The **Ohio Substance Abuse Monitoring Network**

June 2001 – January 2002

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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

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

In Collaboration with
Wright State University & The University of Akron

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

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Ohio Department of Alcohol and Drug Addiction Services

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IN AKRON AND CANTON, OHIO

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001- January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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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. Methamphetamine labs are still a problem in Summit County, but users seldom seek treatment, unless they present for other problems as well. It is believed that Summit County law enforcement is well trained in dealing with these laboratories. Methamphetamine does not seem to be a major problem in Stark County. Youth continue to abuse ecstasy and GHB and are increasing their use of other hallucinogens; moreover, they are increasingly beginning to experiment with heroin, often leading to dependency. Individuals in their late teens and early twenties are beginning to show up for treatment in increasing numbers.

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 five focus groups conducted during December 2001-January 2002. The number and type of participants is described in Tables 1 and 2.

- **Alcohol and Drug Abuse Treatment admission data** were 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** were 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** were 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.)
12/12/2001	8	Treatment Providers (male residential supervisors)
12/19/2001	10	Active Drug Users
12/20/2001	5	Active Drug Users
01/08/2002	7	Counselors and Treatment Providers (Adult Clients)
01/09/2002	7	Counselors and Treatment Providers (Adult Clients)

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
5	37	0	37

Table 2: Detailed Focus Group/Interview Information

December 20, 2002

"Name"	Age	Ethnicity	Gender	Experience / Background
1	54	White	Male	House Manager-Men's Unit –Residential treatment facility-14 yrs
2	52	White	Male	Residential Supervisor- AoD Tx Facility-2 yrs
3	70	White	Male	Residential Supervisor- AoD Tx Facility-1 year
4	48	White	Male	Residential Supervisor- AoD Tx Facility-1 year
5	42	White	Male	Residential Supervisor- AoD Tx Facility-2 years
6	56	White	Male	Residential Supervisor- AoD Tx Facility-2 years
7	54	White	Male	Residential Supervisor- AoD Tx Facility- 4 years
8	34	White	Male	Residential Supervisor- AoD Tx Facility-4 years

December 19, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1	38	Black	F	Crack user
2	50	Black	F	Heroin user
3	44	White	M	Morphine user
4	33	Black	F	Crack/ETOH user
5	44	White	M	ETOH user
6	53	Black	M	ETOH – Crack user
7	47	Black	M	Heroin user
8	32	White	F	Crack/Opioids user
9	43	Black	F	Crack user
10	36	White	F	Multiple drug user

December 20, 2001

"Name"	Age	Ethnicity	Sex	Experience/Background
1	41	White	M	Opioid user
2	??	White	F	Opioid user
3	38	Black	M	Crack Cocaine
4	47	White	F	Heroin
5	40	Black	M	Crack Cocaine

January 8, 2002

"Name"	Age	Ethnicity	Sex	Experience / Background
1	38	White	F	Chemical Dependency Counselor
2	26	White	F	Chemical Dependency Counselor
3	38	White	F	Residential Case Manager
4	55	White	M	Chemical Dependency Counselor
5	58	White	F	Chemical Dependency Counselor
6	29	White	M	Chemical Dependency Counselor
7	29+	White	F	Clinical Director

January 9, 2002

"Name"	Age	Ethnicity	Sex	Experience / Background
1	45	White	F	Registered Nurse
2	50	White	F	Chemical Dependency Counselor
3	--	White	F	LISW
4	47	White	M	Chemical Dependency Counselor
5	52	White	F	Registered Nurse
6	56	White	F	Registered Nurse
7	64	White	F	Chemical Dependency Counselor

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

After marijuana, crack cocaine is the illicit drug of choice most commonly reported by drug users residing in Stark and Summit Counties. Information from law enforcement personnel and treatment practitioners supports this fact. Crack cocaine is readily available throughout the region, although inner-city, low-income neighborhoods are the focus of the "market." Cheap and easy to obtain, crack cocaine has become a staple substance among drug users. Although some individuals are occasional users, a major subgroup uses crack daily. This subgroup makes up a large part of the treatment population at any given time in the Akron-Canton region. Many of these individuals appear first in the legal system, then in various treatment programs. Residential treatment programs in particular are heavily populated by crack users, who may also be involved with other substance abuse, particularly alcohol.

The price of crack varies depending on the quality and purity of the drug and one's relationship to the dealer. Frequent users report that some dealers are becoming more adept at optimizing profits by adulterating the crack with baking soda or other products. Many users have learned to prepare or "cook" the drug themselves, and this practice seems to be increasing, primarily because of the variability in quality that is available on the street. Prices range from $5-$20 rocks in the smaller quantities. In larger quantities, "good" prices are reported as $125 for an 8-ball (1/8 ounce), and $225 for a quarter ounce.

Active drug users comment that "everybody is using." Crack cocaine use is widespread among all groups of people, regardless of age, sex, race, and occupation. Treatment providers state that "there is no typical user of crack." Many females support their crack habit through prostitution. Young male users were reported to start out selling prior to using, acting as street salesmen for users seeking small amounts. Participants report that use among whites is increasing, as former powder cocaine users drift to the cheaper and more powerful crack form. These users may purchase the drug from friends at work, or travel to the inner city to purchase it. They may have a surrogate purchase the drug for them and then deliver it to their home. Use of

crack among such individuals often results in a rapid descent, resulting in serious financial, legal, and social consequences:

> *"It's been my experience talking to cocaine addicts, crack addicts that the stuff feels so good, they don't care what happens. Whether they are homeless or whether they stand in front of a judge, and even after they've been clean for X amount of time, I mean the stuff is just absolutely like god to them."*

.

Users frequently reported that getting to treatment often presented problems for them. They felt that waiting lists prevented them from getting treatment when they needed it. There seemed to be a sense among these users that brief therapy following detox or outpatient treatment was not sufficient to prevent relapse. They complained of waiting lists to obtain treatment because treatment facilities were full:

> *"And there is a lot of people that has been on waiting lists for treatment and the amount of time between getting your name on the waiting list and actually getting in, sends a lot of people back out. And they never make it in to treatment because of the time they had to wait."*

Treatment providers contend that younger crack users are increasingly common in treatment. They say the most common crack user also uses alcohol and marijuana. Also noted by providers was a marked increase in older users of crack cocaine, both male and female, many of whom are relatively new users of the drug. They report the great availability of the drug as a factor in their initial use. Treatment admissions of crack cocaine as the primary drug of choice for adult users in the past six months has been reported in Summit County to be around 14% and for Stark County to be about 11 %.

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 used to create crack cocaine, which is more in demand. The quality of the powder cocaine is variable, and as reported by middle-aged users, who were using 20 plus years ago,

> *"I don't think it's as good as what it was back in my day. The quality… not that I have no proven way of determining that, but going on from what my son has told me and I've talked with other[s]… the quality is not as good as what it was back when we were using. You know, we had Peruvian back then."*

Treatment providers report that there are few clients seeking treatment for powder cocaine. The price of powder cocaine is reported at about $80-100 for a gram, an eight ball (1/8 ounce) for $135-150, or $120 for 1/16 of an ounce. It is often "stepped on" so much that the purity is extremely low. It is reported that it is still preferred by IV users. Active drug users report that professionals and the upper class are likely to be "snorting" powder cocaine; they also believe that it is often a "gateway" drug for younger individuals, who begin by smoking blunts, which may contain powder cocaine as well as marijuana.

2. Heroin

Heroin use is on the increase in this area, according to law enforcement, treatment providers, and drug users. The quality is very high, and availability is increasing and expanding out from the inner-city, especially compared to the past two decades. This increase is reflected in the claim of a treatment practitioner at this area's largest methadone maintenance program, that the number of clients they supervise has risen almost 400% in the past five years.

Heroin is reported as increasing in use especially 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. These users are often seen in detox units, but they rarely present themselves for long-term treatment. New younger users who may have chosen to experiment with heroin are finding themselves addicted. Mistakenly believing that only IV users become severely addicted, they are often reported to snort the drug at first, but as tolerance increases, they are at greater risk to move onto injection. A method of smoking heroin, called "chasing the dragon," which was popular in the area in the late 1970's, has been reported to be making a comeback, especially among new users. Hepatitis C (and B) are commonly reported among IV users. HIV infection from IV drug use seems to be in something of a "holding pattern." Users universally called for a workable needle exchange program.

> *"I am kind of a repeat offender. I come in and out a lot. I have been doing this for thirty-five years and they won't take me back even though I have insurance. The methadone clinic won't take me back, this is the only option that I have- is this place."*

Both users and service providers report that those who seek treatment experience high relapse rates. The percent of adult users admitted to treatment from July 01, 1999 through June 30, 2000 for Summit County was 3% and for Stark County, 1.1%. It is the opinion of most treatment providers that this percentage is increasing.

In addition, according to treatment providers, there is a unique subculture associated with heroin use, a perception by addicts that they are the *elite* among drug users. They maintain a close-knit community. It is reported that older, chronic users protect each other and sell to each other.

The estimated cost of heroin is $20-30 a bag (one dose) and $120-300 a bundle (ten hits/"bags" to a bundle).

3. Other Opioids

Oxycodone long-acting (OxyContin) heads the list of popular opioids in Stark and Summit Counties. Hydrocodone (Vicodin), oxycodone and acetaminophen (Percocet) meperidine (Demerol), hydromorphone (Dilaudid), propoxyphene napsylate and acetaminophen (Darvocet), and codeine medications are also abused in large amounts. These drugs are increasingly easier to get as street drugs, but they are most often obtained as "legitimate" prescriptions, and then re-sold at a large mark-up. Cost on the street is reported to be $10-15 for a 20 mg OxyContin tablet, $15-20 for a 40 mg tablet, while an 80 mg tablet may go for $35-40. Some users report that the rural OxyContin market price may be $1 per mg. Users report obtaining it through prescription by going to emergency rooms, doctors' offices, dentists, or by utilizing prescriptions of friends or relatives, who are willing to part with all or some of their own prescriptions.

"I don't know if this has any bearing on it but I know I've talked to different people who are trying to get sober, and they have gone to doctors, they do have a legitimate excuse to get the OxyContins and they've talked about selling whatever they can get by with just enough to keep the pain down and they would sell the excess. And the thing of it is somebody suggested this person get off of them cold turkey and they can't."

Local crime reports recently have cited considerable criminal activity associated with these pain medications, including burglaries, robberies, prescription forgery, and medical workplace pilfering. The largest user group of these drugs is reported to be white women in their thirties. In addition, use by younger individuals, including adolescents, is on the rise. 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 illicit drugs. Marijuana is seen as an acceptable drug despite its illegal status. Active users report they felt that it is a benign, natural product. Despite daily use, most users do see the drug as addicting or particularly problematic.

