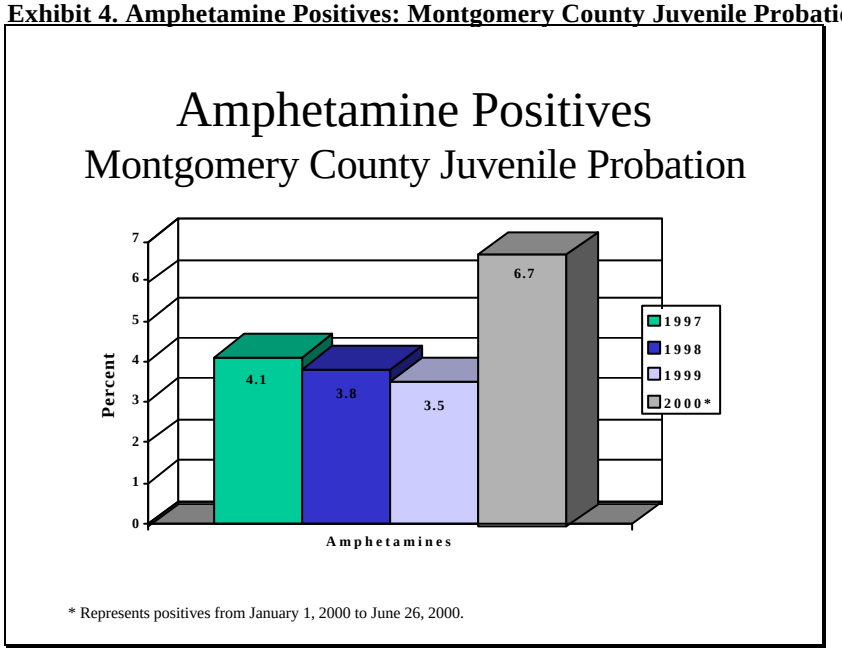


Exhibit 4. Amphetamine Positives: Montgomery County Juvenile Probation



PATTERNS AND TRENDS OF DRUG USE IN

LIMA, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2000

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Abstract

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

INTRODUCTION

1. Area Description

Allen County is located 70 miles southwest of Toledo, and according to the 1990 census, has a population of 109,299. Of this population, 87% (96,177) are Caucasian, 11% (12,313) are Black, and 2% (809) are Hispanic. Median family income for Allen County is estimated to be $32,573.00. Lima, which is the largest city in Allen County, has a population of approximately 45,243. Of this population 75% (33,049) are Caucasian, 24% (10,940) are Black, and 1% are Hispanic and other Ethnicity. The median family income is $25,775.00 per household, with 11.7% of household population earning $14,999.00 or less, and 8.1% of household population earning between $50,000 - $74,999. Approximately 41% of Allen County's population live in Lima.

2. Data Sources and Time Periods

- **Qualitative Data** was collected in one (1) focus group, conducted in June of 2000. The number and types of participants are described in Table one (1).

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
Tuesday, June 20, 2000	5	Active/Former Drug Users

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	5	0	5

Table 2: Detailed Focus Group/Interview Information

June 20, 2000: Current active drug users

"Name"	Age	Ethnicity	Gender	Experience/Background
"Robert"	35	Black	Male	Born in Allen County and has been in and out of the system. Has an addiction to crack cocaine and also uses marijuana.
"Detron"	27	Black	Male	Current/active user of crack and marijuana. Has also used Crank and methamphetamines.
"Anthony"	41	Black	Male	Using marijuana since he was 13 years old and is also an Alcoholic. Has used crack, crank and heroin.
"Thomas"	18	Black	Male	Has an alcohol problem and also occasionally uses Marijuana.
"James"	23	Black	Male	Active marijuana user. Also has used crack.

Recruitment Procedure: *The participants listed above were recruited thru Ms. Diana Shurelds, Outreach Worker for the YMCA Street Ministry Program. Key Informant attending two meetings.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine abuse and/or sales accounted for 70% of all drug arrests in the city of Lima. According to an investigator with the Allen County Drug Task Force, *It seems as though there is not an area where it cannot be found. It's like an out-of-control disease.* Active and former drug users state that you can purchase crack any time of the day or night. "It's just like Domino's Pizza delivery, you can pick up the phone, order, and the dealers will bring it right to you." (A), who is now in recovery, stated that he had an income of almost $5,000 a month as an insurance salesman with major accounts in the Lima area. *After I started smoking crack, I went from $5,000 a month in income to $0. in less than 3 months. I began to steal jewelry and electronics from my relatives in order to purchase crack.* The numbers of youth using crack are "deceiving" according to a Lima Police Officer. "A lot of youth are getting into the sale of and not the use of crack because of the laws. Individuals that are adults are now seeking out youth to make a fast buck and deliver their product to the actual users, because the consequences are nowhere as great as they are for adults. They might be more prone to get caught with the rock, but they're selling and not using." An active user had a different view, stating that the majority of his crack customers are 20 years or younger. A treatment counselor stated, *When Iwas on the Allen County Drug Task Force over 9 years ago, we actually caught a third grader going into the school to sell crack. It doesn't make any difference what race, in fact I think I saw more with the white race that would use their children as a front, because they knew if they got busted the penalty wasn't going to be too bad. I even know of a counselor one time that relapsed and ended up using her twelve-year-old son to deal with in the community.* Methods of administering crack range from glass crack pipes to a brillo pad and a 7/16" socket.

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

1.2 COCAINE HYDROCHLORIDE

Powder cocaine, according to focus group participants, is readily available in Lima and its use in the 17-25 year-old age group. Prices range from $25 for a quarter gram to $1,000 for an ounce. *The quality locally is not that good because it has been stepped on (cut) by the time it hits Lima. If you're buying a large quantity and it's coming straight from New York or out of the west, chances are it will be a lot purer.* Snorting powder cocaine continues to be the most widely used form of administering it, but it was stated that users are injecting cocaine more frequently. Youth are mixing cocaine with marijuana and smoking it, a term referred to as "Primos or 51's" or mixing with "blunts." *Youth snorting cocaine in the restrooms during school hours is becoming very common place.* Treatment is an issue. *I talk to people on a daily basis and somebody needs to come up with some sort of new treatment, because I don't believe what's currently available, for the most part has done much good. There was an individual that I spoke to who has been a cocaine addict for the better part of 15-20 years and has gone through rehab 17 times.* Participants stated that the treatments that are out there basically cover up the wound; but when the band aid comes off and they're put in front of that same situation again or the cocaine is put right in front of them, you have the person totally addicted again.

2. Heroin

The use of heroin has seen a dramatic increase in the last year in Allen County. Although active user groups report that it is available, you have to search in order to find it. The Lima Police Department reported that there were 15 arrests for possession of heroin as compared to the first 6 months of the year. According to a Task Force investigator, most heroin purchases are made either in Toledo or Dayton and brought back to Allen County. A Treatment counselor stated, "I have began to see an increase in use among my younger clients 16-18 years-old." A participant in an active user focus group stated, *I know of at least 10 people who smoke crack and are using more heroin to get off crack.* Although it's not as easy to find here as crack, you can still usually get it from the same connection that you get powder cocaine from. Heroin use is more widespread among the working class and has been in Lima for years. Heroin which is typically administered by injection, is also reported to be smoked in "blunts," with marijuana and cocaine. One user stated that heroin is expensive, that it costs anywhere from $350-$400 a gram depending on the purity and the type (i.e.: Black Tar, China White). "Treatment for heroin addictions is like taking you off of one drug and putting you on another, methadone," according to an active user.

3. Other Opioids

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

4. Marijuana

According to a Lima Police Officer, the use of marijuana with youth ages 14-18 has shown a significant increase and it is more available than crack cocaine. *If someone is walking down the street smoking a joint or carrying a small bag of marijuana, they know all we can do is write them a ticket because the laws are so relaxed.*
The quality of marijuana ranges from "ditch weed" which can be purchased for $1,000 per pound to "Hydroponics" or "Hybrid" which cost between $400-$450 an ounce. According to an investigator with the Allen County Drug Task Force, the THC potency levels are about 75-80% greater than in the 60's and 70's. It has been estimated by the Allen County Sheriff's Department that because of a large rural area, approximately 40% of marijuana sold in Allen County is grown in Allen County.

Both active and former users state that they have smoked marijuana at some point, and 80% of the participants agreed that they began smoking marijuana before moving on to other drugs. "I smoke blunts almost everyday," commented one active user; another states "I've smoked weed for twenty years. I started when I was 9 years-old and I don't see any harm in it." A Treatment counselor told us that a client stated "blunts" are the popular choice for

high school youth. Another states, "I am counseling a youth now who has been suspended from school because he's been caught smoking marijuana for the second time in three months. This boy is in the 7th grade, and what really disturbs me is that the mother doesn't think him smoking marijuana is all that bad." The mother said,"at least he's not smoking crack." Another counselor informs us that among his clients, smoking "primos" (a process of mixing crack with marijuana) is the popular choice of the younger users.

Treatment has not been found to be an issue for marijuana users. One user states, "I would have to say that I would get laughed out of the treatment center if I was addicted to marijuana because it's like a 'victimless crime.' It's not like being addicted to crack or heroin." A Treatment counselor stated that most clients that smoke marijuana don't enter treatment for its use, it's usually because of associating with other drugs like crack or alcohol.

5. Stimulants

There have been some reported cases of crank use in Allen County, according to an investigator with the Allen County Drug Task Force. Although it's not commonly used in the outer areas, there have been two arrests in the city of Lima for possession of crank. An active user when asked to describe crank said, "It's like powder cocaine but tastes different. You can snort it or shoot it, you get the same high as crack but it lasts linger and it's cheaper." He further stated that you can buy crank for $100-125 a gram, and it will last for about a week.

6. Depressants

7. Hallucinogens

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

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

8. Inhalants

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

9. Alcohol

"Alcohol is the worst of all drugs because it's legal," was the comment made by a user focus group participant. He further stated that the worst thing a parent can do is to allow their children to drink and not see the harm in it.

10. Special Populations and Issues

- Active user groups state the need for more drug awareness/education in the schools starting as early as elementary school.
- Treatment providers state a greater need for programs that work with families of clients addicted to drugs.
- Police officers state the need for expanded treatment programs.

CONCLUSIONS

VII. There needs to be more of an effort or programs working with the families of people addicted to drugs.

VIII. There needs to be an education program for children in the schools; the same way they have to learn math, science, and how to read, they should also be required to learn about how harmful drugs can be and how they can ruin their lives.

IX. More treatment counselors that are ex-users need to be hired. It would help if some of the counselors knew what it was really like to be "strung out" on drugs.

