OSAM-O-GRAM

Wright State University and
the University of Akron

Ohio Department of Alcohol & Drug Addiction Services

Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

Dateline: Ohio January 2008-June 2008

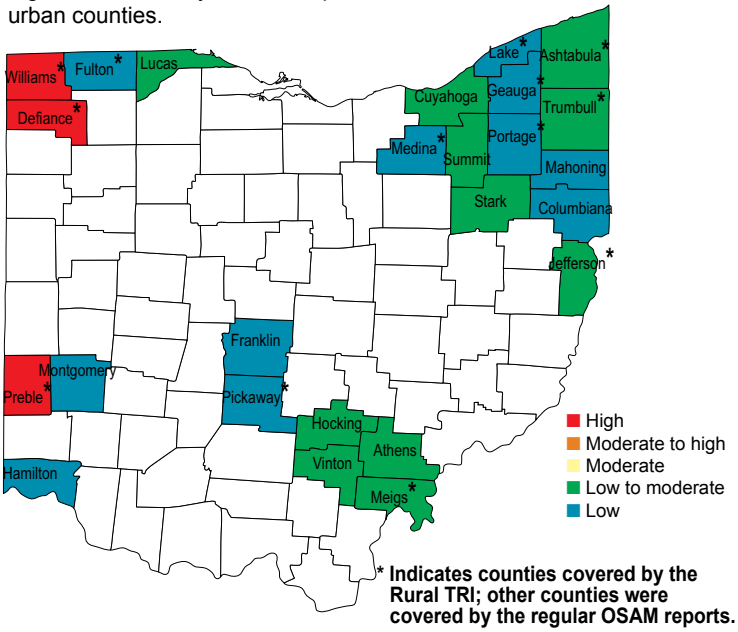
Drug Abuse Trends in Rural Ohio: A Targeted Response Initiative

PART IV: Methamphetamine

Low Availability in Many Areas of the State

Since 2006, the OSAM Network has reported low and/or declining methamphetamine availability in many urban areas of Ohio. Results of the Rural TRI suggest the same trend is occurring in many rural areas (Figure 1). A user from Ashtabula County commented, *"Here, if you would have asked a few years ago, everybody was making it, everybody had it, it was everywhere. And they had such a smack-down on it…people are getting into so much trouble to sell [methamphetamine]."* According to some participants, decreases in local manufacture were linked to effective interdiction and to anti-methamphetamine legislation that restricted the purchase of pseudoephedrine. A law enforcement officer from rural Northeast Ohio commented, *"Since we are cutting back on what you can buy, now, if you want to make a buy [of meth], you have to bring them pills too."*

Figure 1. Availability of methamphetamine in selected rural and urban counties.



High Availability in Williams, Defiance, and Preble Counties

In contrast to statewide reports of decreasing availability of methamphetamine, participants in Preble, Williams and Defiance counties reported high availability of the drug. For example, a Preble County participant commented, *"Methamphetamine is probably right up there with weed. I mean, it's just that easy to get it out here, everybody is doing it. By far, hands down, methamphetamine is our biggest problem, by far."* A user from Defiance County also noted, *"Meth is pretty common where I am at. It's Defiance County…It's all meth over there, a rural community."* Most methamphetamine in Defiance, Preble, and Williams counties is manufactured locally, using the anhydrous ammonia method. It sells for about $80-$125 per gram. Participants noted that anti-methamphetamine legislation had resulted in "shoppers" having to travel more widely to assemble materials needed to produce methamphetamine, but many did not view this as a significant barrier. A Preble County user explained, *"A few of us will get together, and we'll go shopping to get the ingredients…In an hour or so we can have 20 boxes of Sudafed."* A user from rural Norwest Ohio also commented, *"You buy two boxes here, two boxes there."* Smoking methamphetamine was the most commonly reported mode of administration. Users were characterized as white males and females, between the ages of 20-40. A user from Preble County explained methamphetamine's appeal to a broad range of user groups: *"We all trying to work harder, we all trying to get further, we all have to go, go, go. Well, meth let's you go, go, go... Meth helps, it makes you think it is helping you work harder or work longer or work faster…"* OSAM data suggest high availability of methamphetamine in three rural counties, but low and/or decreasing in many others. Monitoring such trends will help to inform prevention and intervention policy. Importantly, we need to target other rural areas of the state that were not covered by this study.

OSAM-O-GRAMS report key findings of the Ohio Substance Abuse Monitoring (OSAM) Network. Regional Epidemiologists located throughout the state use qualitative and quantitative data to provide semiannual reports of substance abuse trends. The OSAM Network is funded by the Ohio Department of Alcohol and Drug Addiction Services by contract to Wright State University and by subcontract to the University of Akron. This OSAM-O-GRAM is based on the June 2008 OSAM Network meeting.

Center for Interventions, Treatment, and Addictions Research
Robert G. Carlson, Ph.D. • Raminta Daniulaityte, Ph.D. • Tamara Hansen Reese, M.P.H. • Russel Falck, M.A. • Lawrence Hammar, Ph.D.
Wright State University Boonshoft School of Medicine • 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001
Phone: (937) 775-2066 • Fax: (937) 775-2214 • www.med.wright.edu/citar/

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