"You find that marijuana is more socially acceptable so that is why most people don't think that they have a problem- whether they smoke one joint a day to 50 a day, because it is so socially acceptable. Like alcohol, marijuana is becoming socially acceptable. You will have police that will stop you and give you the blow test instead of taking you to jail because they have to go through too much process just for a little bit of weed."

There is no longer a stereotypical user of marijuana. It seems to have an intergenerational appeal. Treatment providers report having counseled many individuals who said that they were introduced to marijuana by their parents or other family members. Providers also emphasize that marijuana users are generally unlikely to come to treatment as a voluntary decision, but often end up in treatment demonstrating considerable resistance to the notion that marijuana should be treated in the same way as other drug abuse.

The cost of marijuana depends on what kind is purchased. Exotic imported or hydroponic strains may go for upwards of $3500 a pound, but more ordinary quality goes for $1200-1800 per pound. Smaller amounts include as little as a gram, to eighth and quarter ounces. Primarily in the African-American community, small amounts may be purchased in the form of *blunts* ($10 for two), or hand-rolled joints. Users report that sometimes you don't know what you are getting when you purchase marijuana. Users said that "wet" is popular in some areas- referring to joints dipped in PCP, or, as often claimed, in formaldehyde. Active drug users' accounts of price varied widely. Prices reported ranged from $10 a *blunt*, $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 reported that stimulants are not widely abused, but that there exists a small "speed subculture" of users. Cocaine users who are looking for a longer high, may be making the switch to these substances. Prescription stimulants are available, but difficult to get. Some users reported that the "right" doctor may prescribe them if a user merely claims to be overweight. 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 report that they have not made arrests 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 three 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. That was double from the previous year. Summit County doesn't necessarily have more methamphetamine users and labs than other counties in Ohio, however, according to law enforcement, "We are the most trained on it [busting methamphetamine labs]."

People who are using methamphetamine generally make it themselves, in small quantities, for immediate use. It can be produced anywhere, a state park, hotel, a car, or in a home. Methamphetamine labs are easy to locate because of the smell given off in production—a strong smell similar to cat urine. 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. Producers will extract the substance from match heads.

Methamphetamine takes a severe toll on the user. The high can last for days; it was reported that users will be awake for days. Participants reported the "typical" user as white, maybe affiliated with a motorcycle gang. It is becoming apparent that this narrow portrayal does not capture the full spectrum of users of these powerful drugs.

It was reported that a user coming to treatment is still a relative rarity in this area. Methamphetamine is not a major 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 (DEA). The 1999-2000 treatment admissions data for Summit and Stark Counties reported less than .5% of admissions for all amphetamines. This percentage has remained fairly consistent.

6. Depressants

6.1 TRANQUILIZERS

Use of depressants is not a significant problem in the Akron/Canton area. Barbiturates have not been available in sufficient quantities to cause much attention. It is reported that diazepam (Valium) and alprazolam (Xanax) are drugs of abuse listed by a small percentage of individuals who seek treatment in the area. However, withdrawal and recovery from these and

other benzodiazepines can be difficult and dangerous. Abuse of other sedative hypnotics, e.g., Dalmane, etc. is relatively rare.

Other drugs, such as the muscle-relaxer Soma, are being abused in a number of ways. For instance, Soma is used both to "boost" a narcotic effect from methadone, and is also used to come down from the stimulant effects of crack cocaine.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

GHB, considered the "date rape" drug, is of concern to participants. It is commonly reported to be used most often 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. Reports from users in this area indicate that use is decreasing.

7. Hallucinogens

It is reported by law enforcement that mushrooms are making a come back, due in part to the availability of home propagation kits. Liquid PCP was estimated to sell for $5 a drop.

Other hallucinogens such as LSD are being reported in the area, and the quality, purity and strength are much greater than has been reported in recent years. Single doses are reported to cost between $5-$10. "Blotter acid" sheets (100 doses) may go for $200.

7.1 MDMA (ECSTASY)

Ecstasy is relatively easy to obtain, especially among followers of "raves." Most popular among young whites, Ecstasy (MDMA) is reported to be increasing in popularity among African Americans. The cost is estimated at $10-25 per dose.

8. Inhalants

Drug user participants believed that inhalant use was widespread among young whites, primarily males from lower income circumstances, who lack the means or access to other drugs. Use of inhalants is seen as a "gateway" experience to other drug use. Law enforcement, however, reports that some users end up abusing the substances for long periods of time. Treatment providers report that inhalant use can have permanent and devastating effects on the user. They also report that, because of the negative image attributed to inhalant users, they are unlikely to seek treatment in conventional alcohol and drug programs.

9. Alcohol

Alcohol is commonly used and abused in both Summit and Stark Counties. The percentage of treatment admissions for alcoholics 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, fewer admissions are presenting to treatment with alcohol dependency as their sole diagnosis. Participants report that alcohol as 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. Users and treatment providers agree that there is a link between

alcohol abuse and crack use, as the crack is used to stimulate, the alcohol to counter the hyperactivity brought on by the crack.

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. Increasingly, these drugs are becoming "democratized," that is, they are being used by people of all race, age, sex, and social class categories. Heroin use is making increasingly strong inroads into new user groups, particularly among younger users, who appear to be transitioning from other drugs more quickly than in the past three decades. Also, crack cocaine users are increasingly likely to use heroin as well.

RECOMMENDATIONS

- Crack cocaine and powder cocaine contain the same psychoactive component, yet the penalties for possession are more severe for crack possession. Powder cocaine should have a higher penalty because of it is the base for making crack cocaine.

- Summit County now has both a municipal drug court, and a proposed county drug court, due to begin operations this spring. There is a need in Stark County for similar facilities.

- 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.

- The increase in heroin use in the area calls for an evaluation of the availability and effectiveness of different treatment modalities, including, but not limited to, methadone maintenance treatment. Treatment providers recommended that appropriate needle exchange programs should be considered on a larger scale than has been up to this point.

PATTERNS AND TRENDS OF DRUG USE IN

CINCINNATI (HAMILTON COUNTY), SOUTHWEST, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001 – January 2002

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Abstract

The misuse, abuse and diversion of Oxycontin-R constitutes a significant problem, which must be addressed in a rational and measured manner. The crux of the problem is that tighter controls on the drug will mean that patients in pain who, now by the criteria established by the Joint commission on the Accreditation of Hospitals (JCAHO), deserve to have their pain adequately treated will not receive a safe and effective drug, i.e. Oxycontin-R. The solution to this two-headed dragon of a problem is simultaneous aggressive law enforcement, and education of physicians and all health professionals about the appropriate use of analgesics. Communication between health professionals and pharmaceutical diversion investigators is also an important aspect of the solution to this multi-faceted problem.

The Internet websites continue to propagate the myth that the main risk of MDMA is dehydration. The main risks are hyperthermia, tachycardia, convulsions, hypertension, irrational dangerous behavior, damage to serotonergic nerves and death. All these effects are caused by MDMA, not dehydration.

INTRODUCTION

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 enclosed.

- **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.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
1-8-02	8	Women's HIV chemical dependency support group
1-9-02	18	Street drug users
1-16-02	7	HIV, Substance abuse outreach workers
1-18-02	20	Active Drug Users

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	53	0	53

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Cocaine is readily available. Cocaine is available as powdered cocaine and "crack." Crack tends to be used by African-Americans, and the lower SES population. Crack use by middle and upper SES populations certainly occurs, as is evidenced by the pattern of buys in the inner city by suburban users. This use pattern is less visible than the use pattern by lower SES people. Crack on the street is a number of different chemicals and varies from day to day. Street Crack usually contains some cocaine, but may also contain benzocaine, procaine, xylocaine, lodocaine, or other local anesthetics. Unfortunately, all of these other local anesthetics can be toxic in large doses. Crack is smoked in pipes or other devices suited for heating and vaporizing the drug. The practice of injecting crack is rare in Cincinnati, but does occur. In all ethnic groups, crack use is associated with poverty, prostitution and gang behavior.

Crack cocaine continues to be an important item of street commerce in Hamilton County. The supply is plentiful. It is sold in $5, $10, $20, and $50 "rocks." The price is about $100 for about a gram of material. The material typically contains some cocaine in the

base form along with other cuts, fillers and substitute local anesthetics. Crack cocaine is primarily smoked.

A remarkable attitude is expressed by poor street level users of crack. The attitude is that the street level users are "on then bottom of the totem pole and as such are exploited by everyone above them (i.e., the smugglers, money launderers, the "drug boys," the dealers and the dealer-users). The lack of the perception that there are alternatives to hustling for crack is truly remarkable. The self concept of being a victim of exploitation is very common in the street level crack using population, as is antisocial behavior.

1.2 COCAINE HYDROCHLORIDE (HCL)

Cocaine powder (cocaine hydrochloride) is available, but not as plentifully as crack. The use pattern tends to be in the middle to upper SES white population. The price tends around $100/g. It is remarkable that there is a perception that the users of powdered cocaine tend to be more in control of their drug use, as reflected in expressions such as "they have cocaine in their budget," meaning that the users have the financial means to purchase the drug and tend use it on weekends and have traditional jobs during the week. Such use patterns can lead to much more destructive use patterns and medical problems including stroke, heart attack, and death.

The socio-economically-defined patterns of cocaine hydrochloride and crack use continue to be quite clear and remarkable.

2. Heroin

Heroin is now continuously available. This is a change over the last two years, from a situation in which it was sporadically available to the present time in which high purity heroin is continuously available. Heroin is available in many forms including, Mexican brown, black tar, "red," "dog food," occasionally very pure white powdered heroin, known as "china white" is available. The percentage ranges widely from 40 to 90 percent. Most is on the high percentage end. The price is high. The minimum is $20, with $50 to $100 needed for a higher quality bag. Availability is now constant.

The supply of heroin in Cincinnati has changed from the poorest in the Midwest to now being similar to other Midwest cities. 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. Batches of relatively high quality heroin now reach the streets and dealers of Cincinnati on a regular basis. This is a change for the worse.

Another pattern of Heroin use is among transient teen and young 20's, many of whom are runaways, and involved in the sex trade.

3. Other Opioids

Cincinnati's distinction as a "Pill Town" continues. This means that the 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. In this six-month period the abuse of "Oxy" (Oxycontin-R) has become more problematic. Dr. Nelson has been interviewed by; U.S. News and World Report (February 12, 2001), The Wall Street Journal (January), The Cincinnati Post, The Cincinnati Enquirer, The Dayton Daily News, and two other newspapers regarding the abuse of Oxycontin-R. The crux of the problem is that Oxycontin-R is an important, safe and effective analgesic when used appropriately. At the same time there are those who abuse the drug and divert it from legitimate pharmaceutical channels, and rob pharmacies to obtain the drug. A summary of opioids diverted in Hamilton County is attached (Exhibit 1).