EXHIBITS

Exhibit 1: Allen County Narcotics Task Force

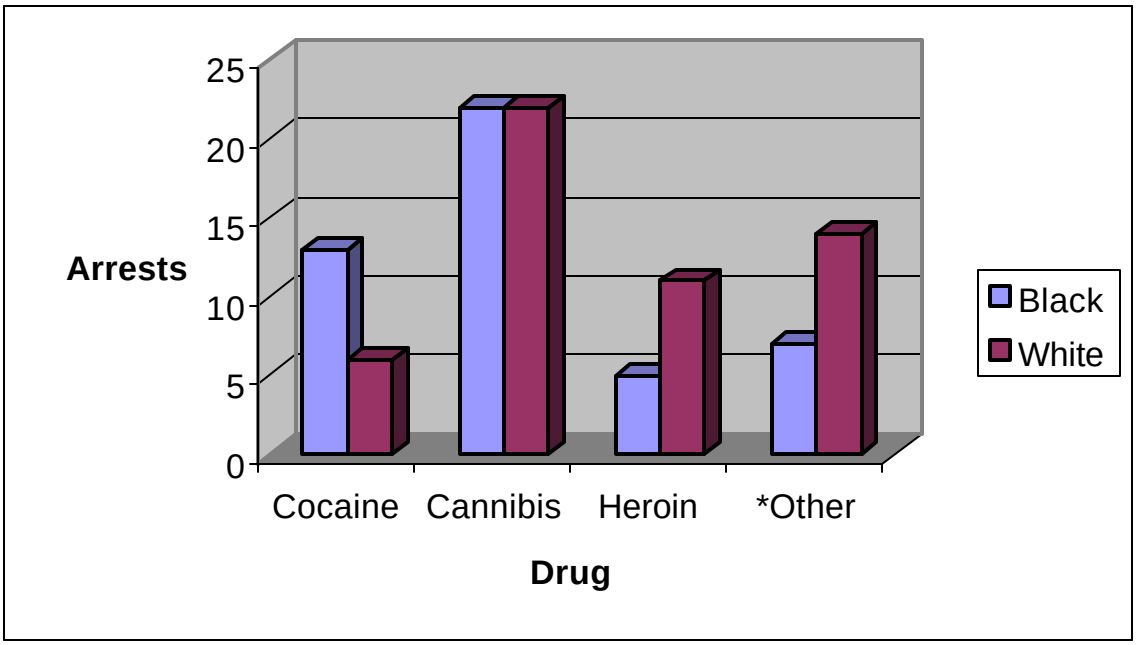
Exhibit 2: Drug Arrests in Allen County Graph

Exhibit 3: Lima Police Department Age/Sex Arrests

Exhibit 1: Allen County Narcotics Task Force

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

Exhibit 2: Drug Arrests in Allen County



* Inhalants, hallucinogens, stimulants, amphetamines, barbiturates

Exhibit 3: Lima Police Department Age & Sex of Persons Arrested January Through June 2000

Offense Classification	Sex	18-24	25-44	45-UP	TOTAL
Marijuana Possession	F	2	1	0	3
	M	28	10	3	41
Cocaine Possession	F	0	1	0	1
	M	2	11	6	19
Heroin	F	0	1	2	3
	M	3	9	3	15
***Other**	F	2	3	0	5
	M	11	6	0	17

- Inhalants, Hallucinogens, Stimulants, Amphetamines, Barbiturates

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

June, 2000

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Abstract

The information provided by the participants in the focus groups and interviews in Kent, Ravenna (Portage County), Warren (Trumbull County), and Mentor (Lake County) suggests that the use of marijuana and cocaine continue to be the most prevalent drugs (other than alcohol). It appears as though marijuana use is considered normative among many, with no associated stigma. Powder cocaine is available and continues to be used among those who can afford it. Crack cocaine is extremely available and continues to be widely used. While lower in prevalence, concern was expressed about the increasing use of hallucinogens, heroin, and painkillers. Little is known about heroin use, amphetamine use, and depressant use. PCP is virtually unheard of. There were increasing reports about the misuse of medically prescribed as well as illegally obtained opiates. Such use appears to be increasing among a wider population than previously reported.

Treatment challenges were reported for cocaine due to its addictive properties, marijuana due to its general acceptance, and inhalants and psychedelics due to their perceived effect on cognitive functioning. In addition, the need for affordable in-patient treatment as well as prevention programs introduced at younger ages were mentioned.

INTRODUCTION

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

1. Area Description

Portage County has a population of 151,222 (1999 census estimate). About 96 percent of this population is European American, 3% African American, and 1 percent Asian American. In 1995, the median household income was $37,825. In terms of poverty rates, 8.9% of the population was below the poverty line (12.9 percent of those under 18 years of age and 10.7% of related children 15-17 were in families in poverty). In 1990, 79.3% of the population had graduated from High School and 17.3% had graduated from college. In 1996, the unemployment rate was 4.4%. The interviews took place in Kent, which has a population of 26,8333, and in Ravenna which has a population of 11,961 (1998 estimates).

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

Trumbull County has a population of 225,066 (1999 census estimate). About 92 percent of this population is European American, 7% African American, about 1 percent Asian American, and about 1 percent Hispanic American. In 1995, the median household income was $34,487. In terms of poverty rates, 11.2% of the population was below the poverty line (18.5 percent of those under 18 years of age and 11.4% of related children 15-17 were in families in poverty). In 1990, 75.2% of the population had graduated from High School and 11.4% had graduated from college. In 1996, the unemployment rate was 6.2%. The interviews took place in Warren, which has a population of 46,866 (1998 estimates).

Six focus groups and three interviews with experts were conducted between May 1, 2000 and June 23, 2000 with a total of 31 participants. The interviews took place in Kent and in Mentor. Three focus groups took place in Warren, two took place in Ravenna, and one took place in Mentor. The interview in Kent was with a high-

ranking member of the Western Portage County Drug Taskforce. One of the interviews in Mentor was with a police Lieutenant and the other was with a treatment provider. The focus groups in Warren consisted of a group of users who had recently begun treatment, a group of drug treatment providers from a local treatment facility and a group of police officers. The focus groups in Ravenna consisted of a group of users who have recently begun treatment and groups of drug treatment providers from a local treatment facility. The focus group in Mentor consisted of a group of users in treatment. The data contained in this report was gathered through successful completion of nine focus groups that were audio taped and summarized.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group/Interview	Number of Participants	Type of Participants	Location of Focus Group/ Interview
05/01/00	1	Western Portage Co. Drug Task Force Officer	Kent, Ohio
06/07/00	2	Police Officer and Undercover DEA Agent	Warren, Ohio
06/08/00	5	Providers of Treatment	Ravenna, Ohio
06/12/00	5	Users in Treatment	Ravenna, Ohio
06/13/00	6	Users in Treatment	Warren, Ohio
06/16/00	4	Providers of Treatment	Warren, Ohio
06/20/00	6	Users in Treatment	Mentor, Ohio
06/20/00	1	Police Officer	Mentor, Ohio
06/23/00	1	Provider of Treatment	Mentor, Ohio
Total Number of Participants	**31**		

DRUG ABUSE TRENDS

1. COCAINE

1.1 POWDER COCAINE

Police officers, treatment providers, and users state that powder cocaine is very available in the Portage, Trumbull, and Lake County areas. Since 1994, in particular, there has been no trouble finding powder cocaine in Portage County. One police officer remarked that Portage County is Asaturated@ with powder cocaine. Officers in Lake County identify powder cocaine as the number one drug of abuse. According to a Lake County officer, this is due to changes in sentencing for powder cocaine versus sentencing for crack cocaine. It is his belief that weaker sentences for powder cocaine has led buyers to purchase more powder cocaine (as opposed to crack) and Arock it up@ themselves.

Depending on the quality of the cocaine, the standard price ranges from $90 to $150 per gram ($300 for an eight-ball) (or 30 to 37 thousand dollars a kilogram), although some police officers suggest that the price of cocaine is increasing. According to officers, the price for cocaine has leveled off, resulting in the generally high quality of the drug in Portage and Lake County. Also, Lake County police officers attribute this increase in quality to the fact that powder dealers are trying to compete with crack dealers for business. Warren police officers state that the purity of available cocaine in the area is anywhere from fifty five percent to eighty percent pure cocaine. However, some treatment providers and users have stated that dealers have been passing off Acut@ or Astepped on@ coke Users in Warren report that the quality is poor. They also report that powder cocaine is increasingly laced with heroin. Treatment providers generally believe that this is increasing the addictive nature of the drug.

Because of the currently good condition of the economy, as well as the leveling of the price of cocaine, use and availability of powder cocaine has been consistent or has increased in recent years. However, some treatment providers believe that powder cocaine use has been decreasing over the last five years because of the prevalence of crack cocaine. Users, treatment providers, and police officers agree that people who are in a better economic position are becoming more likely to use powder cocaine. Generally, users of powder cocaine perceive themselves and cocaine as “better” than other users who use drugs other than powder cocaine. It is normally used among middle aged white individuals who have money. However, more blacks in good economic positions are also now using the drug. This includes professionals who perceive powder cocaine to be less harmful than crack cocaine (i.e., in terms of addiction and the legal penalties). While users are usually middle aged, one police officer stated that in the last five years, there has been an increase in the number of college kids (or, college age kids) that are using the drug (particularly in Portage County). Users are generally no younger than 15 years of age. However, dealers in urban areas are often very young (e.g. as young as 13 years). Police officers and users attribute this to the glamorization of powder cocaine in the media (e.g. movies, music).

The primary reported method of administration is snorting. However, some individuals chose to Ashoot@ or inject the drug because it gives them a faster high. Treatment providers state that shooting powder cocaine occurs more often than previosly thought. Some users reported that powder cocaine is sometimes smoked. However, they also point out that individuals who smoke cocaine usually try to keep it a secret because of the resemblance to smoking crack (i.e. stigmatization).

Users and treatment providers report that many users of powder cocaine do not seek treatment because they view their use as recreational (or social) and do not perceive their addiction as a problem. According to users, success of treatment of powder cocaine is relatively low. In Warren, police officers state that the recovery rate (after attending rehabilitation) is only around 2%. According to one officer, treatment for powder cocaine does not work because of the availability and addictive nature of the drug. After seeking treatment, individuals often return to environments in which powder cocaine is present. Even if the addict does not seek out the drug, s/he is often in proximity to those who use and/or sell the drug. Thus, recidivism rates are high. Also, treatment providers state that the depression is associated with recovery from cocaine use. Many users utilize cocaine as a way to help them manage depression. Thus, they often return to using cocaine to help alleviate their depression.

