

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

January 2001 – June 2001

Meeting Five
July 31, 2001

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**

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).

SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

JUNE 2001



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

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

(614) 644-9140

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DRUG TREND REPORTS

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

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Joann K. Toth, MA

University of Akron
Institute for Health and Social Policy
The Polsky Building 5th Floor
Akron, OH 44325-1915
(330) 972-6765 Office
(330) 972-8675 Fax
E-mail: jtoth@uakron.edu

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

Abstract

Alcohol, crack cocaine, and marijuana remain the most commonly abused drugs in the Summit and Stark County region. There continue to be new users of crack cocaine, specifically white professionals over the age of 30. Alcohol, crack cocaine, and marijuana are used in combination with each other or some other drug. Youth continue to abuse ecstasy and GHB and are increasing their use of other hallucinogens.

Methamphetamine labs are commonly being busted in Summit County. It is believed that Summit County law enforcement is well trained in dealing with these laboratories (methamphetamine does not seem to be a problem in Stark County). Despite Summit County leading the state in number of methamphetamine lab busts, there appears to be a rather slow increase in the number of users of methamphetamine being identified and treated.

INTRODUCTION

1. Area Description

Akron, Ohio, is a city of 217,074 people (2000 census) located in Summit County in northeast Ohio. Approximately 69% of Akron's population are white, 29% are black, and other ethnic/racial groups constitute the remaining two percent. Approximately 542,899 people inhabit Summit County. The median household income of Summit County residents is estimated to be \$38,774. Approximately 10.9% of all people of all ages in Summit County are living in poverty, and approximately 16.8% of all children under age 18 live in poverty. Approximately 40% 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 9% of the population of Summit County), followed by Stow (6%), Barberton (5%), Green (4%), and Hudson (4%). The rest of Summit County's inhabitants live in smaller towns and townships.

Canton, Ohio is a city of 84,161 people (1990 census) located in Stark County. Approximately 81% of the inhabitants of Canton are white, 18% are black and 1% are of some other ethnic group. Approximately 378,098 people inhabit Stark County (2000 census). Of this group, approximately 92% are white, 7% are black and 1% are of other ethnicity. The median household income for Stark County is estimated to be \$38,323 (2000 census). Approximately 10.5% of all people of all ages in Stark County are living in poverty, and approximately 15.8% of all children under age 18 live in poverty (2000 census). 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, which contains approximately 6% of the population. The rest of the inhabitants of Stark County live in surrounding villages and townships.

2. Data Sources and Time Periods

- **Qualitative data** were collected through four focus groups and one individual interview conducted during July 2001. The number and type of participants is 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 for the fiscal year July 1, 1999 through June 30, 2000.

- **Availability, price and purity data** are available through the Stark and Summit Counties Sheriffs' Departments and local suburban police/sheriff departments for January 2001 through June 2001.
- **Drug-related accidental death data** are available from the Stark County Coroner's office for January 1, 2001 through June 30, 2001.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Frontline Professionals (Type: counselor, police officer, social worker, etc.)
07/18/2001	3	Police Officers
07/18/2001	8	Counselors and Treatment Providers (Adult Clients)
07/25/2001	4	Drug Users
07/26/2001	10	Drug Users

Individual Interviews

Date of Individual Interview	Type of Participant
7/12/2001	Municipal Judge

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
4	25	1	26

Table 2: Detailed Focus Group/Interview Information

July 07, 2001: Municipal Court Judge

"Name"	Age	Ethnicity	Sex	Experience / Background
1	*	White	Male	One year conducting drug court in municipal court.

July 18, 2001: Law Enforcement

"Name"	Age	Ethnicity	Sex	Experience / Background
1	*	White	Male	Drug Enforcement Agent with local police department for almost 5 yrs.
2	*	African-Am.	Male	Local police department narcotics detective for 9 yrs.
3	*	White	Male	Detective at county level drug unit for 2 yrs.

July 18, 2001: Treatment Providers

"Name"	Age	Ethnicity	Sex	Experience / Background
1	*	White	Female	Licensed counselor for 6 yrs.
2	*	White	Female	Counselor for 7 yrs.
3	*	White	Female	Chemical dependency counselor for 14 yrs.
4	*	White	Male	Licensed counselor for 15 yrs.
5	*	White	Male	Counselor for 3 yrs.
6	*	White	Male	Psychologist with Ph.D. for over 25 yrs.
7	*	White	Female	Licensed counselor for 3 yrs.
8	*	White	Male	Clinical director of treatment program for 12 yrs.

July 25, 2001: Active Users

"Name"	Age	Ethnicity	Sex	Experience / Background
1	31	African-American	Male	Active User. Primary drug of choice is crack cocaine.
2	33	White	Male	Active User. Primary drug of choice is heroin.
3	43	African-American	Female	Active User. Primary drug of choice is alcohol.
4	54	White	Male	Active User. Primary drug of choice is alcohol.

July 26, 2001: Active Users

"Name"	Age	Ethnicity	Sex	Experience / Background
1	49	African-Am	Male	Active user. Primary drug of choice is crack cocaine.
2	32	African-Am	Male	Active user. Primary drug of choice is crack cocaine.
3	49	White	Female	Active user. Primary drugs of choice are crack cocaine and prescription drugs.
4	40	African-Am	Female	Active user. Primary drug of choice is crack cocaine.
5	27	White	Male	Active user. Primary drug of choice is crack cocaine.
6	35	White	Female	Active user. Primary drug of choice is crack cocaine.
7	42	African-Am	Male	Active user. Primary drug of choice is crack cocaine.
8	30	White	Female	Active user. Primary drug of choice is crack cocaine.
9	37	White	Male	Active user. Primary drugs of choice are alcohol and prescription drugs.
10	44	White	Male	Active user. Primary drugs of choice are alcohol and amphetamines.

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine remains the predominant illicit drug of choice (behind marijuana) with drug users residing in Stark and Summit Counties. Cocaine in the form of crack vs. powder is the most popular form utilized. Low cost, high availability, and ease of use are the most common reasons explained for crack cocaine's continued high rate of utilization among user groups. The price of crack varies depending on the quality and purity of the drug and one's relationship to the dealer. The cost of an "eight ball" (1/8 ounce) is estimated at \$130-175 dollars; smaller quantities are cheaper. Users report that a rock of crack cocaine could be "stepped on" several times and that it may be mixed with other substances such as PCP and baking soda. It has also been reported the users have received an actual rock or pebble, only to find this out upon trying to burn it down to smoke. According to law enforcement:

"I really don't think we are not putting a dent in crack cocaine. We will make a big arrest, a big bust. It will slow things down for a little bit but eventually over time it is back...less than a month...someone always steps in to take over."

An active drug user agrees with this by stating "as long as there is a demand, there will always be a supply."

Active drug users comment, "everybody is using." Crack cocaine use is wide among all groups of people, age, sex, race, and occupation. Treatment providers state, "There is no typical user of crack." Participants report that everyone is doing crack cocaine. Many females are turning to prostitution ("strawberries"), which many times may involve bestiality, to support their crack habit. Younger users were reported to start out selling prior to using. Participants report that middle and upper class crack cocaine users are increasing. These users are purchasing the drug from friends at work, people from the suburbs are driving into the inner city to purchase, or users are having a surrogate purchase the drug for them and then deliver it to their home. As one user states:

"I was making almost \$50,000 a year as an account executive...had to go out to see your customers. I got so slick...in the morning I'd go see all my customers...but in the afternoon I was burning it up, smoking crack left and right...Monday through Friday [instead of visiting customers] ...crack was my customer."

It was reported last time that one of the treatment issues with crack cocaine was lack of treatment programs directed toward cocaine addiction. However, this is not what participants report. According to a municipal judge who conducts drug court:

"We do believe that crack cocaine and marijuana are probably the most prevalent of the drugs currently being used on the street...there's other stuff out there. We don't take LSD users. We don't take heroin users. Because our treatment is set up and our program to take care of people who use cocaine and crack."

In addition, active users felt that treatment is available if you want it. The complaint about getting treatment was not that it was not available for crack cocaine, but that there were waiting lists to obtain treatment because treatment facilities were full ("4 to 8 weeks to get

treatment”). The longest wait reported by a user was one month to obtain treatment for crack cocaine. Treatment providers state “it is rare when we don’t see a crack user.” In addition, treatment providers report that the most common user is a multiple user of alcohol, marijuana, and crack cocaine. During the fiscal year of July 1, 1999 to June 30, 2000 treatment admissions of crack cocaine as the primary drug of choice for adult users were reported in Summit County to be 14.3% and for Stark County to be 10.5%.

1.2 COCAINE HYDROCHLORIDE (HCL)

Participants report a decrease in the prevalence of cocaine hydrochloride use related to the continued popularity of crack cocaine and the higher cost of powder cocaine. Powder cocaine is out there but it is more difficult to find because powder cocaine is used to make crack cocaine. The majority of powder cocaine is being used to supply the demand for crack cocaine. The quality of the powder cocaine is also not very good because it is also “cut” many times. Users report that they rarely know what they are getting. Treatment providers report that there are few clients that come in for treatment. The price of powder cocaine is reported at about \$100 for a gram, an “eight ball” for \$135-150, or \$120 for 1/16 of an ounce. Active users estimate that for “every person that quits using, 3 people begin using” either crack cocaine or powder cocaine. In addition, active drug users report that professionals and the upper class are more likely to be using powder cocaine.

2. Heroin

Heroin is reported by users as hard to find and not readily available. There are not many users of this drug in the area. According to law enforcement and treatment providers, heroin is slowly increasing in availability in the area, and the quality is very high. The estimated cost of heroin is \$20-30 a bag or “bindle” and \$120-300 a bundle (ten hits/“bags” to a bundle). Heroin is reported as increasing in use among younger users (under 25) and remains constant among older users (40 and over). However, treatment providers report that they are admitting very few adults with a primary addiction of heroin. The percent of adult users admitted to treatment from July 1, 1999 through June 30, 2000 for Summit County was 3% and for Stark County was 1.1%.

In addition, according to treatment providers, there is a unique subculture associated with heroin use.

“Part of the reason that they don’t get identified for treatment quicker is because they can maintain some sense of normality in their life for a long period of time without being identified. You don’t smell it; you don’t taste it. You don’t see it.”

Active users echo this statement, “if you want all you gotta do is know people to get it...it’s a special club of people.” It is reported that chronic users protect each other and sell to each other. In addition, hepatitis B or C or HIV is reportedly common among users.

3. Other Opioids

Popular opioids in Stark and Summit Counties are Vicodin, OxyContin (“the poor man’s heroin”), and Demerol. These drugs are reportedly rarely obtained on the street, although active users are starting to see it being sold more. Cost on the street is \$10-20 a tablet. Users report obtaining it through prescription by going to the emergency room, a doctor’s office, a dentist’s office, or utilizing prescriptions of friends or relatives. A prescription of OxyContin is about \$75 for 10-20 tablets. The primary users of these prescription drugs remains women in their thirties.

Treatment admission data reveal that about 2% of all admissions for Summit and Stark Counties are from heroin or other opioids.

4. Marijuana

Treatment providers, drug court, and active users report that marijuana is the most readily available drug in the Akron/Canton region and commonly used in combination with alcohol and other drugs. Marijuana is seen as an acceptable drug despite its illegal status. Active users report that there is less stigma attached to being a marijuana user than a crack cocaine user (“crack head”); it is more socially acceptable to use marijuana even for recreational use. Similar to crack cocaine, there is no typical user of marijuana. Law enforcement reports that:

“We have kinda turned a blind eye to marijuana...[but] it has become such a good money maker that people have started to look into this more and more. The main reason we didn’t was because of the sentencing guidelines. It was so low...under 200 grams is a minor misdemeanor.”

According to treatment providers, it takes a long time to identify someone as a marijuana user. Marijuana is socially acceptable to use and many do not seek treatment for it. The majority of users identified are sent from drug court or another court or their family has sent them to treatment.

“I think a lot of our younger clients are OK with referencing themselves as marijuana addicts but they won’t acknowledge any other thing like that...won’t identify selves as alcoholic.”

The cost of marijuana depends on what kind is purchased. “Homegrown” marijuana is very cheap while “hydroponic” or “G13” marijuana is more expensive and reported to be of better quality. Users report that sometimes you don’t know what you are getting when you purchase marijuana. Even the “hydroponic” marijuana is laced with other chemicals. Active drug user’s accounts of price varied widely. Prices reported ranged from \$10 a blunt (cigar casing filled with marijuana), \$50 for a quarter ounce to \$100-\$175 for an ounce.

The 1999-2000 treatment admissions data for Summit County report 17.3% of admissions for marijuana. Stark County reports 18.4%.

5. Stimulants

Participants report that stimulants are not being used that much. It is reported that they are very hard to get. Active users report that it is “low key.” Users also report that if they see a physician and are labeled “overweight,” it is easy to get diet pills. Participants report that women and truck drivers are the predominant users of stimulants. In addition, Ritalin is being sold and used by adults. Participants report that children who are prescribed Ritalin often are not taking it because their parents are using it or selling it. However, law enforcement reports that they are not arresting for the sale of this drug.

5.1 METHAMPHETAMINE

Summit County leads the state in methamphetamine lab busts in the state of Ohio. Over the past two years more than 30 methamphetamine labs have been busted in Summit County. For

the period of July 2000 to June 30, 2001, there were 8 labs busted in Summit County. The most recent lab to be busted was on June 23, 2001 (*Akron Beacon Journal*). Drug Enforcement Agency (DEA) statistics report a national total of 2,155 methamphetamine lab busts in 1999 (Exhibit 1). That was double from the previous year. In February 2001, *The Akron Beacon Journal* ran a front-page story that claimed, “*Illegal methamphetamine sites pose danger to Akron, across US. Summit leads state in raids with 15 in 00.*” Methamphetamine is an up and coming drug. Not only is there an increase in labs but also in use.

According to law enforcement, “We are the most trained on it [busting methamphetamine labs].” Summit County doesn’t necessarily have more methamphetamine users and labs than other counties in Ohio. As law enforcement states:

“Law enforcement in this county know what to look for as far as methamphetamines. Some of these rural counties down south, believe me there are meth labs down there...they are good size labs. But the police officers down there are not aware of it. The majority of our meth labs come from routine traffic stops from patrol officers. They stop a guy in the car and they smell or see chemicals to manufacture methamphetamine. They put two and two together. Let’s question this guy a little bit further. That’s why I think Summit County leads the state as far as seizures and arrests.”

Law enforcement officials report that in rural counties leads to methamphetamine labs such as enormous amounts of stolen fertilizer are ignored. In addition, law enforcement in Summit County believes that the prosecutors are working well with law enforcement to enforce the illegal manufacture of drugs law.

“They [Summit County] are one of the few counties that actually prosecute for methamphetamine too. The law on the books in the ORC is illegal manufacture of drugs, which is a felony II, which is 2-8 years...the prosecutors here have been to school on how to prosecute a case.”

Prosecuting a case becomes an issue because the chemicals and equipment to manufacture methamphetamine can be bought in local stores. This makes prosecution more difficult because you have to show the connection between these chemicals, many of which are common household products, and the intent to produce methamphetamine. In addition, methamphetamine is dangerous to make because it is very flammable. It is also reported that once a lab is busted, it is expensive to clean it up.

People who are using methamphetamine generally make it themselves. In addition, it can be produced anywhere, a state park, hotel, a car, or your home. Methamphetamine labs are easy to locate because of the smell given off when manufacturing it. When it is sold, it is reported to sell at \$800 a gram, although some users report its cost is similar to cocaine. People make it themselves because it generally costs less than \$100 to get the chemicals to produce methamphetamine. It is reported that the hardest chemical to get possession of is red phosphorous.

Methamphetamine users are easy to spot. The high can last for days; it was reported that users will be awake for days. The user described by participants is white, “bikers,” truck drivers or anyone looking to be awake for long periods of time. It was also reported by participants that the primary users are under age 25.

House Bill 7 was seen as a good thing by law enforcement and treatment providers; users were unfamiliar with this piece of legislation. However, one treatment provider has this comment about the law:

“It was illegal to drink back in prohibition, but it didn’t stop people from making it.”

It was reported that a few more users are coming in for treatment but it is a very small increase. Methamphetamine is not the drug of choice in the Summit and Stark County regions. This is markedly different from Arizona where one clinician reports that 70 to 80 percent of clients are methamphetamine abusers. The 1999-2000 treatment admissions data for Summit and Stark Counties report less than .5% of admissions for all amphetamines. The Drug Enforcement Agency (DEA) reports that in 1999 the percentage of arrested adult males testing positive for methamphetamine was highest in San Diego (26%), lowest in Cleveland, Chicago, Miami, Detroit, and New York City (0%), and the average of all cities reported was 7.3%.

6. Depressants

6.1 TRANQUILIZERS

Use of depressants does not appear to be a significant problem in the Akron/Canton area. It is reported that Valium is around every once in a while. In addition, treatment providers report that Soma is on the “black market” and being sold to come off of crack cocaine.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Gamma-hydroxybutyrate (GHB), considered a “date rape” drug, is of concern to participants. It is commonly used by those under 25 years of age. According to law enforcement, the GHB analog can be made from ingredients purchased at a store, and the recipe is on the Internet. A gallon sells for \$600 but it only takes one drop to get the effect.

7. Hallucinogens

It is reported by law enforcement that they are “starting to see mushrooms come back.” However, outside of ecstasy, other hallucinogens such as PCP and LSD are not seen widely in the area. PCP was estimated to sell for \$5 a drop. Ecstasy is big at “rave” parties among users under 25 years of age, and it is reported that there are large amounts of peer pressure to use. It is popular among whites but starting to be sold and used by African Americans. The cost is estimated at \$10-\$25 a tablet. However, it poses a great threat to young users. According to one active user:

“There have been four kids that died [this past year in my sons’ high school] and my sons had to go to their funeral.”

According to treatment providers, users are under 30 years of age and are now,

“Actively seeking to have it and having a real strong attachment to the use of it. Not opportunistic...taking large amounts of it. Like binge drinking.”

8. Inhalants

Law enforcement is not making many arrests for nitrous oxide. Participants report that inhalant users are very young, and participants see inhalants as a “gateway drug.”

9. Alcohol

Alcohol is commonly used and abused in both Summit and Stark Counties.

“Alcohol is probably the most prevalent of all the abusing drugs that we see. Because what will happen is you will also see many people use cocaine or use marijuana are also using whether it’s beer, wine or other forms of alcohol in combination.”

The percentage of treatment admissions for alcohol for the time of July 1, 1999 through June 30, 2000 in Summit County was 57.2 % and in Stark County was 63.2 %. According to treatment providers, there are not many clients abusing only alcohol—people are usually using alcohol with other drugs. Participants report that alcohol as a primary diagnosis usually occurs in older persons (over 40). According to treatment providers, alcoholics don’t see themselves as drug addicts. They stigmatize other drug users. One treatment provider describes the alcoholic’s response to drug abuse this way: *“What could I possibly know about that? I’m just an alcoholic.”*

10. Other Drugs

10.1 ANABOLIC STEROIDS

Law enforcement stated that arrests for steroids on college campuses were made only once in the past year.

CONCLUSIONS

Alcohol, crack cocaine, and marijuana remain the most commonly abused drugs in the Summit and Stark County region. Treatment admission data for both Stark and Summit Counties confirm this claim by participants. Alcohol and marijuana use is so widespread that use and abuse of these drugs is not stigmatized. All three of these drugs are used by all groups of people (sex, age, race, and social class). The new user group of white professionals continues to grow among crack cocaine users.

While methamphetamine labs are commonly being busted in Summit County, there appears to be a rather slow increase in the number of users of methamphetamine being identified and treated.

RECOMMENDATIONS

- Crack cocaine and powder cocaine are essentially the same substance, yet the penalties for possession are not comparable. Similar to the actions being taken regarding the chemicals used in the production of methamphetamine, powder cocaine should have a higher penalty because of its necessity in making crack cocaine.
- The advent of drug court is bringing more people to treatment rather than incarcerating them. However, there is a need to expand drug court within Summit County. Currently, it only involves municipal court and excludes common pleas court cases. Because of this, a large portion of Summit County does not have the opportunity of drug court. In addition, drug court needs to begin in Stark County.

- There continues to be a lack of treatment for adolescents, especially residential treatment.
- When treating alcoholics and marijuana users, the entire family must be considered. It was reported that in the case of these drugs, families typically use together.

EXHIBITS

Exhibit 1: Drug Enforcement Agency National Methamphetamine Laboratory Seizures 1994 – 1999

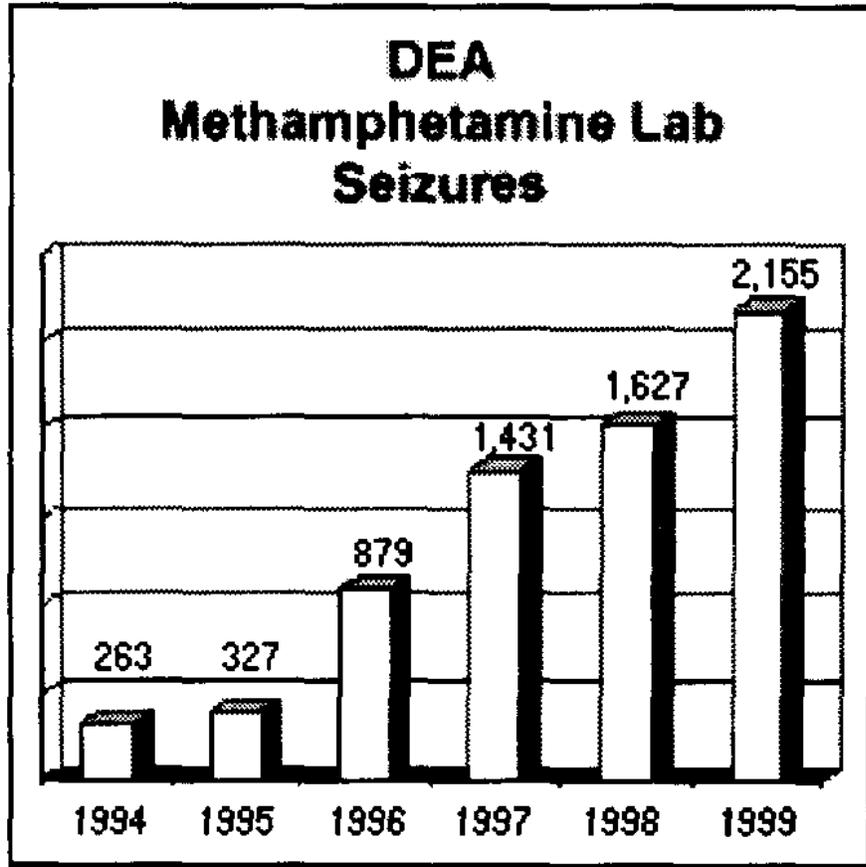


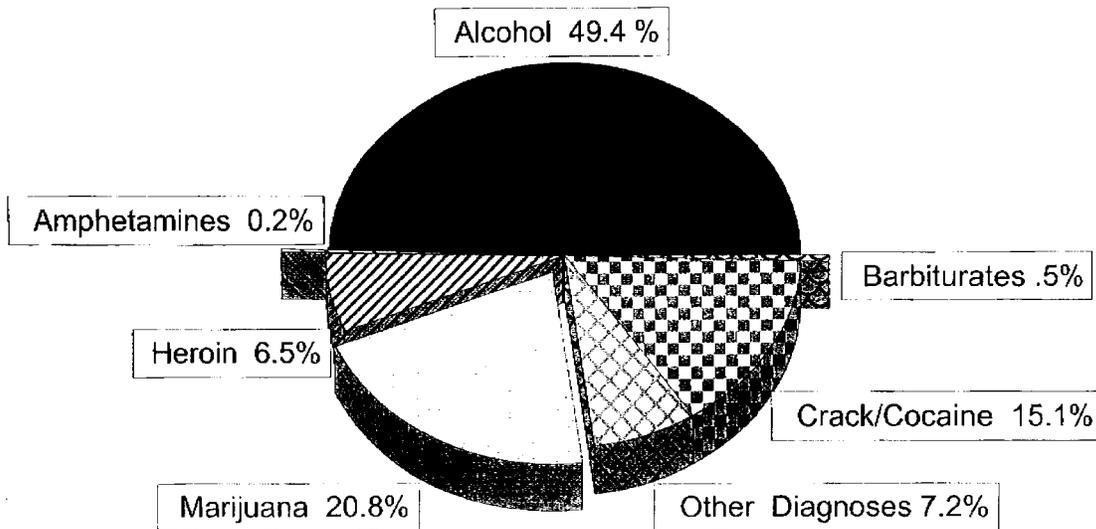
Exhibit 2: Ohio Department of Alcohol and Drug Addiction Services report of drug of choice breakdown for treatment admissions for Ohio



Clients and Drug of Choice Breakdown

SFY 2000

In SFY 2000, 73,049 individuals received publicly funded alcohol and other drug treatment services in Ohio's certified treatment programs.



**PATTERNS AND TRENDS OF DRUG USE IN
THE TOWN OF ATHENS, OH, ATHENS COUNTY, OH, AND OUTLYING AREAS
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Timothy G. Heckman, Ph.D.
Key Informant, Southeast Ohio

Associate Professor
Department of Psychology
Ohio University
Athens, OH 45701
(p) 740-597-1744
(f) 740-593-0579
e-mail: heckmant@ohiou.edu

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Abstract

Aside from alcohol, marijuana is the drug of choice among young drug users in the southeast Ohio area. Other drugs that evidence moderate to heavy use include mushrooms, Ecstasy, and painkillers (e.g., Vicodin). Drugs used less frequently, and for which there appears to be relatively little demand, include powder cocaine, crack cocaine, heroin, amphetamines, and methamphetamines. While the southeast Ohio area has witnessed an increased number of arrests in terms of methamphetamine production (at least four methamphetamine labs have been raided in the recent past), active users in southeast Ohio report little demand for--and few experiences with--this drug. The southeast Ohio area appears to be actively involved in the Oxycontin culture, and this issue warrants increased monitoring and research by state officials.

INTRODUCTION

1. Area Description

Through 2000, the population of Athens County, OH was 62,223. The county seat is Athens, Ohio (population 21,706). The county is primarily rural and there are no “metropolitan areas” in Athens Co. In 2000, there were 122.7 persons per square mile in Athens County; the average rate in the state of Ohio was 277.3 per square mile. Athens County is predominantly White. In 2000, 93.5% of all residents were White, 2.4% were African American, 1.9% were Asian American, 1.5% were Mixed, 0.4% reported being “some other” race, and 0.3% Native American. Fifty-one percent (51%) of the population in Athens Co. is female.

Athens Co. has been characterized as “economically-impooverished.” As of 1998, 19.1% of all persons lived in poverty, and 24% of all children (i.e., persons 18 years of age and less) lived in poverty. The median household income in 1998 was \$28,965. The home ownership rate in Athens Co. is 60.5%, which is less than the overall home ownership rate in Ohio (69.1%).

In terms of health status, Athens Co. evidences mixed results. Relative to national averages, Athens Co. has lower prevalence rates of lung cancer, stroke, motor vehicle injuries, suicide, and low birth weight; however, the county reports above average rates of infant mortality, White infant mortality, neonate infant mortality, colon cancer, and coronary heart disease. In Athens County, several groups have been identified as “vulnerable populations.” Vulnerable populations confront unique health risks and barriers to care that require enhanced services. According to the Health and Human Services Administration (HRSA), vulnerable populations in Athens County in 2000 were: residents with no high school diploma (8,280); unemployed individuals (1,270); people who were severely work disabled (1,340); those suffering from major depression (3,050); and **recent drug users (past month: 3,350)**.

2. Data Sources and Time Periods

- **Qualitative data** were collected in one focus group ($n=9$) and three individual interviews with front-line professionals ($n=3$). The number and type of participants are described in Table 1, while more detailed information for qualitative research activity participants is shown in Table 2.

It should be noted that data collected from the focus group may have limited generalizability given that participants were comprised of young adult, college students.

- **Archival data** obtained from a local university.