4. Marijuana

Marijuana continues to be regularly and continuously available. The sources are multiple and include: homegrown, hydroponicly grown "Hydro," wild crops, Mexican, Jamaican, and Columbian. The percentage of THC is typically 3 to 10 percent in most of the street product. The price varies from $100 to $200 per ounce and up depending on the perceived quality of the product.

Hashish is not as available as marijuana, but its availability is relatively steady. The price varies around $50/g. The source varies, but most comes from the Middle East, Jamaica, and Mexico. Hash oil is also available sporadically; it sells for $100/ 5g. Hashish is smoked by itself in a hash pipe. Hash oil is smoked on marijuana or smoked on tobacco.

5. Stimulants

5.1 METHAMPHETAMINE

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 white motorcycle gang group tends to transport and sell Crank. The much touted "Ice" epidemic failed to appear. Methamphetamine has become available on the street, but the supply is limited. It is manufactured from pseudoephedrine using organic chemical synthetic methods, which are widely available on the Internet.

Local police and law enforcement have confiscated numerous laboratories and arrested numerous people for the manufacture of methamphetamine. The methamphetamine is usually snorted up the nose like cocaine. Cases of methamphetamine dependence are working their way through the criminal justice and chemical dependency treatment systems. The violence and criminal activity associated with methamphetamine abuse is

on the rise.

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. There is abuse of methylphenidate (Ritalin) as a gateway drug and drug of second choice, almost exclusively among adolescents.

Methylphenidate continues to be both a useful medication for the treatment of Attention-Deficit Disorder (ADD) and Adult Attention-Deficit Disorder (AADD). The drug is diverted from legitimate pharmaceutical sources and abused orally or snorted to produce a stimulant high. Methylphenidate is seldom the "drug of choice" for anyone. Its use is mostly adolescent and opportunistic.

6. Depressants (Sedative Hypnotics and Anxiolytic Sedatives)

All prescription sedative hypnotics and anxiolytic sedatives of the benzodiazepine and GABA agonist variety continue to be abused. Of the benzodiazepines, Xanax continues to be the "drug of choice" among benzodiazepine abusers. The drugs are often taken with alcohol, which exponentially increases their overdose and addictive danger. Carisoprodol (Soma-R) continues to be sought out as a drug of abuse.

The abuse of depressants occurs for its own sake, and as a way to come down from stimulants, e.g., Crack, Crank methamphetamine, etc. Among the benzodiazepines, "downer" users prefer Xanax-R. 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 and Entactogens

The available hallucinogens in Hamilton County are:

1. LSD, readily available at doses 25 to 75 micrograms, typically as "blotter acid," or "window panes." Psilocybin is available as "Shrooms" which is dried psilocybin mushrooms or regular mushrooms with LSD added.
2. Mescaline and Peyote continue to be rare and expensive.
3. MDMA is readily available. The drug is widely available and most often used at RAVE parties by people in there twenties. There is also considerable use of MDMA by the gay community. Unfortunately, this drug is neurotoxic to serotonergic neurons.

Harm reduction websites continue to propagate the myth that the main risk of MDMA is dehydration. The main risks are hyperthermia, tachycardia, convulsions, hypertension,

irrational dangerous behavior, damage to serotonergic nerves and death. All these effects are caused by MDMA, not dehydration.

The use of MDMA is moving into younger populations and into the African-American population.

8. Inhalants

Inhalant abuse causes 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 gay bars and social situations.

9. Alcohol

The use of alcohol in the Greater Cincinnati area continues to be 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 there 20's tend toward distilled spirits as do more affluent heavy drinkers. High percentage beers and ales continue to be available in large 40-ounce bottles, which are marketed heavily in the inner city area.

CONCLUSIONS

Two disturbing trends, which have heavily impacted Southwest Ohio in the past six months, are the increased availability of heroin, and the strong growth of the abuse of OxyContin.

Methamphetamine manufacture presents dangers from the use of dangerous chemicals by untrained would-be chemists, and from the addiction, violence, and crime caused by methamphetamine

The "Pill Town" aspect of the Greater Cincinnati area continues, but is fading with the advent of the availability of higher purity heroin. The misuse, abuse and diversion of Oxycontin-R has emerged as a major addiction, law enforcement, and pain treatment medical issue.

RECOMMENDATIONS

The misuse, abuse, and diversion of OxyContin-R must be addressed through health professional education regarding appropriate treatment of pain (medicine is currently doing a poor job of treating pain). The Joint Commission on the Accreditation of Hospitals has recently issued a patients bill of rights regarding the right to adequate treatment of pain. Health professionals must know how to treat pain and be allowed to do it. The approach of tightening controls on OxyContin is not the solution.

Health professionals must be made aware that OxyContin-R is sometimes abused and has abuse potential. Health professionals must learn to work with law enforcement to stop the diversion of OxyContin-R from illegitimate channels.

Law enforcement must understand that there are some patients who need large doses of narcotics for long periods of time, and that such prescriptions are in the best interest of the patient and society.

Health professionals and law enforcement must work together to solve the two severe problems, which exist simultaneously of inadequate pain relief and the misuse, abuse and diversion of OxyContin-R

The problem of the illegal manufacture of methamphetamine must be addressed at the level of law enforcement, and at the level of community organization. The realization that illegal laboratories constitute a fire and explosion hazard may help in this regard. The second aspect of addressing the methamphetamine problem is to get the word out that "SPEED KILLS." Methamphetamine causes strokes, convulsions, cerebral bleeds, violence and increases violent crimes. Everyone has an interest in decreasing illegal methamphetamine use.

EXHIBIT 1: Prescription Opioid Diversion

PDS DRUG STATISTICS
October 1, 1990 – December 31, 2001

Prescriptions	31, 199
Dosage Units Diverted	2,370,182

TOP PRESCRIPTION DRUGS DIVERTED
October 1, 1999 – December 31, 2001

OPIOID DIVERTED	UNITS	PRICE
HYDROCODONE (Vicodin)	661,008	$6
PHENTERMINE HYDROCHLORIDE (Adipex. Fastin, lonamin)	272,795	$6
OXYCODONE (Percocet. Percodan, Tylox)	205,276	$6-$8
ACETAMINOPHEN W/CODEINE (Tylenol w/ Codeine)	117,967	$3-$5
DIAZEPAM (Valium)	117,508	$1-$2
PROPOXYPHENE (Darvon, Darvocet)	89,091	$2-$4
CARISOPRODOL (Soma)	67,259	$3-$4
BUTALBITAL (Fiorinal)	60,897	$3-$5
Morphine (MS Contin/lnjectable/Oral)	50,739	$30-$60
MS Contin		30mg -$30; 60mg -$45; 100mg -$60
Injectable/Ora((2mg = 1 d.u.)		(NIA-HIP Usage)
ALPRAZOLAM	49,905	$3-$4
PENTAZOCINE (Talwjn)	32,144	$2-$4
MEPERIDINE (Demerol) (25mg = 1 d.u.)	30,562	NIA-HIP Usage
DEXTROAMPHETAMINE (Dexedrine, Adderall)	30,512	$8
ULTRAM (since 9/97)	29,011	$1
METHYLPHENIDATE (Ritalin)	24,186	$10-$15
OXYCONTIN (since 1/00)	23,488	$1 per mg
FENTANYL	22,017	NIA-HIP USAGE
LORAZEPAM (Ativan)	19,360	$2
HYDROMORPHNE (Dilaudid) (2mg = 1 d.u.)	15,819	$60
CODEINE COUGH SYRUP	13,986	$3-$4

PDS DRUG STATISTICS
JANUARY 1, 2001 – DECEMBER 31, 2001

PRESCRIPTIONS DIVERTED	1,404
DOSAGE UNITS DIVERTED	106,415

TOP 10 PRESCRIPTION DRUGS DIVERTED
JANUARY 1, 2001 – DECEMBER 31, 2001

OPIOID DIVERTED	UNITS	PRICE
HYDROCODONE (Vicodin)	39,745	$6
FENTANYL	11,672	N/A-HP Usage
OXYCONTIN	10,588	$1 per mg.
DIAZEPAM (Valium)	10,313	$1-$2
METHYLPHENIDATE (Ritalin)	6,600	$10-$15
OXYCODONE (Percocet, Percodan, Tylox)	4,621	$6-$8
CARISOPRODOL (Soma)	4,092	$3-$4
ALPRAZOLAM (Xanax)	2,850	$3-$4
PROPOXYPHENE (Darvon, Darvocet)	2,640	$2-$4
MORPHINE INJECTABLE	2,491	N/A-H/P Usage

PATTERNS AND TRENDS OF DRUG USE

IN CUYAHOGA COUNTY/CLEVELAND, OHIO

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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Abstract

Crack Cocaine, heroin and marijuana continue to be the Cleveland area's primary illicit drug use problems. Crack cocaine use is pervasive but relatively unchanged; however, there has been an increase in older crack cocaine users. Marijuana remains a very common 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") reported in July, 2001, continue to increase. OxyContin availability and use has increased significantly over the last 6 to 12 months among all user groups. Treatment challenges continue to exist for all of the drugs mentioned – especially heroin, crack cocaine, and prescription drugs. These challenges include lack of residential treatment programs and availability of matching outpatient treatment and after-care programs as well as helpful ancillary services.

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 three focus groups and seven individual interviews conducted in December 2001 and January 2002. The number and type of participants are described in Table 1 and 2.

- **Cuyahoga County Coroner's Office** provided toxicology laboratory report of substances involved in fatal poisonings for 2000.

- **Cleveland Plain Dealer** articles describing discovery of methamphetamine labs, arrests involving heroin and crack cocaine. One article also described a search of high school lockers that resulted in discovery of marijuana.