Another related concern is availability of treatment in Portage County. According to treatment providers and users, treatment in Portage County is very limited. As of now, the only treatment facility available in Portage County is located in Ravenna. Many users state that they do not want to be seen receiving treatment in their own city because of the stigmatization that goes along with drug addiction. Furthermore, those who live outside of Ravenna (especially the more rural areas) are unable to get transportation to the treatment facility.

One police officer said that gangs are bringing powder cocaine into Portage County. So much powdered cocaine floods the market that it gets cut up by the buyer and resold, affecting the quality of the drug. Because of this, drugs like heroin (which is generally of high quality) are beginning to be more prevalent. Another issue is that many dealers and users are buying powder cocaine to turn into crack.

1.2 CRACK COCAINE

According to users, treatment providers, and police officers, crack cocaine is the biggest drug problem in this area. Crack is as common as marijuana and is easier to get (as well as in higher demand) than powder cocaine. All attribute this to the fact that crack is easy for dealers to carry (because of size) and is a very good moneymaker.

According to one police officer, crack cocaine is widely available in Portage County, partially because many dealers Arock up@ powder cocaine and sell it as crack. As opposed to past years, crack cocaine is more available in the areas surrounding Kent State University campus. Several crack houses have been found in Kent, thus leading to an increase in availability to students. In general, the availability of crack in the Kent area is steadily increasing. Crack is also widely available in Trumbull County, particularly the Warren area. Treatment providers claim that the Warren jail is overloaded with substance-related offenses. Treatment providers suggested that Warren was becoming "as bad as Youngstown@ in terms of its crack problem.

According to users, the quality of the crack that is sold in the Kent and Lake County area depends on where the crack is being sold and who is buying the crack. A white buyer in a black neighborhood is going to receive either less crack or crack of lower quality than a black buyer will receive. Usually, however, the same group of people deal the crack to steady customers ensuring that the quality is good. Good quality crack is crack that has not been Astepped on@ or Acut@ as many times, making it more potent. Overall, though, crack is cheap, costing only around $10 to $20 per rock (depending on the size of the rock).

Police officers in Warren are concerned about the increase in the sale of crack because of the poor quality of the drug that is being sold in the Warren area. According to Warren police officers, treatment providers, and users, the quality of crack in Warren is poor because the cocaine used to make the crack is often cut with unknown, potentially harmful, ingredients. Typically, crack that is sold in Warren is only 30% pure cocaine.

Participants found it difficult to characterize typical crack users because the population is so diverse. This is in large part because crack use and availability have increased in recent years. Many users believe that the drug hit the mainstream 5 years ago (primarily due to through media influences). Users state that crack is no longer a strictly inner-city drug. [Police officers state that while more men are arrested for using crack, women may be as likely to be users.] Men, women, blacks, whites, professionals, etc. use crack, although most interviewed agree that the choice to use crack is dependent on the socioeconomic background of the individual. People from lower SES backgrounds are more likely to try crack than individuals from higher SES backgrounds. Treatment providers report that college age individuals do not usually smoke crack because the addictive nature of crack quickly disrupts the individual=s life. However, kids as young as 13 and 14 years old have been caught smoking and selling crack in Portage and Lake County. According to officers and drug users, adults often employ kids to hold and/or sell their supply of crack. This is because the legal penalty for juveniles is less than that for adults. In general, though, users feel that kids perceive people who use crack negatively (Acrackheads@) so they do not use it.

The primary method of administration is smoking from a pipe. Some users report that crack is sometimes injected. However, this is rare. Because crack cocaine is perceived by users as being more addictive than powder cocaine, many users believe that it is nearly impossible to quit using crack. Treatment providers do not agree. They

do state however that relapse is frequent and usually occurs within the first 6 to 9 months after the user has quit. According to police officers, individuals who go through treatment for crack almost always are caught using again.

Users, treatment providers, and police officers tend to agree that crack users who are trying to recover from their addiction often begin using again because they cannot remove themselves from the environment that is conducive to use. Treatment providers are only able to offer out-patient treatment to crack addicts. Providers state that there is a greater need for in-patient facilities to tackle the crack addiction in their county. Recent downsizing of facilities has resulted in fewer available resources to take care of a growing problem. Clients are often sent to other areas (e.g. Cleveland) for treatment where waiting lists are often 2-3 months long.

Users report that crack is often used in conjunction with multiple other drugs. For example, alcohol and marijuana are used at the same time as crack in order to help the user Acome down@ from the crack high.

The director of the Lake County Narcotics Agency stated that the weakening of sentencing for crack has had a direct influence on the increase in the sale of crack in the area. When arrested, the charge depends on the amount of crack that the individual has in her/his possession when s/he gets caught. This police officer reported that if the user only has one rock of crack, it is only considered a felony five. In response to this, users are buying smaller amounts of crack with more frequency.

2. HEROIN

Within the last two years, the availability of heroin in the Portage County area and Lake County area has increased. Many heroin users have to travel to get the drug (e.g. Mentor users go to Cleveland or Painesville). Warren police officers state that heroin is definitely around, but that it is the same small group (6-8 members) of individuals in the area who are using the drug. These individuals are particular about to whom they sell the drug.

The primary method of administration of heroin has been injection. Several users stated the heroin that is shot up is sometimes mixed with downers. Because the quality of heroin has become so much better in recent years (e.g. In the Warren area, heroin is often 45% pure), it has become possible to snort. Users state that dealers are becoming more interested in selling heroin. This is because the purity of the drug allows it to be Acut down@ many more times, resulting in more sales.

Good quality heroin is available in all counties studied and sells for around $15-30 a “bindle” (about 1/10th of a gram), or $100-200 a gram (about the size of a NutraSweet packet). Generally, the quality of heroin has been improving over the last two years.

In Portage and Lake Counties, users and treatment providers report that users of heroin tend to be young and white. However, this is difficult to make much of because there are not a lot of known cases of heroin use in these areas. In Warren (Trumbull County), the group identified as using the drug by the police consists of older, black men. Treatment providers in Portage County view heroin as a primarily female drug. However, most interviewed agree that heroin is not used among those younger than 20. This is thought to be the case because using needles to inject the drug is viewed negatively.

Users, treatment providers, and police officers agree that treatment for heroin addiction is difficult. According to users, treatment groups for heroin addicts should involve only other heroin addicts because of the unique nature of the drug and its effect on the user. This is identified as a challenge for treatment providers because they feel as though they need more education on methadone maintenance. As of now, the treatment facility in Portage County is not prepared for heroin addicts and Trumbull County does not have any methadone programs. Furthermore, although facilities are available in Lake County, the long wait for admittance to treatment programs often results in the continual usage of heroin by addicts who are trying to deal with the pain from withdrawal.

3. OTHER OPIOIDS

3.1 OPIUM

Opium is not very available in Portage County. Part of the reason for this is that no one wants opium because they can get stronger drugs. Users state that opium is usually used with marijuana. It is relatively cheap, around $10 a gram. They report that users are generally around 20 years old.

3.2 PAIN KILLERS

Treatment providers report that anyone who is injured and is medically treated is at risk for becoming addicted to painkillers. Officers suggest that individuals who originally take prescription pills to alleviate pain from an injury are also at higher risk to sell them.

Users state that heavy-duty painkillers often cost around $30 a capsule. Painkillers such as Vicodin, Oxycodone, Codeine, Dilaudid, and Percocet are easily available on the street. Officers, treatment providers, and users agree that their abuse has not increased. There is however a perception of increased use because discussion about it has become more open. They are usually ingested but some users have heard that they can be injected.

Treatment providers in Warren identify Oxycodone as currently one of the biggest growing drug problems in the area (with use still escalating). Because the drug's formula is time released, its effects last over a twelve hour period of time. Oxycodone is very potent and very addictive. On the street, the selling price is $20 per capsule. The pill is either swallowed or crushed and injected (the time release aspect is lost when the it is crushed). Users who inject Oxycodone often have infected skin where the needle is injected.

According to treatment providers, there are three types of pain killer users: 1) Those who begin use because of legitimate injuries and then become addicted, 2) Those who buy off the street, and 3) Those who get them from physicians by presenting symptoms in order to obtain a prescription. Treatment providers state that pain killer addicts often experience problems with treatment because of the heavy amount of denial that accompanies addiction. They justify use because of the pain they are in or because of the fact that a legitimate person (their doctor) prescribed the pills. Treatment providers also state that pain killer addiction (and recidivism rates for addicts) is often a problem because doctors are not aware of the addiction cycle that accompanies pain killer addiction. Often times, addicts who are in treatment are given painkillers without their prior knowledge while in the hospital or the ER.

In terms of who is using pain killers, several users stated that it is unheard of among African Americans. One user stated that African Americans are less able to successfully doctor shop and forge prescriptions because they are more likely to be profiled for this type of behavior. Most users state that older white women and middle-upper class individuals are more likely to abuse pills. Some treatment providers suggest that this is because these groups are more likely to have health insurance and/or go to the doctor.

4. MARIJUANA

According to police officers, marijuana is difficult to police because of the high degree of availability of the drug. According to one undercover officer, marijuana is brought into Portage County by the hundreds of pounds. Around three large shipments (amount not specified) of marijuana are brought into Kent in a month's period.

The quality of much of the marijuana in the Portage, Trumbull, and Lake County areas is very high. Much of the marijuana is hydroponically grown. This is generally very good quality. Police officers are not sure where the marijuana is coming from (although Warren officers mentioned Jamaica and users mentioned North Carolina), but the marijuana that is available is very potent. Officers in Lake County stated that the current market availability of marijuana is leading to larger networks bringing in the drug (for example, networks from Mexico, California,

Jamaica, and Costa Rica). In Lake County, officers are gaining more access to large amounts of marijuana. Much of the marijuana in Portage and Trumbull County areas seems to be home-grown. Large amounts are grown on private residential property. Good quality marijuana is readily available. Those who grow large, high quality plants are able to make a better profit. Officers attribute this situation, in general, to the ease with which marijuana can be grown and sold. This is due to the reduced legal charges for possession.

One pound of marijuana sells for around $1200 to $1500 in Portage County. It is less expensive to buy marijuana in Kent than in other areas. You can purchase marijuana in Kent for around $35-$40 a quarter bag. In other surrounding areas, marijuana sells for around $50-$70 a quarter ounce. In Warren, good quality marijuana sells for around $2400 per pound. In Lake County, good quality marijuana sells for around $500-$2000 per half pound. The primary method of administration is smoking, whether in a joint, pipe, or in a Ablunt@ (marijuana wrapped in cigar wrapper).