Table 1: Qualitative Data Sources

Focus Group:

Date of Focus Group	Number of Participants	Active Users or Professionals
06/22/01	9	Active Users (College Students)

Individual Interviews:

Date of Individual Interview	Active User or Front-Line Professional
06/20/01	Mental Health Social Worker
06/27/01	Mental Health Social Worker
07/25/01	Lieutenant, Ohio University Police Department

Totals:

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	9	3	12

Table 2: Detailed Focus Group/Interview Information

June 22, 2001: Active Users (College Students)

"Name"	Age	Ethnicity	Gender	Experience/Background
1	31	White	M	Marijuana, Alcohol ("Beer")
2	29	White	F	Marijuana, Cocaine, Ecstasy
3	21	White	M	Previous Oxycontin addiction, Marijuana, Hashish, LSD, Ecstasy, "everything:
4	21	White	F	Alcohol, Marijuana, Ecstasy, Acid
5	20	White	M	"Done just about everything"
6	20	White	M	"Done just about everything"
7	22	White	M	Alcohol, LSD, Marijuana, Cocaine, Mushrooms, Hashish, "Whole lot of different things but nothing hard."
8	25	White	M	"I've done all of the above"
9	21	White	M	"Tried a little bit of everything" Heroin once; snorted

Recruitment Procedure: *The above participants were recruited by asking "Dave" to assemble a group of young, active drug users.*

June 20, 2001: Social Worker

"Name"	Ethnicity	Gender	Experience/Background
1	White	Female	Social worker with concentration in mental health.

Recruitment procedure: *Recruited by contacting directly.*

June 27, 2001: Social Worker

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Social worker with concentration in mental health. Formerly with Health Recovery Services, now a Resident Director of a local university.

Recruitment Procedure: *This professional was referred to by Social Worker that was interviewed on June 20, 2001.*

July 24, 2001: Law Enforcement

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Lieutenant with local university. Former under-cover officer.

Recruitment Procedure: *The key informant contacted the University's Police Department and asked to speak with an officer who was knowledgeable in the area of "drug use trends" in southeast Ohio.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL)

Our focus group of active users described powder cocaine as:

- "Being around," and
- "If you want it, you can get it,"

However, there was not uniform agreement on availability:

- "I couldn't make a call and get you some right now."
- A front-line professional indicated "It's available, although it is not as accessible as marijuana and various pills."

Several concerns were simultaneously expressed during the discussion of cocaine availability. These concerns included:

- "It can be found, but it's been cut a lot before you get it,"
- "The quality is really bad and it's expensive here compared to other cities."
- "Here they charge you twice as much and it's not really good."

This belief was reinforced by a law enforcement official who said, "People are lucky if 10% of their batch is cocaine." One active user indicated that, in this area, cocaine is frequently cut with flour, wallpaper paste, and baby laxatives. In general, our active users suggested that powder cocaine was decreasing in popularity, and attributed the decrease to high cost and poor quality.

Our active users indicated that cocaine costs approximately \$100 for one gram, and anywhere from \$175 to \$200 for an eight ball. Again, they mentioned that a user would have to pay these higher prices for cocaine that was very low in quality.

Regarding methods of administration, our users indicated that most people are snorting cocaine, although some roll cocaine into a joint and smoke it (primo).

Both active users and front-line professionals indicated that seeking treatment for a powder cocaine problem would be difficult in this area. While indicating, "Rehab places are all around here," our active users mentioned that users may be reluctant to talk to practitioners due to possible "legal actions" and also voiced considerable confidentiality concerns. Cost was perceived as a major

problem to seeking treatment. Our front-line professionals suggested that, because cocaine is not as popular as other drugs (e.g., marijuana), individuals attending groups (e.g., Narcotics Anonymous) might find that these groups held little relevance to them.

It was also mentioned by our front-line professionals that, in southeast Ohio, there are drug and alcohol treatment centers specifically for women (“Rural Women’s Recovery Program”) and children/adolescents (“Bassett House”) but they did not know of any recovery programs specifically for men.

1.2 CRACK COCAINE

When asked to describe the availability of crack cocaine, several of our active users smiled or laughed, with one user stating “I saw a rock one time last year.” A different active user mentioned that he last saw a rock one or two years ago. One user mentioned that it was more likely that you’ll see an individual who is under the influence of crack cocaine (“bugged-out eyes, sweating”) but you are not likely to see the actual use of the drug. Nonetheless, most of our active users stated that they have heard about people using crack, but that “You don’t see too much of it.” They also mentioned that it is likely that the people doing crack cocaine were the same people who used powder cocaine. A law enforcement official indicated that “It’s here, but we don’t run across it too often. We may have never taken crack off of anyone in the 15 years that I’ve been here.”

In terms of accessing treatment for crack cocaine problems, our front-line professionals stated that:

- There are few specialized treatment services in the area and,
- Most mental health/substance abuse practitioners have little experience in the treatment of crack cocaine addiction.

2. **Heroin**

There were mixed responses regarding the availability of heroin in southeast Ohio, with users stating:

- “Haven’t even seen it,”
- “When you go to bars in Athens, you might see people smoking pot or doing coke in the bathroom, but you don’t see heroin,”
- “I heard it’s coming back at shows and concerts, there are people overdosing there.” This user stated that a person at a show in West Virginia died after injecting heroin “laced with Xanax, Valium, and some other stuff.”
- “It’s here, it’s not increasing, it’s not decreasing.”
- Our law enforcement professional stated that “Heroin is available here, but I’ve never come across it. However, we have come across paraphernalia, like syringes and cookers.”

None of our active users could speak to the quality of heroin in this area.

Interestingly, our law enforcement official mentioned that recently several parents with children attending a local university called and complained that—in one of the dorms—a student was shooting up in front of others and appeared to be “flaunting” his drug injection use. Several parents

demanded that their children be relocated from this dormitory to a different one. This, in turn, prompted the university police department to more actively “monitor” the dorm.

3. Other Opioids

Oxycontin (oxycodone long-acting) was discussed in depth by our active users. In general, users reported an increase in Oxycontin use over the past six months to one year. In fact, the demand for Oxycontin far exceeded its availability. While one user indicated that he had not seen Oxycontin, he knew a lot of people who were looking for it. A second user stated “I could call somebody now and get a couple hundred Oxys.” The increased demand among users was echoed by a law enforcement official, who said, “Oxycontin is huge around here. It’s way up, especially in the last year.”

Interestingly, one user stated that he had been addicted to Oxycontin for three or four years. The drug had been prescribed to his mother who suffered from nerve damage. He would steal Oxycontin from her, crush them, and snort the powder. When she discovered his habit, she hid the pills from him, and he went through severe withdrawal. He described his withdrawal as such: “My jaw locked up, I slobbered all over myself, I almost cried. In fact, I did cry.” What is noteworthy about this case is that he described his addiction as occurring several years ago (mid-1990s, long before anyone was even talking about Oxycontin).

In terms of cost, the price of Oxycontin is high due--in part--to the high demand. One user indicated that an Oxycontin costs anywhere from \$25 to \$80 for a tablet depending on the dosage (essentially, one dollar per milligram).

When asked how individuals acquire Oxycontin, there were many different responses. One user stated that people go to Canada, buy them over the counter, and bring them back to the U.S. A different user indicated that an individual may obtain a prescription for Oxycontin, it is filled, and then he has someone sell the tablets. It was reported that some individuals frequently fake injuries and seem to have little difficulty filling a prescription for Oxycontin.

The recent surge in Oxycontin use and demand has triggered significant amounts of criminal activity. On March 15, 2001, the Athens News published an article describing Oxycontin crime-related activities in the southeast Ohio area (“Danger drug sparks crime waves across Appalachia”; <http://www.appalachianfocus.org/civil3/0000000b.html>). The article described law enforcement officials’ belief that a small band of professional thieves is targeting small pharmacies in Appalachia for Oxycontin. The burglaries, including a January 2001 break-in at Fruth Pharmacy just west of Athens, started in September 2000. The Athens County Sheriff’s office is working with several state agencies to track down a group of suspects who they believe are responsible for a series of break-ins in southeast Ohio and West Virginia. Burglaries in Athens, Gallipolis, Proctorville, and Huntington share similar characteristics, which is why officials believe the same individuals are responsible for the crimes. In each case, the targeted pharmacy is small, has a relatively poor security system, and the bulk of the material stolen is Oxycontin. In the Fruth Pharmacy case, a hole was cut into the back of the wall, giving burglars enough room to squeeze through and leave with every bottle of Oxycontin in stock. The article states that one tablet of Oxycontin can sell for as much as \$100.

Similarly, in an article published in the Athens Messenger (February 26th, 2001), authorities indicated “a pipeline that stretches from Ohio and Indiana to Virginia is responsible for funneling Oxycontin to mountain communities in Eastern Kentucky.” Authorities said that suppliers are evading a computerized watchdog system in Kentucky and successfully slipping thousands of

Oxycontin tablets into a corner of Appalachia where many residents are fighting Oxycontin addictions.” Authorities believe the drug is so popular in eastern Kentucky because of the high amount of coal mining injuries. Authorities believe that residents of regional states (e.g., Ohio and Indiana) obtain prescriptions for the painkiller, by either legal or fraudulent means and then resell the drug in eastern Kentucky. All prescriptions in Kentucky are tracked by a statewide database called the Kentucky All-Schedule Prescription Electronic Reporting System. Police say Kentuckians are going to out-of-state pharmacies or doctors because of the system. One Kentucky official was quoted as saying, “That’s how we stop the doctor-shopping here, but that’s why everybody’s going to Ohio.”

Use of, and demand for, opioids other than Oxycontin was fairly high among our sample of active users. As one user stated, “A lot of people are taking them [Percocet, Vicodin] more. They’re pretty easy to get.” One user indicated that she hurt her leg recently and that they gave her a prescription for Percocet. She also mentioned that just about anyone who needs or requests a prescription for Percocet or Vicodin can get one filled. One user says that he sees more Vicodin, stating they are prescribed a lot for pain, and that people simply sell what they don’t use. It’s also easy to sell these medications, since there is a high demand for them. One user mentioned that drugs such as Vicodin and Percodan are especially common among construction workers and laborers. Some laborers take these drugs for pain (typically lower back pain or disc pain), while other workers take them simply for the “buzz.” Another user stated that more “locals” are taking them, and that use of these drugs cut across all age groups. Finally, one user mentioned, “If you go to a party with a pocket full of pills, you’ll get rid of them very quickly.”

4. Marijuana

When asked to describe the availability of marijuana, our active users laughed, with all participants indicating that it was very easy to obtain marijuana. One user stated, “If you can’t get marijuana, it’s a bad day.” When asked to estimate the proportion of their friends and colleagues (e.g., fellow students) who smoked marijuana, estimates included 75%, 80%, and “at least 90%.” In fact, our sample of users was less concerned about obtaining marijuana and more concerned about acquiring high-quality marijuana. In fact, several users boasted that marijuana grown in Meigs County, Ohio is known worldwide and sold in bars in Amsterdam.

Marijuana use seems to cut across all genders, ethnicities, and age groups. One user indicated that he knew a man 70 years of age who was growing marijuana, and knew people as old as 80 and 90 who smoked marijuana regularly. On the other end of the age spectrum, one user said he knew kids as young as 7 and 8 who smoked marijuana. One user indicated that because his dad had very bad lungs, his dad ate marijuana brownies instead of smoking it.

In terms of cultivation, one user stated that “A whole lot of people grow it in their closets, in their back yard, and in the woods. There are probably 1,000 plants in the city limits.” Another common source of marijuana was shows; “Hookaville Shows” were mentioned by several active users. These are traveling acoustical shows that feature artists such as Willie Nelson. In fact, in the southeast Ohio area, these types of shows are far more common than “Raves.”

One potential threat to the supply of marijuana was described by our law enforcement official, who referred to it as “Apocalypse Weekend.” This is an event (which occurred in mid-July) in which law enforcement teams conduct an “aerial assault” on marijuana crops. Using heat-seeking sensors, aerial units conduct search-and-destroy missions on crops in Athens, Vinton, and several other counties.

In terms of cost, the following prices were quoted:

- “Dirt weed”: \$80 to \$100/ounce.
- “Middies”: \$130 to \$140 per ounce.
- “Nuggets”: \$50 per eighth; \$350 for ounce for best pot ever seen in his life.

5. Stimulants

5.1 AMPHETAMINE

In general, our sample of active users indicated that the use of, and demand for, amphetamines in southeast Ohio is small. One user knew a person who periodically traveled to Kentucky to get a prescription filled for speed, but this was the only remarkable statement regarding familiarity with amphetamines.

5.2 METHAMPHETAMINE

Similar to amphetamines, our sample of users had rarely (or never) used methamphetamine. Our users stated the following regarding the use of methamphetamine:

- “I’ve seen it and done it at shows.”
- “Never even seen it.”
- “Never seen it and never done it.”
- “I’ve only seen it here twice and done it once in the past four years.”
- I haven’t seen it here, maybe more in California, I think it’s more of a West Coast thing.“
- “It ain’t around much. Once in awhile you hear of it.”
- However, one user stated, “Yea, it’s definitely out here.”

Interestingly, according to an article posted on the Internet (<http://www.mapinc.org/drugnews/v01/n532/a09.html?157>), three methamphetamine manufacturing labs have been shut down in Athens County in “recent years.” Not long after the publication of this article, the Vinton County’s Sheriff’s Office raided a methamphetamine lab in Vinton County on June 27th, 2001. According to Ohio University Police, this was a “fairly major lab” and produced larger quantities of methamphetamine than labs raided in the recent past. Thus, at least four methamphetamine labs have been raided in the Athens County area in the past few years.

When we asked our users about the relatively large number of methamphetamine manufacturing labs raided in this area, they mentioned that--even if these labs had been in operation--there was “no product.” In fact, many of our users believed that methamphetamine manufactured in this area was being shipped elsewhere. This belief was corroborated by our law enforcement front-

line professional, who stated, “If they have a good place to make it, I wouldn’t doubt that it’s going elsewhere.”

However, our law enforcement officer stated, “I don’t think there are a lot of meth labs around here. If there are labs here, I think they’re fairly small ones. However, I think the lab recently busted in Vinton County was a fairly major one and was a lot more sophisticated than the other ones.”

On March 25th, 2000, the Columbus Dispatch posted an article that featured an interview with a methamphetamine maker in Washington County (directly east of Athens Co). According to the interview, the methamphetamine maker could sell an “eight ball” (1/8 ounce) for \$250.

6. Depressants

5.1 TRANQUILIZERS

In terms of depressants that are taken in tablet form, our active users indicated that these tablets are “all over,” and “There’s a lot of pills in this town.” However, the discussion quickly turned to the topic of GHB.

5.1 GAMMA-HYDROXYBUTYRATE (GHB)

In terms of the availability of GHB, one user mentioned “I’ve seen it once, but I see Ecstasy all the time.” One user stated “I never saw any GHB here, but was offered some back home during break.” Finally, one user indicated that people are seeing a little bit of GHB, but not that much.

In an article published on the Ohio University Public Television and Radio website (May 16, 2000), the Assistant Director of Health at Ohio University was quoted as saying “Some students will talk about GHB being used at certain after hours parties, they’ve seen it there. They may have used it, or they know a friend who used it.”

A major concern regarding GHB that was expressed by our users was that “Lots of people put different things in it, you never know what you’re gonna get.”

On January 15, 2001, an Ohio University sophomore was found dead in his dorm room, victim of a GHB overdose. A follow-up investigation uncovered that the student had written a suicide note stored on the hard drive of his computer. The note was written one week prior to his death, but his death was ruled an overdose, not a suicide. Investigators found nothing at the scene that led them to suspect the student’s death was a suicide. The student was perceived by others to be a loner and depressed. The victim’s friends indicated that he used GHB frequently and that he purchased the drug over the Internet.

7. Hallucinogens

5.1 LSD AND MUSHROOMS

In terms of the availability of LSD and mushrooms, our sample of users made the following statements:

- “Haven’t seen LSD or shrooms during the past five years.”

- “I use to trip a lot, but it’s starting to decrease.”
- “A lot of people want shrooms more so than acid lately.”
- “I saw acid at a show, but haven’t seen it in Nelsonville lately.”
- “I’ve seen a lot of acid and shrooms in the past six months.”

According to our active users, there is a greater demand for mushrooms than LSD right now. One user mentioned that lots of shrooms were coming in last year, but it has slowed down this year. At the same time, one user mentioned that he “could get it pretty easy,” while one user said obtaining hallucinogens is harder “now that school is out.”

In terms of price, mushrooms are selling for approximately \$25 an eighth.

One user knows a person who sells approximately three ounces of shrooms a day in Athens, Ohio.

The cost of acid ranges from \$3 to \$5 for a hit.

5.1 MDMA (ECSTASY)

One active user indicated that he had never seen Ecstasy. However, two users said that Ecstasy is increasing “big time among students,” while one user said that he saw about 500 tablets in the past month in town.

In terms of cost, one user mentioned that an Ecstasy tablet sells for \$20 to \$25, or you could buy ten tablets for \$150-\$175 bucks. One user mentioned that there are different varieties of Ecstasy but that the price is usually the same.

A front-line professional at a local university indicated that, while he has not seen a lot of Ecstasy on campus per se, he has seen a lot of Ecstasy-like paraphernalia on campus, such as pacifiers, lollipops, and glow-sticks at parties. He also mentioned that, while a significant percentage of students may have tried Ecstasy, most are likely to have tried it at home--not on campus.

7.3 KETAMINE

One user indicated that he saw a lot of Ketamine last year, while a different user stated that he saw the drug primarily at festivals. As a whole, the group thought that--if anything--the use of Ketamine was decreasing.

Our active users indicated that veterinarian clinics have recently been burglarized for Ketamine.

One user mentioned that the most recent batch of Ecstasy tablets that had been in town had a large amount of Ketamine in them. This was based on the fact that his girlfriend had taken Ecstasy and she had fallen into a “K-hole.” The sample then went on to describe a K-hole, saying that Ketamine:

- “Makes you like a retard.”
- “You’re completely out of it.”
- “I was once in a K-hole all day. You can’t get up, you can’t walk or nothing.”

8. Inhalants

Our sample of active users made only two statements regarding the use of inhalants. These statements were:

- “I can get you a keg of nitrous if you want to drive to Cleveland. I was told it’s \$50 for a tank deposit and \$250 for a 20-pound tank.”
- A different user said “If you want to drive to Chicago, I can get you a 60-pound tank for \$300.”

9. Alcohol

Alcohol was not widely discussed by our sample of active users. Instead, our front-line professionals discussed alcohol use in the community.

One front-line professional mentioned that, in the town of Athens, there are at least 23 different bars in a two-block area that are visited frequently by students. He also pointed out that drinking occurs frequently at many of the on- and off-campus Greek organizations, house parties, and other places. He believed that binge drinking was a significant problem among college students.

This same professional mentioned that, while some students are completely immersed in the alcohol scene, other students felt as though they didn’t fit in because they avoided alcohol. To counter these perceptions, counselors have taken “sober” students to university recreation centers, libraries, and computer centers on Friday and Saturday nights to demonstrate that there are many other students that--like them--do not participate in the alcohol scene.

In March, the Alcohol, Drug Addiction, and Mental Health Services Board of Athens, also known as the 317 Board, met to compile a list of key factors that lead directly to the dilemmas of underage consumption. An anonymous survey in local high schools showed that youth are drinking every weekend.

10. Special Populations / Observations

There are several observations worth noting that came to light during the focus group and individual elicitation interviews:

- A number of our active users have bought, sold, used, or observed the use of hard drugs at festivals/concerts (e.g., Hookaville).

- When asked if they wanted to mention anything not directly addressed in our focus group, our users mentioned that they are seeing more hashish. They stated that this hash was not local but, instead, from Amsterdam and Germany.
- Our law enforcement front-line professional indicated that, unfortunately, university students are more concerned about the university's Judiciary Committee and less concerned about the court system in Athens. He mentioned that the typical student who faces a court hearing for underage drinking or violation of the open-container law faces a \$100 fine and a six-month suspension of their license (the latter of which the Athens County judge always waives). However, students are very worried about being placed on probation (or expelled from the University) and are quick to volunteer to become an informant for the University Police Department.
- This same law enforcement official mentioned that, periodically, the university unknowingly accepts a student who has no intention of attending classes or graduating but is at the university for the sole purpose of selling drugs.

CONCLUSIONS

- Other than alcohol, marijuana is the most frequently used substance by active users.
- Painkillers, such as Vicodin, Percocet, and Percodan are highly sought after and widely used.
- Oxycontin has increased in popularity during the past one to two years. In fact, the demand for Oxycontin appears to far exceed the availability. Crime related to Oxycontin also appears to be on the rise in southeast Ohio as demand for the drug continues to rise.
- In spite of the fact that several methamphetamine laboratories have operated in the Athens County area, active drug users do not report a heavy demand for the drug. Further, most drug users in this area believe that methamphetamine manufactured in local labs is shipped out of the area.
- MDMA (Ecstasy) appears to be increasing in popularity.
- Drugs that do *not* appear to be in high demand in southeast Ohio include powder cocaine, crack cocaine, heroin, amphetamines, and methamphetamine.
- There are a number of factors that may hinder the efforts of users attempting to seek treatment for Alcohol and other Drug Abuse (AODA) issues in southeast Ohio. These include a lack of treatment centers specifically for men, lack of practitioners with sufficient experience with AODA issues, support groups (e.g., N.A.) that lack relevance because of insufficient numbers of similar others seeking treatment, and confidentiality concerns.

RECOMMENDATIONS

- Efforts should be undertaken to determine why there is a disconnect between the number of alleged methamphetamine laboratories in southeast Ohio and the apparent scarcity of methamphetamine.

- There are relatively fewer raves/clubs in southeast compared to more urban parts of the state. However, active users in southeast Ohio appear to frequently use and obtain drugs at festivals and concerts (e.g., Hookaville). This culture should be examined in greater detail to determine the types of drugs available at these events as well as the safety of drugs sold at these venues.
- The role of the Internet in the community of young active users warrants additional research. For example, the Internet is used to investigate the safety of certain drugs (e.g., “Dancesafe.org”) and at least one individual (a deceased Ohio University student) used the Internet to purchase the GHB on which he overdosed.
- In southeast Ohio, as in other places throughout the nation, the use of Oxycontin and Ecstasy is increasing. Additional research is needed to characterize patterns and predictors of use of these drugs in rural communities.

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

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Anne Koster, ND, MBA

The University of Akron
Center for Health and Social Policy
Buchtel College of Arts and Sciences
Akron, OH 44325-1915
USA
(440)331-7682
FAX: (440)331-7096
E-mail: pannoatk@aol.com

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Abstract

Crack cocaine, heroin and marijuana remain Cuyahoga County's primary illicit drug abuse problems. The prevalence of crack cocaine is relatively unchanged; however, there continue to be new user groups emerging. Specifically, an increase in white, professional male/female individuals over the age of thirty using crack cocaine, and younger individuals (18 years+) are beginning to "graduate" to crack cocaine from marijuana usage much quicker. Marijuana remains the most common illicit drug used within the region, often utilized in conjunction with alcohol and other drugs, particularly with the adolescent population. New user groups of youth abusing heroin, hallucinogens and "club drugs" ("Ecstasy," "Special K," "crank") reported in January, 2001, continue to increase. The use of Ecstasy remains extremely popular, spreading well beyond its origin as a party drug for affluent white suburban teenagers to virtually every ethnic and class group. OxyContin usage has received much media attention throughout Cuyahoga County – particularly in reports of OxyContin thefts from local pharmacies. Active drug users report the existence of Methamphetamine "labs" throughout Cuyahoga County – in the inner city and in outlying suburban and rural areas. Treatment challenges continue to exist for all of the drugs mentioned – especially heroin, crack cocaine and prescription drugs. These challenges include indigent reimbursement, lack of residential treatment programs and availability of intensive treatment and after-care programs.

INTRODUCTION

1. Area Description

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

2. Data Sources and Time Periods

- **Qualitative Data** were collected in eight focus groups/individual interviews conducted in May, June and July 2001. The number and type of participants are described in Tables 1 and 2.
- **Alcohol and Drug Abuse Treatment admission data** are provided by the Ohio Department of Alcohol and Drug Addiction Services for the state of Ohio and each specific county.
- **National statistics** are available from the Treatment Episode Data Set (TEDS) 1992 -1997 provided by SAMHSA.
- **Availability, price and purity data** are available through the Cuyahoga County Sheriff's

Department and local suburban police/sheriff departments for January 1999 through January 2001.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social workers, etc.)
05/22/01	7	Active Users, Treatment Providers
06/08/01	7	Active Users, Treatment Providers
06/08/01	9	Active Users, Treatment Providers
07/02/01	8	Active Users, Treatment Providers
07/02/01	6	Active Users, Treatment Providers

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
05/25/01	Law enforcement officer – City of Cleveland
06/09/01	Suburban law enforcement officer
06/30/01	Chemical dependency treatment provider – Medina County Jail

Totals

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
5	37	3	40

Table 2: Detailed Focus Group/Interview Information

May 25, 2001: Law Enforcement

“Name”	Age	Ethnicity	Gender	Experience/Background
1	42	White	Male	Cleveland police officer/detective – nine year veteran, vice squad

Recruitment procedure: *This individual was recruited for participation in Substance Abuse Trends because of his experience and involvement in inner city narcotic activity.*

June 9, 2001: Law Enforcement

“Name”	Age	Ethnicity	Gender	Experience/Background
1	52	White	Male	Suburban law enforcement – fourteen year veteran

Recruitment procedure: *This individual was recruited through a contact with Alcohol & Drug Dependency Services of Medina County, Inc.*

June 30, 2001: Treatment Provider

“Name”	Age	Ethnicity	Gender	Experience/Background
1	47	White	Male	Chemical dependency counselor – Medina County Jail Services

Recruitment procedure: *This individual was recruited through a contact with the Medina County jail.*

July 2, 2001: Treatment Providers & Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	46	White	Female	Fifteen years experience in Chemical Dependency field, the past two years has served justice system. Masters degree in counseling, criminal justice.
2	52	White	Male	Twenty-five years experience in Behavioral Health—chemical dependency, mental health and forensics. Registered Nurse.
3	34	White	Female	Active drug user and dealer. Primary drug of choice is alcohol and crack cocaine.
4	21	White	Female	Active drug user. Primary drug of choice is “all of them.” Past history includes incarceration for robberies to support habit.
5	41	Black	Female	Active drug user. Primary drug of choice is crack cocaine and heroin. Has also used prescription drugs. Several attempts at sobriety; incarcerations for forgery, dealing and parole violations.
6	24	White	Female	Active drug user. Primary drug of choice is crack cocaine and marijuana.

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

May 22, 2001: Treatment Providers & Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	21	White	Male	Active user of alcohol, powder cocaine and marijuana.
2	40	White	Male	Primary drug of choice is crack cocaine.
3	19	White	Male	Active user of alcohol and marijuana.
4	32	White	Male	Active user of alcohol and marijuana. Has been in treatment programs several times.
5	39	African-American	Male	Active user of alcohol, cocaine and marijuana.
6	53	White	Male	Treatment provider.
7	46	White	Female	Treatment provider.

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

June 8, 2001: Treatment Providers & Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	53	White	Male	Treatment provider.
2	46	White	Female	Treatment provider.
3	36	White	Male	Drug abuser. Primary drug of choice is crack cocaine and alcohol. Prior history includes incarceration for robbery & embezzling to support habit.
4	34	African-American	Male	Active user of crack cocaine and alcohol.
5	46	Hispanic	Male	Primary drug of choice is alcohol and crack cocaine.
6	32	White	Male	Active drug user. Primary drug of choice is marijuana and opiates. Past history includes incarceration for possession, dealing of narcotics and parole violations.
7	19	White	Male	Primary drug of choice is alcohol. Has experimented with cocaine, marijuana and club drugs.

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

June 8, 2001: Treatment Provider & Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	21	White	Male	Active user. Primary drug of choice includes alcohol, cocaine and marijuana.
2	41	Hispanic	Male	Recovering addict and alcohol abuser.
3	20	White	Male	Active drug user. Primary drug of choice is marijuana.
4	37	Hispanic	Male	Recovering addict. Past drug history includes cocaine and alcohol addiction.
5	44	White	Male	Recovering addict, treatment provider. Past history includes abuse of several drugs.
6	53	White	Male	Treatment provider.
7	23	White	Male	Active drug user. Past history includes dealing of cocaine and marijuana.
8	32	White	Male	Recovering alcohol and drug abuser.
9	24	White	Male	Active drug abuser. Primary drug of choice is alcohol, marijuana and heroin.