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.)
12/21/01	4	Treatment Providers
12/27/01	3	Treatment Providers
1/8/02	4	Police Officers

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
12/14/01	User
12/14/01	User
12/14/01	User
12/20/01	User
12/20/01	User
12/27/01	User
01/11/02	User

Totals

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	11	7	18

Table 2: Detailed Focus Group/Interview Information

December 14, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1	48	African American	Male	Heroin user in detox
2	37	Hispanic	Male	Heroin user in detox
3	39	White	Male	Heroin user in detox

Recruitment procedure: *Individuals were recruited for participation in Substance Abuse Trends because of their individual experiences and involvement with heroin as primary drug of choice. Chemical dependency counselor asked for volunteers for participation*

December 20, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1	47	African American	Female	Heroin user in recovery
2	39	African American	Female	Heroin user in recovery

Recruitment procedure: *Both of these individuals were recruited through a contact with the Cuyahoga County Treatment Alternatives to Street Crime counselors.*

December 21, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1	32	African American	Female	Chemical dependency counselor—TASC
2		White	Female	Chemical dependency counselor—TASC
3	31	White	Female	Chemical dependency counselor—TASC
4	26	African American	Female	Chemical dependency counselor—TASC

Recruitment procedure: *These counselors were recruited through the executive director of the Cuyahoga County Treatment Alternatives to Street Crime.*

December 27, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1		White	Female	12 years experience as chemical dependency nurse
2		White	Female	15 years experience as chemical dependency counselor
3		White	Female	12 years experience as chemical dependency counselor

Recruitment Procedure: *The three participants listed above were recruited through the executive director of Stella Maris Treatment Center.*

December 27, 2001

"Name"	Age	Ethnicity	Gender	Experience/Background
1	41	White	Male	User in recovery for 8 months

Recruitment procedure: *The participant above was recruited through a contact with a chemical dependency counselor at Treatment Alternatives to Street Crime. Treatment provider requested volunteers for participation.*

January 11, 2002

"Name"	Age	Ethnicity	Gender	Experience/Background
1	26	White	Male	Active heroin user, 5 years of use

Recruitment procedure: *The participant above was recruited through an individual involved in an earlier interview.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine continues to be a major drug concern in the Cleveland area. It is readily available in many Cleveland neighborhoods. Users say "it's as available as a stoplight" and "everybody has it." Most participants felt that there has not been a significant change in the availability over the past six months to one year. A $20 rock is the most common selling size of crack cocaine, but price varies depending on the size of the rock. Some participants felt that crack is slightly less pure than a year ago. However, the users agree that the purity depends in large part on the seller. Smoking continues to be the main method of administration, although some injection drug users indicate there is an increase in the number of people melting the crack down and injecting it with vinegar or water.

Several participants indicated that older individuals, some senior citizens, are starting to use crack cocaine. Some also indicated an increase in the numbers of females using crack.

> *...I have noticed that I am getting clients that have not done crack before, ages 50 and above that are starting to use for the first time.*
>
> *...the same thing. I have several who are 50 and actually to 75 who have started. There was some alcohol use before they started, but basically they just started now.*

Some participants also indicated an increase in the number of very young people using crack. There does not seem to be racial or ethnic differences in crack use. Users indicate they believe there has been an increase in the number of users of crack while treatment providers and police officers feel the numbers are fairly stable from one year ago.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powder cocaine, while available in the Cleveland area, is not as readily available as crack cocaine. The users that were interviewed agreed that they would be able to find cocaine in powder form if they wanted to but it is not available "on the street corner." The purity of powder cocaine seems to vary widely between suburban and inner city areas. Generally, however, participants felt that powder cocaine is less pure than one year ago. The current cost of a "bag" or quarter gram is $20-25, and the cost for a quarter ounce is approximately $200. Snorting is still the most common method of administration although users did mention injecting with heroin ("speedballing") as a means of administration. There has not been a significant increase in the number of individuals using powder cocaine and there have not been new users emerging in the Cleveland area.

2. Heroin

Heroin is readily available in the Cleveland area. While not yet quite as available as crack cocaine, heroin can be found on most street corners in many neighborhoods and the availability seems to be on the increase. Users stated that there were differences in the types of heroin available on the East versus the West side of Cleveland. "China White" is more available on the East side, while "Mexican Brown" is more available on the West side. Heroin costs between $10-$20 a bag or dose. An eight ball ($1/8^{th}$ of a gram) can be bought for about $80-$90. Users indicated that the purity of heroin varies a great deal depending on the seller, the neighborhood where it is being bought, and what is available at that particular time. Treatment providers and law enforcement felt that the heroin that is currently available has gotten more pure over the last year. While participants discussed various methods of administration (smoking and snorting) the most common method of administering heroin among all races and ethnicities is still injecting. Users described the progression from smoking or snorting heroin to injecting as happening very quickly.

> *...it happened really quickly…it went from doing it on weekends to every day. It happened within three months or four months. Since then, really since I started I have been daily…I started doing a bag a day and now I am doing about twenty to twenty five.*

Participants felt that there has been an increase in the number of individuals using heroin over the last 6 to 12 months. Those interviewed described two new user groups. The first group is younger, many women. The second group is young suburban men.

3. Other Opioids

Other types of opioids are growing in popularity in the Cleveland area. The opioids mentioned were Oxycodone long-acting (OxyContin), Oxycodone (Percocet), hydrocodone (Vicodin) and Dilaudid. When asked about other types of opioids nearly every participant commented on OxyContin. There has been a significant increase in its availability over the last 6 months; however it is very expensive, typically selling for $1 per milligram. Some users of OxyContin also buy stolen prescriptions that they then get filled. Some users chew the tablets rather than swallow them whole. Other users break the pills down, dissolve them and inject them.

Users indicated that more men than women use OxyContin. However, treatment providers indicated that they are seeing an increase for both men and women. Both treatment providers and users thought that the racial difference that they thought had previously existed has lessened over the last 6 months. That is, OxyContin used to be seen as a "white male" drug, however it has become popular with all races as well as all age groups. Treatment providers discussed young, suburban people taking OxyContin from their parent's prescription or having the money available to purchase the costly drug.

4. Marijuana

Marijuana is readily available and this availability has remained stable over the last year. The cost of marijuana varies a great deal from $1-$2 a joint or $35-$350 an ounce depending on the quality. Participants felt that the quality of the marijuana is very good right now. There do not seem to be racial or ethnic differences in the abuse of marijuana. Many regular users are young people; however, some counselors mentioned many of their clients using marijuana regularly to "mellow" after using other drugs or combinations of drugs. When discussing marijuana with the focus group participants and those interviewed individually, the consensus was that marijuana is perceived as a "non-issue" nowadays. Because of its availability and low cost there is little concern about an increase in crime to get marijuana.

> *…it's a casual drug.*
> *…a lot of people don't even look at it, like she said, as a drug. A lot of people here, when they're going off of heroin their plan is, "but when I go home I'll just smoke a little"…*

The only concern that participants expressed regarding marijuana was the other drugs that some users mix with the marijuana. Many of the users mentioned "wet" and an increase in its use. There seems to be confusion about what "wet" is and its effects. Some believe it is formaldehyde while others believe it is PCP. Users can either buy a bottle of the liquid to dip joints themselves or buy joints that have already been dipped. The cost of "wet" varies but generally a small vile (approximately ¼ ounce) is about $20. Participants felt that "wet" seems to be more popular with younger, African-American females.

> *…they're not violent to the point of getting money to obtain it. In fact, they don't do anything to get it. It's just when they have the money…It's nothing to see a car full of girls, young women I'm saying, that work, they might be school teachers or secretaries downtown somewhere, but on the weekend it's nothing to see a car full of them and they'll dome down…*

5. Stimulants

Although the number of methamphetamine lab seizures more than doubled from 2000 to 2001 this does not seem to be a very popular drug in the Cleveland area. Two users mentioned hearing that methamphetamine was available but not knowing where to get it or how much it would cost.

6. Hallucinogens

Participants' knowledge of other types of drugs, including MDMA (Ecstasy), ketamine and LSD varied. Users were aware of "club drugs" but had not used them. They felt that younger people at raves used these types of drugs. While users agreed these types of drugs were available they believed there was a distinct crowd where the drugs could be found. While historically club drugs have been most popular among white suburban youth they are spreading across racial/ethnic lines.

Treatment providers and law enforcement indicated that they were seeing more users mandated to treatment through the legal system for using club drugs. Treatment providers discussed the lingering effects of PCP and some of the club drugs. The clients appear very disconnected and have difficulty with everyday tasks.

> *...I have noticed that the aftermath of using these drugs is that clients have significant cognitive disorders. They have difficulty remembering simple things, functioning, maintaining—basically you look at them and they are like zombies.*
> *...it's a strange monotone style.*
> *...really slow.*

CONCLUSIONS

Crack cocaine, heroin and alcohol remain the most commonly used drugs in the Cleveland area. Marijuana use is so common that it is hardly considered a "drug" by drug users. Crack cocaine and heroin are used by both genders, and all races/ethnicities and age groups. An older (many 50+ years) new user group seems to be emerging among crack cocaine users. Because of increased availability, quality, and relatively low cost, heroin continues to grow as a drug concern particularly among younger users. These younger users start snorting or smoking heroin but progression to injection drug use is very fast.

OxyContin is a growing concern in the Cleveland area. Virtually every group interviewed indicated a significant increase in the availability and number of users of OxyContin. Participants were aware of what it is, how much it costs and how users are administering the drug.

There are still significant treatment barriers for those seeking help in the Cleveland area. As anticipated, a lack of available "slots" in treatment (both residential and outpatient/after care) was consistently mentioned as a barrier. Detoxification is only available to those individuals who meet the medical criteria for withdrawal and space is very limited. Providers discussed contractual obligations with the criminal justice system as limiting the number of slots available to "walk-in" clients. A lack of health insurance is a major concern for individuals seeking treatment in the Cleveland area. Matching treatment groups with user needs was a concern for some of the heroin users. That is, they felt the groups they were involved with focused primarily on alcohol or crack cocaine use and they felt somewhat out of place.

Some ancillary services that were mentioned that could be of great assistance to those in treatment included assistance with child care, transportation, and job training.

RECOMMENDATIONS

- Additional residential treatment programs including detoxification are needed for addiction treatment, followed by well-matched intensive outpatient treatment. Sober housing is a major concern for individuals leaving treatment and efforts to provide transitional housing should be considered.

- There needs to be an increased awareness of the potential long term cognitive effects of "club drugs."

- Careful consideration of the impact of OxyContin on the drug using community should be explored.

PATTERNS AND TRENDS OF DRUG USE IN

COLUMBUS AND FRANKLIN COUNTY, OHIO

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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Abstract

Trends identified in previous reports continue to occur. Drug use initiation appears to be starting at younger ages. Most drugs remain very accessible in the Central Ohio area. Reports of OxyContin use are increasing. Club drugs remain very popular, particularly Ecstasy and Ketamine. As in the past, marijuana is plentiful and considered benign and non-addictive. Most participants felt treatment was available if they wanted it.

INTRODUCTION

1. Area Description

Franklin County was founded in the year of 1803. Since that time, the county has grown into the 33rd most populated county in the United States and is larger in population than both the states of Wyoming and Montana.

As of April 1st, 2000, the population of Franklin County numbered 1,068,978. There are 113,115 people in poverty, with 43,580 under the age of 18. The median household income is $39,498. Racial breakdowns for the City of Columbus, located in Franklin County, are White (67.9%), Black (24.5%), and Asian (3.4%).