Users, police officers, and treatment providers agree that marijuana smokers cannot be easily characterized as being from certain social groups. That is, individuals from all social classes, racial groups, genders, and age groups smoke marijuana. In terms of age, marijuana is usually tried by junior high. The reason for the diverse population of marijuana users is that it is so readily available and acceptable in our society (i.e. as a social drug). It is perceived by many users interviewed as being on a similar in alcohol in terms of social acceptability.

According to participants in this study, using and selling marijuana is a family affair. Parents do not believe that marijuana is harmful, thus they do not relate this message to their children. Part of this is due to the legal view of marijuana in our country. As stated by one officer, an individual must have over 13 pounds of marijuana in his/her possession before the presumption of jail even enters into the situation. An individual can be caught with up to 200 grams of marijuana in their possession and if they are arrested, it is only considered a minor misdemeanor. Thus, people are not worried about being caught with the drug. Officers feel that marijuana busts are a lost cause because they cannot put everyone in jail. Furthermore, they do not want to waste their undercover officers on marijuana busts when they could be using them for busts involving more serious drugs.

According to users, treatment for marijuana usually does not work. Individuals go to treatment only if they are referred to treatment by the court. Usually they are found to have marijuana in their system while they are being tested for other drug use. Many times, users ingest substances that will make marijuana in their systems difficult to detect. Similar to alcohol, individuals only seek and stay in treatment if they perceive themselves to have a problem. While many multiple drug users smoke marijuana in conjunction with other drugs, marijuana is not usually considered their primary drug of choice. Most consider marijuana to be a recreational drug. Many users going through treatment admit that they laugh at people who come to treatment for marijuana abuse. Treatment providers suggest that the only way to show marijuana users the consequences of their actions is to hold them accountable for their use. This includes stronger legal consequences.

It is widely believed that marijuana will continue to have a strong market in the area because the quality of the drug available is very good. Most participants (with the exception of <u>some</u> users) agree that, unlike popular conceptions of marijuana, marijuana is not a totally harmless drug. It can lead to the use of other drugs.

5. AMPHETAMINES

There were some differences in the reporting of availability and source of amphetamines. According to the undercover police officer in Kent, amphetamines are widely available in the Kent area. They are a major problem because there are so many drug stores in the area and because there is only one pharmacy agent in Portage County to investigate this type of drug abuse. Officers also do not have time to look into suspicious cases. It is very easy to get pills, but very difficult to get enforcement. Many individuals Adoctor shop@ to get multiple prescriptions, and doctors are not cooperative with law enforcement agents. Also, prescription abuse often goes unnoticed because it is a form of "quiet drug abuse". Individuals who are busted selling prescription pills are often caught because a suspicious pharmacist tips off the police.

The police officers interviewed in Warren and Mentor think that trading and selling prescription amphetamines are not a big problem in the area. When it is detected, prescription drug abusers are usually not prosecuted. When they are prosecuted, sentencing is usually weak because prescription drugs are considered legitimate in our country. Users agree that amphetamine abuse is much less common than it was in the seventies.

Treatment providers think that women are more likely to abuse prescription amphetamines than are men. Often times, women who are employed in positions that give access to amphetamines (e.g. nurses) will abuse them. Treatment for this type of drug abuse is often difficult because the abuse goes undetected for a long time.

One amphetamine that police officers, treatment providers, and users report as becoming a problem is Ritalin. Officers report that young kids to college students smash Ritalin and snort the powder.

According to treatment providers, over the counter drugs such as caffeine and weight loss pills are also a problem in younger aged individuals. They are readily available and can be stolen from stores easily.

6. METHAMPHETAMINES

According to police officers, treatment providers, and users in Portage and Trumbull County areas (not Lake County), methamphetamine labs are one of the biggest growing concerns. Although Lake County treatment providers state that methamphetamines are more popular over the last year or so than it has been in the past. Part of the reason for this concern is that anyone can make methamphetamines by using a recipe off the Internet. Most ingredients are readily available in any drugstore. Fortunately, the main ingredient (ARed P@) is not as easy obtain.

Working labs have been found in Portage, Trumbull, and Lake counties, however, most labs have been Abox@ labs. This means that the lab is only set up in the spot for a short amount of time (and is easily transferred). Police officers state that these labs are often set up in hotel rooms. This is a concern to officers because of the volatile nature of the chemical ingredients used to make the drug, as well as the tendency for remnants of the drug to stay in the area in which the drug made. This results in possible to individuals who come in contact with the area after the lab is no longer there.

Mark-up for crystal meth used to be high. However, because of the ease with which it can now be made, it is not as expensive. Prices for crystal meth are similar to prices for cocaine.

The quality of crystal meth depends on who makes it. Usually it is good quality. The method of administration is usually ingestion, although it is sometimes smoked.

Users of crystal meth are usually young, white kids around high school and college age. Many individuals who participate in raves also use crystal meth. Treatment providers identify meth use as increasing in that more people are trying it than have in the past. However, they agree that meth is not the drug of choice for most addicts and is not usually used regularly.

One user reported that many crack users, as a result of trying crystal meth, will give up crack and begin using crystal meth on a regular basis. This is because it gives the user a different high that lasts longer than the high from crack.

7. DEPRESSANTS

Officers, treatment providers, and users agree that depressants are available, but are not seen too much. All groups agree that depressants (e.g. Valium) are usually used by women later in life. Sometimes depressants are used with opiates and crack to help the user Acome down.@ They help the user deal with the stress that other drug use puts on their body. Depressants are usually obtained in the same manner as other pills (e.g. amphetamines, pain killers).

8. HALLUCINOGENS

Hallucinogens such as acid, liquid LSD, mescaline, and mushrooms are available anywhere in Portage County and Trumbull County. Police officers, treatment providers, and users agree that, in the last 2-3 years, acid has been making a come-back, especially in younger populations. However, they also state that hallucinogens, in general, are used on an experimental basis.

Acid and liquid LSD are often applied to Fruit Loops or sugar cubes for ingestion. Users and treatment providers state that it is also available in a gel that forms into little tabs (a.k.a. Agreen jellies@). When sold as a single dose (i.e. on a Fruit Loop, on a sugar cube, or in a tab), it generally goes for $5 to $10. Hallucinogens are often sold in a 10-strip (10 doses) or in a tiny vial the size of a pinky finger. These vials usually hold around 200 doses, and are sold for around $250.

Officers state that hallucinogens are usually sold by white males around 20 years of age. Users include young white males around high school and college age (hallucinogen use is stigmatized by African Americans). The use of hallucinogens is often synonymous with the Arave crowd.@

One consequence of use that is recently becoming a problem is death. Officers report that young kids are combining amphetamines (speed) and hallucinogens for maximum effectiveness. A recent problem drug in this regard is ecstacy. In the past year, there has been an ecstacy-related death on Kent State=s campus as well as an ecstacy-related death on Akron University=s campus. Use of designer hallucinogen drugs is also dangerous because the user does not know what chemicals make-up the drug. Thus, it is easy for the user to Aflip out@ while under the influence of hallucinogens.

According to officers in Portage, Trumbull, and Lake Counties, ecstacy is one of the most popular hallucinogenic drugs. Ecstacy use is synonymous with the club/rave crowd. Officers do not know too much about the drug and how it works, but they agree that it is a new and increasing drug. Another rising problem drug mentioned by treatment providers is Gimsinweed. This naturally grown, very potent drug is popular among the adolescent crowd. GHB (AThe Date Rape Drug@) is also on the rise in Lake County in the last 3 months.

One treatment and recovery issue related to hallucinogen use offered by treatment providers in Ravenna was the high degree of mental illness that is associated with use of these drugs. According to them, mental illness makes treatment and recovery increasingly difficult.

According to users, hallucinogens are only an experimental or fad drug and are not taken on a continual basis. They state that this is a result of the damage that the drugs can do in a relatively short period of time. Most users get burned-out on hallucinogens and, therefore, there is little longevity involved in its use.

9. PCP

Little is known about PCP in these areas. However, police officers reported that a popular way to use PCP is to dip cigarettes into it. These dipped cigarettes, known as Awets,@ sold for about $10 per joint.

10. INHALANTS

11.

Inhalants are considered readily available in all of the areas. They are not considered a problem drug. There was however a death in the Kent area a couple years ago. The types of inhalants that are used by adolescents include glue, white-out, gas, butane, solvents, and propane. Inhalants are not considered to be addictive by users. However, as discussed by treatment providers, inhalants are considered a Astarter drug.@ They provide a very quick high of short duration.

Generally, inhalants are used by high school kids. However, some treatment providers claim that younger kids are being introduced to inhalants by older kids (often siblings). A somewhat recent trend includes the sale and

use of nitrous oxide at concerts (e.g. Phish). The nitrous oxide is illegally transferred from large tanks into balloons (similar to Awhippets@) and inhaled. Officers report that the use of nitrous oxide is also popular in the gay community.

Treatment providers in Portage County have noticed a decrease in the use of inhalants over the last year. They agree that the increased availability of marijuana has led to this decrease. Also, adolescents often have bad experiences with inhalants that keep them from using them again. However, treatment providers in Trumbull County and users in Lake County report the opposite; they claim that use is definitely increasing over time (although officers in Lake County disagree).

11. ALCOHOL

All interviewed agreed that alcohol is the number one drug of choice in our country. Alcohol is what is referred to as a Astepping stone@ drug because alcohol use often leads to use of stronger, illegal drugs. Also, when using other drugs in conjunction with alcohol, alcohol consumption increases greatly. Many individuals do not realize that they have a problem with alcohol because of the influence of other drugs while drinking alcohol. These other drugs often make it harder to get drunk.

12. NEW DRUGS:

PORTAGE COUNTY:

1. Gimsinweed: A hallucinogen. Grown naturally and ingested.
2. Coricidin: An over-the-counter medicine for multi-symptom colds. Coricidin is used by adolescents who have difficulty obtaining other drugs.
3. Special K: A hallucinogen. Also known as Ketamine.
4. Wet: A hallucinogen. Basically, it is a marijuana or tobacco cigarette dipped in formaldehyde and alcohol and sometimes laced with PCP.

TRUMBULL COUNTY:

1. Oxycodone: A painkiller in pill form. The medicine in the pill is time released, so that the user takes one pill but the doses are released over a twelve-hour period of time.
2. Ice: A type of crystallized methamphetamine.
3. Wicked: A hallucinogen that is similar to ecstacy.
4. Wet: A hallucinogen. Basically, it is a marijuana or tobacco cigarette dipped in formaldehyde and alcohol and sometimes laced with PCP.

LAKE COUNTY:

1. Ecstacy: A hallucinogen. Usually taken in pill or liquid form.
2. GHB: AThe date rape drug.@ Usually ingested.
3. Morning Glory Seed: A psychedelic drug that is naturally grown. The seeds are crushed and made into a juice to be ingested.
4. Special K: A hallucinogen. Also known as Ketamine.
5. Methcathinone: Roots of a naturally growing plant. Users state that it is different from Special K, but they are unsure as to how it is different.
6. Pain Killers for Animals: Basically, people are taking painkillers that have been prescribed for animals by vets. According to users, the high is different from that of human painkillers.