Recruitment procedure: *The participants above were recruited through a treatment program for individuals involved in after-care services.*

July 2, 2001: Treatment Providers & Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	53	White	Male	Treatment provider.
2	44	White	Male	Treatment provider.
3	25	White	Male	Active drug user.
4	24	White	Male	Substance abuser – primary drug of choice is alcohol.
5	31	African-American	Male	Active drug user – drugs of choice include cocaine, opiates and crystal meth.
6	23	White	Male	Presently in treatment program for alcohol and heroin drug abuse.
7	30	White	Male	Past drug abuser – drug of choice includes marijuana, alcohol and prescription drugs.
8	40	White	Male	Substance abuser – primary drug of choice is alcohol. Past history includes incarceration for multiple DWI's.

Recruitment procedure: *The participants were recruited through a contact with Cuyahoga County Forensic/Correction Program.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine abuse is still a primary concern throughout the Cleveland area. Crack cocaine remains the predominant illicit drug of choice (excluding marijuana) with drug users residing within Cuyahoga County. Participants described it as the number one drug problem in terms of abuse, its debilitating impact on individuals and families and devastating addictive qualities. Cocaine in the form of crack vs. powder is the most popular form being utilized. Low cost, availability and ease of use are the most common reasons verbalized for crack cocaine's continued high rate of utilization amongst user groups. Participants reported that the quality of cocaine has deteriorated over the past several years. The price of crack cocaine varies, depending on the quality and purity of the drug, relationship with the dealer and location of the purchase (cost may double in the suburbs vs. the inner city). The cost of a "rock" of crack cocaine is approximately \$20 - \$25 with the majority of users reporting "discounts" offered from dealers to "good customers." Participants reported that both powder and crack cocaine can be easily purchased throughout the Cuyahoga County area in both urban and suburban areas.

... In the suburbs, powder cocaine has been around for quite some time and has been available for some time. In the past five years, crack cocaine has been as readily available as marijuana ... the price varies from city to city. You might pay \$200 for an eight ball in Akron, but in Cleveland you can get it for \$100 - \$125 ... It's all handed down – people are stepping on it unless you go directly to a source it hasn't been stepped on as much ... so many people are dealing it and they are cutting it in different ways – adding baking powder, baby formula, all sorts of junk ... Anywhere you go you can get some crack. After that first hit that's what you're chasing. I know a guy who will give me the first rock for nothing because once you start, you're hooked. Once you start, you are going to spend at least \$300 ... I used to live in Cleveland and found drug use much more prevalent in the suburbs, especially in the country – there is nothing to do so you drink and party and that is your social life ...

Crack cocaine crosses gender, race/ethnicity and age groups. Participants report that more younger females and elderly individuals (45 years old and up) are abusing crack cocaine. Furthermore, participants report that adolescents "dabbling" in marijuana, alcohol and powder cocaine appear to be moving into abusing crack cocaine at a much earlier age (16 – 18 years of age). Treatment providers and drug abusers/dealers report a continuing increase among male/female professional clientele – physicians, attorneys, law enforcement personnel and successful business entrepreneurs. The effects of crack cocaine addiction continue to be devastating to abusers and their families.

... I started using crack cocaine when I was 16 years old – I've seen high school kids tripping on rock – both black and white, male and female ... Crack is an instant high. People are looking for a quick escape ... Twenty years ago, crack was considered predominantly an African-American male, inner city drug. Now, I think it's everywhere ... The black people are the sellers now where they used to be the users ... Once you get hooked, you lose everything – families, morals, everything. I did things I never said I would do. When I'm high I don't worry about my kids, money, bills, nothing – I don't even think about myself. When I'm not using, I'm thinking about

what I'm going to do to get my next fix ... I've been around people on binges that have little kids running around that haven't been fed, bathed ...

The treatment issues associated with crack cocaine identified in the January, 2001 report remain – specifically, minimal residential treatment is available, lack of treatment programs directed primarily towards cocaine addiction, and a complete lack of treatment for the financially disadvantaged and indigent abuser. All participants agreed that treatment could only be effective if the person who seeks treatment is highly motivated to pursue and maintain sobriety.

2. Heroin

Next to alcohol, marijuana and crack cocaine, heroin is the primary drug of choice for users in Cuyahoga County and has become particularly popular with users in their late teens, early twenties. This popularity is attributed to availability and low cost, improved quality and potency leading to a much more pleasurable “high.” Younger participants in the focus groups report that among adolescent and early-twenties heroin users, a feeling of invincibility and lack of fear of harmful side effects may be contributing to the increase of heroin use amongst this particular age group – the stigma of a heroin addict in society is no longer as prevalent.

... Heroin is “old school.” Ecstasy and crystal is “new school,” but heroin is becoming “new school” again – younger people are using it ... Heroin is less expensive than crack and lasts longer ... A couple of my best friends are heroin addicts. They would be in the bedroom and their kids would be crawling through the house by themselves – they weren't even aware that they had kids ...

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

Several participants stated that they have seen an increase in intravenous usage of heroin. Reportedly, the most popular method of administration is *smoking*. Given that snorting and injecting are traditionally more popular methods of administration in the United States, further investigation into claims that smoking is the most popular method of administration needs to be made for future reports.

... For younger kids, they usually snort it, older folks either smoke or move to injecting it ... the longer you do it, the more likely you will graduate to the needle ... a lot of people seem to be shooting it, but most people I hang with, smoke it ...

3. Other Opioids

Opioids currently popular in Cuyahoga County are Dilaudid, Vicodin, OxyContin and Demerol. Locally, several thefts and other instances of obtaining OxyContin illegally at pharmacies have been reported throughout the Cuyahoga County area. Police departments were unable to provide exact numbers of OxyContin-related incident reports but admit that OxyContin theft has not been as much of a problem as other prescription drugs (i.e., Vicodin). Prescription abuse is expensive, with the cost ranging from \$5 to \$45 per tablet and higher, depending on the

class of drug. OxyContin sells for approximately \$20 for a 20mg tablet and the price may vary according to supply and demand. The most popular method of procurement remains through the medical profession and medical system (e.g., repeat trips to the local emergency room, prescriptions from dentists and physicians, and utilizing prescriptions from elderly parents, siblings and friends). Focus group participants report that many abusers of opioids crush the tablets and administer the content intravenously in order to maximize the high. Furthermore, many participants felt that many individuals who abuse prescription drugs do this as a result of not being able to obtain other more powerful drugs (i.e., heroin, crack cocaine) because of lack of money and/or availability.

... Oxy is a white peoples drug – I never even heard of it until white peoples started asking me for it ... Oxy, Vics, Dilaudid's crushed up – those are all just the poor man's heroin ... When I couldn't get cocaine, just to have something up my nose I would get Percocet's and crush them up...

Many users of prescription drugs continue to be predominantly women in their early thirties, often times used in conjunction with alcohol. The second most popular user group is white males, ages 35 and older.

4. Marijuana

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

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

5. Hallucinogens

5.1 MDMA (ECSTASY)

All participants reported that use of hallucinogens (LSD, mushrooms) has increased with younger users (16 – 17 years old, early twenties), particularly at Raves. Adult users did not report a high utilization of hallucinogens. Ecstasy remains on the rise, mainly being utilized by younger users but is also popular with young, gay men. In the past, Ecstasy was described as a “party drug for rich, suburban white kids.” The majority of participants now state that Ecstasy is being used by every class and ethnic group. Mixing Ecstasy with other drugs (e.g., heroin, mescaline, and crystal meth) has reportedly become popular with users. Participants who have had experience with Ecstasy and the other so called “club drugs” report that individuals who use

these drugs do not feel that there are any harmful side effects associated with prolonged use – these drugs are considered “party drugs,” “lots of fun” that can enhance a “good time.” The price of Ecstasy remains relatively expensive—approximately \$25 a tablet; however, many users reported a drop in the price of the drug as its popularity has grown. Inhalants remain popular with younger users primarily due to ease of use and availability. Participants reported that the “club drugs” (Ecstasy, GHB, “Special K”) are readily available in any bar in the Flats district of Cleveland, at raves held throughout Northeast Ohio and at schools.

... Ecstasy can be a real calming drug – at raves, you see people giving each other massages because the touch and bodily contact is so greatly magnified – you get a tingling sensation all throughout your body ... Pure MDMA is the pure form of Ecstasy – it can be cut with stuff like heroin and crystal – depending on what it’s cut with will determine your high. Cut with heroin, you are going to be lethargic; mescaline or crystal, you’ll be jittery ...

6. Stimulants

6.1 METHAMPHETAMINE

An increase in methamphetamine usage has been reported throughout the state. Participants discussed the popularity of methamphetamines and the existence of “labs” in homes throughout the city. The manufacturing of methamphetamines appears to be popular because it is cheap to make and easy to sell. Participants reported that methamphetamine usage is popular with white individuals and the most common form of administration is snorting. There were no reports of “lab busts” throughout the city or in the outlying, rural suburbs.

... Meth is more of a white drug. Hippies and bikers produce it and then sell it to white kids ...

CONCLUSIONS

- Alcohol, crack cocaine, marijuana and heroin remain the most commonly abused drugs in the Cuyahoga County area. Alcohol and marijuana use is so widely practiced and accepted that both are not considered to be drugs by active users. Heroin and crack cocaine cross genders, race/ethnicity and age groups. A new user group consisting of white, urban, professionals has emerged amongst crack cocaine users. Heroin continues to be popular among younger users (ages 17–25), due to easy availability, relatively low cost and pleasurable high that is associated with heroin.
- The “club drugs” continue to enjoy increasing popularity among the area’s younger population. Ecstasy remains extremely popular, spreading well beyond its origin as a party drug for affluent white suburban teenagers to virtually every ethnic and class group. Based on participant reports, marijuana appears to have a strong presence in most schools, including the elementary schools in the area.
- OxyContin usage has received much media attention through Cuyahoga County – particularly in reports of OxyContin thefts from local pharmacies.

- A myriad of treatment barriers continue to exist for all the drugs discussed. These barriers include indigent reimbursement, lack of residential treatment programs and availability of intensive treatment and after-care programs. Participants who have been incarcerated feel that mandatory confinement and court ordered treatment programs can contribute to an individual's success in gaining sobriety. Detoxification programs are primarily available only if an individual is in physical distress (i.e., heroin or alcohol withdrawal) and are very limited, in terms of availability, location and length of stay. Reimbursement issues remain a tremendous challenge for the majority of users in terms of seeking treatment. Success with sobriety seems to be directly related to the individual's motivation and commitment to abstaining from substance abuse.

RECOMMENDATIONS

- The younger user (adolescents, early twenties) is not aware of or may be unwilling to believe that neurological side effects exist with the popular "club drugs" that are so prevalent amongst this user group. Education targeting this specific issue within this particular user group is necessary to assist to remove the benign "party drug" labels that these substances enjoy.
- Residential treatment programs are desperately needed for addiction treatment, following intensive inpatient and in conjunction with outpatient treatment. Transitional housing should be available for individuals recently experiencing sobriety for at least a period of 90 days. Furthermore, treatment programs must consider incorporating some type of "mainstreaming" of recovering addicts into society in an effort to reduce the rate of recidivism.
- There exists a paucity of educational programs that exist within the school curriculum that combats the continued increase of drug utilization among adolescents and younger children. The DARE program needs to be re-evaluated for effectiveness in reaching its target audience. Many participants recommend using both active and recovering addicts in the educational programs offered in the school system in an attempt to "reach" this population more successfully.

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

January 2001 - June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Randi Love, Ph.D., OCPSII, CHES

The Ohio State University
B217 Starling Loving Hall
320 W. Tenth Ave.
Columbus, Ohio 43210
(614)-293-3925
E-mail: love.45@osu.edu

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Abstract

Alcohol abuse and dependency continues to be the primary reason for drug treatment admissions. As previously reported, crack remains accessible and use was perceived as stable to increasing. Use was observed as increasing among adolescent and among older users. Heroin is available and of high quality. Treatment centers report an increase in adolescent admissions for heroin. OxyContin is gaining a presence in central Ohio, and use is expected to increase. Reports of methamphetamine use were mixed. Use may be increasing, but not dramatically. MDMA (ecstasy) continues to be popular among younger users, and treatment providers are seeing an increase in admissions due to Ecstasy use. Marijuana is plentiful and is generally considered benign and non-addictive.

INTRODUCTION

1. AREA DESCRIPTION

The City of Columbus has experienced significant growth in population over the past ten years. The Profile of General Demographic Characteristics, compiled by the Columbus Planning Office shows an 11% increase in population from 1990-2000. The current population is 711,470. Median age has increased from 29.4 to 30.6. White/Caucasians number 483,332 (67.9%); African Americans number 174,065 (24.5%); and Asians number 24,495 (3.4%). Hispanics were not categorized in this report.

Franklin County ADAMH Board

The Franklin County ADAMH Board issued a first year review of the system evaluation progress for adults receiving alcohol and drug treatment services from its provider network for the period of January 2000 through October 2000. Specifically, beginning in January 2000, 19 alcohol and drug network treatment providers were required to use the Addiction Severity Index as an outcome evaluation instrument to collect baseline and follow-up information from clients receiving treatment services. During the review period, 2,006 intakes and 168 follow-ups were collected. Findings indicate:

Demographics

Of the 2,006 intakes:

- 49.6% are white; 47.3% are African American; 0.8% are Hispanic; 0.5% are Asian.
- 69.2% are male; 29.2% female.
- The average age is 35 years old.

Prior History

Among the 2,006 intakes:

- 49% reported having prior alcohol treatment and the average was about 3 times; 47% reported having prior drug abuse treatment and the average

was also about 3 times; 22% reported having prior psychiatric outpatient treatment and the average was about 2 times; 14% reported having prior psychiatric hospitalization and the average was about 3 times.

- 9% reported having prior criminal convictions such as fines, probation, incarcerations, suspended sentence, and guilty pleas, and the average was about twice.
- A good number of intakes reported having lifetime misdemeanors. About 32% reported having disorderly conduct; the average was about 4 times; about 40% reported driving while intoxicated and the average was about 2 times; 42% reported having major driving violations with the average about 4 times.

30 Day Questions

Among the 2,006 clients, within 30 days before their intake assessment:

- About 22% reported that they were in a controlled environment (e.g., jail or alcohol/drug/mental health treatment centers that eliminated access to alcohol/drugs); averages for these clients are 18 days in the controlled environment.
- 27% reported that they had medical problems.
- 32% reported having alcohol problems for an average of 18 days in the past 30 days.
- 39% reported experiencing drug problems for an average of 18 days in the past 30 days.
- 34% reported having psychological or emotional problems for an average of 19 days.

Lifetime Use of Drug/Alcohol

Of the 2,006 clients:

- 85% reported alcohol use in their life for an average of 16 years; 69% reported using alcohol to intoxication in their life for an average of 13 years; 62% reported using cannabis in their lifetime for an average of 11 years; 50% reported using cocaine for an average of 8 years. Half of the intakes also reported using more than one substance for 11 years in their life.
- Lifetime substance use most often reported included alcohol, alcohol to intoxication, cannabis, multiple substance, and cocaine.

Past Month Use of Drug/Alcohol

Of the 2,006 clients:

- 53% reported using alcohol the month before intake for an average of 12 days; 33% reported using alcohol to intoxication for an average of 13 days; 27% reported using more than one substance for an average of 11 days; 26% reported cannabis use for an average of 20 days; 24% reported using cocaine for an average of 11 days.

- The substances most often reported being used in the past month before intake included alcohol, alcohol to intoxication, multiple substances, cannabis, and cocaine.

Lifetime Psychiatric Status

Among the 2,006 clients

- 45% of the intakes reported experiencing serious depression in their lifetime; 37% reported experiencing serious anxiety or tension; 31% reported having trouble controlling violent behavior; 27% reported having trouble understanding, concentrating, or remembering. These experiences were not generally considered as the direct results of substance use.
- 26% have been prescribed medication for psychological or emotional problems; 25% have seriously considered a plan for taking his/her life.

Past Month Psychiatric Status

Among the 2,006 Clients:

- 30% reported experiencing serious depression; 29% reported experiencing anxiety or tension; 23% reported experiencing trouble understanding, concentrating or remembering. These experiences were not generally considered as the direct results of substance abuse.
- 13% of clients had prescribed medication for psychological or emotional problems in the month before intake.

The data suggest that among these 2,006 intakes:

- Many clients reported typical living arrangements that were either unstable or in a controlled environment.
- Almost half of the clients had prior history of alcohol or drug treatment.
- 22% had prior history of psychiatric outpatient treatment; 14% had psychiatric hospitalization; 32% reported misdemeanors; 9% had prior criminal convictions.
- One third reported having alcohol, drug, or psychological or emotional problems in the month before intake.
- Most frequently reported substances include alcohol, alcohol to intoxication, multiple substances, cannabis, and cocaine.

Franklin County Schools Foundation for Prevention: Student Perspectives on the Use of Alcohol, Tobacco, and Other Drugs, and Violence

In March, the results of the 2000-2001 Primary Prevention Awareness, Attitude and Use Survey (PPAAUS) were released. Every three years this assessment is repeated; 2000 was the fifth occasion of this survey, and almost 76,000 students in public and private schools participated.

Alcohol

In Franklin County, 2% of the sixth graders and 7% of the seventh and eighth graders drank regularly (at least once a month). In ninth and tenth grades, 24% of students drank

regularly, and in eleventh and twelfth grades, 38%. Fifteen percent of juniors and seniors drank at least once a week. The average age of first use of alcohol for sixth graders was 10.1, for seventh and eighth graders 11.3, for ninth and tenth graders 12.9, and for juniors and seniors 14.2. Alcohol use declined in every grade from 1997 to 2000, bringing it to the lowest levels since the first survey was administered in 1988.

Marijuana

In sixth grade, an average of 1% of the students indicated using marijuana monthly or more often, and in seventh and eighth grades, 5% indicated regular use. In ninth and tenth grades, 16% of the students reported smoking marijuana at least once a month; 10% smoked at least once per week. Among juniors and seniors, 23% smoked marijuana regularly; 14% at least once a week. Average age of first use was 11.1 for sixth graders, 12.1 for seventh and eighth graders, 13.3 for ninth and tenth graders, and 14.4 for juniors and seniors. After a large increase in use from 1991-1994 in all grades, marijuana use remained fairly stable to 1997. In 2000, decreases in use were seen in all grades, to levels at or below the 1991 levels.

Cocaine, Designer Drugs

An average of one half percent of the Franklin County middle school students reported regular use of cocaine. One-half percent of the sixth through eighth graders and 3% of the ninth through twelfth graders reported using designer drugs at least once a month. From 1991-1997, cocaine use increased progressively by small percentages. In 2000, cocaine use dropped to levels approximately those of 1994. From 1997 to 2000, use of designer drugs has increased dramatically in grades eight through twelve.

2. DATA SOURCES AND TIME PERIODS

- **Qualitative Data** were collected in five focus groups and two individual interviews between March and June 2001. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2. Several individual interviews were conducted in conjunction with OSAM researchers, specifically focusing on MDMA. These interviews are not reflected in the tables.
- **Alcohol and Drug Abuse Data** are from the Franklin County ADAMH Board and report data gathered from February to October 2000.
- **Franklin County School Data** are from the 2000-2001 Primary Prevention Awareness, Attitude and Use Survey conducted by the Franklin County Safe and Drug Free Schools Consortium.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals
3/9/01	2	Narcotics Officers (CPD)
4/30/01	5	Treatment providers
5/15/01	2	Outreach workers
6/1/01	6	Active users; care providers
6/4/01	7	Users early in recovery

Individual Interviews

Date of Individual Interview	Active Drug User or Front-Line Professional
4/26/01	Outreach Worker
5/30/01	Club Drug User

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
5	22	2	24

Table 2: Detailed Focus Group/Interview Information

March 9, 2001: Law Enforcement

"Name"	Ethnicity	Gender	Experience
1	White	Male	Narcotics tactical unit; in narcotics for 13 years.
2	White	Male	Narcotics tactical unit, in narcotics for 12 years.

Recruitment Procedure: *Officers were recruited through a friend of the key informant.*

April 26, 2001: Outreach Worker

"Name"	Ethnicity	Gender	Experience
1	Black	Female	Outreach worker for the Sexual Health Team at the Columbus Health Department; has been there for 9 years running a program with prostitutes in the Franklin County jail.

Recruitment Procedure: *Colleague of key informant.*

April 30, 2001: Treatment Professionals

"Name"	Ethnicity	Gender	Experience
1	White	Male	Has been in treatment field for five years; 1 in Ohio.
2	White	Male	Worked in de-tox for 14 years.
3	Black	Male	Has been a clinical specialist for 20 years; currently works with adolescents.
4	Black	Female	Treatment professional for 5 years working with adolescents.
5	Black	Female	In the treatment field for 17 years; specializing in women's issues and culturally based programming.

Recruitment Procedure: *Called treatment facility and talked to clinical director.*

May 5, 2001: Outreach Workers

"Name"	Ethnicity	Gender	Experience
1	White	Female	Early intervention specialist and case manager; in current position for 3 yrs.
2	White	Female	Disease Intervention Specialist; started out as an outreach worker for NIDA; worked for health department for 8 yrs.

Recruitment Procedure: *Colleagues of key informant.*

June 1, 2001: Shelter for Persons with HIV and Addiction

"Name"	Age	Ethnicity	Gender	Experience
1	*	White	Female	Registered nurse and director of house.
2	32	White	Male	Client; former crack user.
3	46	White	Male	Not a user.
4	*	White	Female	Nurse for house.
5	35	Black	Female	Client, former crack user.
6	*	White	Female	Volunteer.

Recruitment Procedure: *Colleague referral.*

June 4, 2001: “Just For Today” Club (new in recovery or trying to stop using)

“Name”	Age	Ethnicity	Gender	Experience
1	40	Black	Male	Former crack user; clean for 20 months, volunteers for club.
2	39	Black	Male	Crack user; hasn’t used for 10 days; currently employed.
3	47	Black	Male	Alcoholic; still uses.
4	31	Black	Male	Crack addict.
5	52	Black	Male	Used heroin and Ritalin in the past; currently clean.
6	40	Black	Male	Claims currently clean.
7	66	Black	Female	Non-user; helping nephew get off drugs.

Recruitment Procedure: *Colleague referral.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

As previously reported, crack is plentiful, readily available, and varies in quality. Crack is frequently cut with Similac and baking soda. One user reported the drug is often cut with PCP or Ecstasy. One treatment provider reported that there was crack being sold that “crystallized” the user’s lungs, indicating that the drug was cut with something toxic. All sources agreed that there continues to be a high demand for this drug in all parts of the city. A crumb can be purchased for \$5.

According to the narcotics officers, crack is typically smoked in homemade pipes fashioned from retractable car antennae, packed with Chore Boy (scouring pad) or in glass pipes. A worker at the AIDS facility for IDUs commented:

My idea of heaven is to have Chore Boy back in my house to clean my skillets with, but I can’t have it back in my house because as soon as my clients see it, it triggers their use. Because they stuff it down in the glass pipe. In a lot of the UDFs and stuff, it is stolen so much by people using crack that they put it behind the register with the cigarettes.

Several sources reported that ‘kits’ are frequently sold at convenient stores and drive-throughs. Kits include a pipe and lighter, “everything but the crack” and are kept under the counter. Purchasers need only to ask for ‘a kit.’ One convenient store on the west side sells an artificial flower in a glass pipe for \$2.50, marketing it as ‘home décor.’ One outreach worker reported:

I took a girl who is in recovery and she stopped at the little corner store here...and she went in there, but they have little crack pipe kits that you

can purchase under the counter for \$10. You can just purchase it right there at the store. They just call it a kit.

Effects of crack use are devastating to individuals and society. The health department outreach worker who works with prostitutes in the county jail reported that almost all the women exclusively used crack.

Crack has such a hold on them that other drugs is not an issue for them. We use the term prostitutes. I don't like really calling them prostitutes. 'Cuz its not like what a real prostitute is. They're not at the convention center. They're only selling their bodies for crack. When they start sharing about that and I ask them do they want help or do they want to quit, their whole 'everything' change. They start crying. They say they can't quit. They don't even know how to start. It is amazing.

Treatment providers, outreach workers, current users and narcotics agents all agreed that crack use was stable or possibly on the rise. Treatment providers reported seeing more white adolescent female clients than in the past. Among this group, trading sex for drugs is the norm. Narcotics officers reported seeing more young people selling but not yet using, although use seemed to be increasing among adolescents. Also, agents claimed to have contact with an increasing population of older users, age 50 and up. An outreach worker concurs:

Older people are using it, older men. I say, 'can you tell me how long you been usin'?' and say it was somebody 45, they say, 'well, yeah, I started when I was forty.' And then even when I talk to them about their HIV, a lot of men who are saying, older men, who have just started using crack, with families, and then they're saying 'why am I still smoking that crack and having sex with prostitutes?'

This observation of older crack users is consistent with the January 2001 Columbus report.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powder cocaine is not as available as crack cocaine. As indicated in past reports, powder cocaine is seldom used by the street-level user and is considered more of a suburban drug. Treatment providers see few clients in detox who snort powder cocaine. Some users mix powder cocaine with heroin and inject it (speedball). All sources agree that crack cocaine has taken over. Narcotics officers report that the profit margin on crack is much higher than on cocaine in the powder form, so powder cocaine is typically rocked up for sale. Powder cocaine is still readily available however; one has to be 'closer to the source.' Treatment professionals indicate that they are seeing clients from the medical field. Quality was described as 'variable' to 'high.'

Narcotics officers report seeing a higher level of purity in recent months. Powder cocaine is selling for about \$20 for a tenth of a gram. Agents believe that use is stable. Data from the PPAAUS survey show that powder cocaine use has dropped to 1994 levels among middle and high school students.

2. Heroin

Previous OSAM reports from the Columbus/Franklin county region were variable on the use and availability of heroin. This remains the case. Outreach workers report a decrease in use, while users and narcotics agents report a ‘comeback.’ Heroin has increased in purity recently. Narcotics officers indicate that more users are smoking, while treatment providers report mainlining and speedballing. One treatment provider said:

You can tell when the quality goes down, half of detox will be heroin. They need some help with withdrawal. There’s a 6-month wait for methadone. When they hear something new has hit the streets, it’s a mass exodus that night. It doesn’t take long.

The detox unit in the treatment center reports an increase in younger users coming from the suburbs and shooting the drug. Street users concur, seeing fewer of the ‘old heroin addict.’ In contrast, narcotics officers remarked that they have seen an increase in older users.

We did a house last week on the week before and it was a person that we thought was supplying the house in their 30’s and everybody else was 60.

Narcotics officers commented on the ease with which heroin is trafficked:

You’ll get it in a piece of newspaper or a lottery ticket. Easy to pass. Easy to carry. Easy to discard. If you drop it, its just another piece of paper on the ground.

Heroin sells for \$20 a bindle (a hit), according to the officers.

3. Other Opioids

In past reports, participants have indicated a decrease in the availability of prescription drugs. Other drugs still appear to be more popular however, as one outreach worker said:

Depends on who you know. Every neighborhood has a pill lady or a pill person, someone who does that. If you’re out there in it, you know where to go.

According to narcotics officers, pharmaceuticals are making a comeback. Crack users occasionally use Dilaudid to bring them down. Officers are also seeing Percocet, and Percodan on the street. They are not seeing much OxyContin, but feel this drug will show up in central Ohio soon. Treatment providers have not seen any OxyContin use. However, outreach workers and users report that OxyContin is gaining a presence in this area:

It is prescribed by a lot of doctors who I don't think have a clue what they're prescribing and they're getting very strung out. And it's for pain. It's getting very big. You're going to start hearing a lot more about Oxycontin. I think what's happened with physicians, is that they like to write prescriptions for the newest thing out there.

Other opioid use reported includes Demerol and Tylenol, although these are seldom the first drugs of choice.

4. Marijuana

As previously reported, this drug is very available. Narcotics officers indicate that they are seeing houses that exclusively sell marijuana.

We had a house; a fire alarm went off about 3 weeks ago. The fire department shows up and the place wasn't on fire. It was vacant but in the basement there were about 200 plants. We see a lot of growth operations.

Officers report the price to be about 20 grams for \$20. They are seeing some Jamaican dealers in Columbus.

All participants reported that marijuana was very high quality (e.g., hydro) and is used by people of all ages and all backgrounds. Occasionally a joint is laced with cocaine (primo) or embalming fluid. Treatment providers and outreach workers say smoking blunts is a common practice for young people. If the filter is removed from a Black and Mild, the center can be filled with marijuana. This is called 'freaking.' Because the Black and Mild has its own distinct smell, the smell of marijuana cannot be detected.

