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John R. Kasich, Governor  
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## Methamphetamine Use Increasing in Multiple Regions

In November 2011, the OSAM Network published an OSAM-O-Gram highlighting an increase in methamphetamine in Northeast Ohio. While methamphetamine use and availability remains highest in the Northeast, OSAM has detected additional increases in methamphetamine statewide. Table 1 illustrates changes in methamphetamine availability since July 2011 through January 2013.

**Table 1. Change in Methamphetamine Availability by OSAM Region and Reporting Period\***

Region	Jul-11	Jan-12	Jul-12	Jan-13
Akron/Canton	↑		↑	↑
Athens	↑		↑	↑
Cincinnati	↑	↓	↑	
Cleveland		↑	↑	↑
Columbus		↓	↑	↑
Dayton				
Toledo				↑
Youngstown	↑		↑	

\* The symbol '↑' indicates increased availability of methamphetamine; the symbol '↓' indicates decreases availability; no symbol indicates that availability remained the same.

The Ohio Bureau of Criminal Investigation (BCI) has noted an increase in methamphetamine cases processed by their crime labs. Table 2 illustrates an upward trend in methamphetamine case numbers as reported to OSAM by the BCI Richfield Office, which serves the Cleveland, Akron and Youngstown areas, as well as the BCI London Office, which serves Central and Southern Ohio; the BCI Bowling Green Office has not reported increases in methamphetamine cases in Northwest Ohio, which corresponds to OSAM's participant and community professional data for the Toledo region.

**Table 2. Change in Methamphetamine Cases Processed by BCI Labs by Reporting Period**

Region	Jul-11	Jan-12	Jul-12	Jan-13
London	192	132	215	230
Richfield	200	288	700	900

According to a special agent supervisor with Ohio BCI, the biggest reason for the increase in methamphetamine is the development of the "one-pot" or "shake and bake" method of production. Users are producing methamphetamine in a single, sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in over-the-counter cold and allergy medications), methamphetamine manufacturers (aka "cooks") can

produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. The BCI supervisor explained: *"Same drug, same effect and mostly using the same ingredients, but the one-pot combines some of the steps that traditional meth recipes called for, thus making it an easier process ... It has been a very busy 24 months for us, and there is no letup in sight. These numbers are ever changing. We are typically responding daily to reports of labs."*

Most of the available methamphetamine is the powdered "shake and bake" type that is locally produced. OSAM participants and regional law enforcement also reported that methamphetamine availability has increased during the past six months due to ease of production. Participants reported an increase in the number of people who make methamphetamine to sell. Many participants reported exchanging boxes of pseudoephedrine for methamphetamine: *"It costs \$7 to buy a box [of pseudoephedrine] ... and sometimes, you don't even need money. I mean [methamphetamine cooks] they've given me money to go buy the boxes because they need someone. They've reached their limit [to purchase pseudoephedrine] and they just need your signature and ID."*

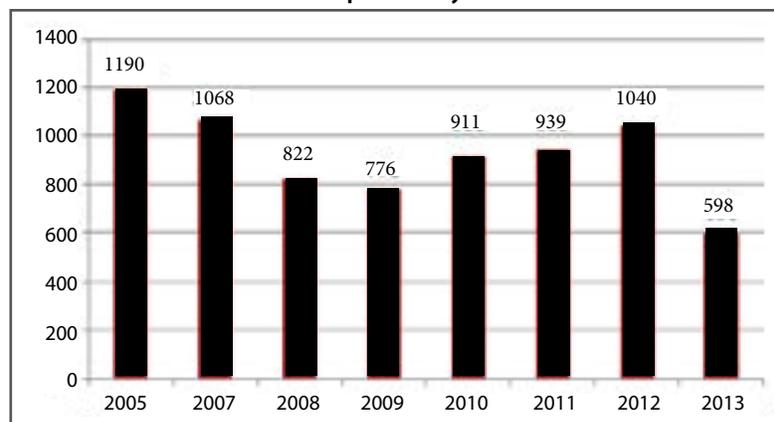
Participants also reported selling pseudoephedrine to methamphetamine cooks for money to buy their drug of choice (i.e., heroin): *"I think it's [availability of methamphetamine] gone up because heroin is so bad, and you got a lot of heroin users buying boxes to trade [for heroin]."*

Law enforcement from Ashtabula County also reported trends of heroin users purchasing pseudoephedrine in exchange for heroin, as well as heroin users making methamphetamine to generate an income to support their need for heroin.

Methamphetamine use is also increasing among clients entering Ohio's alcohol and other drug (AOD) public treatment system. Table 3 illustrates an upward trend in methamphetamine use among the State's AOD treatment seeking population.

Typical users of methamphetamine continue to be predominately white, male, middle-to-lower income status and middle-aged or younger.

**Table 3. Clients with Methamphetamine as a Drug of Choice, SFY 2006 -- preliminary SFY2013\***



Data Source: Ohio Behavioral Health Data (OHBH). Methamphetamine as a primary, secondary or tertiary drug of choice.

\*SFY 2013 should be considered preliminary, graph created August 2013