SUMMARY AND RECOMMENDATIONS

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

Both the treatment provider groups and the user groups in all counties expressed a need for more long-term residential (in-patient) treatment. According to all treatment providers, addicts that attend residential treatment have the best chance of a successful treatment for their addiction. User groups in Warren stated that addicts need more than 28 day programs. They need to learn to live life sober. They believe that the recovery rate would increase if there were more 3/4-way houses available. Providers in Warren stated that there is nowhere in Trumbull County for clients to go for detoxification. Currently, they are sending clients to Mahoning County (which is currently servicing three other counties). The Portage County groups said that more facilities for treatment in general were needed in the county. Currently, the only treatment facility for the county is located in Ravenna. Providers in Lake County state that 98% of calls for residential treatment are redirected because the facility is full.

Police officers and users in Lake County and Trumbull County suggested that there needs to be more subsidized treatment facilities. As it stands, many users want to get help but either cannot get into a facility or cannot afford to pay for treatment because they do not have insurance. Furthermore, many insurance policies do not cover treatment for adolescent addicts. Another related issue is that there is only one adolescent treatment facility in the Lake, Geauga, and Cuyahoga County areas. As a result, many adolescents are treated on an out-patient basis, which makes it tough for them to recover.

The treatment provider groups said that people need to be better informed about the long tern negative effects of marijuana. All the groups thought that increased physician awareness of the abusive potential of prescriptions was necessary.

Several treatment providers and users suggested that separate 12 step treatments for recovery should be held for alcohol and other drug addictions. Different drugs have different addiction cycles, and it is more helpful for the addict if the recovery program teaches them about the specifics of their addiction (whether it be to alcohol, cocaine, crack, heroin, etc.).

In terms of prevention, most groups stated that prevention needs to be taught to children earlier in life. Currently, D.A.R.E is not implemented until the 5th grade. Most agreed that this was too late. Most also agree that intervention should be taught in the schools. Kids should be shown what happens to people who take drugs (e.g. field trips to jails, mental institutions, etc.).

The police in Warren recommended that there be more police available to help control the drug problem. They are presently experiencing layoffs due to lack of money. Their drug unit is currently down to one person.

PATTERNS AND TRENDS OF DRUG USE IN SOUTHEAST, OHIO (ATHENS, VINTON & HOCKING COUNTIES): A REPORT PREPARED FOR THE OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

JANUARY - JUNE 2000

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

Abstract

Alcohol abuse was perceived as the most serious substance abuse problem in the region. Although marijuana use was described as extensive,among local residents of all ages and college students, its use was not perceived to be a problem. Abuse of pharmaceutical depressants (e.g., Vicodin, Oxycontin) and depressants (e.g., Xanax) was also perceived to be relatively common and increasing. Some participants believed crack cocaine was used increasingly among local residents in isolated sub-groups, particularly among young women. Cocaine powder was believed to be used sporadically but perhaps more common in Athens in the college crowd. Similarly, use of MDMA and LSD was perceived as infrequent outside of Athens. Heroin and methamphetamine abuse were described as almost non-existent. There appears to be a significant contrast in substance abuse patterns among local residents and college-age students who move to the region. Additional monitoring is necessary to clarify these patterns and validate some of the preliminary findings in this report

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INTRODUCTION

1. Area Description

Athens, Hocking, and Vinton Counties are located in the Southeast portion of the state in an area known as Ohio's "Appalachian Region." The three counties (Athens—61,490; Hocking—29,004; Vinton—12,158) have a combined population of 102,652 people (1998 estimates; Ohio Department of Development). Over 93% of Athens County residents are white, compared to 98.6% in Hocking County and 99.8% in Vinton County. Incorporated places include Athens (21,706), Nelsonville (4,661), and Glouster (2,001) in Athens County as well as 7 smaller villages ranging in size from 994 to 250 people. Logan with 7,604 people is the county seat in Hocking County. McArthur, the county seat in Vinton County, has 1,645 people; three other small villages range in size from 151 to 877 people.

The counties cover some of the most rural areas in Ohio, including Wayne National Forest, numerous state parks, and natural scenic attractions. Vinton County, for example, boasts having the longest creek in the United States (100 mile-long Raccoon Creek). While government employed most individuals in Athens County in 1998, due mainly to Ohio University, agriculture, forestry and fishing were the fastest growing industries. Similarly, government employed most individuals in Vinton County, but construction was the fastest growing occupation. Manufacturing employed the most workers in Hocking County.

2. Data Sources and Time Periods

- **Qualitative data** were collected in one focus group with 9 individuals in June, 2000.
- **Alcohol and Drug Abuse Treatment admission data** are available from the Ohio Department of Alcohol and Drug Addiction Services.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
6/8/2000	9	Active users

Individual Interviews

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

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	9	0	9

Table 2: Detailed Focus Group/Interview Information

June 8, 2000 Active Users

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"N"	21	White	Male	3 years experience with marijuana and drug use among college age youth.
"T"	19	White	Male	1 year limited experience with marijuana.
"W"	20	White	Male	Moderate experience with marijuana and other drugs.
"Y"	20	White	Male	4 years experience with marijuana, alcohol and other drugs
"B"	21	White	Male	Extensive experience with marijuana.
"J"	19	White	Male	3 years experience with marijuana and other drugs.
"Z"	30	White	Male	10 yrs experience with marijuana.
"C"	18	White	Male	Good knowledge of drug use among college age youth
"X"	25	White	Male	Six years experience with marijuana and alcohol.

Recruitment Procedure: *The participants were recruited by the assistance of a local person in the field of conservation.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

According to the participants, crack cocaine was used almost solely by young local residents (as opposed to people attending college who have moved to the area). "They start young down here smoking crack, it's like a young thing—14-18—especially among girls," said one person. Participants agreed that areas in some towns could be identified as "crackhead" blocks. Nevertheless, people did not believe crack was a major problem in the area. To some extent, these observations are supported by drug treatment admission data which show very limited admissions for crack cocaine.

1.2 COCAINE HYDROCHLORIDE

According to active users, powder cocaine is available to a limited extent among specific subgroups of people, particularly younger people age 18-21. Everyone they knew who used powder cocaine snorted it, rather than injecting it. Two people believed that powder cocaine would have a greater presence in Athens due to Ohio University, "because it's a 'chic' thing." In summary, people felt powder cocaine abuse was generally erratic at low levels among small subgroups. Treatment admission data support the observations of a low degree of powder cocaine abuse in the region.

2. Heroin

The participants said they had never seen or heard of people injecting or snorting heroin in the area. Some people believed you could probably find heroin at outdoor music festivals in and around the region. The relative non-existence of heroin in the region is supported by treatment admission data showing that not one person was admitted for heroin addiction in any of the three counties in 1999. In 1998, however, about a dozen people were admitted for heroin addiction in Athens County.

3. Other Opioids

In general, people felt that abuse of pain killers (Vicodin, Percocet, OxyContin) was one of the top problems in the area. Participants suggested they were inexpensive, accepted, and often used in combination with alcohol. OxyContin abuse was perceived as increasing in popularity. Availability of other opioids was described as somewhat erratic. Two participants felt that local people were especially prone to using tablets; “chop it up and snort it, it might be something,” said one person.

4. Marijuana

The pervasive extent of marijuana use was made clear to us when one of the participants initially asked if we wanted to go up to his apartment and see how good the marijuana was. “People who don’t smoke pot are the minority down here—locals, college kids, every age,” said one person. Among local residents, participants believed that one out of three people smoke marijuana regularly. All age groups are involved, including youth 10-14 and people in their 60s. Among college students, participants believed that 4 out of 5 students smoke marijuana regularly.

The quality of marijuana types was described in terms that were similar to grading fine wines. Three grades were identified, including “low range,” “mid range,” and “high range." About half of the marijuana is apparently grown locally and about half is imported from places like Columbus. An ounce of high range marijuana costs $350-$400 for high quality “bud” while a pound costs about $3,500. In comparison, a pound of mid-range pot, or “middies,” costs about $1,500. Despite the widespread use of marijuana, people did not believe it was a problem and was even perceived as a positive part of everyday life. Smoking a joint after work was perceived as less harmful drinking a six-pack of beer. Treatment admission data show that marijuana abuse is second only to alcohol as a primary drug of abuse.

5. Stimulants

One person was aware of Methylphenidate abuse in the area, suggesting that when people could not obtain powder cocaine they snorted Ritalin. Ecstasy (MDMA) was described as very prevalent in Athens where it sells for about $25-30 a tablet.

5.1 METHAMPHETAMINE

Several participants said crank was very sporadically available and not yet a problem in the region, either among local residents or college students.

6. Depressants

Special K (ketamine) was described as rarely used in Athens and non-existent in other areas. Xanax was described as the most widely abused prescription drug in the region. It is commonly used by younger people (18-25) in combination with alcohol.

7. Hallucinogens

Participants believed that the use of LSD and hallucinogenic mushrooms was relatively common among high school and college age youth. Very little use was reported among local residents.

8. Inhalants

Inhalant abuse was described as uncommon with the exception of "Nitrous parties" which were described as common. "That stuff makes me laugh just talkin about it, but I think it's as bad as crack," said one person.

9. Alcohol

"Pretty much everyone drinks," said one person. "Alcohol's right next to marijuana in terms of people usin' it," said another person. Participants felt that alcohol was the biggest problem in the region, noting that there were a lot of DUIs and that police commonly pick up people for public intoxication. Moonshine is still locally produced to some extent as evidenced by the annual "Moonshine Festival" held in New Straitsville in Perry County.

10. Special Populations and Issues

None at this time.

CONCLUSIONS

Marijuana was described as the "main attraction" in the area. According to the participants, marijuana is smoked by one out of every three people in the region, and the quality was described as outstanding. While marijuana was described as not being a problem and even a positive part of everyday life, alcohol abuse was perceived as the most serious problem in the region in terms of the consequences of use. Next to alcohol and marijuana, abuse of pain killers (Vicodin, Percocet, OxyContin) and depressants (Xanax) was perceived to be very common and increasing. Abuse of Crack, cocaine, stimulants, and inhalants was believed to be sporadic with greater prevalence in the city of Athens. Heroin abuse was believed to be almost non-existent. This initial report is limited to the results of one focus group and treatment admission data. Additional research is needed to clarify substance abuse trends, particularly as they relate to similarities and differences among local residents and college students who move to the region.