Adolescent treatment providers were alarmed with what they see as an increase in marijuana use/addiction that is often paired with a bipolar disorder. These young people often choose not to use prescribed medication, but rather to treat the disorder with marijuana.

They all come in with the same problems, you know, acting out, cutting school, incorrigible. And all that is directly tied to when they started using marijuana.

Young people, in particular, do not recognize marijuana as potentially addictive. They do not recognize that the edgy and irritable behaviors they experience are associated with withdrawal.

All participants believed marijuana use is increasing. However, longitudinal PPAAUS data show that after a large increase in use from 1991-1994 in all grades, marijuana use remained fairly stable to 1997. In 2000, decreases in use were seen in all grades, to levels at or below the 1991 levels. Of course, this instrument only surveys young people in school, not out-of-school youth.

5. Stimulants

5.1 METHAMPHETAMINE

Since the last report, there seems to be a slight increase in methamphetamine use. Narcotics officers reported seeing it, but infrequently, labeling it as a 'west coast phenomena.' Outreach workers and treatment providers concur that use is increasing but not dramatically. All reported seeing young users and 'kids sell to kids.' One user said that it was available in all the gay bars.

Its effects are frightening, at times causing the user to engage in violent behavior:

It's very cheap and the high lasts longer. The last guy I had on crank tried to choke me to death. He was very sick, dying from AIDS, but he just got crank that day and he was laying lopsided in bed. Like a good little nurse, I went over at 3 o'clock in the morning and went to put him back in the bed. Then he went after me.

Street level users report they hear about methamphetamine 'all the time' but none had used or seen it. In summary, it appears that this drug is gaining somewhat in popularity, albeit slowly.

6. Depressants

6.1 TRANQUILIZERS

Narcotics officers and outreach workers describe prescription depressants as 'still around' particularly Ativan and Valium. An increase in the use of Soma was mentioned by one outreach worker. Users of this drug are primarily white. Typically, depressants are not the primary drug of choice, but rather used as a fall back when a preferred drug is not available.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Reports indicate that Gamma-hydroxybutyrate (GHB) is available and used primarily at raves; however, it is not as popular as Ecstasy in the party scene.

7. Hallucinogens

7.1 MDMA (ECSTASY)

Ecstasy continues to be very popular among college-age and younger people. Because its effects heighten the senses and increase the desire for social interaction, it is used in clubs, at raves, house parties, and small group settings. This diverges a bit from past reports in that raves were the venue of choice. A 22-year-old woman said:

Before, X was mainly a club drug. Now there are different groups of people becoming aware of it. It's more mainstream...very popular in high schools.

The cost per tablet ranges from \$20-\$30. There is a high correlation between Ecstasy use and techno music. Narcotics officers indicated that Russian immigrants are very involved in the sale of the drug and the control of the rave parties.

Despite the prevailing perception that MDMA is a harmless drug, some participants reported unpleasant experiences. Common after-effects included depression, fatigue and restlessness. The severity of consequences differed substantially among participants.

The times I've done it and nothing else, I haven't, other than that 'off feeling' the next day, suffered from a real depressed feeling like some people.

At the other extreme, two participants reported:

My body's not right for two days afterwards. I don't sleep right for the next two nights. I'm like, 'ugh.' That's what keeps me from doin' it more often. I know my body, and I know what it does. It's killin' my insides; I hurt that bad. I really do. I just ache getting' out of bed. Doing any kind of schoolwork is almost nonexistent.

I took one tablet and came home and smoked some pot and I woke up the next morning and I just literally felt I wanted to stay in bed all day and cry. It was a terrible, terrible feeling. To the point I was thinking something is really wrong and I need to go to the doctor. Finally, it went away.

Treatment providers remarked on the increase of clients reporting Ecstasy use and the propensity toward delinquent behavior:

They're coming into treatment. Because they just want to live out on the edge but they don't have the work skills. So they rob their parents, steal

anything; sell anything to acquire their drugs. That's why we're seeing more of them because their parents don't know what to do with them. You can't tell if they're under the influence of X. Once it hits the parents, they've been doing it for a long time. It probably takes the cops bringing them home because of something that happened. That's when it hits them. They're aware of it when it becomes acute.

Still, MDMA (ecstasy) is widely perceived as a benign drug. Reports of negative consequences are few and far between. No one reported knowing someone who he or she thought was dependent on MDMA (ecstasy). No participant was aware of anyone who entered drug abuse treatment because of a problem associated with Ecstasy use. Additionally, there were no reports of negative consequences in terms of employment, education, and personal relationships or of negative effects on cognition or memory. Expectations and reasons for using this drug include to have fun, feel good, enhance sensual experience, reduce inhibitions, and break down social barriers and feel closer to people – strangers and friends alike.

7.2 LSD/KETAMINE

As indicated in past reports, hallucinogen use is primarily confined to middle class adolescents and young adults. LSD is readily available as is Ketamine. Ketamine is still considered a rave drug. Narcotics officers commented that they had not heard any reports of psilocybin (mushroom) use, however outreach workers indicated that this drug is available.

8. **Inhalants**

Inhalant use continues to be associated primarily with white juveniles. Narcotics officers report seeing some inhalants and poppers. Treatment professionals concur as to the primary user group and assert that inhalants are seldom the drug of choice for juveniles in treatment. However, many of these young clients admit to a history of inhalant abuse, including substances such as Glade, Raid, freon, Wite-Out, and gasoline.

9. **Alcohol**

Alcohol continues to be the most abused drug in Columbus and Franklin County and accounts for a majority of treatment admissions. Alcohol is used in combination with other drugs. Narcotics officers describe an area close to a homeless shelter:

There were areas called the glass gardens because of all the 40-ouncers over there. Just thousands and thousands. In that area of town, it's cheaper to buy a 40 oz. bottle of beer than it is to buy a 30 oz. bottle of water.

One outreach worker commented that it seemed as though more kids were drinking at younger ages. The hard lemonade drinks are very popular with youth.

PPAAUS data do not corroborate this observation showing that alcohol use declined in every grade from 1997 to 2000, bringing it to the lowest levels since the first PPAAUS survey conducted in 1988.

10. Special Populations and Issues

10.1 DUAL DIAGNOSIS

Treatment professionals claim they are seeing more profoundly disturbed clients. Adolescents in treatment are almost all dually diagnosed. Often, they resist prescription medication.

They think if they on Zoloft, Paxil, that that mean that they crazy. So they're interpreting that as I'd rather be on marijuana than any type of psychotropic drug.

A high percentage of our clients are self-medicating. Could be because mental health funds are drying up. This causes a lot of problems for us, because if we take their drugs, they've got absolutely nothing. They're scared off.

ADAMH data indicate a high percentage of clients with psychiatric problems. Approximately 30% (591) of the intakes reported experiencing serious depression in the month prior to intake; 29% reported serious anxiety or tension; 23% reported having trouble understanding, concentrating, or remembering.

10.2 JUVENILE CLIENTS

Treatment providers mentioned some disturbing trends. They report an increase in young, white females who engage in prostitution to support their drug habits. These clients frequently relapse after treatment, suggesting that a different strategy may be needed for this group. Providers also mentioned the need for extended care for adolescent females.

As far as females, if FCCS (Franklin County Children's Services) is not involved, we have nowhere to send them.

10.3 TREATMENT AVAILABILITY

Opinions about treatment availability were mixed. Outreach workers, narcotics officers, and active users felt that treatment was readily available for the insured and somewhat accessible for the uninsured. However, the need for more and longer inpatient treatment and a mechanism to make a smoother transition from detox were emphasized. One treatment provider remarked:

Treatment is a joke. We don't have any, coming out of detox, I've got no place to refer 'em, the people who are the clients that we see. They ain't got nothing.' You see 'em 5, 7 days we're screaming to get them into a seven-day ambulatory program. You got one treatment program that you can refer to and that's Cannon Hall. Plus Cannon Hall's getting referrals from all parts of central Ohio.

Finding a place to stay during that transition period. It doesn't go right down the line anymore because there is no resources.

Regarding the dually diagnosed patient, a treatment professional said:

Big break point. You can be in detox for a week, but it can be 4-5 weeks before you can get a diagnosis. To get enough clarity to get a diagnosis. We have no way to cover those weeks.

CONCLUSIONS

- Crack cocaine remains plentiful and abuse of this drug continues to plague inner city communities. Powder cocaine is not as available as crack and is often rocked up for sale. Quality is described as 'variable' to 'high.'
- Heroin has increased in purity. Detox units are seeing an increase in younger heroin users from the suburbs who are shooting the drug.
- Marijuana is very available. Treatment providers are seeing increased numbers of clients who are addicted to marijuana. Adolescents are treating psychological disorders with this drug.
- Methamphetamine use remains fairly sporadic in central Ohio, but participants anticipated an increase in the near future.
- Ecstasy (MDMA) remains a popular drug for the younger user. It is not considered harmful by users although treatment providers are reporting increased use and a propensity toward delinquent behavior linked with this drug.
- Alcohol addiction accounts for the majority of clients in drug treatment programs.

RECOMMENDATIONS

- I. Interviews from this reporting period are fairly consistent with past reports. However, some observations may indicate emerging trends worthy of attention.
 - Crack use is reported as increasing among the very young and the older user.
 - Heroin use is increasing among suburban youth.

- Although there is little OxyContin and methamphetamine abuse at present, an increase in its popularity is anticipated by outreach workers and law enforcement.
- MDMA use remains popular and is increasing among younger users. Treatment professionals report seeing more young people in treatment who use club drugs.

II. Participant concerns included:

- Dually diagnosed clients continue to present a challenge to treatment providers. Even as the number of clients increases, staff is being cut. Services are described as 'fragmented.' New strategies need to be developed for and more resources dedicated to the dually diagnosed client.
- Treatment providers report an increase in addicted young, white females. Providers expressed a need for extended care for adolescents.

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

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

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

Wright State University
Department of Community Health
Center for Interventions, Treatment & Addictions Research
143 Biological Sciences Bldg.
3640 Colonel Glenn Highway
Dayton, Ohio 45435
USA
VOICE: (937) 775-2156
FAX: (937) 775-2171
E-mail: robert.carlson@wright.edu

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Abstract

Alcohol remains the area's most prevalent drug problem with the majority of drug abuse clients seeking treatment for alcohol. Among illicit drugs, crack cocaine is the primary reason for admission to drug abuse treatment programs in Montgomery County. Participants continue to report high levels of marijuana use among all ethnic groups and across a broad age range. The availability and abuse of MDMA (ecstasy) continues to increase among juveniles and young adults, especially those involved with raves or dance clubs. Although extremely popular, the abuse of OxyContin has reportedly decreased to some extent, primarily due to decreased availability of the drug. Methamphetamine abuse appears to have increased slightly in recent months as methamphetamine labs have become more prevalent. However, law enforcement seems to be keeping the spread of the drug to a minimum in the city of Dayton.

INTRODUCTION

1. Area Description

Named for Revolutionary War General Richard Montgomery, Montgomery County, in southwest Ohio, is home to 559,062 residents (2000 Census). Of these, 77.8% are white, 20.6% are Black, and 3.3% are other ethnic groups. The median household income is estimated to be \$37,174. Approximately 11% of people of all ages in Montgomery County are living in poverty, and approximately 17% of all children under age 18 live in poverty. Dayton, the largest city in Montgomery County, is a medium-sized city of 166,179 people (2000 Census). About 30% of the people in Montgomery County reside in the city of Dayton. Over 53% of Dayton's population are white, 43.1% are Black, and 3.4% are of other ethnicity. Montgomery County contains several other incorporated towns around Dayton. The largest of these towns are Kettering (containing approximately 10% 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 four focus groups and eleven individual interviews between January 2001 and June 2001. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.
- **Urine Drug Screening data** are from the Montgomery County Adult and Juvenile Probation Departments.
- **Emergency Room data** are from the Ohio Hospital Association.
- **Methamphetamine Lab Bust data** are from the Governor's Office of Criminal Justice Services.
- **Accidental Drug Overdose data** are from the Montgomery County Coroner's Office.

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.)
4/26/01	8	Juvenile Drug Court & Sheriff's Deputies.
5/8/01	4	Treatment providers, counselors, assessment specialists.
6/13/01	2	Active Drug Users.
6/20/01	2	Active Drug Users.

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
2/14/01	Active User.
4/27/01	Active User.
5/1/01	Active User.
5/8/01	Active User.
5/9/01	Active User.
5/22/01	Juvenile Court.
5/22/01	Lab Technician (urinalysis).
6/7/01	Active User.
6/11/01	Active User.
6/13/01	Active User.
6/25/01	Crime Lab Scientist.
7/12/01	Dayton Narcotics Detective.

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	16	12	28

Table 2: Detailed Focus Group/Interview Information

April 26, 2001: Juvenile Drug Court & Law Enforcement

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Female	5 years in AOD field; 2 years in Montgomery County juvenile justice system.
2	Black	Male	15 years in AOD/juvenile justice system; 1+ years as drug court manager.
3	Black	Male	Works with delinquent youth; 8+ years in current position.
4	White	Male	Law enforcement; school resource officer 3+ years.
5	Black	Male	Law Enforcement 10 years; 2+ years as school resource officer.
6	White	Male	Works with families experiencing school attendance problems with their youth; adult and juvenile probation officer 7+ years.
7	Black	Female	Juvenile probation officer approximately 1 year; 2+ years experience in probation department.
8	White	Male	10+ years experience in juvenile justice social services system.

Recruitment Procedure: *Participants were recruited through a contact from the Juvenile Probation/Justice System in Montgomery County. The contact was asked to recruit a diverse group of participants knowledgeable about drug trends in Montgomery County.*

May 8, 2001 Treatment Providers/Assessment Specialists

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	16 years experience in AOD field; 5 years at Montgomery County CrisisCare.
2	White	Male	16 years experience in AOD field—primarily with juveniles. Currently at a rural, juvenile TASC program.
3	White	Female	Treatment Counselor primarily working with adult females.
4	White	Male	1+ years experience in AOD field; primarily conducts Chemical Dependency education.

Recruitment Procedure: *Individuals were recruited by contacting various treatment agencies/programs in and around the Montgomery County area.*

June 13, 2001: Active Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	31	Black	Female	Drug of choice crack cocaine. Primarily uses crack by crushing it up and adding to marijuana.
2	53	Black	Male	Drug of choice crack cocaine. Has been using for several years—reports injecting crack cocaine for 20-25 years until the age of 45.

Recruitment Procedure: *The above participants were recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

June 20, 2001: Active Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	51	Black	Male	Drug of choice heroin. Using drugs for the last 32 years. Was a college student with approximately 3 years completed before experimental drug use resulted in problems and quitting school.
2	57	Black	Male	Drug of choice heroin. Heroin addict since age 17. Currently using 5-6 \$20 bags of heroin per day. Experimented with other drugs as juvenile and young adult.

Recruitment Procedure: *The above participants were recruited through use of a previously interviewed*

active drug user. The recruiter was given specific details on how to recruit the type of participants wanted for the focus group.

June 13, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	~45	White	Male	Drug of choice methamphetamine. Very knowledgeable in methamphetamine production—has history of meth abuse, production and sale. From California, now living in Dayton for 3+ years. Currently injects the drug.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

February 14, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	29	White	Male	Has experience using most drugs, excluding heroin.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

April 27, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
"1"	46	White	Male	Drug of choice OxyContin; also has extensive experience with other drugs including marijuana, methamphetamine, crack cocaine and prescription pain medications. Started using drugs at age 15.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

May 1, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	39	White	Female	Drugs of choice methamphetamine and crack cocaine; also has experience with other drugs including marijuana, Xanax and OxyContin.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

May 8, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	29	White	Male	Drugs of choice Marijuana and alcohol; also has used most other drugs.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

May 9, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	21	White	Male	Has used/experimented with most all drugs, but primarily uses marijuana, Xanax, alcohol and ecstasy.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

May 22, 2001: Juvenile Justice System (Juvenile Courts)

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Female	Several years experience in the juvenile justice system; Licensed Social Worker, CCD-C-III.

Recruitment Procedure: *The above participant was contacted directly.*

May 22, 2001: Juvenile Justice System (Lab Technician)

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Male	Several years experience providing urinalysis for juvenile probation department of Montgomery County.

Recruitment Procedure: *The above participant was contacted directly.*

June 7, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	44	White	Male	Has experience with (all) different drugs/medications but primarily uses heroin (injection) and alcohol. Works as a "roofer." Typically injects heroin twice a day. Injected crack at age 16 (as drug of choice).

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

June 6, 2001: Montgomery County Crime Lab Scientist

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Several years experience working in criminal justice field as crime lab scientist. Among other duties, performs analyses to identify illicit drugs.

Recruitment Procedure: *The above participant was contacted directly.*

June 13, 2001: Active User

"Name"	Age	Ethnicity	Gender	Experience/Background
1	28	Black	Female	Drug of choice marijuana; has been smoking marijuana since age seventeen.

Recruitment Procedure: *The above participant was recruited through use of an Outreach Worker knowledgeable about drug use and active users in the Dayton area.*

July 12, 2001: Dayton Narcotics Detective

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Currently a detective for the Combined Agency Narcotic Enforcement (CANE) in Dayton.

Recruitment Procedure: *An individual we interviewed for this report referred us to the above participant. The above participant was then contacted directly.*

DRUG ABUSE TRENDS

In collecting qualitative data for this report, we conducted fewer focus groups with active drug users and focused on interviewing active users individually or in small groups of two or three individuals that had a particular drug of abuse in common. Although more time consuming, we believe that these individual interviews and smaller groups allowed us to interact with the participants on a more personal level, thereby increasing the reliability of data obtained. Consequently, we believe that the resulting qualitative data, when coupled with the statistical

data gathered, has produced a richer, more detailed report.

1. Cocaine

1.1 CRACK COCAINE

Diverse sources of qualitative and statistical data have indicated consistently steady, high levels of crack cocaine abuse in Montgomery County since January 1999 when the OSAM Network first began monitoring drug trends in the State. In January 2000 we reported an emerging population of working class and professionals using crack cocaine and since that time we reported an emerging population of juveniles and young adults between the ages of 16 and 21 abusing the drug. While treatment providers, active users and law enforcement personnel report that crack cocaine abuse has “stabilized” among the adult population, law enforcement and active users continue to report an increased use of crack cocaine among a younger population. This increase is reportedly most notable among young black males and white females.

Statistical data support this “leveling off” of crack abuse among the adult population. Hospital emergency room mentions indicate that cocaine-related emergency room visits have dropped slightly from 7.7% in 1998 to 5.9% in 1999 (Exhibit 1). Drug-related accidental overdose deaths indicate a decrease in the presence of cocaine metabolites from 44.4% in 2000 to 40.6% since January 2001 (Exhibit 2). Despite this “leveling off” of crack abuse, among the illicit drugs, it remains the most common reason for treatment admission.

Treatment providers report that the majority of clients presenting to treatment for illicit drug use are abusing crack cocaine. One provider reported that at least 80% of the clients they serve have experimented with crack cocaine or report it as the primary drug of abuse. Two treatment providers reported a trend that they had recently begun to notice—long time female crack cocaine abusers switching to the abuse of heroin. At this time, we have no other data to corroborate this trend.

In our January 2001 report we noted that treatment providers perceived an increase in juveniles and young adults between the ages of 16 and 21 experimenting with crack cocaine. Since that time, active drug users, juvenile probation officers and law enforcement working in inner city schools have also reported an increase in the abuse of crack cocaine among juveniles and young adults.

Active users, treatment providers and law enforcement officers all perceive crack cocaine availability to be extremely high in the Dayton area. The availability of crack cocaine is an obstacle to many recovering crack cocaine addicts. Treatment providers explain that the high availability of crack cocaine makes it extremely difficult for their clients to remain abstinent from the drug. As one treatment provider explained:

“I mean so, it's not like you have to actually get in a car and go somewhere. You can step outside your door, is what a lot of 'em are saying and there it is. A lot of 'em [crack abusers] are saying that they had home delivery.”

Active users report that although crack cocaine is highly available, the quality tends to be very poor. One active user reported:

“You can go anywhere between here and 400 or 500 different places and get it [crack]. But, half of that’d be fleece...”

Active users reported that it was especially difficult to find good quality crack because of a significant bust of powder cocaine in April of 2001. The Dayton Daily News reported that police had found 20 kilograms of “professionally packaged” powder cocaine behind Welcome Stadium in Dayton, Ohio. With a street value of \$4 million, this was the second largest drug bust in Dayton history (*Dayton Daily News (DDN)*, April 10, 2001, pg. 1A). Active users report a gram of middle-grade crack cocaine sells for approximately \$50 - \$80, an eight ball (1/8 ounce) for \$150 and a ¼ ounce for approximately \$250.

As mentioned in prior reports, injection of crack cocaine continues to be present among a relatively small number of black and white injectors, but this practice does not appear to be increasing significantly. Injecting crack instead of cocaine HCL is believed to be less expensive.

1.2 COCAINE HYDROCHLORIDE (HCL)

Since OSAM began monitoring drug trends in Dayton, cocaine HCL abuse has been present in the area at low-to-moderate levels. The primary abusers of cocaine HCL have been black and white young adults ages 18 to 25 who are usually inhaling the drug. Although the prevalence of cocaine HCL has remained mostly consistent at fairly low levels since June 1999, some active users we interviewed perceived a recent increase in the abuse of the drug among teens and young adults. Cocaine HCL continues to be found particularly in the dance club and bar scenes. Active users who inject cocaine HCL only continue to be fairly rare.

Treatment providers continue to report low levels of cocaine HCL abuse among the clients they serve. A CrisisCare assessment professional estimated that only three percent of the clients that are assessed through CrisisCare report any abuse of cocaine HCL. Treatment providers stated that individuals reporting abuse of cocaine HCL report abuse to be infrequent, adding that cocaine HCL is typically used in conjunction with other drugs, particularly heroin in the case of “speedball” injectors or by users of other “club drugs.”

Law enforcement, drug court personnel and juvenile probation officers all agreed that cocaine HCL abuse among the clients they serve is uncommon. One drug court official estimated that only one or two youth out of the approximately 75 juveniles involved in drug court report the abuse of cocaine HCL. Statistical data from juvenile probation urinalysis results confirm this perception (Exhibit 3). Drug positives for cocaine have dropped from 2.7% in 2000 to 2.2% since January 2001, making it the least common illicit drug detected among juveniles involved in Montgomery County probation.

About half of the active drug users we interviewed reported a slight increase in the abuse of powder cocaine—most notably among young, suburban youth between the ages of 16 and 18 years of age. However, other active users we spoke with indicated that cocaine HCL abuse and availability had leveled off in recent months. As one active user reported:

“Yeah, you don’t, you don’t much get powder any more... it’s usually rocked up.”

Emergency Room mentions for cocaine have dropped slightly from 7.7% in 1998 to 5.9% in

1999 (Exhibit 1). Similarly, accidental overdose deaths involving cocaine dropped from 44.4% in 2000 to 40.6% in 2001 (Exhibit 2). It should be noted that cocaine HCL and crack cocaine could not be differentiated in the statistical data, and we suspect that many of these overdose deaths are associated with crack cocaine use.

Active users reported decreases in the price of the drug since January 2000. Currently, an eight ball (1/8 ounce) sells for \$100 - \$150, an ounce for \$700, and a gram for approximately \$50 – \$80.

2. Heroin

Between June 1999 and January 2001 we reported consistently increasing levels of heroin abuse in Montgomery County. At times, active users we interviewed described this increase as a “new epidemic.” As reported in our last OSAM report, treatment providers only noticed this increase since June of 2000. During that period one drug treatment agency nearly doubled its population of heroin abusers receiving drug treatment.

Since our last report, treatment providers perceived no change in the availability or abuse of heroin. Treatment providers suggested that typically the increases in heroin abusers to drug treatment programs are a result of some *environmental* change and not necessarily as a result of an increase in individuals abusing the drug. As one provider explained:

“Usually there's some sort of, uh, change environmentally that causes folks to get some treatment. So either, uh, there's a shortage, so people are startin' to do somethin' different, and then get into treatment. Or they, uh, an increase in law enforcement so they bring, they get more people, or... really good heroin hit the streets, then a lot of people overdose, and then, come in through the medical side of the thing. So, usually that's when you get the big rushes of treatment.”

In contrast to reports about “environmental changes” made by treatment providers, law enforcement officials and active users continue to report an increase in the abuse of heroin. Active users perceive this increase to be most prominent among young adults between the ages of 18 and 25. “Chasing the Dragon” (heating the drug on aluminum foil with an open flame until it begins releasing smoke and then inhaling the smoke through a straw) as a route of administration has reportedly been increasing in recent months among this younger population. Active users suggested there has been an increase in heroin abuse among white individuals, especially in the middle-class. However, we do not have other data to substantiate this observation.

Data from the Miami Valley Regional Crime Lab indicate a decrease in accidental overdose deaths showing positive for opiate drugs from 63.5% in 2000 to 56.3% since January 2001 (Exhibit 2). Urine positives for opiates among juveniles and adults involved with Montgomery County probation have increased from 1.5% to 2.5% and 12.4% to 13.2%, respectively since 2000 (Exhibits 3 & 4).

Active users report heroin availability and quality have fluctuated greatly in the past six months. A gram of heroin sells for approximately \$200—this price is slightly lower than as reported in our last report.

3. Other Opioids

In June of 1999, active users described oxycodone long-acting (OxyContin) as a “new” drug that warranted future monitoring. In January 2001, we reported that it appeared that the nationwide OxyContin abuse epidemic had clearly emerged in the Dayton area. Both active users and treatment providers reported alarming increases in OxyContin abuse during that time.

In the past six months treatment providers, law enforcement personnel and active drug users all perceived significant increases in the abuse of OxyContin in the Montgomery County area. Juvenile probation officers believe OxyContin abuse among juveniles has not yet become as popular as it has among adults. Probation officers state that the youth they work with are just now beginning to hear about and abuse OxyContin. All participants reported that the drug is popular primarily among individuals of white ethnicity. One white, active user we interviewed had this to say about the popularity of OxyContin:

“I mean, they were just, “what are those [OxyContin]? But now you mention them, and by the time you find out who’s got ‘em, they’re gone...when you mention OxyContins everybody knows about ‘em out there now.”

The Dayton Daily News, reported in February of 2001 that OxyContin abuse had become a significant concern for law enforcement in and around Montgomery County (*DDN*, February 11, 2001, pg. 8B). On February 13, 2001 the Dayton Daily News reported on two separate accidental overdose deaths directly related to the abuse of OxyContin (*DDN*, February 13, 2001, pg. 1C). The first incident involved a 16-year-old male and the second involved a 29-year-old female.

Further supporting the perceived increase in abuse of OxyContin in Dayton, scientists working for the adult and juvenile probation urinalysis labs report increases in opiate positives that they partly contribute to OxyContin abuse. Among adults involved in Montgomery County probation, urine positives for opiate drugs has increased from 12.4% in 2000 to 13.2% since January 2001 (Exhibit 4). After remaining relatively stable between 1.1% and 1.5% since 1997, positives for opiate drugs increased to 2.5% since January 2001 among juveniles on probation in Montgomery County (Exhibit 3).

Although OxyContin is reportedly very popular in Montgomery County, many active users perceived a significant decrease in the availability of the drug. Active users we spoke with contributed this decrease to heightened awareness of the drug (e.g., accidental deaths, pharmacy burglaries) as reported in local newspapers and television news programs. This has reportedly prompted physicians to substantially limit the situations for which they prescribe the drug.

The price of an OxyContin tablet has remained very high. A 20-milligram tablet sells for \$20, a 40-milligram for \$40 and a 60-milligram for \$60.

OxyContin appears to have made a significant impact in Montgomery County. Increased demand for the drug paired with its high potential for physical dependence, makes future monitoring of the OxyContin epidemic crucial.

Another opioid drug, Vicodin (hydrocodone), although still popular among users, has

reportedly dropped off slightly in popularity in recent months. This is extremely difficult to substantiate. Treatment providers and active users state that individuals abusing Dilaudid (hydromorphone) or Ultram (tramadol) are infrequently seen.