2. Data Sources and Time Periods

- **Qualitative data** were collected in four focus groups and nine individual interviews between October 2001 and January 2002. Five of the individual interviews were conducted using the rapid response protocol for young heroin users. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

- **ADAMH** reports treating almost 33,000 people in 2000 (25% children) for mental health and AOD issues. This number has increased from almost 30,000 in FY97. In the Summary of Current Environment the agency reports uncontrolled Medicaid entitlement, increasing costs, and the inability to meet future needs. The report appears in Appendix 1.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
10/2/01	4	Just For Today Club (users early in recovery)
10/16/01	8	Active users and users early in recovery
11/2/01	9	Gay club drug users
12/7/01	7	Adolescent treatment providers

Individual Interviews

Date of Individual Interview	Active Drug User or Front-Line Professional (Type: counselor, police officer, social worker, etc.)
10/2/01	Counselor
12/17/01	Active user
12/17/01	Active user
12/17/01	Former user
12/17/01	Former user
12/19/01	Active user
1/7/02	Active user
1/7/02	Active user
1/7/02	Active user

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Participants	TOTAL Number of Participants
4	28	9	37

Table 2: Detailed Focus Group/Interview Information

October 2, 2001: Counselor

Ethnicity	Gender	Experience/Background
White	Male	6 years experience with high risk youth; one year in Columbus working with gay men

Recruitment Procedure: *Colleague of Key Informant*

October 2, 2001: Just For Today Club

Age	Ethnicity	Gender	Experience/Background
37	Black	Male	Former heroin user now 6 years clean
29	Black	Female	Former crack user now 1 year clean
31	Black	Male	Drug of choice is marijuana
35	Black	Male	Former crack user now 2 years clean

Recruitment Procedure: *Colleague of Key Informant arranged focus group*

October 16, 2001: Focus group at house of participant

Age	Ethnicity	Gender	Experience/Background
42	Black	Female	Former crack user one year in recovery
36	Black	Female	Former crack user, 4 months in recovery
37	Black	Female	Former crack user, 1 year in recovery
40	Black	Male	Former crack user and alcoholic; one year in recovery
36	Black	Female	Former crack user, 8 months in recovery
43	Black	Female	Former crack user and alcoholic; 2 months in recovery
35	Black	Female	Former crack user; 44 days in recovery
39	Black	Female	Drug of choice is crack; recently released from jail

Recruitment Procedure: *Colleague of Key Informant arranged focus group*

November 2, 2001: Gay Club Drug Users

Age	Ethnicity	Gender	Experience/Background
31	White	Male	Drug of choice is ecstasy
20	White	Male	Not currently a user but enjoys club scene
26	Black	Male	Drug of choice is ketamine; supports self through dealing drugs
21	White	Male	Drug of choice is methamphetamine
27	White	Male	Drug of choice is powder cocaine
31	White	Male	Drug of choice is methamphetamine
23	White	Male	Drug of choice is ecstasy
27	White	Male	Drug of choice is alcohol
26	White	Male	Drug of choice is ecstasy

Recruitment Procedure: *Colleague of Key Informant arranged focus group*

December 7, 2001: Adolescent In-Patient Treatment Providers

Ethnicity	Gender	Experience/Background
White	Male	Director of treatment center; in the field for 25 years
White	Female	Counselor assistant; in the field for 11 months
Black	Male	Counselor assistant; in the field for one year
White	Female	Counselor assistant; in the field for one year
Black	Male	Counselor assistant; in the field for one year
Black	Male	Counselor assistant; in the field for 8 months
White	Female	Counselor; in the field for six years

Recruitment Procedure: *Key Informant called agency director and arranged for focus group*

December 17, 2001: Active Heroin User

Age	Ethnicity	Gender	Experience/Background
22	Black	Male	Active heroin user for about 2 years; snorts the drug

Recruitment Procedure: *Recruited by 'R', another active user*

December 17, 2001: Heroin User in Treatment

Age	Ethnicity	Gender	Experience/Background
30	Black	Male	Used heroin for 3 years; currently in treatment

Recruitment Procedure: *Recruited by 'R', an active user*

December 17, 2001: Heroin user recently out of de-tox.

Age	Ethnicity	Gender	Experience/Background
30	Black	Male	Used heroin since age 13; some clean time while in jail then resumed using about 2 years ago.

Recruitment Procedure: *Recruited by colleague of Key Informant*

December 17, 2001: Heroin User in Treatment

Age	Ethnicity	Gender	Experience/Background
30	Black	Male	Currently in treatment for heroin addiction; clean for 10 months

Recruitment Procedure: *Recruited by 'R', an active user*

December 19, 2001: Active Heroin User

Age	Ethnicity	Gender	Experience/Background
29	Black	Female	Active heroin user for 3 years

Recruitment Procedure: *Recruited by 'L', a user in treatment*

January 7, 2001: Active Heroin User

Age	Ethnicity	Gender	Experience/Background
30	White	Male	Active heroin user for 14 years

Recruitment Procedure: *Recruited by 'L', a user in recovery*

January 7, 2001: Active Heroin User

Age	Ethnicity	Gender	Experience/Background
30	White	Male	Active heroin user for 16 years

Recruitment Procedure: *Recruited by 'L', a user in recovery*

January 7, 2001: Active Heroin User

Age	Ethnicity	Gender	Experience/Background
31	White	Male	Active user for 10 years with a few years clean; resumed using in July

Recruitment Procedure: *Recruited by 'L', a user in treatment*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

As in past reports, crack continues to be readily available in Columbus, like 'buying a loaf of bread,' as one user said. Quality continues to be inconsistent. It is generally smoked in primos or pipes. The drug continues to get 'stepped on' or 'scratched' with Similac or over-the-counter medications.

> *"I never went a whole 24 hour period without buying it. It might not be that good. Remember that one time they had that drought? They mixed it together. They had that synthetic. It tasted so nasty. It was somethin' they had done put together. It tasted like gas."*

Participants report that price remains relatively stable. Although there is no 'typical user,' there does seem to be a trend toward use at a younger age. This trend was noted during the 2001 reporting period. Young people tend to start by dealing or by snorting powder cocaine or lacing powder in blunts. Adolescent treatment providers also noted an increase in use. About 20% of their clients report crack use, however some counselors speculate use is underreported. There is a stigma associated with crack. "They view it as a terrible drug," one counselor noted. Stigma is also attached to crack in the gay community.

There is an increase in older users, as noted in the last reporting period. Users report older alcoholics turning to crack cocaine. Participants agree that use is increasing in all ethnic groups.

1.2 COCAINE HYDROCHLORIDE

Inner city participants described powder cocaine is available if you want it; however, it is not as available on the street as other drugs. Powder cocaine continues to be popular and attainable in the gay club scene, however crystal meth is reportedly taking over. This group reported use as stable, while other groups reported use on the rise. Powder cocaine costs $20 for a quarter gram and $70 a gram. Sometimes powder cocaine or crystal meth is mixed with Ecstasy and called 'trail mix.'

Adolescent treatment providers note that many of their clients use and report easy access to powder cocaine. Most of the clients steal to obtain money for this drug. Dealing powder cocaine is attached with status. The drug is primarily snorted in the group and is considered more socially acceptable than smoking crack or injecting cocaine. Treatment providers note that powder cocaine users are younger.

"It used to be was early 20s. Now we're finding it in our teenagers, a lot more smoking cocaine."

As in past reports, quality varies.

2. Heroin

Heroin remains available in the central Ohio area. In the last report, quality was poor. Several participants reported knowing someone who died of a heroin overdose. In two cases, the deaths involved people recently released from prison. Heroin is snorted, smoked, and injected. Older users are more inclined to access shooting galleries. Adolescent treatment providers have not seen much heroin, but when they do it is in the older (18-19) client. Several heroin users expressed that there is a several month waiting list for the methadone clinic but other treatment options are readily available.

YOUNG/NEW HEROIN USERS: A RAPID RESPONSE INITIATIVE

All participants who qualified for the rapid response protocol were African American. The users in their mid-twenties started by snorting the drug. The 30-year-old users started by injecting. In most cases, heroin use was preceded by the use of painkillers, alcohol, and marijuana. Use is seen as increasing among young users of all ethnicities. These participants thought heroin use was 'skyrocketing' and that the drug was plentiful. An increase in availability in the past month was noted. All considered themselves addicted, however those who snorted seemed to feel more in control of their actions. One user said:

"Once you shoot it…a person is really addicted. I've got morals. There's people out there that keep me healthy. I stay away from certain things. Not robbing or stealing."

All of the rapid response participants were aware of safe injection practices and followed those practices at least half or most of the time. Typically, they had their own set, but if they were sick and without works, they would share. Four out of five interviewed had taken an HIV test. Most felt treatment was available although it might take a while to access methadone. No OxyContin abuse was reported among these individuals.

3. Other Opioids

According to the Columbus Dispatch (January 6, 2002), use of OxyContin is increasing, showing up in 36 of the 2001 Franklin County coroner's 1,216 cases where toxicology tests were performed. Of those cases, 16 people took fatal doses of the drug. The article states:

'"I find it is an alarming trend since we only found (oxycodone) in one case in 1995 when it was introduced and up to 40 cases this year," Ferguson said. "It is now in our top 10 list of drugs found in overdoses."'

Reports on the availability and use of OxyContin varied. Adolescent treatment providers see very little use of this drug although young people report an increase in its availability, particularly through the Internet. Some doctor shop.

"The kid carried a PDR (Physician's Desk Reference). He knew exactly what symptoms to tell the doctor."

A gay, club drug using participant described OxyContin as a 'phenomena of last year' although it is still available. There is the perception that people can easily die from its use.

Interestingly, the group of recovering street users report easy access to this drug. It is occasionally mixed with cocaine for a speedball. However, none of the heroin users interviewed reported OxyContin abuse.

4. Marijuana

As in past reports, marijuana is plentiful, of good quality, and its use increasing. 'Everybody uses it.' No stigma is attached with the use of this drug. One adolescent treatment provider commented:

"No stigma – It's all natural. Think it's not addictive. Lots of their parents smoke…Even whether its addictive or not…the fact remains 'although I might be addicted its not going to ruin my life and send me down the tubes.'"

This counselor also noted the violent names associated with quality marijuana, such as 'chronic,' 'killer,' and 'bubonic.' He is seeing users getting younger. One of his clients reported smoking pot at six years old.

A joint can be purchased for as little as $10. Very green marijuana is indicative of high quality. Hydroponic marijuana is particularly desirable.

5. Stimulants

5.1 METHAMPHETAMINE

Street users had not heard of the term 'crank' and those that wanted this type of high preferred using crack. However, methamphetamine is very popular in the gay club scene. The club drug dealer reported:

> *"You couldn't find it a year ago. No one knew about it. It was too expensive. Now it's cheaper to buy 'tina' (methamphetamine) than to buy coke."*

Its availability, however, is limited. The dealer interviewed said that it could take a few weeks to get in a shipment. Quality is variable and it sells for $60 a quarter gram and $200 a gram. Most people snort or smoke it and a few inject it by melting it down and mixing it with saline. It is used in all age groups and is useful for staying alert. 'That's what gets you up so you can go for three days.' Someone on a methamphetamine high is described as being 'tweaked.'