RECOMMENDATIONS

- Few recommendations can be made on the basis of this very preliminary report. However, the relative acceptance and extent of marijuana use in the region merits additional study and prevention efforts.

EXHIBITS

Exhibit 1: Hocking County Treatment Admissions

Exhibit 2: Vinton County Treatment Admissions

Exhibit 3: Athens County Treatment Admissions

Exhibit 1: Hocking County Treatment Admissions

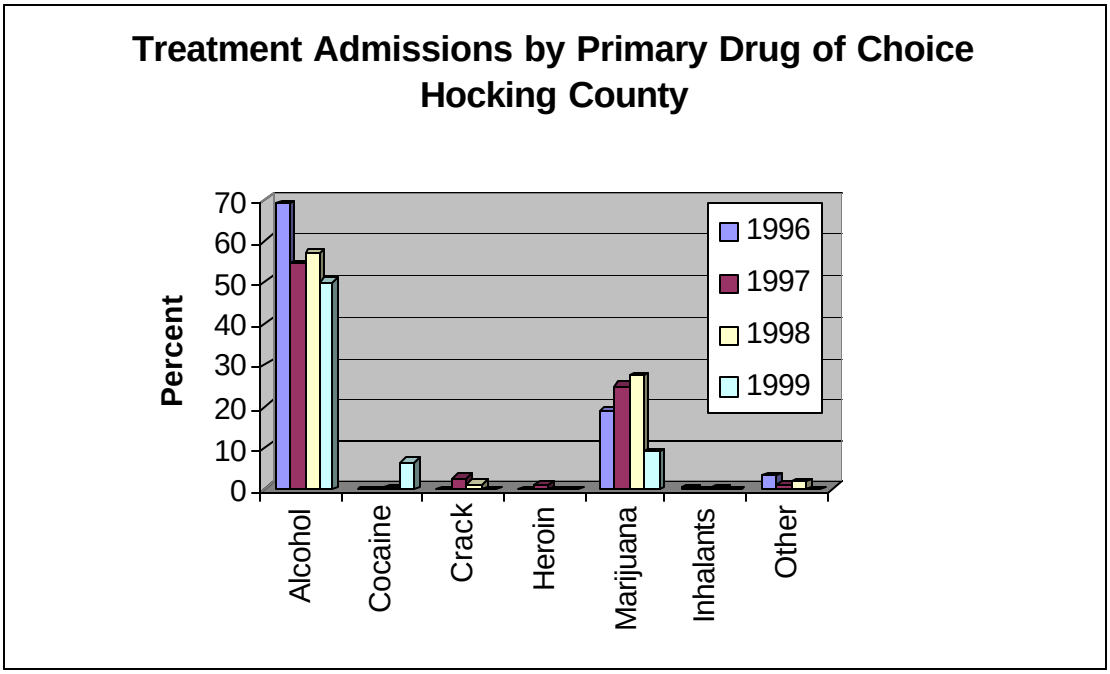


Exhibit 2: Vinton County Treatment Admissions

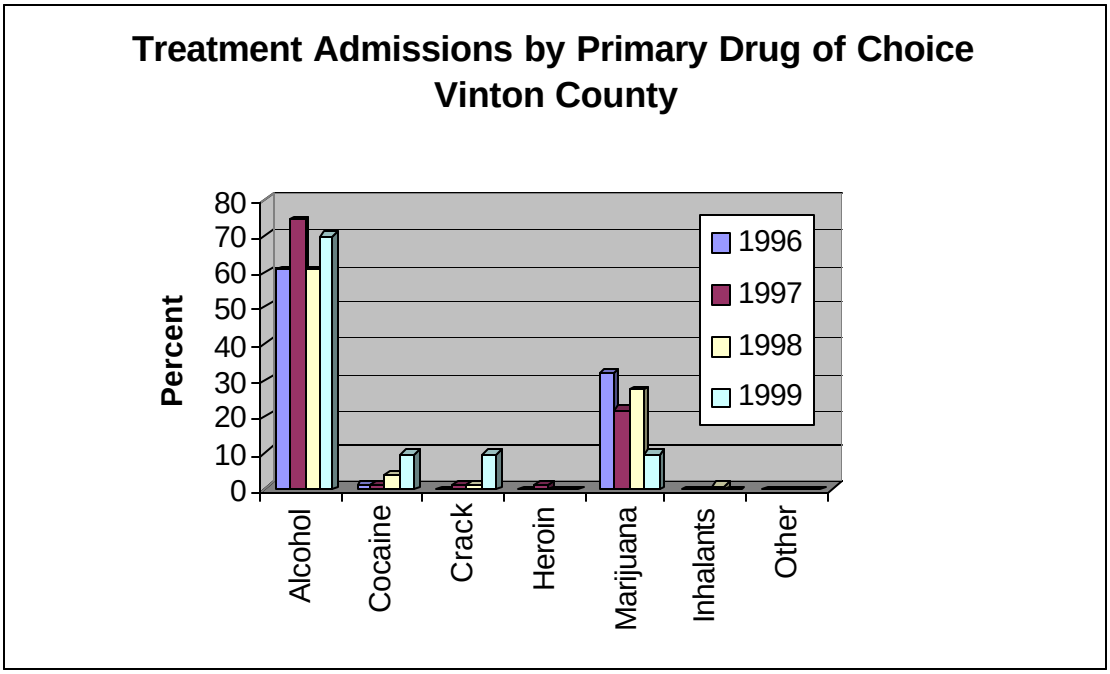
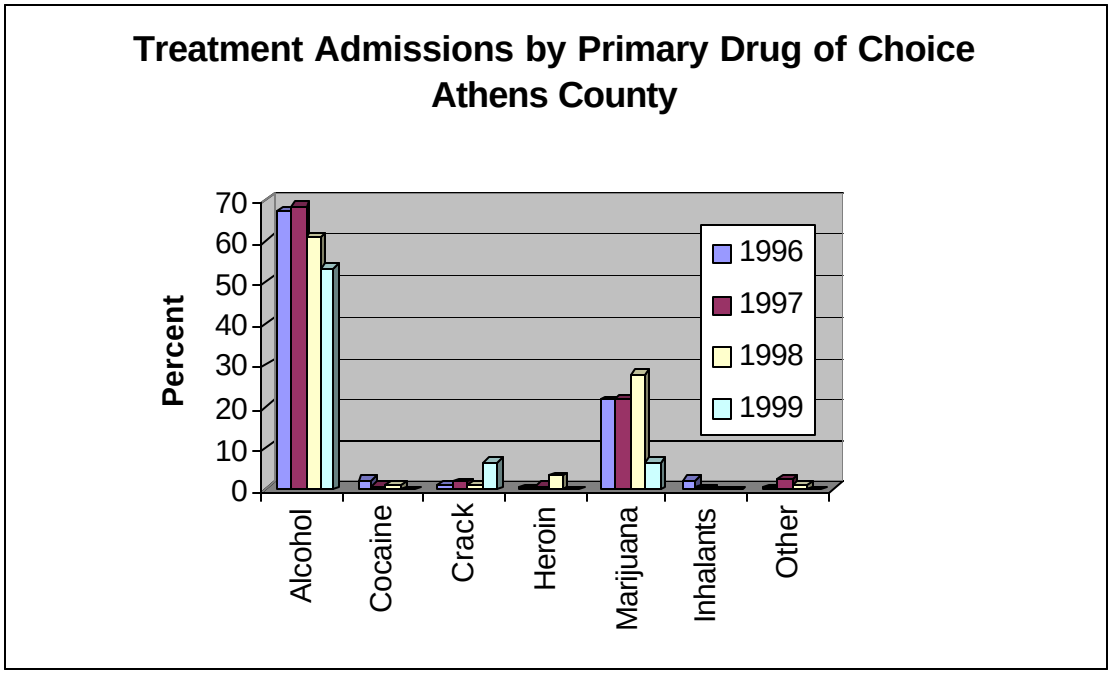


Exhibit 3: Athens County Treatment Admissions



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

June 2000

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Abstract

Qualitative data gathered from two focus groups conducted on June 12 and June 13, 2000 provided a portion of the information utilized in the submission of this report. One group consisted of four Mahoning County treatment professionals while the other consisted of four individuals who where current (past 30 days) drug users. Especially useful in compiling this report was information gathered during an individual interview with a local law enforcement professional from the Mahoning Valley Drug Task Force.

It appears that the problems associated with powder and crack cocaine remain critical and unchanged. The trend toward increased heroin use, reported six months ago, continues and both treatment professionals and drug users report problems with keeping heroin addicts in treatment. A local law enforcement professional reports that "oxycontin is off the charts". A twenty two-year-old female drug user who participated in one of the focus groups would certainly agree. Marijuana continues to be everywhere and the profitability of home grown "hydro" exacerbates the problem. Club Drugs, Ecstasy, GHB and Ketamine are rapidly gaining in popularity with suburban youth. One local low enforcement expert predicts a real problem with methamphetamines during the next three – four months. And finally, alcohol continues to be the primary drug of abuse for 46.8% of all addicts admitted for treatment in Mahoning County.

INTRODUCTION

1. Area Description

Mahoning County, Ohio has a population of 264,806 (1990 census) which is down 8.5% from the 1980 census figure of 289,487. The largest city in the county is Youngstown. It is ringed by the suburban communities of Austintown, Canfield, Boardman, and Poland. Other cities located along the Mahoning river valley include Struthers, Campbell and Lowellville. The remainder of Mahoning County's population lives in smaller towns and even some rural areas. The county is located in northeastern Ohio and its eastern boundary is contiguous with western Pennsylvania. According to 1996 figures, Mahoning County is 83% caucasian, and 16.4% black. 2.7% of the population is Hispanic. The 1995 estimated median household income is $28,831 compared to $33,958 for Ohio (Ohio Department of Development). In 1995 an estimated 11.3% of the population was living in poverty and an estimated 18% of people under the age of 18 were living in poverty (Ohio Department of Development). In 1990 an estimated 45% of the population of Youngstown under the age of 17 were living in poverty (YSU Center for Urban Studies).

95% of the work of the Mahoning Valley Drug Task Force is done inside of the City of Youngstown. In a recent three-month period, the unit got 253 complaints, made 147 drug buys and executed 171 search warrants. Officers made 77 felony arrests and 178 misdemeanor arrests in that time period … "all those numbers are typical…" (Vindicator 6/21/2000).