4. Marijuana

Since its inception in 1999, the OSAM Network has consistently reported high levels of marijuana abuse in Montgomery County, increasing slightly each year. This abuse has been perceived as present among an ethnically diverse population of users and across a broad age range. In our last report, treatment providers reported an increase in clients coming to treatment exhibiting withdrawal symptoms resulting from marijuana abuse, and an increase in clients being referred to residential treatment for marijuana abuse. In the past six months active users, treatment providers and law enforcement personnel we interviewed reported a “leveling-off” of marijuana abuse in the area, but still remaining at very high levels. Excluding alcohol and tobacco, marijuana remains the most socially acceptable drug in Montgomery County.

Treatment providers estimated that approximately 45% of the clients they serve report marijuana as a drug they use on a regular basis. One treatment provider working in a rural area near Dayton stated that marijuana was the primary drug of abuse (over alcohol) among the juveniles he serves. In addition, this provider estimated that 40% of his clients abuse marijuana regularly, and the remaining 60% abuse marijuana at least twice a week.

Juvenile probation officers and drug court personnel estimated that between 95% and 98% of the juveniles they serve claim marijuana as their drug of choice. Moreover, adding to the perception that marijuana is very socially accepted, these participants reported an increase in the prevalence of juveniles and parents abusing the drug together.

Further supporting perceptions of high levels of marijuana abuse, urinalysis data indicate a slight increase in positives from 56.5% in 2000 to 57.9% in 2001 among adults on probation, and from 86.4% in 2000 to 87.1% in 2001 among juveniles (Exhibits 3 & 4). In addition, the incidence of cannabinoids found among victims of drug-related accidental overdose deaths has increased substantially so far this year from 11.1% in 2000 to 21.9% since January 2001 (Exhibit 2). It should be noted that these deaths are not the result of marijuana overdose per se, but that cannabinoids were found in addition to other drugs when autopsies were performed.

Active users report that the price of marijuana has decreased since January 2001. An ounce of high quality marijuana sells for approximately \$150 - \$200 an ounce and \$1400 - \$1900 a pound. Mid-range marijuana costs approximately \$110 - \$120 an ounce. Users perceive the quality of marijuana to vary greatly, but insist that good quality marijuana (or better) can easily be found in Montgomery County.

5. Stimulants

5.1 METHAMPHETAMINE – A Rapid Response Focus

Introduction. Methamphetamine is a powerfully addictive central nervous system stimulant that results in increased activity, decreased appetite and a general sense of well being. Limited medical uses for methamphetamine include the treatment of narcolepsy, attention deficit

disorder and obesity. Although primarily seen in western regions of the United States, methamphetamine has made a significant presence eastward in recent years in both urban and rural areas of the US. Because methamphetamine offers its users a longer high (6-24 hours, depending on dose) at a lower price than crack cocaine, crack cocaine users often view methamphetamine as an attractive alternative. As we reported in June 1999, some crack users in Dayton reported using crank in place of crack because it was less expensive and even as a means to stop using crack.

Rapid Response. Given the varying reports of methamphetamine abuse in Ohio and Governor Bob Taft's expressed concern over the increased presence of methamphetamine in Ohio, the OSAM Network made the investigation of methamphetamine a *Rapid Response* initiative for this period of reporting. In doing so, we aggressively pursued various sources of methamphetamine-related data in an attempt to gather as much information as we could about the drug—presenting a clearer picture of the extent of methamphetamine abuse in Montgomery County.

Manufacture. Methamphetamine is relatively easy to manufacture using readily available ingredients (nasal inhalers; pseudoephedrine), and various *recipes* are easily accessible on the Internet. One recipe, "The Tried and True Home production Method for Methamphetamine," claims that methamphetamine hydrochloride can be produced in about three hours with the following ingredients: hydrochloric acid (also known as muriatic acid and available at hardware stores as driveway cleaner), sodium hydroxide (drain cleaner), ethyl ether (made from "starting fluid") and 12 Vicks® nasal inhalers that contain propylhexedrine (web site address). As we reported in June 1999, one active crank user described the process of manufacture in the following words:

You take the cotton out of the inhaler. You get a Pyrex heat proof dish like you make pies in. You put the inhaler in there, and you take that little thing the inhaler comes in and you fill it up three times with water. You go to the hardware store and get some muriatic acid that is used to clean bricks with, and you let that soak. You squeeze the cotton out, take the cotton out of it, and you get it boilin', you keep tippin on, on the heat__you gotta have a gas stove to do it. And then you put about three drops of that muriatic acid in there, and you keep tippin' it, and tippin' it, and then when it cooks all down, it looks like it's clear and sticky? You just set it aside and let it cool off, and when it cools off it's all powdered."

Background. In the 1960s and '70s, methamphetamine or "crank" was known as a "biker's drug" that was often brought into Dayton from southern California and Canada. It was often injected intravenously. In June of 1999, we reported that after a period of relative scarcity, crank appeared to be regaining popularity in the Dayton area. An active user commented at that time, "It's made such a big comeback anymore. It's everywhere anymore. You can go anywhere in Dayton and buy crank." However, law enforcement officers and treatment providers were not seeing an increase in methamphetamine abuse at that time.

In January of 2000 we reported that the presence of methamphetamine in Dayton had declined and could even be described as rare. The decrease in abuse was related to law enforcement busts of major local labs—people were simply unable to obtain the drug. In the January 2001 report, treatment providers continued to report only a very small incidence of methamphetamine abuse among the clients they served. However, Dayton narcotics officers

reported a significant increase in the prevalence of methamphetamine labs. In fact, officers we interviewed at that time were not optimistic about being able to continue to control the spread of methamphetamine in the Dayton area.

January 2001 – June 2001. Over the past six months, active users and law enforcement officers perceived a steady increase in the availability and abuse of methamphetamine. Active users also reported that methamphetamine was relatively easy to find, but that availability tended to fluctuate greatly because the police have been aggressively targeting methamphetamine production in the area. When asked about the availability of methamphetamine, one young active user replied:

Interviewer: How hard is that stuff, crank, methamphetamine, to get right now?

Active User: Oh, that's like the easiest thing you can get now.

Interviewer: You're kidding? Crank, methamphetamine?

Active user: Crystal meth. But it burns your nose a lot worse than coke does, it really tears your nose up.

Interviewer: And so, the crank, would you say that's increasingly common?

Active User: Yeah, that's what people are usually trying to get a hold of.

Interviewer: Among what age group?

Active User: Eighteen to maybe twenty-five, twenty-six.

We interviewed seven active drug users knowledgeable about methamphetamine, and each of these individuals personally knew at least five additional methamphetamine abusers residing or near Montgomery County. Likely a result of the intense effort by law enforcement to prevent the spread of methamphetamine, many of the methamphetamine users we interviewed were wary and distrustful of our intent to “just learn more about methamphetamine abuse in Montgomery County.”

Treatment providers have also noticed an increase in the abuse (or at least experimentation) of methamphetamine among the clients they serve. Although only a small increase, an assessment counselor for CrisisCare stated that clients reporting the use of methamphetamine increased from zero to one percent in 2001. A treatment provider working in rural areas surrounding Dayton reported that he had seen a substantial increase in the abuse of amphetamine drugs, but not methamphetamine specifically. He further speculated that these individuals would be abusing methamphetamine once they were able to easily access the drug.

All participants agreed that abusers of methamphetamine are typically white individuals between the ages of 18 and 35. The most common route of administration is by smoking the drug, although some users will inhale or inject the drug. One active user reported the price of methamphetamine is \$20 for a ¼ gram and \$35 for ½ a gram, and \$180 for an 8-ball (1/8 ounce).

Further supporting an increase in methamphetamine abuse in the Dayton area are the increasing number of lab busts. As seen in Exhibit 5, between July 2000 and April 2001 two methamphetamine labs were busted in Montgomery County. The neighboring counties of Greene and Warren totaled nine methamphetamine lab busts during that same period. In addition, several lab busts have been reported in the Dayton Daily News. In May, 2001, three individuals were arrested for operating a meth lab in a local hotel room (*DDN*, May 3, 2001, pg. 3B). Another methamphetamine lab bust occurred in June which involved the arrest of a 22-

year-old male (two other suspects fled the scene) manufacturing methamphetamine in a Kettering, Ohio, apartment (*DDN*, June 28, 2001). On July 6, 2001, during the time this report was being written, a 41-year-old white male was arrested after police learned of and raided his methamphetamine manufacturing operation. The lab was set up in an old farm in nearby rural Darke County.

The odor that is produced when manufacturing methamphetamine often alerts law enforcement to the presence of a lab. As a result, individuals manufacturing methamphetamine sometimes set up *mobile labs* in vans, or will set up a lab temporarily in a hotel room—just long enough to manufacture a batch of methamphetamine. Active users and law enforcement officers report that there has been a significant increase in mobile labs. One crime lab professional we spoke with stated that the increase in mobile labs in recent months has made it particularly difficult for law enforcement to track and arrest individuals making the drug. In an effort to increase the effectiveness of law enforcement efforts, Ohio recently passed House Bill 7 which increases the penalties for possession of materials used to manufacture methamphetamine.

Although it appears that less sophisticated methamphetamine labs which produce “bathtub crank” are the primary source of methamphetamine in Montgomery County, one active user reported that more elaborate methamphetamine manufacturing operations are being set up with increasing frequency. These labs are reportedly run by gangs who set up business fronts which enable them to legally obtain large quantities of the chemicals (e.g., red phosphorus, toluene) needed to produce the drug without appearing suspicious. Labs are also often housed in old farm buildings in remote rural areas.

Health Risks. The health risks associated with methamphetamine abuse extend beyond those experienced by abusers. A narcotics detective we interviewed stated that a major concern over the manufacturing of methamphetamine is the safety of nearby civilians and officers responding to methamphetamine labs. Because of the manufacturing process and extremely volatile chemicals involved in that process, fires and/or explosions can result—injuring innocent, unsuspecting civilians in nearby homes, apartments or hotel rooms. The detective also stated that because of the dangerous chemicals involved, the Drug Enforcement Agency (DEA) has to be called in to help disassemble and clean up methamphetamine labs. In addition, the toxic risks for users are substantial.

Conclusion. At the present time, the availability and abuse of methamphetamine might be considered a “cat-and-mouse” game between law enforcement and active users. However, there are indications that law enforcement is not able to keep up with local production of the drug and that abuse is increasing slightly. This is indicated by the increasing use of “mobile labs” and production in rural areas. What happens in the future is largely dependent on whether availability of the drug increases. On the one hand, the possibility that gangs are now involved in local production of the drug indicates that supply and subsequent abuse has the potential to increase substantially. This is particularly true if a steady widespread distribution network is set up through which methamphetamine produced outside of Dayton is regularly shipped in. On the other hand, the crack-cocaine market may serve as a kind of buffer to keep methamphetamine out of the local scene—or maintain it at low levels. It is not to the financial benefit of crack-cocaine distributors to have a steady supply of methamphetamine in the region.

Given that methamphetamine affords the abuser a longer, less expensive high than crack

cocaine, and the potential for violence that is associated with abuse of the drug, Dayton may find itself struggling with a substantial new drug problem in the future. As such, effective drug prevention efforts targeting methamphetamine abuse need to be instituted swiftly, and the situation needs to be monitored closely. Whether the drug will ever become common among Blacks is also another extremely interesting research question.

6. Depressants

5.1 TRANQUILIZERS

Since June of 1999 tranquilizer drugs such as diazepam (Valium), lorazepam (Ativan) and alprazolam (Xanax) have been easily accessible and somewhat prevalent among users in Montgomery County. In our last report, treatment providers voiced their concern over a growing population of individuals taking these tranquilizer drugs over relatively long periods of time. This was particularly alarming given that individuals can become physically dependent on these drugs. Since our last report, active users report that the prevalence of Valium has dropped off slightly, whereas Xanax continues to increase in prevalence.

Statistical data representing accidental overdose deaths indicate an increase in benzodiazepine mentions from 30.2% in 2000 to 37.5% in 2001 (Exhibit 2). Urine positives for benzodiazepine drugs remained relatively unchanged for juveniles in 2001 at 3.0%, and increased slightly to 2.6% for adults (Exhibits 3 & 4).

The price for a 1mg tablet of Xanax is approximately \$3 and a 2mg tablet sells for between \$5 and \$7.

5.1 GAMMA-HYDROXYBUTYRATE (GHB)

Gamma-hydroxybutyrate (GHB) availability and abuse has been somewhat rare in Montgomery County. In our last report young, active users perceived a slight increase in abuse among youth and young adults, particularly among college students and youth attending raves. Since that time GHB abuse and availability appears to have once again become relatively rare in Montgomery County. As one young, rave-attending participant stated when asked about the availability of GHB:

“No, not in the last six months. That was hard to come by too. That was only around for a little while, and they’d have a bottle and pass it out to everybody, if you wanted to do it, you could have some.”

7. Hallucinogens

The presence of hallucinogenic drugs such as LSD and psilocybin mushrooms has continued to exist in the Dayton area at a relatively low prevalence. In our January 2001 report, young adults (18-25) perceived an increase in hallucinogen abuse, particularly among young individuals associated with the rave scene.

Most treatment providers and law enforcement professionals did not perceive any change in the availability or abuse of hallucinogens in the past six months. However, one treatment

provider who works with juveniles residing rural areas surrounding Montgomery County stated that he had seen a significant increase in LSD abuse in recent months. This increase has been so significant that his agency is reportedly considering testing juveniles for the presence of this hallucinogenic drug.

5.1 MDMA (Ecstasy)

Since January of 2000 we have reported significant increases in MDMA (ecstasy) abuse among juveniles and young adults in Montgomery County. Both national and local interest in ecstasy is clearly evident from the increase in televised news programs, and newspaper and magazine articles presenting information about the drug.

Juvenile probation officers, law enforcement officers and drug court personnel report continued increases in ecstasy abuse. When asked how large of an increase in ecstasy abuse they had seen in the past year, one probation officer responded,

“Huge increase, 120%... More kids are usin' it, more kids are trying it. And a couple of more kids have died.”

Several juvenile probation officers perceived this increase to be especially evident among females. Furthermore, these probation officers believed that some of their young female clients (ages 16-18) were exchanging sexual favors with older males (ages 25-30) for ecstasy and other “club drugs.” However, we have no other data to confirm this observation.

Adding support to the perceived increase in ecstasy abuse among juveniles, statistical data from urinalysis tests conducted on Montgomery County juveniles involved in probation indicate a 3.3% increase in amphetamine positives since 2000 (Exhibit 3). Although this increase cannot be exclusively contributed to ecstasy because other amphetamine drugs are included in this category, a Montgomery County Juvenile Probation urinalysis lab technician believed that ecstasy is the primary reason for that increase.

Treatment providers continue to report rare use among adult clients (less than 1%), but did confirm an increase in abuse among juveniles and young adults. Individuals abusing ecstasy are almost exclusively young, white suburban youth between the ages of 16 and 25. A 20-year-old Kettering, Ohio, male died in March after consuming ecstasy and ketamine at a rave in Chicago that he learned of via the Internet (*DDN*, 2001).

Active users report that ecstasy is readily available in the Dayton area. Typically the drug is purchased in dance clubs or raves. However, participants also report the drug is traded within schools. An ecstasy tablet typically sells for between \$15 and \$20. One young active user familiar with the club and rave scene stated that ecstasy tablets (sometimes referred to as “rolls”) can sometimes sell for as much as \$30 each when purchased within a club or rave where supply can be limited.

Along with the increase in MDMA use, there has been an expansion in the contexts in which the drug is taken. The most popular settings are still dance clubs and raves. Rave attendance often involves traveling to nearby large cities where raves are frequently held, including Columbus, Cleveland, Indianapolis, Chicago, and Detroit. In addition, MDMA is now often taken at house parties, ranging from long-term planned events made similar to dance club

settings to typical “keg-like” house parties, sometimes called, “rolling parties.” Other settings of use include various small group settings, such as parks, lakes, beaches, concerts, in high school, or even just out “cruising” at night.

7.2 KETAMINE

The prevalence of ketamine in Montgomery County has fluctuated substantially since we began reporting on it in January of 2000. At that time ketamine was reportedly gaining popularity among the youth of Montgomery County, and the drug was easily accessible. However, since June of 2000 ketamine availability has been considered rare in Dayton—sporadically available to young users involved in the rave scene or dance clubs.

In our last report we reported that nationally, several US cities had seen an increase in robberies of veterinary clinics, specifically for the drug ketamine. Law enforcement officers did not report such incidents in Dayton at that time. However, since that time Montgomery County veterinarians have experienced at least two such incidents. As reported in the Dayton Daily News, 14 units (10 milliliters each) of ketamine had been stolen from a veterinary hospital. About two weeks later the same hospital had another 10 vials of ketamine stolen. Ketamine was the only item stolen in both instances—no other substances or property were taken (*DDN*, May 30, 2001, pg. 6B). One active user had this to say about the availability of ketamine:

“Guys gettin' little, uh, vials of it. And you know they're from a pharmacy. They got all the information and the bar codes and all that on 'em.”

Young active users we spoke with believed that the prevalence of ketamine among the younger population (ages 18-25) had remained relatively low in the past six months. Active users stated that ketamine cannot typically be purchased off the street. Availability tends to be restricted to dance clubs or raves. Likely due to its rare availability, most active users we spoke with were unfamiliar with the current cost of ketamine.

8. Inhalants

Inhalant abuse has been and continues to be limited to young, white juveniles. The abuse of inhalants is difficult to identify and active users tend to only abuse inhalants in the absence of other *more sophisticated* drugs. All participants we spoke with had little to report on the abuse of such chemicals.

9. Alcohol

Among adults, alcohol continues to be the primary reason for drug abuse treatment in Montgomery County. Treatment providers report that approximately 75% of all the clients they serve report alcohol to be a problematic drug for them. Of that 75%, half consider alcohol to be their drug of choice. A treatment provider working with juveniles believed alcohol abuse had decreased slightly among the youth he served. As he stated, juveniles seem to be using marijuana more frequently in place of alcohol because when under the influence of alcohol they tend to be more “behaviorally out of control” whereas marijuana makes them more subdued and

less likely to exhibit behaviors that will get them into trouble:

“Well a lot of our kids found out they aren’t wrapped too tight if they go out and get drunk... you know...moderation is not a word that’s known to them. And they found out that their behaviors tend to get them busted a bit more quickly than if they’re smokin’ pot.”

10. Special Populations and Issues

10.1 JUVENILE DRUG AND ALCOHOL TREATMENT PROGRAMS

Juvenile Probation officers and drug court personnel were especially concerned over the small number of available treatment programs for juveniles in Montgomery County. Participants explained how there were numerous treatment programs available to adults, but that only three or four drug and alcohol programs existed for juveniles. Further complicating this issue, residential treatment programs for females do not exist in Montgomery County.

10.2 DRUG AND ALCOHOL TREATMENT ACCESS

Treatment providers, active users and juvenile probation officers all reported that time to access drug and alcohol treatment can be a barrier for some individuals. Probation officers stated that CrisisCare was an essential service to getting many of their juvenile clients into treatment. Juvenile clients can typically become involved in outpatient drug and alcohol treatment within one week (inpatient treatment access is somewhat longer) when CrisisCare is utilized. However, if a juvenile client has private insurance CrisisCare is not involved and access to treatment can take as long as three months.

Treatment providers and active users stated that access to treatment for heroin abusers is an issue because of the length of time it takes to get a heroin abuser into treatment. Both active users and treatment providers suggested that once a heroin abuser makes a decision to pursue treatment, that treatment needs to be immediately accessible. Otherwise, because of the withdrawal symptoms associated with heroin abuse, a heroin abuser will most likely become re-involved with the drug and change his or her mind about treatment while waiting for access to a treatment program.

10.3 DRUG AND ALCOHOL EDUCATIONAL MATERIALS

Treatment providers and probation officers believed up-to-date information about emerging drug trends and populations was crucial. For example, knowing paraphernalia related to certain drugs (e.g., straight shooters, glow sticks), characteristics of emerging drug using populations, and new drug-related slang (e.g., “rolling”, “chasing the dragon”) would help these professionals to identify drug abusers and get them help. Currently, treatment providers and probation officers feel they are often times unprepared to identify new groups of drug abusers and only learn of these populations many months later.

Both groups of professionals requested that educational materials be made available for their clients. Participants believed that videos in *documentary* format were most effective with clients. Videos presented in a *lecture* format to the viewer were perceived as much less

effective, especially when being used with juveniles.

CONCLUSIONS

Crack cocaine remains the most devastating illicit drug problem in the Dayton area. Active users and law enforcement personnel believe crack cocaine abuse has leveled off among the adult population, but increased slightly among younger individuals.

Cocaine hydrochloride (HCL) continues to be prevalent at very low levels in Montgomery County. Typical abusers of cocaine HCL tend to be young adults between the ages of 18 and 25.

The increase in heroin abuse that was reported in January 2001 appears to be continuing in the area. Active users and law enforcement perceive this increase to be primarily restricted to young adults ages 18 to 25. Treatment providers did not perceive any changes in heroin abuse since January 2001 and partially contributed last period's perceived increase to environmental changes related to the abuse of the drug.

The popularity of OxyContin continues to escalate in Montgomery County. However, the availability of the drug has reportedly decreased. Perhaps due to the popularity of OxyContin, Vicodin has reportedly declined in abuse in recent months. The abuse of Dilaudid and Ultram are perceived as rare.

Marijuana remains very prevalent and highly acceptable in the Dayton area. The abuse of the drug is evident among all age groups and ethnic groups. Some participants we spoke with who work with juvenile clients perceived marijuana to be at least as popular and socially acceptable as alcohol.

Methamphetamine availability appears to have been kept under some control by law enforcement during the past six months. Active users report that it is fairly difficult to obtain the drug in Montgomery County, but that access to the drug has increased slightly in recent months. The incidence of *mobile* methamphetamine labs is increasing.

Alprazolam (Xanax) is reportedly very available and continues to increase in abuse. Valium is perceived as less popular than Xanax among individuals abusing these benzodiazepines.

The presence of hallucinogenic drugs such as LSD and psilocybin remain in the Dayton area at relatively low levels. However, in one rural area outside of Montgomery County, the abuse of LSD has reportedly increased significantly among juveniles involved in the criminal justice system.

Law enforcement, juvenile probation officers and active users all report significant increases in the abuse and availability of ecstasy (MDMA). Abusers of this drug continue to be primarily white juveniles and young adults between the ages of 16 and 25. Abuse of the drug is typically associated with dance clubs or raves, but abuse outside of these venues is expanding.

Ketamine availability in Dayton fluctuates significantly. Active users reported low availability of the drug over the past six months.

Inhalant abuse is typically limited to young juveniles abusing these chemicals in the absence of more *sophisticated* drugs.

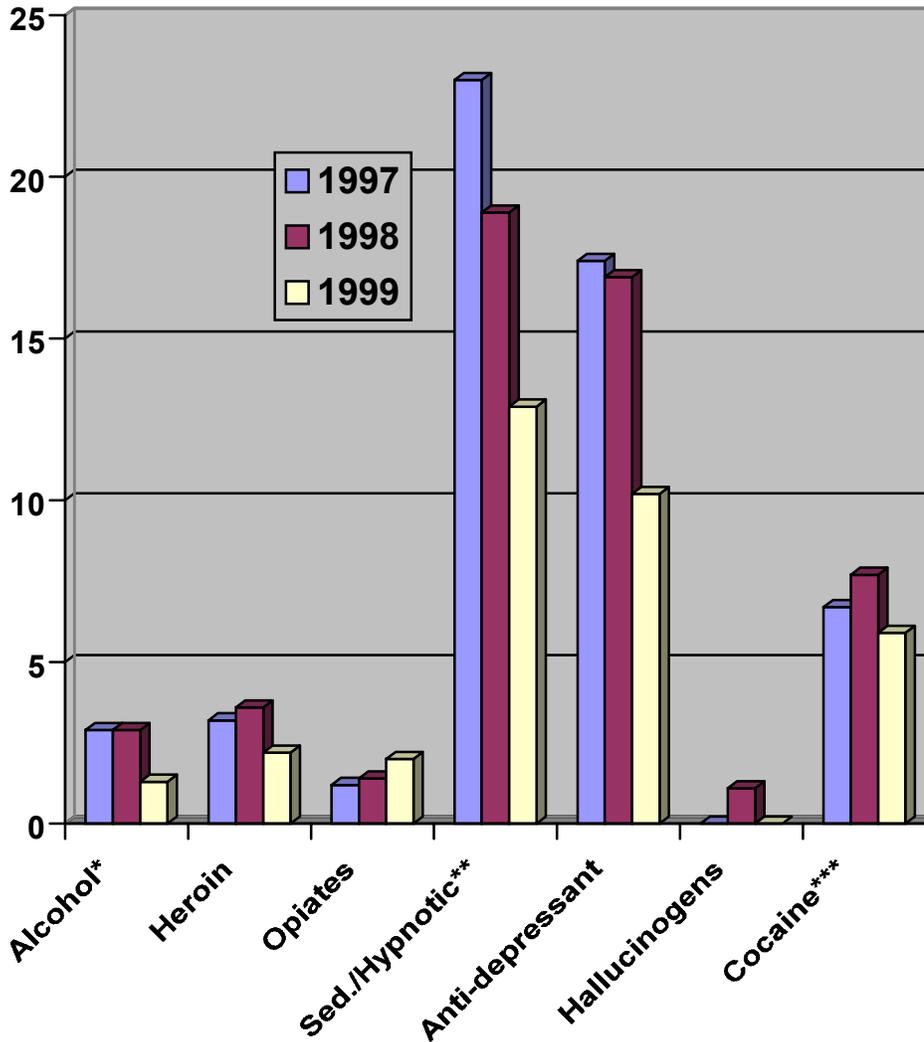
As the primary reason for drug treatment, alcohol remains a significant problem for many adult residents of Montgomery County. The social acceptability of the drug undoubtedly increases the likelihood of abuse among many individuals.

RECOMMENDATIONS

- I. Our investigation indicates some emerging populations and drug trends that warrant further attention in the Dayton area.
 - Participants perceived an increase in crack cocaine abuse among young black males and white females.
 - Recent increases in cocaine hydrochloride have been noticed among teens and young adults.
 - Heroin abuse appears to be increasing among young adults between the ages of 18 and 25. A perceived increase in middle-class, professional whites abusing heroin was also noted, but not corroborated.
 - Oxycodone long-acting (OxyContin) continues to become increasingly popular. However, availability of the drug seems to have decreased somewhat in recent months.
 - Methamphetamine availability is reportedly increasing slightly, but has continued to exist at low levels in Montgomery County.
 - MDMA (ecstasy) continues to increase in availability and abuse at alarming rates.
- II. The following recommendations were expressed by participants:
 - Treatment providers and active users stated that quicker access to drug treatment is needed for heroin addicts, given the painful withdrawal symptoms associated with heroin abuse.
 - Juvenile probation officers reported that the number of available drug treatment programs for juveniles is too limited when compared to adult programs. Moreover, residential treatment programs are needed for female juveniles.
 - All participants believed that up-to-date drug abuse and prevention materials were needed. These materials should include documentary style videos, especially targeting a young audience.