The counselor explained that this drug is not perceived as addictive unless it is injected. He did not know anyone who has sought treatment for methamphetamine abuse. The adolescent treatment counselors have had very few clients report methamphetamine use.

5.2 RITALIN

The counselor reported that he has seen clients go quickly from Ritalin use to Crystal meth.

> *"I know this one guy here who was on Ritalin growing up and now…he's telling me he really likes speeding. I think we're going to have a big problem with Ritalin prescriptions because people are going to want to continue feeling that way."*

Although the adolescent treatment providers felt the abuse of Ritalin was decreasing, kids are still crushing and snorting it. Friends typically sell to other friends. One treatment provider mentioned that some parents are selling their children's prescribed Ritalin on the street.

No other stimulants were mentioned during the focus groups/interviews.

6. Depressants

6.1 PRESCRIPTION MEDICATIONS

In the club scene, Ativan and Valium are used occasionally to come down from a 'roll' (high where user had stayed awake for days). Dealers typically do not carry these drugs; rather friends look to other friends to share. Prescription drugs were described as readily available on the Internet, specifically at a site called 'International Pharmacy.' Adolescent treatment providers report occasional abuse of Valium and Xanax. Street level users get depressants from doctors. This group mentioned Ativan and Soma. However, use does not seem to be increasing in any user group.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Gamma-hydroxybutyrate (GHB) is described as 'everywhere' and easily obtainable particularly in the gay club scene. It sells for about $10 a vial. There is a perception that GHB prolongs a 'roll.' The gay clubbers felt that use was increasing. It is easy for the dealers to carry it around in an eyedropper bottle and can be easily mixed with a drink. It is sometimes combined with Ecstasy and called 'swirling.'

> *"It's when the energy level gets really high and they start dancing around and around, and around. It's really kind of funny. The big phrase now is 'swirling for Jesus.'"*

Despite its popularity, people seem to know that GHB can be dangerous. Therefore, Ketamine is typically used rather than GHB. There are monitors at the clubs called 'mothers' who warn the club-goers about the danger of mixing GHB and Ketamine.

GHB was not mentioned in any other group.

7. Hallucinogens

LSD (blotter acid) is occasionally used in the clubs. It can be mixed with Ecstasy, so the Ecstasy is described as 'trippy.' As in the past, LSD is associated with young users. Adolescent treatment providers observed an increase in use.

Psilocybin use is also associated with young people. One treatment professional described an unusual practice:

> "*I heard they're doing different things with mushrooms too. Mushrooms grow on cow patties, so now what they're doin' is they're going into the field and instead of picking mushrooms and putting them in a bag and drying them and all that stuff, they're going right to the cow patties, cracking them and then inhaling them. If you put them in a one gallon zip up baggie and seal them right up, then they're nice and steamy and stays*

warm and then you don't even have to crack 'em open. All you have to do is open the bag." (and inhale)

This practice was not verified.

7.1 KETAMINE

Ketamine (Special K) availability fluctuates. It was difficult to obtain around September 11, 2001. It sells for $20 a quarter gram and $70 a gram and is snorted. It is occasionally mixed with cocaine or crystal meth. It tends to vary in quality. The most common brands are 'Tokyo' and 'Green Jacket.' Clubbers report that users are getting younger, starting in the early teens. As reported in the past, occasionally a user will 'cross over' or take too much of the drug and get in a 'K hole.' The eyes are open but the body is unable to move. The user is in a disassociated state. Adolescent treatment providers perceive that use is increasing among young people.

7.2 MDMA (ECSTASY)

Ecstasy remains popular among young people and is used at parties and in clubs. Participants report seeing an increase in use and more use in high school age adolescents. It sells for $25-$30 a hit, and the quality varies. Street users report hearing about Ecstasy but do not know anyone who has used it.

8. Inhalants

As in past reports, young people are the primary users of inhalants. Adolescent treatment providers say that many of their clients report a history of abusing inhalants such as paint thinner and other solvents, White-Out, and Pam cooking spray sprayed in a bag. They felt that use is remaining constant. Poppers are still used in gay clubs and thought of as sex drugs.

9. Alcohol

Use of alcohol is ubiquitous across all ethnic groups and in all ages. Treatment providers report that young people typically minimize alcohol use.

"Don't get the connection that addiction progresses. Look at other drugs as the problem. The alcoholic has the stigma – skid row bum living under the bridge. Don't want to admit to use. Want to have one thing to go back to."

Alcohol use was perceived as high among all user groups. 'Booze goes with everything.'

10. Special Populations and Issues

10.1 JUVENILE CLIENTS

All participants remarked that users appear to be getting younger. Adolescent treatment providers report permissive parental attitudes are leading to more abuse at younger ages. Drug use is looked at as a rite of passage. Sometimes it is reported parents introduce drugs to their children and encourage them to use in the house. Use is perceived as safe as long as it is in the presence of an adult. These professionals feel more inpatient treatment is needed for adolescents. There is outpatient and intensive outpatient available. There is no inpatient for adolescent females. When speaking of his clientele, the treatment center director stated:

> *"Kids do not have past experience with success. Have no aspirations. Have few skills, even in recreation. They're walking in the door with such significant deficits in addition to their addiction."*

10.2 GAY DRUG USERS

In past reports, there are statements about the reluctance of gay people to access traditional treatment. This continues to be the case. The counselor stated there is the pervasive feeling that 'no one will understand me. I'm very different.' He stated:

> *"There needs to be a harm reduction approach. That little 12 Step thing just doesn't cut it. It's cheesy. There are no role models for younger gays. We need to take on a mentor role."*

There is also a deep distrust of police and government, which are associated with treatment. The counselor reported that people feel as though they are being stalked in the clubs by law enforcement. There is also the perception that treatment is for straight and homeless people.

CONCLUSIONS

Crack cocaine continues to be readily available in Central Ohio. As previously reported, the quality varies. Use appears to be increasing. About 20% of adolescents in inpatient treatment report use, however counselors feel young people tend to underreport use of this drug because of the stigma attached. Although powder can be obtained, it is typically not sold on street corners like other drugs. Treatment providers note that powder cocaine users appear to be getting younger.

Heroin remains available in Columbus and is snorted, smoked, and injected. Availability is reported to have increased in the past several months. There is a significant wait to get into methadone maintenance. An increase in youth use was noted.

Reports on OxyContin were mixed. Adolescent treatment providers have seen few clients reporting use of this drug. Recovering street users report easy access and it is often mixed with cocaine. Media reports indicate an alarming increase in OxyContin abuse in the Central Ohio area.

Marijuana is plentiful and of good quality. Use is increasing. No stigma is attached to the use of this drug.

Methamphetamine is gaining in popularity in the gay club scene. Most smoke or snort it and a few inject by mixing it with saline. It helps the user stay alert. It is not a drug of choice on the street.

Gamma-hydroxybutyrate (GHB) is also associated with the club scene and remains popular. However, people perceive that this drug is dangerous.

Hallucinogens are occasionally used in the clubs and mixed with Ecstasy. Ketamine is very popular but quality and availability vary. Ecstasy remains a sought after drug. Participants report seeing an increase in use and more use in younger adolescents.

Use of alcohol is widespread across all ethnic groups and all ages.

RECOMMENDATIONS

As noted in the past, users appear to be getting younger. Inpatient treatment for adolescents is practically nonexistent. Those who do access inpatient treatment tend to have few living skills. Comprehensive prevention and treatment approaches specifically targeting at-risk youth should be sustained and enhanced. Developing life skills should be a primary task for these programs.

Specialized services should be developed and marketed to the gay population. This community has a distrust of mainstream systems. Circuit parties occur across the country. The focus of these parties is drug use. These parties draw people from all over the country. Columbus is known for its ‘Red Party’, held every fall. This year’s event had 2500 participants. As with the adolescent population, this group needs a specialized approach to treatment and prevention that is sensitive to the gay culture.

PATTERNS AND TRENDS OF DRUG USE IN

DAYTON, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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Abstract

Alcohol dependence/abuse remains Montgomery County's primary reason for adult drug and alcohol treatment admissions. Crack cocaine remains the area's most devastating illicit drug problem in terms of its effect on users and the community. Treatment providers reported a general decrease in crack cocaine abuse among the adult population, while juvenile probation officers and active users perceived and increase in crack cocaine abuse among the juvenile population. The abuse of cocaine HCL and heroin is reportedly increasing slightly among juveniles. Oxycodone long-acting (OxyContin) continues to increase in popularity in Dayton, however, the drug is somewhat difficult to obtain due to heightened public awareness of the drug's dangers. The high cost and limited availability of OxyContin seems to contribute to heroin addiction in some individuals abusing OxyContin. Marijuana abuse continues to be present at high levels in the area. Participants note that the age range of marijuana abusers is widening. Methamphetamine, GHB, tranquilizer and hallucinogen abuse appears to be present in the area, but at moderate to low levels. MDMA (ecstasy) abuse is reportedly continuing to gain popularity in Montgomery County, and active users report that abuse of ecstasy is not only increasing among white juveniles, but is also now increasing among black juveniles.

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 three focus groups and six individual interviews between June 2001 and January 2002. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

- **Emergency Room data** are from the Ohio Hospital Association.

- **Accidental Drug Overdose data** are from the Montgomery County Coroner's Office.

- **Drug Arrest data** are from the Dayton Police Department (Exhibit 5).

- **Drug Treatment Admissions data** are from one ODADAS-certified drug and alcohol treatment agency in Montgomery 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.)
11/5/01	7	Active Users
11/16/01	5	Treatment Providers/Assessment Counselors
11/20/01	10	Juvenile Probation, Adult Probation, Drug Court, Children's Services

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
11/14/01	Recovering Drug User (HEROIN RAPID RESPONSE)
11/15/01	Recovering Drug User (HEROIN RAPID RESPONSE)
12/13/01	Recovering Drug User (HEROIN RAPID RESPONSE)
12/13/01	Recovering Drug User (HEROIN RAPID RESPONSE)
12/13/01	Recovering Drug User (HEROIN RAPID RESPONSE)
12/13/01	Recovering Drug User (HEROIN RAPID RESPONSE)

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	22	6	28

Table 2: Detailed Focus Group/Interview Information

November 5, 2001: Active Drug Users

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
1	41	Af. Amer.	Female	Crack cocaine primary drug.
2	24	Af. Amer.	Male	Marijuana primary drug.
3	58	Af. Amer.	Male	Crack cocaine primary drug.
4	58	Af. Amer.	Female	Crack cocaine, liquid codeine drugs of choice.
5	37	Af. Amer.	Female	Crack cocaine primary drug; Abuses Valium, marijuana, powder cocaine, heroin.
6	40	White	Female	Crack cocaine primary drug; Abuses Valium, powder cocaine, OxyContin, marijuana.
7	30	White	Female	Recovering from crack, marijuana current drug of choice; abuses OxyContin, heroin.