2. Data Sources and Time Periods

- **Qualitative Data** were collected from two focus groups conducted on June 12, 2000 and June 13, 2000 and an individual interview conducted on June 13, 2000

- **Mahoning County, State of Ohio and National Statistics** on adult treatment patient's primary drug of abuse – exhibits I & II.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
6/12/2000	4	Counselors
6/13/2000	4	Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
6/13/2000	Law Enforcement Officer

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
2	8	1	9

Table 2: Detailed Focus Group/Interview Information

June 12, 2000: Focus Group – Adult Treatment Providers

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Madeline"	42	White	Female	¾ also recovering ¾ with 15+ years experience 1 Ph.D. and 1 Bachelors Level
"Ron"	46	White	Male	
"Kurt"	29	White	Male	
"Larry"	51	White	Male	

Recruitment Procedure: *Called Program Director/Clinical Director of all ADAS Board Service Providers in Mahoning County. All agreed to participate and/or select someone. All except YUMADAOP did participate.*

June 13, 2000: Focus Group – Recent (Past 30 days) Adult Drug Users

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Joe"	28	White	Male	Recovering alcoholic/addict. Primary Drug of Choice = Alcohol
"Cathy"	56	White	Female	Recovering alcoholic – many years of sobriety – recent relapse
"JoAnna"	22	White	Female	Recovering addict – Primary Drug of Choice = Oxycontin
"Vera"	35	Black	Female	Recovering addict – Primary Drug of Choice = Crack

Recruitment Procedure: *A clinical supervisor at a local facility was contacted and requested to select six diverse and appropriate individuals who had completed detox in the past 30 days. Six individuals were contacted/recruited and four participated.*

June 13, 2000: Individual Interview – Law Enforcement Officer

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
"Dave"	***-----***	***White***	***Male***	***30+ years in law enforcement***

Recruitment Procedure: *Called the Mahoning Valley Drug Task Force in downtown Youngstown and requested an interview*

DRUG ABUSE TRENDS

The following is reflective of opinions and information received from two focus groups and one individual interview conducted between June 12 – 13, 2000 in Youngstown, Ohio.

1. Cocaine

1.1 CRACK COCAINE

Crack continues to be very available in Mahoning County. “Crack is so simple to buy its pathetic,” reports a local law enforcement professional, “It is not uncommon for us to do 5-6 raids per evening – all crack houses”.

Pricing is relatively stable with $40-$30-$20-$10 rocks being available. The most common purchase is a $10 rock. Reportedly, a suburban $10 rock purchase will be about ½ the size of a “Neighborhood Purchase”. Local crack is pure and smoking it continues to be the major method of administration.

A relatively new user group is being reported by the Mahoning Valley Drug Task Force Professional – “Young Kids” in the Projects who became runners for the gangs to support their crack addiction. Difference in crack cocaine use among different ethnic groups continue primarily along socio-economic lines.

The treatment professionals and recent user groups express concern about relapse rates and the law enforcement professional feels that we have “fallen short in education”.

1.2 COCAINE HYDROCHLORIDE

Powder cocaine (Cocaine Hydrochloride) is very available in Youngstown/Mahoning County, Ohio. The Mahoning Valley Drug Task Force reports purchasing sixty thousand dollars worth of powder cocaine in the past eight months. Reportedly, there is a large increase in availability of powder cocaine coming to our area from New York City.

Powder cocaine is currently selling for $80 - $100 per gram and between $24–$26 thousand per kilo with a high point being $33 thousand per kilo. The current quality/purity is very good, especially in the inner city. The primary method of powder cocaine administration continues to be snorting and it is still seen as more of a suburban drug of choice. Use of power cocaine has apparently remained relatively stable over the past six months.

Neither of the focus groups specified any particular treatment issues. The law enforcement professional reported utilizing our local drug court system. The primary issue which he reported that we should be aware of is the disparity in Sentencing Guidelines. Increasingly, powder is coming into our community and being converted into CRACK. One kilo of powder can be processed, locally, into three kilos of crack. The profits are enormous.

2. Heroin

Heroin is also very available in Youngstown/Mahoning County. A professional from the Mahoning Valley Drug Task Force reports a 1000% increase over the past 2 ½ years. Heroin is currently being sold for $10-$20 for the size of a match head. A gram can be purchased locally for $500, and $6000-$7000 is the price per kilo. (100 bindles = 1 bundle)

The current quality is “decent”. Injection continues to be the primary method of administration for the older heroin addict and the central city African American in their mid 20’s. We are, however, seeing an increase with suburban mid-20’s groups who are snorting heroin.

Both focus groups expressed real concern about the difficulty in providing effective treatment for heroin addicts. The ASA discharge rates continue to be very high. The treatment focus group had the most to say about this issue. They recommended improved detoxification protocols as well as other alternative methods of treating heroin addicts.

3. Other Opioids

"Oxycontin is just off the chart," was how a local law enforcement professional put it, "this unit has arrested 34 physician in the last eight years". He perceives that 30% of our drug problem is pharmaceuticals.

The increase is very large over the past year. Oxycontin pills are purchased locally between $40-$60 per pill on average with some as low as $25. Some attempts with bad results, to snort it have been reported and the primary method of administration is ingestion.

Time released dosages have increased from 80-160mg and reportedly when they are crushed the effect is quadrupled.

One twenty-two year old focus group participant reports that Oxycontin was her drug of choice ant the getting her insurance company to pay for treatment was difficult and time-consuming.

4. Marijuana

Marijuana continues to be everywhere and readily available. There is no new information at this time. Pricing is variable and marijuana can sell for between $1800-$3000. When dealers grow their own it is very profitable. The law enforcement professional expresses this concern – "you are letting drug dealers drive around and sell it to anybody and when we catch them it's a $100 fine – it is stupid".

5. Stimulants

5.1 METHAMPHETAMINE

Speed has traditionally been available and mostly restricted to truck stop areas such as Beaver Township and Austintown and primarily purchased by truck drivers and prostitutes. The Mahoning County Drug Task Force professional has not heard of any labs in our area as of yet, but has taken the precaution of sending eight people to the DEA methamphetamine school. He predicts it will be coming here soon as illustrated by the following statement made during and interview – "We've been a crack and heroin town but I'll tell you what, when those people find out how long they can stay high, there's a problem". He reports knowledge of recent problems in Athens and Trumbull Counties of Ohio.

6. Alcohol

Alcohol is listed as the primary drug of choice for 46.8% of all adult clients admitted for treatment in Mahoning County.

7. Other Drugs/Club Drugs

7.1 Ecstasy is moving into the valley. Reportedly it is taking over for crack in Cleveland and is the number one topic of discussion for the 35 Drug Task Force Directors in Ohio. Its use is reported as all suburban in this area. It costs a nickel to twenty-three cents to make and is selling for $24-$45 a pill. The Mahoning Valley Drug Task Force predicts a large increase here in the next 3-4 months in the 14+ suburban crowd.

7.2 GHB – a "little" use has been reported.

7.3 Ketamine – nothing reportable yet, fortunately.

CONCLUSIONS

The patterns and prevalence of powder and crack cocaine use seem to be relatively unchanged in the past six months. The only exception might be that more powder is being brought in and turned onto crack locally. The devastation of human lives continues. Heroin use continues to rise. Problems persist with respect to treating heroin addicts effectively or even keeping them in treatment at all. Oxycontin misuse appears to have escalated dramatically in Mahoning County. "Club Drugs" such as ecstasy, GHB and Ketamine are gaining a foothold in this community especially with suburban youth. Marijuana is available everywhere and the profitability of home grown hydroponic pot makes dealing in it very appealing. Methamphetamine use is still occurring primarily in and around truck stops but a major problem for the county during the next three to four months has been predicted. Alcohol continues to be the most common drug of choice for 46.8% of the adult clients admitted to treatment in Mahoning County.

RECOMMENDATIONS

I. Encourage law enforcement professionals and elected officials to re-visit sentencing guideline disparities between powder and crack cocaine possession and sales.

II. Create more effective detoxification protocols for heroin addicts and generally develop and/or utilize better treatment methodologies for this population.

III. Continue to monitor Oxycontin abuses and educate physicians and pharmacists about this issue. Locally, a good way to accomplish this would be through the Lake to River Healthcare Agency.

IV. Monitor the use of "club drugs" e.g.: ecstasy, GHB and Ketamine in our area and develop and/or locate education and prevention packages specific to this issue.

V. Monitor methamphetamine use in our area and become better prepared and knowledgeable about this issue. Look to other areas in Ohio or other states, e.g.: Tennessee and West Virginia who are already dealing with methamphetamine on a larger scale.

VI. Continue on-going state and local efforts to provide prevention services that educate about the dangers associated with the use and abuse of all drugs. Ensure that these approaches are research based, data driven and outcome focused.

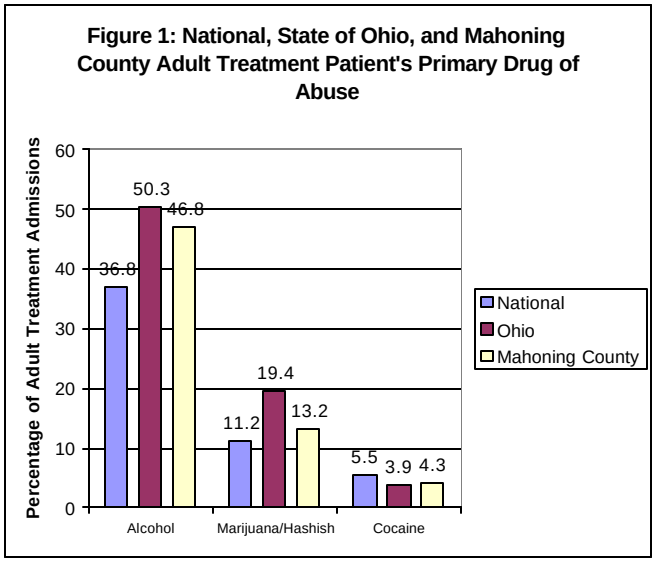
EXHIBITS

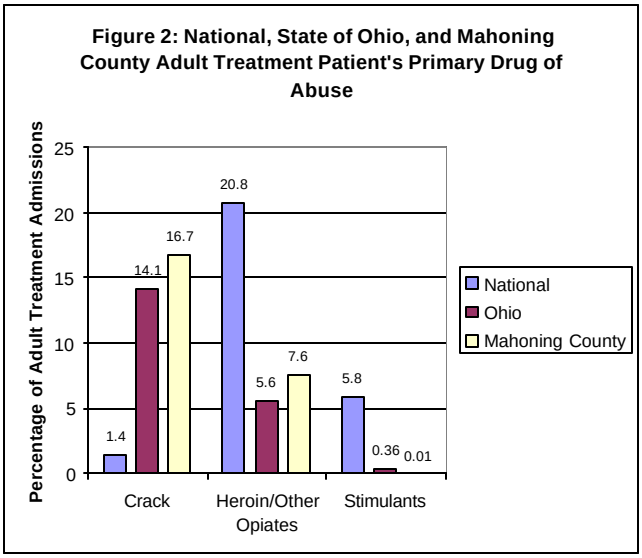
Exhibit 1: Table 1: National, State of Ohio and Mahoning County's total number of adult treatment admissions by a specific drug.