EXHIBITS

Exhibit 1: Emergency Room Mentions Montgomery County



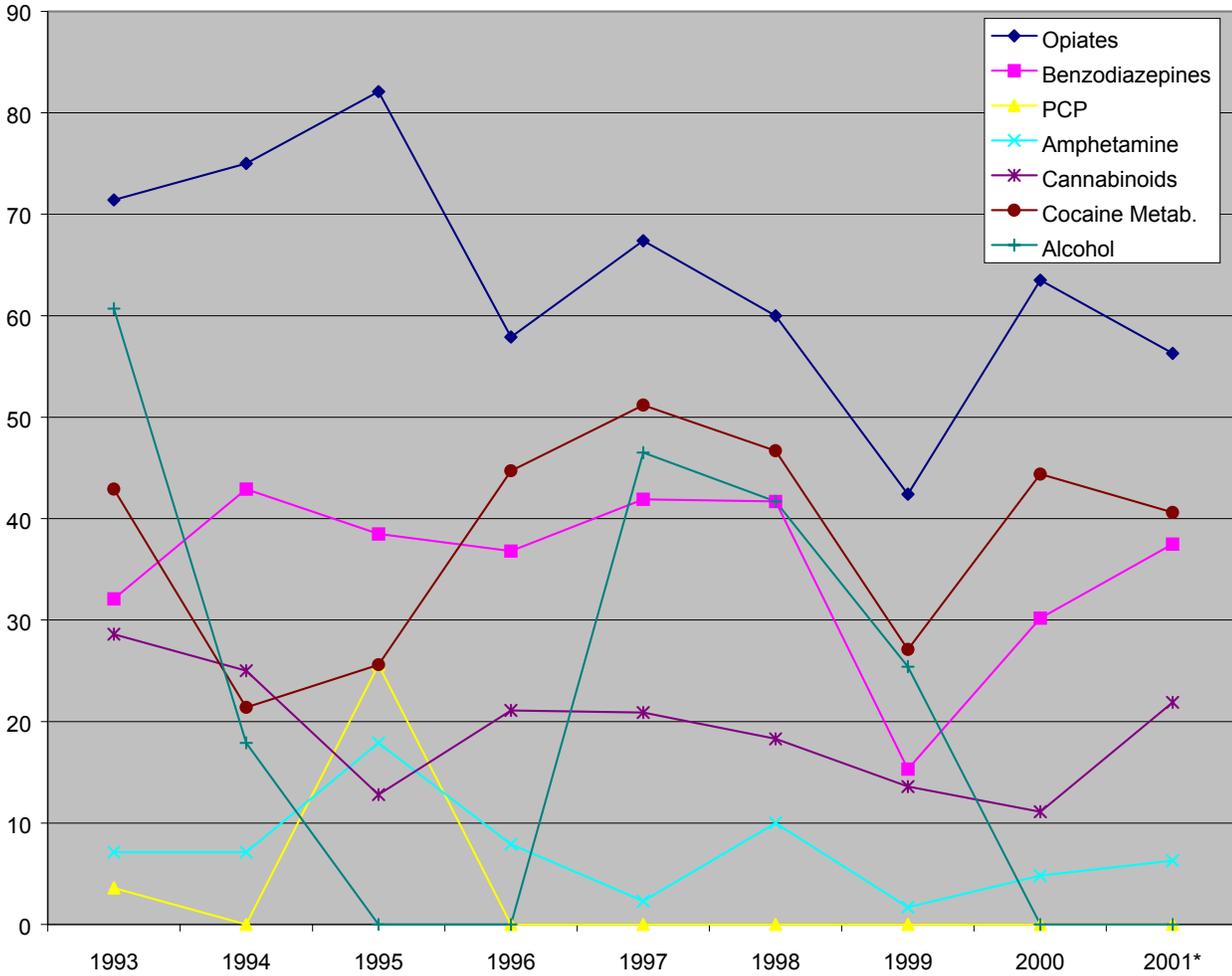
*Includes Acute Alcohol Intoxication and Toxic Effect Ethyl Alcohol.

**Includes Barbiturates and Benzodiazepenes.

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

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

Exhibit 2: Accidental Drug Overdose (Montgomery County Coroner's Office)

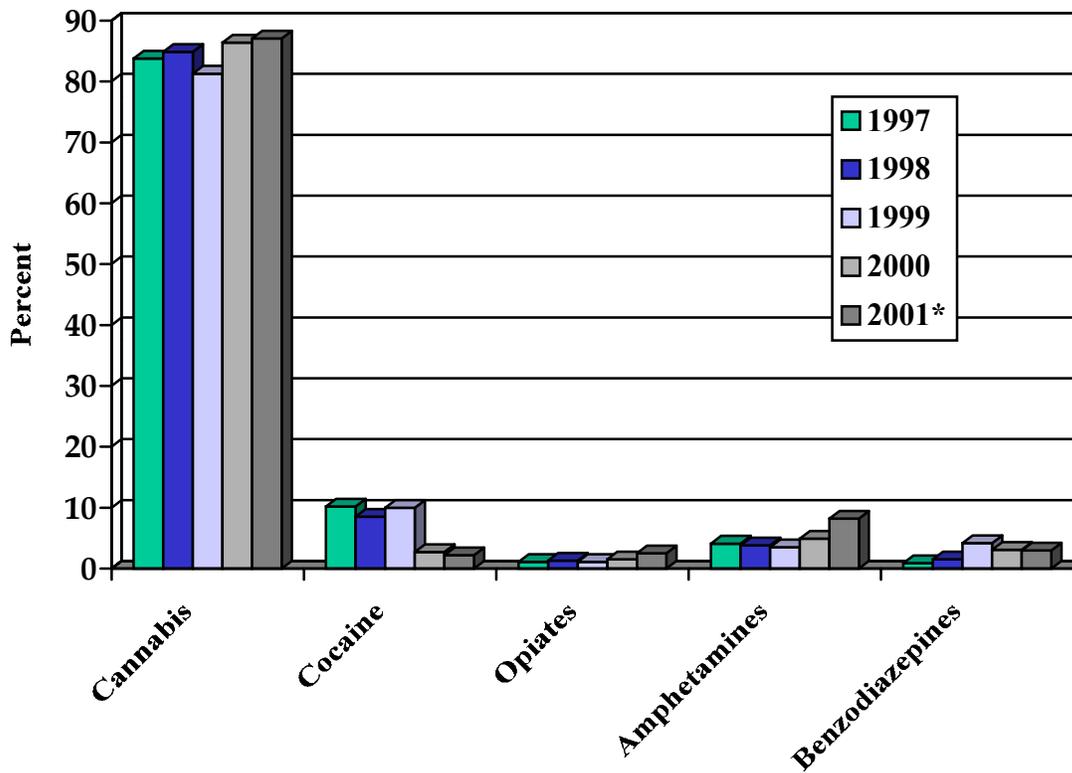


Note: Data represent percentage of mentions for each drug category.

* Represents data from January 2001 to June 4, 2001.

Exhibit 3: Drug Positives

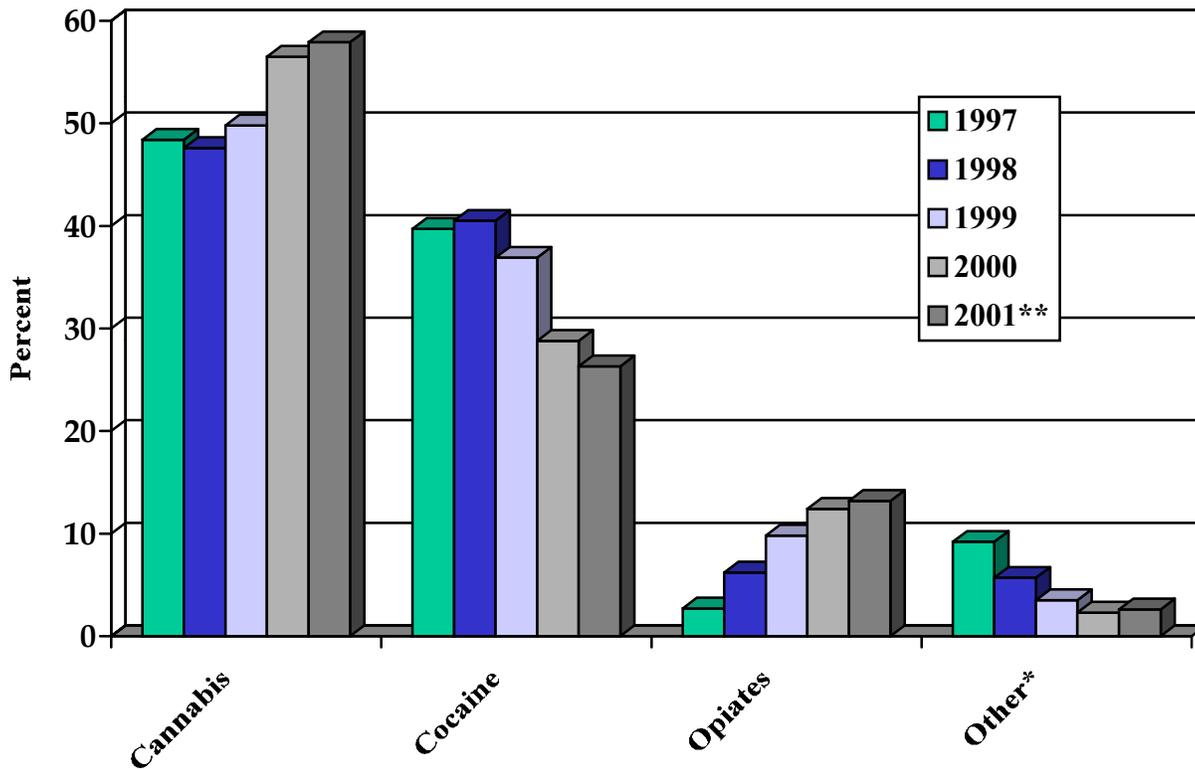
Montgomery County Juvenile Probation



*Represents drug positives from January 1, 2001 to April 30, 2001.

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

Exhibit 4: Drug Positives Montgomery County Adult Probation



* Includes amphetamines, barbiturates, benzodiazepenes and alcohol.

**Represents drug positives from January 1, 2001 to May 31, 2001.

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

Exhibit 5: Methamphetamine Lab Busts

July 2000 - April 2001



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

January 2001 - June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Christian Ritter, Ph.D

and

Kathleen Brennan, M.A.

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

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Abstract

The information provided by the participants in focus groups and individual interviews conducted 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). Powder cocaine is available and continues to be used among those who can afford it. Crack cocaine is extremely available and continues to be widely used. While lower in prevalence, concern was expressed about the increasing use of painkillers and methamphetamines. Little is known about heroin use, and depressant use. PCP is virtually unheard of. There were increasing reports about the misuse of medically prescribed as well as illegally obtained opioids and some concern about methamphetamines. Once again, the availability and use of painkillers appears to be increasing among a wider population than previously reported.

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

INTRODUCTION

The information provided by the participants in the focus groups and interviews is presented in the following report. Participants in the focus groups and interviews were asked about their perceptions of price and use patterns of the array of illicit drugs. The goal of this research is to attempt to learn about drug use trends from the perspective of users and other well-informed individuals.

1. Area Description

Portage County has a population of 152,061 (2000 census). About 94.4% of this population is European American, 3.2 % African American, .02% Hispanic, and 1% Asian American. In 1995, the median household income was \$37,825. In terms of poverty rates, 8.9% of the population was below the poverty line (12.9% of those under 18 years of age and 10.7% of related children 15-17 were in families in poverty). In 1990, 79.3% of the population had graduated from High School and 17.3% had graduated from college. In 1996, the unemployment rate was 4.4%. Interviews took place in Kent, which has a population of 26,833, and in Ravenna, which has a population of 11,961 (1998 estimates).

Lake County has a population of 227,511 (2000 census). About 95.4% of this population is European American, 2% African American, about .01% Asian American, and about 2% Hispanic American. In 1995, the median household income was \$40,364. In terms of poverty rates, 5.7% of the population was below the poverty line (8.6% of those under 18 years of age and 7.0% of related children 5-17 were in families in poverty). In 1990, 81.1% of the population had graduated from High School and 17.5% had graduated from college. In 1996, the unemployment rate was 4.4%. Mentor has a population of 49,227 (1998 estimates).

Trumbull County has a population of 225,166 (1999 census). About 90.2% of this population is European American, 8% African American, about .01% Asian American, and about 1% Hispanic American. In 1995, the median household income was \$34,487. In terms of poverty rates, 11.2% of the population was below the poverty line (18.5% of those under 18 years of age and 11.4% of related children 15-17 were in families in poverty). In 1990, 75.2% of the population had graduated from high school and 11.4% had graduated from college. In 1996, the unemployment rate was 6.2%. Warren has a population of 46,866.

Two focus groups and three interviews were conducted between June 14, 2001 and July 18, 2001 with a total of 9 participants. One of the focus groups/interviews took place in Kent, one took place in Ravenna, one took place in Mentor, and two took place in Warren. The focus group in Kent included a high-ranking member of the Western Portage County Drug Taskforce. The focus group in Ravenna consisted of a group of users who have recently begun treatment. An interview was conducted with an official of the Lake County Narcotics Agency. We also interviewed a high-ranking member of the Trumbull County Drug Taskforce and conducted a focus group with users who have recently begun treatment. The data contained in this report were gathered through successful completion of five focus groups that were audio-taped and summarized.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Description	Location of Focus Group
6/21/01	4	Active Drug Users.	Warren
7/18/01	2	Active Drug Users.	Ravenna

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, social worker, chemically dependent individual)	
6/14/01	Western Portage County Drug Task Force Officer.	Kent
6/18/01	Trumbull County Drug Task Force Officer.	Warren
6/19/01	Lake County Drug Task Force Officer.	Mentor

Totals

Total number of focus groups	Total number of focus group participants	Total number of individual interviews	TOTAL number of participants
2	6	3	9

METHODOLOGY

Participants for this round of assessment were either interviewed in previous rounds of this study or were identified via previous interviewees. New participants were identified by previous contacts and interviewed based on their knowledge of the subject matter, their willingness to participate, and their availability to be interviewed.

We began this round of the project by contacting Portage, Lake, and Trumbull County treatment providers and police officers we had established contact with in previous rounds of the study. These individuals informed us of the extent of their knowledge regarding recent drug trends and patterns in their respective county, with a particular emphasis on their knowledge of methamphetamine use and availability in these counties. Some of these individuals who said that they were knowledgeable about methamphetamines were interviewed again. Those without any such knowledge referred us to others in their areas that they believed to be knowledgeable. These referrals were contacted and interviewed if they were knowledgeable, willing, and available to participate.

The officer representing the Western Portage County Drug Task Force was interviewed in a past round of the OSAM project. He was knowledgeable about patterns and trends of drug use in Portage County. He referred us to an officer of the Trumbull County Drug Task Force, who was also interviewed. This officer had knowledge of drug patterns and trends in Trumbull County as well as Portage County. The police and DEA officers representing Trumbull County in past waves of the project were contacted but were unable to be interviewed again due to availability. The Lake County officer from an earlier wave of the study referred us to the officer who represents Lake County in the current round. The officers from Trumbull and Lake County are both affiliated with the Ohio Bureau of Criminal Investigation.

Interviews with users in treatment were attained through treatment provider contacts from earlier waves of the study. Treatment providers in Portage County and Trumbull County were contacted and interview times were scheduled with clients who were knowledgeable and willing to participate. The size of the two groups was determined by the number of clients available to be interviewed. Several interviews with Lake County users in treatment were scheduled and later cancelled by the treatment provider contacted. Several attempts to contact other treatment providers in the Lake and Geauga County area were also made, but they were either not knowledgeable of the subject matter or were not available for interview.

Several attempts were made to contact police reporters for major newspapers in the Portage, Trumbull, and Lake County areas. These reporters were either unable to be contacted or were not knowledgeable of the subject matter. One reporter referred us to the prosecutor's office in Portage County. However, the prosecutor was not available for interview.

DRUG ABUSE TRENDS

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL)

Law enforcement officers and users in the Portage, Lake, and Trumbull County areas agree that powder cocaine is readily available in their areas. Officers and users in Portage and Lake County areas agree that the availability of powder cocaine has increased in the past six months. Officers and users in Trumbull County state that trends of availability have remained consistent over the last six months.

Officers and users in Portage and Lake County agree that the quality of powder cocaine is quite good. Both groups state that the drug sells for about \$100 a gram. This price has been consistent over the last year. Officers and users in Trumbull County state that the quality of the powder cocaine in the area is poor. Both agree that the cocaine is more than 50% cut with other products. Officers in Trumbull County state that an ounce of powder cocaine costs \$1200. Users in Trumbull County state that powder cocaine costs \$25 for a ¼ gram.

Officers in Portage County state that there has been a recent trend to sell powder cocaine to crack users. The crack users then convert the powder cocaine into crack themselves. According to the officers, this is practiced because the legal penalties are higher for crack. For example, a dealer will be charged with a first-degree felony for selling an ounce of crack. The same does not hold for powder cocaine sales. If the dealer gets caught selling powder cocaine, s/he will experience less severe consequences than if s/he is caught selling crack cocaine.

The methods of administering powder cocaine include snorting, smoking, ingesting, and injecting cocaine dissolved in water.

For the most part, officers and users agree that powder cocaine is becoming more evenly distributed among people of different racial, gender, and socioeconomic backgrounds. However, there was still some perception that powder cocaine is more of a white, young (20's-40's), suburb-related drug. Users in Ravenna and Warren also stated that the age of powder cocaine users is decreasing to middle school and high school students.

Officers and users agree that there is generally not a problem accessing treatment for powder cocaine abusers. However, they note that treatment often does not work because people return to the same environment that they were in before treatment where they are faced with the temptation to use again. Users also state that recovery is difficult to maintain because of the physical withdrawal problems.

Officers in Portage and Trumbull County state that some powder cocaine users are moving away from cocaine and switching to other drugs such as crystal meth.

1.2 CRACK COCAINE

Officers and users agree that crack cocaine is more available than powder cocaine. Most agree that the use of crack cocaine continues to be steadily increasing in their area.

The quality of crack cocaine depends on who is making it. Officers and users agree that crack sells for less than powder cocaine. In Warren, crack costs around \$1000-1100 per ounce but is available in any amount desired.

The primary method of administration is smoking crack. However, users in Warren state that crack users sometimes lace tobacco cigarettes or marijuana joints with crack.

Officers and users agree that crack users are more likely to be young, lower income (urban) blacks. However, there is also agreement that the population of crack smokers is becoming more diverse.

Treatment for crack cocaine addiction is available in the Portage and Lake County areas. However, officers and users acknowledge that crack is an extremely addictive drug and therefore very difficult to quit. Officers and users in Trumbull County state that treatment is not readily available for crack addicts. Officers state that addicts are sent to prison where they receive no treatment. When they come out of prison they go right back to the drug. Users state that there are treatment issues with the distinction between Alcoholics Anonymous and Narcotics Anonymous treatment groups. These groups are very segregated in terms of the way the group members think of their addictions. Therefore it is important to have both types of group available for addicts.

2. Heroin

Officers and users from Portage County state that heroin is slightly available but that most heroin users attain the drug from outside of the county. Officers and users in Lake and Trumbull County state that heroin is not really available at all, although users in Warren state that heroin availability is increasing to some extent.

The quality of heroin in Portage County is generally good, while it varies in Trumbull County by who is selling it. In Portage County, heroin costs around \$10-20 a bindle.

The primary method of administering heroin is injection, although users in Warren state that a lot of younger users prefer to snort the drug because of the stigmatized nature attached to “shooting up.”

Users in Portage County state that heroin users are generally older, while users in Trumbull County state that heroin users are younger. Users in Trumbull County and officers in Portage County state that they have heard that some heroin users are beginning to use other drugs such as crystal meth or OxyContin because they are less expensive to purchase, they produce a stronger, longer lasting effect, and “coming down” effects are not as severe.

3. Other Opioids

Officers and users agree that OxyContin is currently the most popular painkiller in their respective counties. Vicodin, Percocet, and Percodan are also popular in their counties. All of these are available in the three county areas. Availability has been increasing in the last six months, although officers in Lake County state that availability is not as much of a problem as the media has portrayed it to be.

There is no variation in the quality of these manufactured pharmaceutical drugs. OxyContin tablets cost from \$.50 to \$1 per milligram. They are available anywhere from 20 to 160 milligrams. Therefore, taking these can become an expensive habit. Vicodin, Percocet, and Percodan cost around \$3-5 per tablet.

Methods of administration include ingesting and crushing and injecting or snorting. Many people take these when they are consuming alcohol. It is important to note that the outer time-release coating must be removed for it to work all at once. The coating may be sucked off, melted off, or the pill may be crushed.

Officers and users state that the population of opioid users is becoming more diverse. However, users in Warren state that more women abuse opioids than men. Everyone interviewed agreed that there are doctors who prescribe opioids such as OxyContin too readily and incorrectly. Therefore, people who initially receive prescriptions for legitimate reasons may become addicted to painkillers. According to users, painkillers are especially dangerous because they hook people who have no history with drugs (i.e., people who have it legitimately prescribed for pain) and the people are not aware of the problem until it is too late.

Users state that treatment for opioids can be very difficult because of the physical and psychological dependence.

4. Marijuana

Officers and users agree that marijuana is extremely available in their counties. All concur that availability is at least consistent if not steadily increasing. Officers and users state that the reason that marijuana is so available is because of the general perception that it is not a harmful drug. Marijuana users cannot be distinguished by demographic background, although the age of marijuana users is decreasing.

The quality of marijuana available in each county depends on how much one wants to spend. Very good quality marijuana is available but it can be expensive, costing anywhere from \$300-500 an ounce. The primary method of administration is smoking.

Treatment is available for marijuana, although many people do not consider marijuana an addictive drug. Users state that recovery is not difficult as long as the user wants to quit using marijuana.

Officers state that they are frustrated with trying to control the sale of marijuana because the State and Federal courts make it very difficult to adequately charge marijuana sellers and users because of changes in legislation pertaining to marijuana. They state that the legal ramifications need some consideration, though, because they view marijuana as a gateway drug.

5. Stimulants

5.1 AMPHETAMINES

Officers and users agree that amphetamines such as speed are readily available. However, they also state that they are not as popular as they once were.

5.2 METHAMPHETAMINE

Officers and users in Portage and Trumbull County agree that methamphetamines are becoming increasingly available in their areas. Officers in Lake County state that they are available, but not as available as in neighboring counties. Officers from all counties state that there has been an increase in meth labs within the jurisdiction of their county and they agree that methamphetamines are going to be a big problem in the near future. This perception stems from the highly addictive and physically harmful nature of the drug as well as the instability of the chemicals that are used to produce it.

Officers and users state that methamphetamines are replacing powder and crack cocaine use. This may stem from the cost of the drug (\$100 for an eight ball (1/8 ounce)) and its high availability. Recipes and ingredients to make methamphetamines are relatively easy to access, although most people do not make it themselves because of the volatile nature of the chemicals involved.

The primary method of administration is snorting or smoking. Users state that younger people are more likely to take methamphetamines, especially those affiliated with the club drug scene.

Users state that methamphetamine treatment and recovery can be tricky because the need for the drug is so extreme. According to them, psychological recovery can be worse than physical recovery.

7. Depressants

Officers and users identified the following depressants: Valium (diazepam) and Gamma-hydroxybutyrate (GHB). Users stated that Valium is usually taken by middle-aged and older women and is obtained through a prescription. However, they are available on the street for \$2-5 a tablet.

In general, those interviewed either had little knowledge about these drugs or they agreed that they are not readily available or in demand in their area.

8. Hallucinogens

Officers and users in Portage and Trumbull County state that hallucinogens (specifically mushrooms, ecstasy, and acid) are available if the buyer is well connected. The availability of hallucinogens comes and goes in spurts. One user stated that hallucinogen availability is seasonal. However, when they are available, the demand is usually pretty high. Ecstasy was identified as the only drug in this group with increasing popularity.

Hallucinogen use is often connected to the rave/club drug scene. Acid (LSD) comes in liquid, paper, and gel tab form. Generally, acid costs \$5 a hit.

Users of hallucinogens tend to be younger (High School/college age) and white. Participants agree that because most hallucinogen users do not develop a habit, treatment is usually not utilized.

9. Inhalants

Officers and users agree that inhalants are available in the area, but are mostly used by junior high kids who are experimenting and cannot access other drugs. There was general agreement that nitrous oxide is most prevalent among college students.

10. Alcohol

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

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

11. Special Populations & Issues

Officers in Portage County state that there has been a resurgence of steroid sales in the past six months. Because steroids are thought of as a specialty drug (in terms of the group that uses them), these sales often remain very hidden. Steroids are largely available in the area and are typically purchased by white males in their mid 20's to 30's.

The officer from Portage County also mentioned a 400-milligram ephedrine tablet that is being bought and sold in the area.

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

Treatment Recommendations:

- Ravenna users state that Portage County needs more treatment facilities besides the one in Ravenna. They would like to see centers opened in each larger city in Portage County so that they are easier to access. They also suggested that transportation to treatment centers be provided.
- Officers in Lake County suggest that more government funded treatment centers are needed because treatment is costly and the public does not want to pay (through taxes) for others' drug problems.
- Warren users stated that there is a need for programs with more counselors/phases to make relapse less prominent. Also, the initial length of time that people are told they will have to spend in treatment makes them anxious, especially when they are very addicted to a drug. It is difficult enough to think about staying off the drug on a daily basis let alone a four-month period.
- Warren users also stated that more centers are needed with counselors who branch out into the community, especially since Trumbull County is such a rural area.

Prevention Recommendations:

- Ravenna users state that law enforcement should crack down on more serious drugs (e.g., crack, heroin). They state that there should be tougher penalties for those who abuse these drugs.
- Warren users stated that drug education/awareness needs to begin younger than 4th grade (suggestion: first grade). Also, more parental involvement is needed. More education that involves families should be implemented.

Other Recommendations:

- Officers in Trumbull County desperately need funding for more narcotics officers. As it stands, there are too many drugs and drug offenses and not enough narcotics officers. Because of this, the officers are forced to pick and choose the worst offenders and overlook others. One suggestion was to help pass a levy that combined treatment, education, and enforcement programs in the area.

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

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Therin C. Short II

Key Informant, Allen & Surrounding Counties

Lima Urban Minority Alcohol & Drug Abuse
Outreach Program, Inc. (UMADAOP)
405 E. Market Street
Lima, Ohio 45801
(p) 419-222-4474
(f) 419-222-7044

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(State Demand and Needs Assessment: Alcohol and Other Drugs).*

Abstract

*In 1998, the city of Lima experienced a 21% increase from the previous year in the number of drug cases that were sent to the Allen County Prosecutor, and the numbers of drug related arrests have increased each year. Lima's location in proximity to other large cities (one hour south of Toledo, one hour north of Dayton, one and a half hours east of Columbus, and one hour west of Ft. Wayne, Indiana) make Lima a lucrative drug market for drug dealers who can sell their drugs for more than they could in their respective cities. Another factor is the large number of remote rural areas, which make it ideal for growing marijuana. The use of **powder cocaine** among middle class whites between the ages of 25-60 has been the trend for some years and has not seen a significant increase. **Crack cocaine** use remains as the number one illicit drug problem in Lima in terms of devastating consequences to the community. According to reports by focus group participants, alcohol, marijuana and crack are being used concurrently and/or sequentially, and treatment admissions for crack are up significantly from the previous years. **Heroin** use in the Lima area has not been reported as being a problem, but its use has increased. The number of new **marijuana** users entering treatment has shown a steady increase since 1996. Reports indicate that the use among teens ages 16 and up are a significant part of that increase. **Alcohol** use in the Lima area has increased, with the number of admissions for treatment rising over the previous year. Although focus group participants have reflected that crack is starting to resurface, the use of **methamphetamines** and **hallucinogens** have not been reported as being a problem in Lima. Minimal data was collected on the use of **depressants**. **Inhalants** continue to be widely used among youth.*

INTRODUCTION

1. Area Description

Allen County is located 70 miles southwest of Toledo, and according to the 1990 census, and 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. Lima, which is largest city in Allen County, has a population of approximately 45,243. Of this population 78% (33,049) are Caucasian, 24% (10,940) are Black and 1% (681) are Hispanic and other Ethnicity. The median family income is \$25,775 per household, with 11.7% of household population earning \$14,999 or less, and 8.1% of household population earning between \$50,000-\$74,999. Approximately 41% of Allen County's population lives in Lima.

2. Data Sources and Time Periods

- **Qualitative Data** were collected in three (3) focus groups conducted in June and July of 2001. The numbers 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
6/21/01	6	College Students.
6/28/01	5	Active/Former Users.
7/30/01	5	Active/Former Users.

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	16	0	16

Table 2: Detailed Focus Group/Interview Information

June 21, 2001: Active Users (College Students)

"Name"	Age	Ethnicity	Gender	Major
1	24	Black	Female	Legal Assistant
2	28	Black	Male	Business Management
3	25	Black	Female	Medical Secretary
4	21	Black	Female	Nursing
5	27	Black	Male	Accounting
6	22	Black	Female	Nursing

June 28, 2001: Active/Former Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	30	Black	Male	Crack Cocaine, Powder Cocaine, Marijuana
2	25	Black	Male	Crack Cocaine, Ecstasy
3	31	Black	Male	Heroin, Marijuana
4	29	Black	Male	Powder Cocaine, Crack Cocaine, Alcohol
5	35	Black	Male	Crack Cocaine

July 30, 2001: Active/Former Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	20	White	Male	Cocaine, Hallucinogens
2	27	White	Male	Cocaine, Marijuana, Inhalants, Hallucinogens
3	23	Black	Female	Hallucinogens, Marijuana
4	30	Black	Female	Marijuana
5	28	White	Female	Alcohol

DRUG ABUSE TRENDS

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL)

The use of cocaine hydrochloride continues to rise among youth in the 16-25 age group and among females. Its use has become popular and is rising among high school students. Prices have remained steady at \$70 for a gram to \$500-\$550 for a half ounce. The quality of powder cocaine is average in the Allen County area but because of Lima's close proximity to Toledo, Dayton and Ft. Wayne, Indiana, (approximately 1:15 to either city) users go to those cities to purchase because the drug is cut by the time it is sold in Lima.