Recruitment Procedure: *Outreach workers were asked to recruit a diverse group of active/recovering drug users from the Dayton/Montgomery County area.*

November 14, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
18	White	Male	Recovering from heroin addiction; less than High school education; began using marijuana at age 12; alcohol, Xanax, Vicodin, Ativan and LSD at age 13; powder cocaine at age 14; began abusing OxyContin and heroin between ages 16 and 17. Injects heroin.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

November 15, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
23	White	Male	Recovering from heroin addiction—methadone treatment; completed 9 years of school—no GED; started using marijuana at age 15, began abusing Vicodin at age 17, began using OxyContin at age 18, by age 19 using heroin. Snorting—never injected. Uses powder cocaine once every 3-4 months.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

December 13, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
33	White	Male	Recovering from heroin addiction—methadone treatment; High School education; began drinking alcohol at age 14; at age 17 experimental use of powder cocaine; from age 18-21 daily use of powder cocaine; married at age 20 and slowed his use of cocaine for 4-5 years then tried heroin and OxyContin.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

December 13, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
26	White	Male	Recovering from heroin addiction—methadone treatment; High School education; occasional use of alcohol from age 15; tried marijuana at age 20; started using Vicodin at age 20—heavy use for 1-2 years until began using heroin. Injecting heroin and began speedballing about 5 months after trying heroin for first time.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

December 13, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
24	White	Male	Recovering from heroin addiction—methadone treatment. Associates degree; used alcohol, marijuana and powder cocaine in High School; experimental/occasional use of heroin until became physically dependant; began injecting heroin.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

December 13, 2001: Recovering Heroin User (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
19	White	Female	Recovering from heroin addiction; completed nine years of High School; no prior drug use, including alcohol; at age 18 began experimenting with OxyContin; after 6-7 months of OxyContin abuse began abusing heroin—cheaper, longer, more intense high. Injects heroin.

Recruitment Procedure: *Outreach workers were asked to seek out and recruit young/new heroin users in the Dayton/Montgomery County area.*

November 16, 2001 Treatment Providers/Assessment Specialists

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	CrisisCare Assessment Counselor for 5 years; 15 years experience in Drug/Alcohol field.
2	White	Male	CrisisCare Assessment Counselor for 4 years; 7 years experience in Drug/Alcohol field.
3	White	Female	Clinical Director; with current Drug/Alcohol agency for 24 years.
4	Af. Amer.	Female	Residential supervisor; LPC; with current Drug/Alcohol agency for total of 12 years; working primarily with heroin users.
5	Af. Amer.	Female	27 years as counselor at current Drug/Alcohol agency; also a Case Therapist.

Recruitment Procedure: *Participants were recruited by contacting various treatment agencies in Montgomery County and asking for counselors/treatment providers knowledgeable about drug trends in the area.*

November 20, 2001: Juvenile Probation, Adult Probation, Children's Services, Drug Court Personnel

"Name"	Ethnicity	Gender	Experience/Background
1	Af. Amer.	Male	Case manager; working with delinquent youth; 8 years experience.
2	White	Male	Juvenile probation serving southeast Montgomery County; 10 years experience.
3	White	Female	Juvenile probation serving the southwest area of Montgomery County; 5 years experience.
4	White	Female	Montgomery County Children's Services working in juvenile court; 13 years experience.
5	Af. Amer.	Male	Adult probation officer for Juvenile Court; 29 years experience.
6	Af. Amer.	Male	Juvenile Drug Court & TASC; prior, 13 years as adult probation officer; now working with juveniles; 15 years total experience.
7	White	Male	Adult probation and Drug Court; currently working adult probation for 2 years; prior to that juvenile probation; 4 years total experience.
8	White	Male	Juvenile court "Start Right" program; 8 years experience; past adult probation officer.
9	White	Male	Adult Probation; 7years experience in the field.
10	Af. Amer.	Male	Juvenile probation officer with 10+ years experience in the field.

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine abuse in Montgomery County has remained at a relatively high, steady level since January of 1999 when the OSAM Network first began reporting on drug trends in the State. Crack cocaine abuse has been and remains the primary reason for illicit drug treatment admissions among adults in Montgomery County.

In January 2000, participants reported an emerging population of working-class and professionals abusing the drug. This trend continued in June 2000 with treatment providers reporting that the working-class and professionals they were treating were primarily employed in the building industry. Treatment providers and active users also reported an increase in older (40-50), first-time crack users. These individuals were described as having a history of alcohol abuse, but no history of illicit drug use.

Treatment providers and active users reported an increase in juveniles and young adults between the ages of 16 and 21 sporadically abusing crack cocaine in our January 2001 report. Because of the highly addictive nature of crack cocaine, treatment providers feared a future increase in young individuals needing treatment for crack cocaine. This was especially concerning given the relative paucity of available drug treatment programs for juveniles in Montgomery County.

In June 2001, supported by hospital Emergency Room data (Exhibit 1) and drug-related accidental overdose data (Exhibit 2), treatment providers, active users and law enforcement personnel reported a “stabilization” of crack cocaine abuse among adults. However, active users and law enforcement personnel continued to perceive an increase in crack cocaine abuse among the younger population, specifically among young black males and white females.

June 2001 – January 2002

For the current reporting period, juvenile probation officers and Drug Court personnel continue to report an increase in youth abusing crack cocaine. They stated that these juveniles tend to be heavy marijuana users who were beginning to experiment with crack cocaine. Active users also perceived an increase in abuse among young females ages 16 to 18. In addition, they suggested that the ethnicity of these young crack users is evenly distributed between blacks and whites. Among the adult population, probation officers and drug court personnel reported no change in crack cocaine abuse trends since our last report—stabile but at high levels.

Treatment providers reported a decrease in the abuse of crack cocaine among the adult clients they serve, stating that narcotic drugs seemed more popular at the current time. A counselor from one agency reported that outpatient treatment for crack cocaine had dropped from 28% in 2000 to 20% in 2001 (Exhibit 3), and residential treatment for crack cocaine had dropped from 40% in 2000 to 35% in 2001 (Exhibit 4). This same counselor stated that her drug and alcohol treatment agency had also seen a slight increase in adult white women coming to treatment for crack cocaine so far in 2001—the

number of adult white men had dropped slightly, and the ratio of black men to women was unchanged.

Active users report that the purity of crack cocaine fluctuates greatly, stating that the drug is "cut" with a wide variety of substances. Prices for crack remain unchanged from the last report: $100 - $125 for 1/8th of an ounce (eight ball). Users primarily smoke the drug, and "primo" (marijuana laced with cocaine) is also popular.

Crack injection remains present at very low levels.

1.2 COCAINE HYDROCHLORIDE (HCL)

As we have reported since June 1999, cocaine HCL has been abused in Montgomery County both by people who inhale the drug, and those who inject it. Reports from June 2000 indicated that the primary users of cocaine HCL were white adults between the ages of 20 and 30. Between January 2000 and June 2000, active users perceived increases in abuse among black and white individuals ages 17 to 30 living in suburban areas.

Active users and treatment providers interviewed between June 2000 and January 2001 reported a continued slight increase in cocaine HCL abuse among youth and young adults 17 to 30 years of age involved in the club scene. In June of 2001, active users were reporting slight increases in young, suburban youth ages 16 to 18 abusing cocaine HCL. However, at that time, only approximately 3% of individuals seeking assessments for drug and alcohol treatment in Montgomery County reported any abuse of cocaine HCL.

June 2001 – January 2002

It appears that the slight increase in young cocaine HCL abusers has continued in Dayton over the last six months. Law enforcement officials, probation officers, treatment providers and active users all reported slight increases in cocaine HCL abuse. Juvenile Drug Court personnel stated that they now had two juveniles in Drug Court reporting cocaine HCL abuse—in 2000, their were no reports of juveniles in Drug Court abusing the drug.

Newspaper articles from the *Dayton Daily News* (*DDN*) support participant reports that cocaine HCL is increasingly available in the area. The Greene County Agencies for Combined Enforcement arrested 25 individuals in and around Dayton on drug-related charges—primarily trafficking cocaine HCL. Among those arrested were two juveniles ages 15 and 17. Officers estimate that over $100,000 worth of cocaine HCL was kept off the streets as a result of this investigation (*DDN Online*, November 2001). In nearby rural Warren County, a 41-year-old female and 64-year-old male were arrested for their involvement in a cocaine trafficking network (*DDN Online*, October 2001).

Active users reported that cocaine HCL was now easier to obtain than it was six months ago. However, it was not readily available on the street—you have to know someone in order to obtain the drug. They also noted a slight increase in abuse among young males of both black and white ethnicity.

One treatment agency noted that approximately 4% of their outpatient clients admitted cocaine HCL as their drug of choice (Exhibit 3). This is a slight increase from six months ago. The typical user in treatment was described as a middle-aged, white man living in the suburbs of Dayton. Treatment providers who treat primarily opiate abusers stated that among the clients abusing cocaine HCL in their agency, the abuse typically is in conjunction with heroin injection (e.g., speedballing). These active users who speedball are described as "traditional" heroin addicts and are of both white and black ethnicity.

Active users report the price of a ½ gram of cocaine HCL is $50, a gram $90, and an eight ball (1/8 gram) is $200.

2. Heroin

As we first reported in June, 1999, heroin abuse has a long history in Dayton, primarily among injectors. In June 2000, we reported that treatment providers did not perceive any significant changes in heroin abuse in Montgomery County. At the same time, active users *did* perceive an increase of "epidemic proportions," primarily among younger individuals. Price and purity of the drug were also reportedly increasing at that time.

By January 2001, treatment providers were reporting significant increases in heroin abusers seeking treatment. In fact, one agency treating primarily heroin addiction reported a doubling of its heroin abusing population. This population was described by treatment providers as both black and white young adults primarily between the ages of 18 and 25. As such, the OSAM network identified the new emerging heroin epidemic *before* it surfaced in the treatment community.

Six months later, in June of 2001, treatment providers perceived no changes in heroin prevalence, but law enforcement personnel and active users continued to see increases in heroin abuse among a younger population. Active users also reported seeing an increase in "Chasing the Dragon" (heating heroin on aluminum foil and inhaling the vapors through a straw) as a method of administration among this new, young population of users. These observations formed the basis of this reporting period's Rapid Response on new, young heroin abusers.