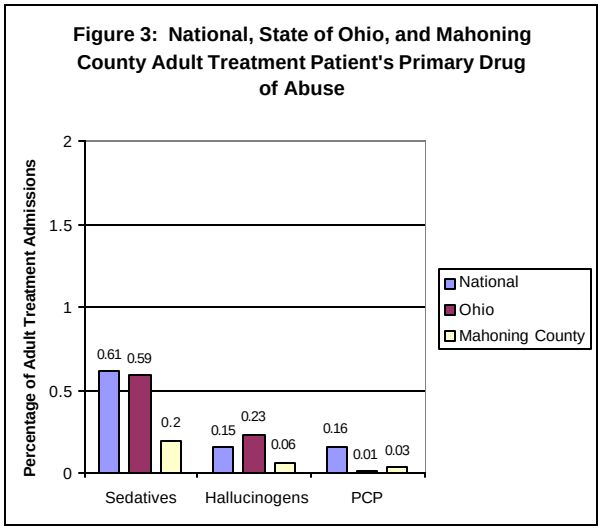
Exhibit 2: National, State of Ohio and Mahoning County adult treatment patients primary drug of abuse (figs. 1-4)

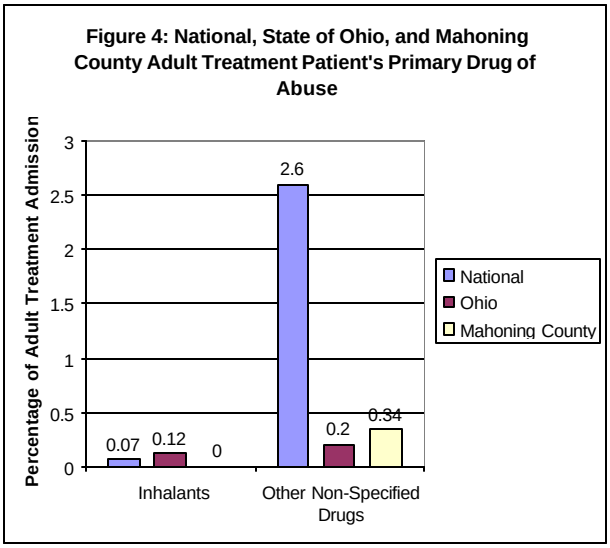
Exhibit 3: Debate: "How To Stop Drug Dealers" Vindicator article, June 21, 2000

Exhibit 2: National, State of Ohio and Mahoning County adult treatment patients primary drug of abuse (figs. 1-4)









APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	1/16 ounce	1/8 ounce	¼ ounce	Ounce	Kilogram
Cleveland		$80-125	$150-175		$950-1000	
Dayton	$50-100		$100-150	$250-300	$1300	$15K-18K

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	1/8 ounce	Ounce	Kilogram
Akron	$100-180		$1200-1800	$25K-27K
Columbus	$50 (poor quality)			
Cleveland	$100		$750-800	
Dayton	$50-100		$800+	
Lima			$1000	
Rural Northeast	$90-150	$300		$30K-37K
Youngstown	$80-100			$24K-33K

DRUG PRICE TABLE 3: HEROIN

	Gram	Ounce
Cleveland		$5K-10K
Dayton	$200	
Lima	$350-400	
Rural Northeast	$100-200	

DRUG PRICE TABLE 4: MARIJUANA

	Pound	¼ ounce	Ounce
Akron	$1500-1800	$35	
Cleveland			$50-60
Columbus		$20 (poor quality); $50-60 (high quality)	
Dayton			$150 (mid quality); $500 (high quality)
Lima	$1000 (poor quality)		$400-500 (high quality)
Rural Northeast	$1200-1500; $2400 (high quality	$35-70	
Southeast Ohio	$3500 (high quality) $1500 (mid range)		$350-400 (high quality)

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Vicodin	Dilaudid	Valium	Oxycontin	Viagra	Ritalin
Akron	$5	$5	$40	$5		$25	
Dayton		$5	$25		$20		$5
Rural Northeast					$20		
Youngstown					$25-60		

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Methamphetamine	Ecstasy	LSD	Ketamine	Opium	Mushrooms
Akron		$20/tablet				
Columbus			$5/hit			
Cleveland		$10-20/tablet		$10-20/tablet		
Dayton		$25	$5-15/hit			$5/2-3 oz.
Lima	$100-150/gram					
Rural Northeast			$5-10/hit		$10/gram	
Youngstown		$24-45/tablet				

APPENDIX B: Drug Trends Tables

	OSAM Report:	6/99	1/00	6/00
Montgomery County	**Crack Cocaine**	Increase	Increase, esp., working class	Increase, esp., working class
	Powder Cocaine	Increase	Stable	Treatment providers: low prevalence; Active users: increase
	Heroin	Increase	Increase	Treatment providers: Stable; Active users: increase
	Marijuana	Increase	Increase	Increase
	Methamphetamine	Increase	Decrease	Decrease
	Diluadid	Decrease	NR	Decrease
	OxyContin	Stable	Increase	Increase
	Xanax	Increase	Increase	Increase
	Vicodin	Increase	Increase	Increase
	Ecstasy	NR	Increase	Increase
Akron-Canton	**Crack Cocaine**	*Area not yet covered by OSAM*	Steady increase	Stable, lower SES; Increase, working class
	Powder Cocaine	*Area not yet covered by OSAM*	Decrease	Stable
	Heroin	*Area not yet covered by OSAM*	Increase, esp., young adults	Increasing
	Marijuana	*Area not yet covered by OSAM*	Increase	Increase
	Methamphetamine	*Area not yet covered by OSAM*	Significant increase	Large increase
	Xanax	*Area not yet covered by OSAM*	Increase	NR
	Vicodin	*Area not yet covered by OSAM*	NR	Slight increase
	Ecstasy	*Area not yet covered by OSAM*	Increase	Large increase
	Inhalants	*Area not yet covered by OSAM*	NR	Increasing
	GHB	*Area not yet covered by OSAM*	Increase, college students	NR
	Hallucinogens	*Area not yet covered by OSAM*	NR	Large increase

	OSAM Report:	6/99	1/00	6/00
Hamilton County	**Heroin**	Slight increase	Slight increase	Increase
	Marijuana	NR	Increase	Increase
	Methamphetamine	Low prevalence	Low prevalence	NR
	Ecstasy	Increase	Increase	Increase
Franklin County	**Crack Cocaine**	NR	Increase, esp., young females	Stable to slight increase
	Powder Cocaine	Increase, esp., younger population	Increase, esp., late teens, early 20s	Increase; esp., younger aged
	Heroin	Increase, young population, college-aged	NR	Increase
	Marijuana	Increase	Increase	Stable at high level
	Methamphetamine	Increase	NR	Increase, associated with Raves
	Ecstasy	NR	Increase	Increase
	Hallucinogens	Increase, college students	NR	Decrease (on college campuses)
Allen County	**Crack Cocaine**	*Area not yet covered by OSAM*	Increase	NR
	Powder Cocaine	*Area not yet covered by OSAM*	Increase, 17-25	Increase, esp., younger population
	Heroin	*Area not yet covered by OSAM*	Small increase, 16-18	Large increase
	Marijuana	*Area not yet covered by OSAM*	Significant increase, 14-18	Significant increase, esp., 14-18
	Methamphetamine	*Area not yet covered by OSAM*	Slight increase	Increase, but low prevalence
	Diluadid	*Area not yet covered by OSAM*	Decrease	Decrease
	Ecstasy	*Area not yet covered by OSAM*	Increase	Increase

	OSAM Report:	6/99	1/00	6/00
Lucas County	**Crack Cocaine**	Increase	Leveling off	NR
	Powder Cocaine	Increase	Increase, young adults	NR
	Heroin	Increase	Slight increase, young adults	NR
	Marijuana	Increase	Increase	NR
	Methamphetamine	Low prevalence	Slight increase	NR
	Xanax	NR	Increase	NR
Youngstown	**Crack Cocaine**	*Area not yet covered by OSAM*	Increasing	Increase among younger population
	Powder Cocaine	*Area not yet covered by OSAM*	Slight increase	Stable
	Heroin	*Area not yet covered by OSAM*	Slight increase	Large increase
	Marijuana	*Area not yet covered by OSAM*	Increase, esp., younger population	NR
	Methamphetamine	*Area not yet covered by OSAM*	Very low prevalence	Stable at low level
	OxyContin	*Area not yet covered by OSAM*	Increase	Large increase
	Ecstasy	*Area not yet covered by OSAM*	NR	Increasing

	OSAM Report:	6/99	1/00	6/00
Rural Northeast	**Crack Cocaine**	*Area not yet covered by OSAM*	Increase	Steady increase
	Powder Cocaine	*Area not yet covered by OSAM*	Stable	Stable to slight increase
	Heroin	*Area not yet covered by OSAM*	Increasing, but low prevalence	Increasing
	Marijuana	*Area not yet covered by OSAM*	Increase	NR
	Methamphetamine	*Area not yet covered by OSAM*	Increasing	Increasing
	Diluadid	*Area not yet covered by OSAM*	NR	Stable
	OxyContin	*Area not yet covered by OSAM*	NR	Large increase
	Vicodin	*Area not yet covered by OSAM*	NR	Stable
	Ecstasy	*Area not yet covered by OSAM*	NR	Increasing
	LSD	*Area not yet covered by OSAM*	NR	Increasing
	Hallucinogens	*Area not yet covered by OSAM*	Increase among adolescents	Increase, but low prevalence
	Inhalants	*Area not yet covered by OSAM*	Increase, adolescents	Decrease
Cuyahoga County	**OSAM Report:**	**6/99**	**1/00**	**6/00**
	Crack Cocaine	*Area not yet covered by OSAM*	Increasing among elderly males	Increase among professionals
	Powder Cocaine	*Area not yet covered by OSAM*	NR	Decrease
	Heroin	*Area not yet covered by OSAM*	Increase, esp., among youth (17-23)	Steady increase, esp., among younger population
	Marijuana	*Area not yet covered by OSAM*	NR	NR
	Methamphetamine	*Area not yet covered by OSAM*	Increase, esp., individuals working long,/late hours	NR
	Ecstasy	*Area not yet covered by OSAM*	Increase, esp., age 14-22	Increasing
	Ultram/ Tramadol	*Area not yet covered by OSAM*	Slight increase, esp., males	NR