Powder cocaine continues to be widely used among crack cocaine dealers.

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

1.2 CRACK COCAINE

Crack cocaine continues to be the number one illicit drug problem in Allen County. According to focus group participants crack use is rising among the 25 year and up age group.

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

There has been a reported increase in the number of youth ages 14-17 selling crack cocaine. There is not widespread reported use among youth because of not wanting to become labeled as a crack head.

The primary method of use is smoking which ranges from smoking it in a glass bowl to crumbling it up and mixing it with marijuana in a joint.

2. Heroin

Heroin is not as widely available as crack or marijuana but can be found. Most focus group participants stated that heroin use in Lima is among older individuals who have used for years. The quality of heroin in Lima is not that good because of the number of times it has been stepped on (cut). Most purchases continue to be made in Ft. Wayne, Indiana, Toledo or Dayton because of the difficulty of obtaining good quality heroin.

3. Other Opioids

Vicodin, Ultram and Oxycontin were some of the opioids discussed by focus group participants. According to participants, Ultram is popular in the Lima area and sells for \$50-\$60 per bottle.

4. Marijuana

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

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

Marijuana is readily available on college campuses. Students stated they know of other students that sell marijuana because of the low risk factor involved if caught selling. It also helps to supplement income for students who are not receiving scholarships. The majority of focus group participants did not view marijuana as a harmful drug.

5. Hallucinogens

5.1 MDMA (ECSTASY)

The use of ecstasy has seen a significant increase in Lima. Although it’s used mainly among white youth/young adults (15-23 years), there has been a noticeable increase among black, high school age youth. Tablets of ecstasy can be purchased for \$20-\$25.

5.2 LSD

LSD is a widely available and used primarily among white high school aged youth. “Gel tabs” are sold for \$5.

6. Inhalants

Focus group participants talked briefly about “whippets,” Co2 cartridges, and “duster” which is used to clean keyboards.

7. Alcohol

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

8. Special Populations

8.1 COLLEGE STUDENTS

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

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

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

RECOMMENDATIONS/CONCLUSIONS

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

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

January 2001- June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Virginia M. Bass, MEd, CCDC III – E, CEAP
Interim Key Informant

Alcohol & Drug Addiction Services Board of Lucas County
701 Adams Street, Suite 820
Toledo, OH 43624
(419) 213-4235

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Abstract

Marijuana and crack cocaine abuse appear to be the most frequently used illicit drugs of abuse in Lucas County. Alcohol dependence and abuse continues to be reported as the primary reason for AOD services. Those interviewed indicated the need to have used alcohol within twenty-four hours of treatment assessment/admission. Participants perceive an increase in the abuse of heroin, (in powder form) among young whites. OxyContin is said to be another more popular opioid. MDMA (Ecstasy) remains popular with young individuals.

Five of the professionals that were interviewed work primarily with teens, but had interesting comments in reference to the parents of these teens who are also users of substances. They indicated that parents were open about their drug usage and may encourage their teens to deal drugs to support the family. The scenario that was depicted was that of usage being a family activity rather than that of one individual using in secrecy.

INTRODUCTION

1. Area Description

Named for Robert Lucas, a former Ohio Governor, Lucas County, in Northwest Ohio, is home to 455,054 residents (2000 Census). Of these, 77.5% are white, 17% are Black or African American, 4.5% are Hispanic or Latino and 1.5% are other ethnic groups. The median household income is estimated to be \$37,064. Approximately 14% of people of all ages in Lucas County are living in poverty, and approximately 23% of all children under age 18 live in poverty. Toledo, Ohio, the largest city in Lucas County has a population of over 312,000 residents (1999 Census). Lucas County contains several other incorporated towns around Toledo. The largest of these towns are Oregon (19,136 residents), Sylvania (17,664 residents), and Maumee (15,000 residents). The remainder of Lucas County's population lives in smaller towns, unincorporated villages, and rural areas.

2. Data Sources and Time Periods

- **Qualitative data** were collected in four focus groups and individual interviews between January 2001 and June 2001. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.
- **Drug Screening data** are from the Lucas County Treatment Alternatives to Street Crimes (TASC) for January 2001 through June 2001.
- **Juvenile drug trend data** are from the ADAS Student Survey 2000 for Toledo and Lucas County, Ohio conducted by The University of Toledo and Owens Community College.

Table 1: Qualitative Data Sources.

Date of Focus Group	Number of Participants	Description
6/2/01	5	Treatment providers, counselors, family counselors, case managers.
6/3/01	8	Women with less than 30 days recovery (active users).
6/9/01	4	Men with less than 30 days recovery, criminal justice involvement (active users).
6/10/01	10	Women with less than 30 days recovery (active users).

Individual Interview

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, social worker, chemically dependent individual)
6/10/01	Counselor in adult treatment services.

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	27	1	28

Table 2: Detailed Focus Group/Interview Information

June 3, 2001: Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	44	B	F	Drug of choice crack cocaine
2	42	W	F	Drug of choice heroin
3	45	W	F	Drug of choice alcohol & opioids
4	38	W	F	Drug of choice alcohol
5	39	W	F	Drug of choice alcohol & crack cocaine
6	46	B	F	Drug of choice heroin
7	33	H	F	Drug of choice marijuana & crack
8	25	W	F	Drug of choice heroin

Recruitment Procedure: *The above participants were recruited by asking for volunteers from various community drug and alcohol service providers and facilities.*

June 9, 2001: Active Users

“Name”	Age	Ethnicity	Gender	Experience/Background
1	35	B	F	Drug of choice crack
2	38	W	M	Drug of choice cocaine & OxyContin
3	26	W	M	Drug of choice marijuana
4	34	B	M	Drug of choice alcohol & crack

Recruitment Procedure: *The above participants were recruited by asking for volunteers from various community drug and alcohol service providers and facilities.*

June 10, 2001: Active Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	31	B	F	Drug of choice crack cocaine
2	24	W	F	Drug of choice marijuana
3	35	B	F	Drug of choice crack & alcohol
4	31	B	F	Drug of choice crack & alcohol
5	47	B	F	Drug of choice heroin & other opioids
6	22	W	F	Drug of choice marijuana & crack
7	29	B	F	Drug of choice marijuana & crack
8	41	B	F	Drug of choice alcohol & crack
9	25	B	F	Drug of choice alcohol & crack
10	31	B	F	Drug of choice crack cocaine

Recruitment Procedure: *The above participants were recruited by asking for volunteers from various community drug and alcohol service providers and facilities.*

June 2, 2001: Treatment Professionals

Name	Age	Ethnicity	Gender	Experience/Background
1	-	Mexican-Amer	F	10 years experience as a Family and Adolescent CD counselor
2	47	W	F	5 years experience as a clinical supervisor and 10 years experience as CD counselor
3	44	B	M	10 years experience as CD Counselor
4	24	W	F	2 years experience as case manager
5	22	W	F	2 years experience as case manager

Recruitment Procedure: *Participants recruited by contacting community drug and alcohol treatment programs and agencies in the Toledo, Ohio area.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since the inception of the OSAM Network, we have consistently reported high, steady levels of crack cocaine abuse in Lucas County. Crack cocaine is reported to be the second most common drug of choice reported by those arrested. The majority of cocaine use continues to be in the form of crack cocaine abuse. The crack cocaine may be smoked, but will also be crushed to snort or use with a vinegar mix for IV use. User groups include members of most socioeconomic and racial groups.

User groups report several trends with respect to crack cocaine. These trends include unlimited availability, poorer quality, and increased abuse among youth (11 & 12 year olds). The "glamour" is gone and despite knowledge of negative effects of crack use there is no reported decrease in use. One user reported, "It's just like bubblegum, it's that easy to get." One professional feels that the use of crack cocaine is at an epidemic proportion.

Among the illicit drugs, treatment providers report that crack cocaine continues to be the primary reason for drug abuse treatment admissions. Treatment providers report that the majority of individuals abusing crack cocaine are referred for treatment as a result of involvement with the criminal justice system. Treatment providers describe relatively equivalent numbers of males and females referred to treatment indicating crack cocaine as their primary drug of choice.

General trends reported by treatment providers include; increased numbers of female dealers, increased numbers of parents abusing crack, and the size of rocks purchased are larger, however, of poorer quality. In addition, increased levels of violence are being reported in association with abusing and selling crack. The violence includes carrying handguns for “protection,” reports of autos as stolen when in fact were traded for crack, increased competition between sellers for “greater share of the market” and the violent activities you must become involved with to purchase the drug which is based on the intensity of ones addiction.

1.2 COCAINE HYDROCHLORIDE (HCL)

Cocaine HCL abuse remains steady at a relatively low level. Powder cocaine snorting is the most frequent reported route of administration. As indicated above, the vast majority of powder cocaine is transformed into crack and abused in this form.

Treatment providers report the following trends in association with cocaine HCL. Cocaine HCL is readily available and frequently used as “cocoa puffs” (marijuana cigarette laced with cocaine and then smoked). Blunts were reported to be popular with a sophistication factor in using liqueur flavored wrapping papers for the larger sized “joint.”

Drug abusers report a common mode of administration as “speedballing” (heroin and cocaine combination cooked and injected). This is attributed to the reduced quality of cocaine HCL. Young males view this type of administration as “glamorous” and introduce syringe use as a mode of administration. Another group of users report the quality of cocaine to be extremely variable resulting in overdose and death. Several individuals that were interviewed were concerned over what was being used as the cut, due to the physical complications that they have experienced and observed in others. These complications may include but were not limited to diarrhea, sweats, vomiting, cramping, severe pain and headaches.

2. Heroin

The greatest amount of information reported by groups of drug users. Limited information reported by treatment professionals.

Heroin use is described as increasing, highest quality is reported to be from Mexico with lower quality available from the West Coast. Snorting is a common route of administration. Access to treatment is described as problematic, with many facilities refusing admission

unless the individual is extremely sick. One individual stated he had not seen so much heroin since 1987.

Use is described as increasing with greatest numbers in ages 16 to 25 years, white and living in the suburbs of Lucas County. Group participants appeared very concerned about the use of needles, Hepatitis C and HIV. The younger white users from the suburbs are said to snort the heroin.

3. Other Opioids

Groups of drug abusers report decreased in use of dilaudid and attribute this to a strong preference for OxyContin (oxycodone long-acting). OxyContin is described as safer since it originates from a pharmaceutical house with quality assured in terms of strength and purity. Routes of administration include oral and grinding up the tablet then snorting. OxyContin use is described in combination with Vicodin and dilaudid by several drug users as common. In addition, the tablet form is perceived as a safer route of administration than syringe in terms of HIV/AIDS and hepatitis exposure.

One individual stated that a physician she saw had no qualms in asking her if she would like some for her pain. All groups interviewed were very vocal about this drug. The older users would discuss the use of dilaudid, and saw it as more of the drug of choice of “the older” user. At this time OxyContin appears to be a little more restricted due to a local bust.

4. Marijuana

Treatment providers describe marijuana use “commonplace.” Some individuals in the groups felt that marijuana is easier to obtain than alcohol. Quality issues are being raised as a result of increased complaints of headache and stomach discomfort associated with smoking. Entire families are involved in use. Use exists regardless of age, race, and socioeconomic status. Marijuana use is perceived as relatively safe with respect to law enforcement. Users and law enforcement agree that the single user is not likely to be arrested for use given the low probability of conviction and limited law enforcement resources available. Joints and bongs are said to be used by whites, while blunts are used by African Americans.

Drug abusers report consistently that marijuana use is; commonplace, safe, across all age groups as young as ten years to 70 years, poses limited legal consequences. Young professionals are described as frequent users of marijuana to “relax with no risk of hangover.” The adult drug users were able to identify that pot was certainly a “gateway” drug for them. They could also identify that they see their children following in their footsteps since they are using marijuana at a younger age now than when they started.

5. Hallucinogens

5.1 LSD/MUSHROOMS

Treatment professionals report that the use of hallucinogens is increasing among adolescents. Mushrooms and LSD (acid) are most commonly used. Use appears to be limited to whites. Hallucinogens are frequently combined with other drugs to “get a better high.”

5.2 MDMA (ECSTASY)

Popular among younger people, primarily middle class whites, at clubs and raves. The age group may be 14 to 25 years. The drug is reportedly very popular among gay men. Ecstasy is viewed as an alternative to more traditional hallucinogenic drugs (e.g., LSD, PCP). The strongest negative consequence is the ease with which ecstasy can be dropped into a drink without a person’s knowledge. As a few younger group participants described the use of ecstasy, they used great detail in the “good” feelings and also in the “depression” they felt when the drug wore off. A severe concern is the possibility of rape, STDs or HIV.

5.3 PCP

PCP is described as being used in combination with marijuana. Soaking or mixing marijuana with embalming fluid is also said to be common. This results in an unpredictable and prolonged high. This type of high is said to be intense and last up to three or four days.

6. Inhalants

Treatment professionals report use among adolescents as a means by which to cope with an abusive home life. Inhalants are readily accessible and cheap. Use is described as increasing among adolescents, most commonly among white adolescent males.

7. Alcohol

Both professionals and abusers view alcohol as a gateway drug to illicit drugs. Alcohol abusers are viewed with fewer stigmas than drug abusers. Alcohol is reported as a socially acceptable drug with the primary negative consequence coming as the result of drunk driving. Using parents indicated that they were concerned over the use of alcohol in their children, but were relieved it was not “some other drug.” Adult users were concerned over the amount of advertising that is presented to younger individuals. Also there was discussion over the new “designer” type of bottled alcohol beverages.

CONCLUSIONS

Crack cocaine is reported to be the second most common illicit drug of choice reported by those arrested. The criminal justice system is having a great influence in those receiving

treatment services for the use of this drug. Group participants are concerned over the violence related to the use and dealing of this drug.

Powder cocaine is said to be snorted and may also be mixed in a joint or blunt. There is a concern over what the drug may be cut with.

The availability of heroin is said to be the best in 14 years. The quality and purity are superb. The new emerging users are said to be white, young individuals living in the suburbs. The ages of 16 to 25 are inclusive of this new group. Snorting is the primary route of administration. This information is valuable for a variety of reasons. Due to our geographic location as well as our seasonal populations we may be more prone to receive this drug. We are also one of the seven methadone sites in Ohio. The increase of use impacts our need for services when they are called upon.

The use of OxyContin is on the rapid increase. Dilaudid is said to be taken by the “older” user. OxyContin is said to be good and available. This trend needs to be monitored.

Marijuana continues to be commonplace with young and old. Some participants reported that it is easier to get than alcohol. This drug is seen as a gateway drug to more intense usage. Unfortunately, in the early days of use it is seen as “no big deal.” The quality or the cut is in question due to the side effects of headaches and stomach problems.

Alcohol continues to be the mainstay for the using population.

The use of hallucinogens, inhalants, PCP and Ecstasy were discussed. Ecstasy was by far the drug of most concern for young people between the ages of 14 and 25. The effect, the aftermath and the fear of rape, STDs and HIV were of great concern for the groups. The use of designer drugs by young people needs to be monitored. Again, in our geographic location “clubs” and institutions of higher learning surround us.

RECOMMENDATIONS

I. Areas needing monitoring and follow up:

- Younger individuals using crack cocaine.
- Violence associated with the use of crack cocaine.
- The available quantities of heroin.
- Younger individuals now said to be using heroin.
- OxyContin emerging as a very popular opioid.
- The reported use of ecstasy.
- Marijuana not being viewed as a drug.

II. The following recommendations were expressed by the group participants:

- More AA/NA/CA geared to younger people would support recovery.

- Cooperation with the courts to better understand the need for consequences for negative behaviors, working together with treatment opportunities.
- “It’s too bad I had to catch a felony before I could get treatment with any type of length to it.” We need long term treatment and to learn how to live.
- Recovery houses for women with some structure.
- Recovery houses for women that will allow them to keep their children.
- Treat people in an individual way vs. all drugs are the same.
- Work with people on their attitude and their denial.

EXHIBITS

Exhibit 1: Reported Drug Prices

Drug	Amount	Price range
Cocaine HCL	Gram	\$80
Heroin	Gram	\$30 to \$50
	Bag (hit)	\$10 to \$20
OxyContin	Tablet	\$10 to \$50
Percocet	Tablet	\$5 to \$30
Marijuana	1 ounce	\$120 to \$150
	Bag	\$10 to \$25
Ecstasy	Tablet	\$20 to \$65
LSD	Hit	\$5

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

January 2001 - June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Doug Wentz, MA, OCPS II
and
Jerry Carter, M. Ed., LPCC, CCDC III-E

Neil Kennedy Recovery Clinic/Prevention Partners Plus
330-743-6671
330-743-6672 (F)
doug@ohioteeninstitute.com

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Abstract

Qualitative data gathered from three focus groups conducted on July 9, 11 and 12, 2001 provided a portion of the information utilized in the submission of this report. One group consisted of eight Columbiana women, six of who were current (past 30 days) drug users, one was a case manager and one was a counselor. A group of men from the same location declined to be interviewed on tape and decided not to sign the required consent form. The second focus group consisted of five treatment professionals from Mahoning County and the third group was comprised of three individuals in early recovery (less than one year) from Mahoning County. As was true a year ago, information gathered from an individual interview on July 16, 2001 with the Mahoning County Drug Task Force was especially useful.

It appears that the problems associated with powder and crack cocaine remain critical and unchanged in Mahoning County, the Columbiana County informants reported large recent increases in availability. The Youngstown Vindicator refers to crack as “the scourge of the inner city.” Mahoning County informants state that heroin is very available. The above newspaper’s headline proclaimed, “Heroin-A Tremendous Comeback in This Area.” Columbiana County informants indicate that it’s not as readily available as cocaine – but “on its way.” Heroin users continue to leave treatment early. Oxycontin continues to be a major problem in Mahoning and Columbiana Counties, “as easy to get as M&M’s.” Marijuana availability and pricing has remained relatively unchanged over the past year. That its use is consistently not seen as a problem is an issue. The Youngstown Vindicator reported that six students were arrested in a local, suburban school for dealing in ecstasy and several other articles reported on the spread of its use.

Special attention and focus was given in this reporting period to trends in the use of methamphetamine (crystal meth). Treatment professionals talked about seeing one adolescent and two young adults currently in treatment. Overall, little use was reported with some hint that it may be more available in Columbiana County. As of this report, there have been no arrests associated with meth labs in this reporting area.

INTRODUCTION

1. Area Description

Mahoning County, Ohio has a population of 257,555 (2000 census), which is down 2.7% from the 1990 census and down over 10% from the 1980 census. The largest city in the county is Youngstown. It is surrounded by the suburban communities of Austintown, Boardman, Canfield, 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 the 2000 census, Mahoning County is 81% Caucasian and is 9% Black. Persons of Hispanic/Latino origin comprise 3% of the population. The median household income is \$31,236 compared with \$36,029 for Ohio. 14.4% of the population lives in poverty with 21.1% of the children living below the poverty level, according to a 1997 model-based estimate.

Columbiana, Ohio has a population of 112,075 (2000 census) which is up by 3.5% from the 1990 census. The largest communities are; East Liverpool, on the Ohio River, Lisbon, which is the County Seat and located in the center of the county and Salem, Columbiana and East Palestine. These communities are located in the extreme northern part of the county on State Route 14, which is a main route to Pittsburgh International Airport. Most of the county south of this area is considered to be Appalachian. The population is 96.4% Caucasian, and 2.2% Black; 1.2% of the population reports being of Hispanic or Latino origin. The median household income is \$32,222, 13.3% of the population including 19.1% of the children live below the poverty level according to a 1997 model-based estimate.

2. Data Sources and Time Periods

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.)
7/9/01	8	Counselor, Case Manager and 6 users
7/11/01	5	Counselors
7/12/01	3	Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
7/16/01	Law Enforcement Officer

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	16	1	17

Table 2: Detailed Focus Group/Interview Information

July 9, 2001: Counselor, Case Manager and users from Columbiana County

"Name"	Age	Ethnicity	Gender	Experience/Background
1	34	White	Female	Crack Cocaine-recent user
2	37	White	Female	Cocaine-recent user
3	59	White	Female	Counselor
4	30	White	Female	Case Manager
5	42	White	Female	Alcohol-recent user
6	32	White	Female	Crack Cocaine-recent user
7	47	White	Female	Alcohol-recent user
8	41	White	Female	Alcohol-recent user

Recruitment Procedure: *Received a Phone Call from a clinical Services Consultant at an ODADAS Certified Agency who requested to be included in the OSAM Study.*

July 11, 2001: Counselors from Mahoning County

"Name"	Age	Ethnicity	Gender	Experience/Background
1	42	Black	Female	YUMADAOP
2	N/A	White	Female	Counselor
3	57	White	Male	Counselor
4	37	White	Female	Counseling Supervisor
5	N/A	White	Female	R.N. Supervisor

Recruitment Procedure: *Called Program Director/Clinical Director of ADAS Board funded programs.*

July 12, 2001: Former Users from Mahoning County

“Name”	Age	Ethnicity	Gender	Experience/Background
1	45	Black	Female	Crack Cocaine-early recovery
2	46	White	Female	Alcohol-early recovery
3	43	White	Male	Crack Cocaine-early recovery

Recruitment Procedure: *A Clinical Supervisor at a local ADAS Board funded Treatment Facility was contacted and requested to select six people of diverse backgrounds who were in early recovery class (less than one year). Six individuals were contacted/recruited and three participated.*

July 16, 2001: Law Enforcement Officer

“Name”	Age	Ethnicity	Gender	Experience/Background
1	N/A	White	Male	30+ years in law enforcement

Recruitment Procedure: *Called the Mahoning County Drug Task Force Commander and requested the opportunity to interview him again this year.*

DRUG ABUSE TRENDS

The following reflects opinions and information received from an interview with the Mahoning County (OH) Drug Task Force and three focus groups:

1. Alcohol and other drug dependency treatment professionals (Mahoning County, Ohio).
2. Female clients in treatment for alcohol and other drug abuse and dependency in Columbiana County, Ohio.
3. Ex-AOD treatment clients (male and female) in early recovery (6-12 mo.) in Mahoning County.

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL)

- *Availability* – All informants seemed to indicate that they felt that powder cocaine was readily available throughout the area. Availability is perceived to have remained relatively stable in Mahoning County but somewhat decreased in Columbiana County due to reduced demand as people move to crack cocaine.
- *Perceptions of use over time* – As stated above, powder use is seen by most informants as remaining relatively stable. Some, however, see it as decreasing somewhat as people move to crack, which is seen as easier to distribute.
- *Price* – The number of informants providing data regarding the price of powder cocaine were small. Reported prices are \$70 per gram; \$110 per 1/16 ounce; \$150-220 per eight ball (1/8 ounce); \$1200–1600 per ounce; -\$24K – 32K per kilogram.
- *Quality* – The most frequent comment regarding quality was “It depends who you get it from.” It is reported that most powder cocaine arrives at about 80% pure but gets altered for sale and can vary from “good” to “garbage” (“garbage” was reportedly purity = 60% or less).
- *Methods of Administration* – The primary route of administration reported was inhaling (i.e., “snorting”) although there were scattered reports of smoking and injection.
- *User Population, Ethnic Differences, Youth Issues* – Powder cocaine was reported by

some as being somewhat more likely to be seen being used in suburban settings by (as one informant put it) “recreational snorters.” However, it was also reported that some urban African-American adolescents are “spiking blunts” with powder.

- *Treatment and recovery* – Few clients or recovering addicts had comments regarding treatment and recovery that was specific to powder cocaine. Treatment professionals commented that since there is little physical withdrawal, getting managed care authorization for inpatient treatment was often difficult. In turn they felt that avoiding relapse was harder to accomplish with outpatient treatment only. Some felt that they saw more denial with powder users who saw themselves as superior to crack users.

1.2 CRACK COCAINE

- *Availability* – All informants reported that crack cocaine is readily available both in the inner city and the suburbs. To quote one informant, “it is extremely available on any street corner.” Columbiana County informants reported going to Midland, Pennsylvania and Alliance, Ohio as well as to Youngstown, Ohio for their crack cocaine.
- *Perceptions of use over time* – The Mahoning County informants reported that crack cocaine is so widespread in its use that they could not see any perceptible recent change in availability. The Columbiana County informants reported large recent increases in availability.
- *Price*- It was reported that the most frequently used standard for crack cocaine prices is \$10 and \$20 “rocks.” It was emphasized, however, that bits and pieces of crack rocks are sold so the price really is (to quote an informant) “whatever you have available, from \$10 to your paycheck.” It was elsewhere reported that crack was going for \$60 per gram with “eight balls” (1/8 oz or 3.5 grams) being priced as multiples of that base \$60. Female informants universally reported “you don’t have to have money if you are female.”
- *Quality* – There were differing reports about purity and quality. Some informants said that the quality was very good. Others talked about it being increasingly poor saying that it is processed with additives called “comeback” and “swell” (that can be purchased in head shops) to dilute the purity and extend the sellers profits (i.e., start with an ounce and cook it down to ¾ oz and add the “comeback” and get it back to an ounce and sell it as an ounce). Informants also talked about the sale of “gank,” a look a like “do nothing” substance passed off to naïve users as crack.
- *Methods of Administration* – The method of administration remains smoking. Informants talked about using “glass pipes,” “straight shooters” and even antennas.
- *User populations, ethnic differences, age and gender issues.* – The Youngstown Vindicator called crack cocaine “The Scourge of the Inner City.” Yet, relevant informant comments include: “It used to be a black drug now it is not.” “There are a lot more older people (50-60 years old) using the drug now days.” “It is an equal opportunity drug.” “I see a lot more Caucasian clients than I used to.” “Kids are putting it in their blunts.” It was also reported that there were more people from an Appalachian cultural background showing up in treatment as a result of crack cocaine use. Further, it was reported that among some of the inner city African American and Hispanic adolescents who were selling the drug (primarily to suburban whites) use of the drug for themselves was almost taboo (particularly in some gangs).

- *Treatment and recovery* – Clients and recovering users talked a great deal about the power of the craving. Treatment professionals talked about the need for longer term residential treatment for crack users. They said that the craving peaks at about 10 –14 days and that sending people back to the street before that time period almost assures relapse. They said that the longer clients are off the street and the longer they are engaged in intensive treatment the better chance they have of recovery. They also said that unless treatment is immediately accessible (within two hours) they lose people who call for help. They cited lack of resources to counteract the strength of the psychological dependence on this powerful drug. It is difficult to get managed care screeners to approve inpatient care of any kind because of the lack of physical withdrawal symptoms associated with crack use. They also talked about higher rates of premature departure from treatment because of the pull of the drug in this population.

2. Heroin

- *Availability* - Reports about availability varied widely between Mahoning and Columbiana Counties. Columbiana County informants said, “it is not as available as cocaine but it’s on its way.” Mahoning County informants said it is “very available.”
- *Perceptions of use over time* – A Youngstown Vindicator article stated “Heroin- A Tremendous comeback in this area” and a Drug Task Force official said “Ten million in heroin came into the Mahoning Valley in the last 20 months.” From his view, “the demand is incredible.” Mahoning County informants said that there has been a large increase in availability in the area in the last 6 months to a year.
- *Price* – Current area prices for heroin are reported by one informant to be \$500 per gram.
- *Quality and type*– The quality is said to be good. One informant said it is “very high quality and getting better.” A new method of transportation and distribution was reported by a drug task force official who talked about the use of “chalks.” By his report this is 5-6 ounces of heroin highly compressed into a form that looks like a piece of chalk. This eases transportation and distribution. The chalks are later ground down for sale in smaller quantities.
- *Methods of Administration* – It is reported that among a fast growing population of newer and younger users snorting seems to be the preferred method of administration. Reports indicate that older users tend to favor injection.
- *User population, ethnic differences, youth issues* – The fastest growing population of users is reported to be suburban, white young people (age 20-25).
- *Treatment and Recovery* – As reported in previous surveys, both clients and treatment professionals report a tendency for greater numbers of heroin users to leave treatment early (before completion of detoxification and treatment). Heroin users are seen as having a lower tolerance for pain and discomfort that may contribute to the higher ASA (leaving against staff advice) rates. It continues to be reported that many insurance companies will not pay for opiate detox because it is not seen as a life threatening condition.

3. Other Opioids

- *Availability* – Oxycontin (oxycodone long-acting) is probably the fastest growing drug of

abuse in the area according to informants and the Youngstown Vindicator (3 articles in the last 6 months). It is described as “very available,” and “readily available” by most informants. One informant called “Oxy” “as available as M &M’s.” Several informants talked about over prescribing of this powerful drug by physicians and dentists. Treatment professionals talked about patients getting teeth pulled to get prescriptions for Oxycontin from dentists.

- *Perceptions of use over time* – Most informants reported that there has been a large increase in the availability of Oxycontin over the last year.
- *Price* – The prices most often quoted were \$40 to \$80 per tablet depending on whether they were 40 or 80 milligrams.
- *Quality and Type* – While Vicodin, Percodan, and Percocet were all mentioned, informants talked chiefly about Oxycontin. Since these drugs are pharmaceutical grade they are of the highest quality.
- *Methods of Administration* – Primarily, Oxycontin is ingested orally (the drug can also be injected). Oxycontin is crushed or chewed to over ride its time-release properties and produce an immediate rush.
- *User population, Ethnic, age and gender differences* – According to informants, the user population tends to be more Caucasian, a bit older (college age or older), and more suburban. The population is described as not as savvy and less stigmatized when compared to heroin users. No difference in gender was described. It was noted, however by one treatment professional that they were starting to see some increase in use by African-Americans and adolescents in the last 6 months.
- *Treatment and Recovery* – AOD treatment professionals interviewed reported that there are lots of referrals from the Mahoning County Drug Court of Oxycontin users. As a result, this population is reported to stay in treatment longer and have lower rates of premature departure from treatment than heroin users. It is thus not surprising that treatment outcomes were described as comparatively better than heroin users. In the view of some treatment professionals withdrawal symptoms are worse with Oxycontin but craving is worse with heroin. Oxycontin users were described as not having as long a history of addiction and as still having more resources and life skills than heroin users. Again, these differences were reported to positively effect clients’ response to treatment in this group.

4. Marijuana

- *Availability*- As previously reported, use and availability is widespread in the city, suburbs and rural areas. It was telling that some clients in treatment and even some ex-clients in early recovery seemed to see marijuana as less toxic than other drugs discussed. A perception shared by most informants was articulated by one ex-client who said, “everyone smokes weed.”
- *Perceptions of use over time* – Again, as previously reported, marijuana seems to be an omnipresent staple in the repertoire of drugs used by clients who present in the alcohol and other drug treatment system. Its use is so widespread that little change in use is seen over time.
- *Price* – Pricing remains fairly stable. The only prices reported were \$30 an eighth ounce and \$1800 to \$3000 per pound.
- *Quality and type* – Most informants said that the quality of marijuana available was quite

good while a few reported that it was “junk.” All agreed that it “depends on whom you get it from.” Many reported that there has been an increase in the use of additives (lacing marijuana with cocaine, etc.) to produce an enhanced effect. Adding enhancing drugs to their “blunts” or “black and milds” was referred to as “freaking their cigar.” Several talked about the proliferation of “hydro” (hydroponically grown marijuana).

- *Methods of Administration* – The sole method of administration reported was smoking.
- *User population, ethnic differences, youth issues*- Use is reported to be so widespread that it cuts across all age, gender, and socio-economic classes. It was reported that it is the drug of choice among African American adolescents.
- *Treatment and recovery* – Echoing previous reports, treatment professionals interviewed said that the biggest obstacle to recovery for many people seems to be the failure to identify marijuana use as part of the problem for users of other drugs. For example, they might see cocaine as “the problem” but deny that use of marijuana is a problem. Return to use of marijuana post treatment then either starts them back on a path leading to return to use of their drug of choice or leading to development of a similar level problem with the marijuana itself. This connection is not recognized by many people coming for treatment. Many clients just don’t see it as a problem and fail to associate any consequences with its use. The professionals interviewed said that the marijuana only clients were the “hardest to help.” Their motivation was seen as solely external and they “don’t see a need to quit.”

5. Stimulants

5.1 METHAMPHETAMINE

Special attention and focus was given in the interview process to trends in the use of methamphetamine (crystal meth). Treatment professionals talked about seeing one adolescent and two young adults currently in treatment for crystal meth and some of the Columbiana County clients said that they had heard of some availability in that county. Overall, little use was reported with some hint that there may be more availability in Columbiana County than Mahoning. People who have used it seem to be people with some out of area (west coast) experience or connection. The Drug Task Force official said that he had heard of very little use and that no labs had been found to date in Mahoning County.

6. Hallucinogens

6.1 MDMA (ECSTASY)

In response to inquiries about “ecstasy” the Drug Task Force official said that the “suburban schools are polluted with it.” At least three articles in the Youngstown Vindicator reported spread of its use. Supply routes are described as coming to Youngstown from Amsterdam by way of Columbus and Pittsburgh International Airports. The use of ecstasy and other club drugs is seen as increasing. The demographics of use are reported to be Caucasian, suburban, adolescents and young adults. As one treatment professional put it, “the same profile as the new heroin users.” Current prices for ecstasy are reported to be \$14-

\$25 per tablet.

6.2 LSD

Some continuing use of LSD among adolescents and younger adults is reported to persist but overall reports of use were sparse.

7. **Inhalants**

While some cases continue to be reported among early adolescents it was reported that use overall was “about the same, perhaps a little less.”

8. **Alcohol**

Alcohol remains the staple. It is the primary drug of choice for many people who also use other drugs and it is rare that it is not in the picture even for people whose drug of choice is other than alcohol. Access to treatment is not perceived to be an issue. According to treatment professionals, people who enter treatment are asked to identify one drug as the problem when most often the problem is multiple drug and alcohol use.

RECOMMENDATIONS

All focus group respondents were asked to provide observations and recommendations regarding needed treatment and ancillary services. Among the responses were the following:

- “We are treating people with multiple diagnoses and multiple needs.”
- “People coming to treatment are so needy. They need basic life-skills training as well as AOD treatment.”
- “We need the resources to increase case management services for the growing numbers of multi-need clients.”
- “People need access to more sober living activities.”
- “People need help to find things to do in recovery other than (in addition to) go to 12-step meetings.”
- “Hire more staff.”
- “Increase the money for treatment because the addicted population is growing.”
- “People in early recovery need transportation to treatment and activities.”
- “There is a need for more support services.”
- “There is a need for alumni groups and recreational activities for people in early recovery.”
- “There is a need for more continuing care and longer follow-up treatment.”
- Create linkage between OSAM and OCJS Drug Task Force Commanders.

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

January 2001 – June 2001

RAPID RESPONSE: FOCUS ON METHAMPHETAMINE

Dr. E. Don Nelson, CPS, CSPI, RPh.
Professor, Clinical Pharmacology
NIDA/NIAAA Career Teacher in the Addictions
Associate Director, DPIC
University of Cincinnati College of Medicine
P.O. Box 670144
Cincinnati, OH 45267-0144
531-558-9178
fx 513-558-9178
nelsoned@uc.edu
forensicpharm.com

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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 Coroner's Office, the Early Prevention and Intervention Project (EPIP), as well as focus groups). 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 the 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 manufacture and use has increased in Cincinnati, Marijuana availability and price continue to be high, crack continues to be readily available and often adulterated, Heroin is more available and very expensive, MDMA (ecstasy) is widely available from imported sources and not cheap. Gamma-hydroxybutyrate (GHB) is now seen more often, some is synthesized using Internet information. Pharmaceutical diversion is an important source of street drugs in Cincinnati. Ketamine (Special K) use, like Ecstasy is becoming widespread and moving beyond the Rave scene.

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 2000 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.)
6-27-01	16	Street drug users inner city

Individual Interviews

Individual Interviews	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
6 completed	EPIP outreach staff

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
1	16	6	22

Table 2: Detailed Focus Group/Interview Information

January 19, 2000: Active Users in Treatment

"Name"	Age	Ethnicity	Sex	Experience/Background
1	50	Black	Male	Seven years crack use, street hustler, GED.
2	31	Black	Male	Five years of cocaine, crack, heroin use, boosting, and drug running.
3	30	Black	Male	14 years of marijuana, crack, alcohol.
4	34	Black	Male	Sixteen years marijuana, crack, alcohol.
5	27	Black	Male	Nine years of crack use, hustling, boosting.
6	29	White	Female	Speed, crack, prostitution.
7	29	Black	Female	Crack, boosting, prostitution.
8	30	Black	Female	Marijuana, crack, alcohol.
9	32	Black	Female	Crack, prostitution.
10	22	Black	Male	Gay, crack, marijuana, sex trade.

11	23	Black	Male	Gay, crack, marijuana, sex trade.
12	25	White	Male	Crack, boosting, hustling.
13	24	White	Male	Crack, alcohol, marijuana, boosting.
14	26	Black	Male	Crack, alcohol, marijuana.
15	21	Black	Male	Gay, crack, marijuana, alcohol.
16	23	Black	Male	Crack, alcohol, boosting.

Recruitment Procedure: *Recruited from Lutheran drop-in center downtown Cincinnati, "Over the Rhine."*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack 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 comprised of 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 very rare in Cincinnati. Many lower SES users strongly hold the view that they are victimized in that they are relegated to using poor quality drugs which people higher-up the drug distribution ladder have "stepped on." Crack use is associated with prostitution and gang activity.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine tends to be used most often by higher SES users. The drug is nearly always used by insufflation (snorting). Rarely it is injected by older IDU's. The socio-economically-defined patterns of cocaine use are 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. Increasingly, batches of relatively high quality heroin are available in Cincinnati. The sales tend to occur in bars as opposed to on the street. 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. By far the most notorious of the opioids is Oxycontin-R. The epidemic of Oxycontin abuse has been in southwest Ohio for years.

4. Marijuana

The use of 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

5.1 METHAMPHETAMINE

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 phenylpropanolamine, pseudoephedrine or ephedrine in them as starting products. The number of “Meth” labs raided by law enforcement has exploded in the past year. The meth labs occur in both rural and urban areas. The amount of methamphetamine reaching the street market seems to be relatively small. This may owe to the fact that the average “run” of meth yields about 15 grams of methamphetamine rather than the kilogram quantities that come from the “super labs” mostly based in California. 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 phenylpropanolamine, caffeine, and or ephedrine, and are sold at truck stops and in underground magazines, newspapers, and on the street. This is so even though these drugs are illegal in the State of Ohio. The abuse of methylphenidate is, as a gateway drug and drug of second choice, almost exclusively among adolescents. Methylphenidate is used both by mouth and crushed and “snorted.”

The much touted “ICE epidemic,” a major concern in Southwest Ohio, has thus far failed to materialize.

6. Depressants

6.1 GAMMA-HYDROXYBUTYRATE (GHB)

Gamma-hydroxybutyrate (GHB) use seems to be on the way out. At its peak the University Hospital Emergency Unit would see up to three GHB overdoses per night. Now GHB overdoses are rarely seen. In the last six months it is the impression of the DPIC staff that there are fewer calls regarding GHB. 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.

6.2 TRANQUILIZERS

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

7. Hallucinogens

The available hallucinogens in the Greater Cincinnati area are:

1. LSD, the usual doses are quite small at 25 to 75 micrograms. Psilocybin is available as “shrooms” which is dried psilocybe mushrooms or regular mushrooms with LSD added.
2. Mescaline is practically unavailable.
3. MDMA and MDA are readily available. The drugs are widely available and most often used at Rave parties by people in their twenties. MDMA use is spreading more widely to the general adolescent population. 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

The recent civil unrest in Cincinnati may have impacted the street level Crack using population in the “Over the Rhine” area of Cincinnati in multiple ways. The violence was not welcomed by most. Decreased commerce is not salutary to most street life styles. Overall, the street level users viewed the unrest as stressful.

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 the 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 straining to keep up with the demands created by the changes in the welfare system. The “Pill Town” aspect of the Greater Cincinnati area is clearly no longer unique. The pattern of intravenous injection of pharmaceutical opioids manufactured for oral use has spread to Virginia, Kentucky, South Carolina, North Carolina, Maine, Connecticut, West Virginia, and Florida. The driving force for this epidemic appears to be availability and price.

RECOMMENDATIONS

- Methamphetamine treatment capacity should be increased.
- MDMA prevention needs to get into “high gear.”

Exhibit 1: EARLY PREVENTION INTERVENTION PROJECT (EPIP) 7/00 TO
1/2001 DATA

**EARLY PREVENTION
INTERVENTION PROJECT
EPIP**

SEMIANNUAL REPORT

JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, 2000

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

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

JANUARY, 2001

SUBMITTED BY:

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

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I.) EXECUTIVE SUMMARY

THE CENTRAL COMMUNITY HEALTH BOARD (CCHB) and THE CINCINNATI DRUG and POISON INFORMATION CENTERS (DPIC) collaborate in THE EARLY PREVENTION INTERVENTION PROJECT/HIV (EPIP). EPIP provides HIV early intervention, prevention, education, and outreach to persons in Hamilton County whose behavior puts them at risk for infection with HIV, STI's and TB. The target groups for EPIP service delivery have been defined to include those in who might not otherwise receive such services. In the first 6 months of FY 01, 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 STI's. 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 and viral load monitoring and institution of appropriate anti-viral therapy. Programmatic thrusts in 2000 focused on outreach to the homeless; prevention in adolescents in school based programs and 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 7/1/00 to 12/31/00

1. NO. OF CLIENTS RECEIVING EDUCATIONAL SESSIONS.....	3541
2. NO. OF CLIENT EDUCATION SESSIONS PROVIDED.....	204
3. NO. OF CLIENTS RECEIVING RISK ASSESSMENTS.....	816
4. NO. OF CLIENTS RECEIVING HIV PRE-TEST COUNSELING.....	1251
5. NO. OF CLIENTS RECEIVING HIV BLOOD DRAWS.....	1224
6. NO. OF CLIENTS RECEIVING STD BLOOD TESTS.....	29
7. NO. OF CLIENTS RECEIVING POST HIV TEST COUNSELING	1044
8. NO. OF CLIENTS RECEIVING NURSING ASSESSMENTS.....	130
9. NO. OF AGENCY STAFF TRAINING SESSIONS.....	26
10. NO. OF STAFF TRAINED IN EXTERNAL TRAININGS.....	264
11. NO. OF CLIENTS RECEIVING OUTREACH CONTACTS.....	5340
12. NO. OF CLIENTS RECEIVING INTERIM SERVICES.....	2301
13. NO. OF FAITH BASED CLIENTS.....	323
14. MEAN PRE VS. POST TEST SCORE.....	6.2 VS. 8.7
15. MEAN TRAINING EVALUATION SCORE 0 (POOR) TO 4 EXCELLENT	3.8

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, STI's and TB infection. This "train the trainer" approach amplifies the impact of the EPIP.

EPIP uses street outreach, mailings, telephone and direct contact to generate interest in EPIP education, risk assessment, pre-post test counseling, HIV testing, and nursing assessments.

EPIP refers all HIV positive persons in Hamilton County 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:

- "Protecting myself and my lover is now within reach"
- "I found that you can get HIV in too many ways "
- "You need to spread this message to most people I know"
- "I really get it now ! The instructor was so good"
- "Getting tested is now on my list"
- "Thank you for being here to help us understand how to stay healthy"
- "The woman speaker did an excellent job"
- "Paula was very responsive to all, concerned with all questions"
- "Keep up the good work we really need this"
- "I think you conduct yourself in a very professional manner keep up the good work"
- "I felt the presentation is very educational and helpful"
- "This is the best idea to come along"
- "We needed to hear something about AIDS that was positive, we did, how to prevent it" .

4.) 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 of 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 programmatic 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 marijuana, or engaging in violence based behavior.

All EPIP presentations are age appropriate. We are currently working with grades nine through twelve at the Robert A. Taft and Aiken schools. 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 STI's are, how they are transmitted, and how not to get infected. The connection is made between drug and alcohol use, impaired judgment, sexual irresponsibility and STI's.

B.) Criminal Justice System

After nurturing and developing a relationship with the Hamilton County Adult Probation Department last year, EPIP continued its training in the criminal justice system with a series of trainings to the Hamilton County Juvenile Justice Center. Plans are underway to institute a similar training series at the River City Correction Center (on the site of the old Hamilton County Workhouse). The training at the probation department and the Juvenile Justice Center illustrate the benefits of good interagency working relationships. Dr. E. Don Nelson conducted the probation and Juvenile Justice Department trainings. In this half-year, EPIP staff have provided HIV, STD, and TB prevention trainings to male and female residents of the Hamilton County Juvenile Justice Center. EPIP is now at the point where people are aware of, and seek out EPIP services.

C. Faith Based Services

EPIP developed strong relationships with the Hamilton County faith based community in order to spread the good news about prevention of HIV and the significance it has for people of color. For example, EPIP currently offers testing and education on selected Wednesdays at the first Lutheran Church in Over the Rhine for those indigent residents of the community who come to the church to eat lunch. The EPIP sponsored "Community Care Coalition", which is comprised of 23 faith-based institutions, meets every third Saturday to plan and implement prevention activities in various churches and faith-based organizations. The "Community Care Coalition" planned a parent and youth conference to be given in February 2001. In addition, EPIP gave numerous education sessions for the faith-based clients.

D.) 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 identified a program in Fort Lauderdale Florida called SHIP that works with seniors in a four county area. The director of SHIP sent 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 been added to the EPIP library. HIV is no respecter of age.

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.

E.) Outreach to the Hispanic, and other needy street populations has been very well received. It is the impression of the EPIP staff that the delivery of vital EPIP services has lead to a real change in the number of street, homeless and functionally illiterate people getting HIV testing and prevention 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. In this half-year 177 Hispanic persons received EPIP 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.

F.) Support Groups

A new area of concentration for EPIP is our foray into the male homosexual/bisexual African-American community. The result of this effort is the formalization of the "Positive Soulz" support group. This group, which is comprised, of 13 HIV positive homosexual/bisexual men meets weekly at EPIP. In addition to traditional support group activities, the group is organizing to do prevention education to the Africa-American community. The Group's slogan "Stomping out ignorance, one man at a time", defines a mission of reaching out to the community.

Another facet of Positive Soulz is mentoring. They will interact with young homosexuals in the community and enforce the safer sex message to them.

The highly effective "Girlfriend to Girlfriend" support group meets regularly on Tuesdays at noon at EPIP. Members share their worries and hopes with each other and encouraging HIV positive members to keep up with their treatments.

5.) EPIP PROCESS EVALUATION

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

6.) EPIP GOALS

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

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

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

All education, training, and services offered by the EPIP use proven risk-reduction techniques to decrease the rate of transmission of HIV, STI's 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 116 agencies in Hamilton County. The agencies served include drug abuse, criminal justice, and social service agencies. The quality and up-to-date nature of the EPIP services is assured through regular staff trainings utilizing Office of Treatment Improvement Treatment Improvement Protocols (TIPS) 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 half year 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.

Translation services are provided to individual Spanish-speaking people who present for EPIP services. EPIP continues to monitor immigration and socio-demographic trends in Hamilton County for new outreach opportunities. Three questions have been added to the EPIP services/presentation questionnaire. Participants and clients are now asked to rate the cultural appropriateness of the EPIP presentations and services, and whether the presentation and services were appropriate to them. On a scale of 1= strongly disagree, disagree, 3 agree, and 4= strongly agree, EPIP services were rated an average 3.8 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 is trained utilizing updated 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 130 nursing assessments were done. All clients in chemical dependency treatment programs in Hamilton County are routinely screened for T.B. by their treatment facility. People encountered on the street by EPIP are made aware of their risk of being infected by TB, and are referred to the Cincinnati 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 2301 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, 2000

A. OUTPUT INDICATORS

16. NO. OF CLIENTS RECEIVING EDUCATIONAL SESSIONS.....	3541
17. NO. OF CLIENT EDUCATION SESSIONS PROVIDED.....	204
18. NO. OF CLIENTS RECEIVING RISK ASSESSMENTS.....	816
19. NO. OF CLIENTS RECEIVING HIV PRE-TEST COUNSELING.....	1251
20. NO. OF CLIENTS RECEIVING HIV BLOOD DRAWS.....	1224
21. NO. OF CLIENTS RECEIVING STD BLOOD TESTS.....	29
22. NO. OF CLIENTS RECEIVING POST HIV TEST COUNSELING	1044
23. NO. OF CLIENTS RECEIVING NURSING ASSESSMENTS.....	130
24. NO. OF AGENCY STAFF TRAINING SESSIONS.....	26
25. NO. OF STAFF TRAINED IN EXTERNAL TRAININGS.....	264
26. NO. OF CLIENTS RECEIVING OUTREACH CONTACTS.....	5340
27. NO. OF CLIENTS RECEIVING INTERIM SERVICES.....	2301
28. NO. OF FAITH BASED CLIENTS.....	323
29. MEAN PRE VS. POST TEST SCORE.....	6.2 VS. 8.7
30. MEAN TRAINING EVALUATION SCORE, 0 (POOR) TO 4 EXCELLENT	3.8

B. DEMOGRAPHIC DATA

RACE, N=5844*

BLACK-3512
WHITE-2054
HISPANIC-177
ASIAN-69
OTHER-32

SEXUAL ORIENTATION, N=2288

HETEROSEXUAL = 1781
HOMOSEXUAL = 435
BISEXUAL = 56
TRANSSEXUAL = 16

AGE, N=5877

UNDER 18 = 985
18-25 = 1045
26-35 = 1518
36-50 = 1303
OVER 50 = 1026

SEX, N=5877

FEMALE = 2,997
MALE = 2880

DRUG OF CHOICE, N=1977

ALCOHOL = 812
CRACK/COCAINE = 602
MARIHUANA = 224
HEROIN, OPIOIDS = 274
OTHERS = 65

*N should be 5877, but is 5844 owing to missing data

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 (116) have been well received by the host agencies as reflected in feedback and evaluation forms.

9.) EPIP TRAININGS AND PRESENTATIONS

EPIP presented 26 separate staff trainings totaling 52 hours. The staff trainings were presented to the staff of the University of Cincinnati Central Clinic, and the Hamilton County Juvenile Justice Center, Talbert House Turning Point, AVOC, DPIC and other chemical dependency treatment agencies. The training evaluations were very positive, i.e. 3.8, 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.

"I now have to tools I need to educate my clients about preventing HIV infection"

"An update on AIDS keeps us up on what's new"

" I have a new way of thinking about these epidemics"

"The handouts are good for reference when a question comes up"

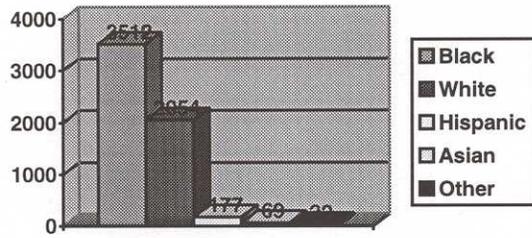
EPIP's impact on the community is enhanced by the generous volunteer efforts of persons with AIDS who have come forth from the support groups and other venues to add their voice to the efforts of the dedicated EPIP staff in the areas of outreach and "up front" presentations which put a face on the AIDS epidemic. There is no better antidote for denial than looking into the eyes of a fellow human who is infected with HIV. The outreach and prevention work of EPIP greatly benefits from these people who are so generous in giving of themselves for the benefit of others.

In this half-year the staff and volunteers of EPIP have been very active in promoting HIV, STD and TB prevention and treatment through the media with Television interviews, Radio talk shows, Newspaper articles describing the EPIP programs and the importance of prevention and treatment. This is in addition to flyers and pamphlets and education materials distributed during outreach and trainings.

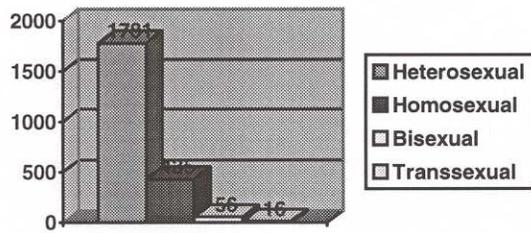
10.) FUTURE PLANS AND PROGRAM DIRECTION

In the next 6 months EPIP will continue to offer confidential testing in addition to anonymous testing. EPIP continues to explore the possibility 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 into which EPIP is invited. The "Girlfriend to Girlfriend" women's support group and the "Positive Soulz" men's support group are strong outgrowths of EPIP's encouragement of individual empowerment and positive ongoing support groups.

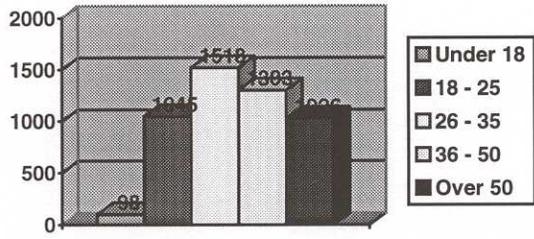
RACE



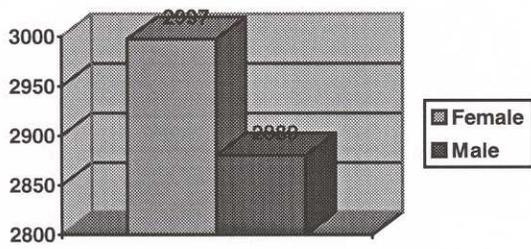
SEXUAL ORIENTATION



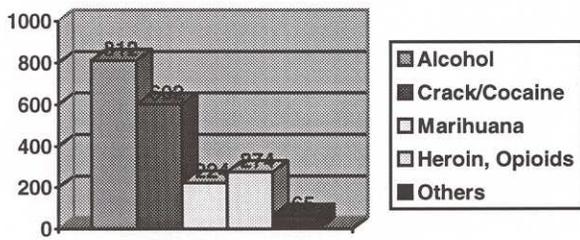
AGE



SEX



DRUG OF CHOICE



APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	1/8 ounce	1/4 ounce	Ounce
Akron		\$130-175		
Cleveland		\$100-125		
Dayton	\$50-80	\$150	\$250	
Rural Northeast				\$1000-1100
Youngstown	\$60			

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	1/8 ounce	1/2 ounce	Ounce	Kilogram
Akron	\$100	\$135-150			
Dayton	\$50-80	\$100-150		\$700	
Lima	\$70		\$500-550		
Rural Northeast	\$100				
Toledo	\$80				
Rural Southeast		\$175-200			
Youngstown	\$70	\$150-220		\$1200-1600	\$24,000-32,000

DRUG PRICE TABLE 3: HEROIN

	Gram
Dayton	\$200
Youngstown	\$500

DRUG PRICE TABLE 4: MARIJUANA

	Pound	1/4 ounce	1/8 ounce	Ounce
Akron		\$50		\$100-175
Cleveland				\$50-60 (low quality)
Columbus				
Dayton	\$1400-1900			\$150-200 (high quality); \$110-120 (mid-range)
Lima				\$400-450 (high quality)
Rural Northeast				\$300-500 (high quality)
Rural Southeast				\$80-100 (low quality); \$130-140 (mid-range); \$350 (high quality)
Toledo				\$120-150
Youngstown	\$1800-3000		\$30	

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Valium	Oxycontin	Percodan
Cleveland			\$1/mg	
Dayton			\$1/mg	
Rural Northeast		\$2-5/tablet	\$.50-\$1/mg	\$3-5/tablet
Rural Southeast			\$1/mg	
Toledo	\$5-30/tablet			
Youngstown			\$1/mg	

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Methamphetamine	Ecstasy	LSD	GHB	Mushrooms
Akron	\$800/gram	\$10-25/tablet		\$600/gal	
Columbus		\$20-30/tablet			
Cleveland		\$25/tablet			
Dayton	\$20- ¹ / ₄ gram; \$35- ¹ / ₂ gram	\$15-30/tablet			
Lima		\$20-25/tablet	\$5/hit		
Rural Northeast	\$100- ¹ / ₈ ounce		\$5/hit		
Rural Southeast	\$250- ¹ / ₈ ounce	\$20-25/tablet	\$3-5/hit		\$25- ¹ / ₈ ounce
Toledo		\$20-65/tablet	\$5/hit		
Youngstown		\$14-25/tablet			