<u>June 2001 – January 2002</u>

For the current reporting period, our data suggest that heroin continues to be injected among adults (primarily 30 years or older). At the same time, heroin abuse appears to be increasing significantly among juveniles and young adults (18-30 years of age) in the Dayton area, particularly among whites. Although treatment providers reported no increase in young heroin abusers seeking treatment last period, they reported a significant increase in young heroin abusers entering into drug treatment in the past six months. Treatment providers we spoke with described these young heroin abusers as mostly white individuals who often began abusing Oxycodone long-acting (OxyContin) and then switched to abusing heroin. As one treatment provider from the local methadone clinic stated:

"...the younger group… they originally on OxyContin and because OxyContin is sorta like drying away or drying up in the Dayton area, when they can't get that they going to heroin. They going straight to heroin. And believe it or not, that's not their drug of choice, OxyContin's their drug of choice. Heroin's just cheaper and more available."

Probation officers and Drug Court personnel reported that they are hearing of a resurgence of heroin abuse, but they have not seen an increase in heroin abuse among the people they serve. In fact, only about 5-10% of adult Drug Court clients consider heroin their drug of choice. One participant working for Juvenile Drug Court stated that he had only seen one juvenile heroin abuser in Drug Court in the past two years.

Active users perceived heroin to be readily available in Dayton and reported that the drug was becoming increasingly popular, especially among juveniles and young adults. They also reported that the majority of young, new heroin users initially snort the drug, but this often leads to heroin injection. The price of a ½ gram of heroin is $125, a gram is $250.

Young/New Heroin Users: A Rapid Response Initiative

Introduction

Six individuals were interviewed to gather information about young/new heroin users in Montgomery County. All six individuals were recently in recovery, and all were of white ethnicity, ranging in age from 18 to 33. One individual was a woman. Three individuals had dropped out of school, two had High School diplomas, and a third had earned a two-year degree. Only two individuals were currently employed (part-time). Four individuals injected heroin, and two snorted it. Although the participants were recently in treatment—or just about to begin methadone therapy—many still were using heroin to ward off withdrawal symptoms.

Almost all 6 young/new heroin users we spoke with stated that they knew several other young/new heroin users. In addition, as supported by treatment professionals, our participants believed that heroin abuse was increasing among young people who often begin snorting the drug. Many of these individuals were not seeking treatment.

The drug histories of the six individuals ranged from no prior drug use to extensive prior drug use before initiating the use of heroin. Five individuals had extensive drug histories that included the use of marijuana, alcohol, powder cocaine, opioid medications, and tranquilizers. The abuse of alcohol and/or marijuana for these five individuals began between 12 and 15 years of age. One individual reported no history of drug use before experimenting with OxyContin at age 18. *Interestingly, four of the six individuals we interviewed considered OxyContin their drug of choice prior to initiating heroin abuse.* One individual began using OxyContin after initiating heroin abuse, and another individual had not used OxyContin, because he "considered it more problematic than heroin."

Four individuals had begun abusing OxyContin before becoming physically addicted to heroin. In all four cases, these individuals reported that they were snorting

OxyContin daily and then began abusing heroin. An 18-year-old woman said,

> ***A****: I think if, um, all my friends had never tried OxyContins, it would have never led to the heroin, never.*
>
> ***Interviewer****: Do you know of anybody who went straight to shooting heroin?*
>
> ***A****: No.*
>
> ***Interviewer****: Everybody that you know who uses heroin…*
>
> ***A****: …started out with OxyContins.*

These four individuals reported that they switched to heroin when their OxyContin habits became too expensive or when they were unable to obtain OxyContin on the street. All four individuals also reported that increased tolerance and physical addiction to OxyContin increased their need to begin abusing heroin. Three of these individuals currently inject heroin; the other snorts the drug. Sadly, one individual resorted to injecting heroin while he was waiting to access drug treatment.

Case Study 1

One individual we interviewed reported that he had tried heroin for the first time when he was 26 years of age. He reported that he did not like the effect of the drug and did not intend to use it again. Five months later, a friend introduced him to "speedballing" (using heroin and cocaine together), and he liked it so much he continued speedballing for the next two years. Subsequently, a coworker offered him an OxyContin and showed him how to snort it. This individual stated that he immediately liked the feeling from using OxyContin and now primarily snorts OxyContin when he is able to obtain it.

Case Study 2

Another man reported using heroin after a friend moved in with him and introduced him to the drug. He began snorting the drug regularly for two years until his heroin addiction began costing him $200 a day. His wife filed for divorce, and he lost his family. At this point, he decided to pursue drug treatment. The individual stated that he had maintained sobriety for three months on a methadone maintenance program before he was arrested and jailed for theft. After fourteen days in jail—without methadone—the individual returned to the drug treatment program but was not allowed to continue methadone treatment until he made up any classes he had missed while in jail. The individual reported that because he was unable to get methadone and because he did not have enough money to buy a large enough quantity of heroin to snort, he purchased a smaller amount of the drug and resorted to injecting it for the first time.

Injection Risk Behavior

The four individuals who began injecting heroin after becoming addicted to OxyContin stated that they began injecting because they learned that heroin would provide a much more intense and long-lasting high at a lower cost. All four individuals were introduced to drug injection by friends who already used drugs intravenously. In most cases, friends injected the heroin for these individuals the first several occasions. Of the four individuals who reported injecting heroin, all reported being very cautious

about making sure they protected themselves from possible HIV infection. None reported ever sharing needles, rinse water, cottons or cookers. In fact, one individual was so cautious he bleached and boiled clean needles:

> ***Interviewer**: What, what kind of precautions, if any, did you use when you injected heroin…to protect yourself from HIV infection?*
>
> ***D**: Oh, I, phew, I boiled the needle. I ran boiling water through it for like 10, 15 minutes. Boiled it for like a half hour. I, I mean, it was a clean needle, too.*
>
> ***Interviewer**: Uh-huh.*
>
> ***D**: And I ran bleach through it 10 times. And I kept it in there for like 30 seconds, and then ran bleach on the needle. And then went back and did it with peroxide. Then went back and then did the boiling water again.*

Apparently, at least given the limited study here, it appears that new/young heroin injectors are adopting safer injection practices. However, this is still cause for concern.

Drug Abuse Treatment Access

All six of the individuals we interviewed had recently begun, or were just about to begin, treatment. For four individuals, this was the first admission to a drug treatment program. Feelings were mixed regarding the ease in accessing drug treatment for heroin addiction in Montgomery County. One individual we spoke with believed that getting into drug treatment for heroin addiction was a difficult process. He stated that he and his family did not know who to call for help—they were unaware of CrisisCare. In general, the five other individuals believed that accessing drug treatment was fairly easy. However, the time from contacting CrisisCare to actually beginning methadone maintenance was perceived as too long (2-3 weeks in most cases, unless you are fast-tracked through a hospital detoxification unit). One individual described financial as well as time barriers to drug treatment access:

> ***C**: I mean, it was easier than I thought [to access treatment], but, I mean, you know, you go into CrisisCare - you call CrisisCare, they set you up for an appointment on Friday. You go to that appointment, they tell you to be down to [the treatment program] to drop your urine from 12, you gotta be there from 12:30 to 1:00. And in between you pay $20 to drop your urine. And then after that, I mean, that $20, if you're a dope fiend, and you're an addict, I mean, it's hard to given 'em that $20 for that urine. And then after that, they tell ya to come back Wednesday, and you go through orientation or somethin' like that. And you gotta have $10 for your tuberculosis test, and then you gotta pay $66 in lab fees for your blood work.*
>
> ***Interviewer**: Uh-huh.*
>
> ***C**: So, I mean, if you're an addict, you don't wanta, you gotta spend that, and that's takin' away from your dope.*
>
> ***Interviewer**: Right.*
>
> ***C**: So, I mean, it takes, from, from calling CrisisCare, and the first day you drop your urine on Monday, it still takes two to three weeks.*

Most of the individuals we interviewed stated that to prevent painful withdrawal symptoms they had to continue using heroin or other opioid drugs during the 2-3 week time period that it took to begin methadone maintenance.

Conclusions

Although the Dayton sample is small, several important findings can be summarized. Since June of 2000, we have reported an increasing trend in heroin abuse, particularly among young adults and even among some adolescents. Based on this rapid response initiative, young/new heroin users substantiated the finding that the abuse of heroin is increasing significantly among young adults and even some adolescents. This trend appears to be most common among white people. As we reported above, treatment providers also perceived a continuing increase in heroin abuse among young people.

Perhaps most importantly, our data reveal that the abuse of heroin by new, younger users is sometimes linked to the prior abuse of OxyContin. As an 18-year-old man stated:

> ***Interviewer**: With these younger folks that you're sayin' are, are usin' heroin, are they, are all these kids kinda doin' the same thing? They're startin' to use, you know…the OxyContin first?*
>
> ***B**: Yeah, they start with Oxys usually. And then they work their way up. I see a lotta young kids doin' Oxys now. And like you said, I had a, I had a friend that's 16 years old and died, you know, not even a month ago. And his best friend was, that boy's best friend died, you know, not even three months ago. And I never thought, you know, I'd be goin' to one boy's funeral, and then his best friend died, you know, two months later.*
>
> ***Interviewer**: Hh. Hh. So kids are just doin', I mean, are they doin' Oxys just kind of like experimenting with it for fun...and then they…*
>
> ***B**: And then they get…*
>
> ***Interviewer**: …kinda get hooked and…*
>
> ***B**: …addicted. Yep.*

As we reported above, drug abuse treatment counselors provided additional evidence of the common—but not only—pattern of first becoming addicted to OxyContin before abusing heroin. A general pattern of the relationship between OxyContin and heroin abuse might take the following form.

1. A person is introduced to OxyContin by friends and begins snorting it. 2. Weekend use leads to daily use and addiction. 3. As tolerance increases, the OxyContin habit becomes extremely expensive and/or the drug becomes difficult to obtain regularly. 4. Through friends, a person hears that heroin is less expensive. 5. He/she tries snorting heroin and finds the high similar or even better than OxyContin. 6. As tolerance increases, snorting heroin becomes very expensive. 7. Through social networks, a person hears that injecting heroin is less expensive than snorting it, and he/she is introduced to injection. 8. At some point, a person seeks help.

Obviously, the generality of this pattern is difficult to substantiate based on our small sample. Indeed, some new, young heroin users do not become addicted to OxyContin first, and some new heroin users never use OxyContin. However, at least some of our participants felt strongly that they never would have begun to use heroin, if they had not become addicted to OxyContin first. In addition, they knew many others who had followed the same pattern or who were abusing OxyContin and might make the transition to heroin. The apparent synergistic relationship between the abuse of these drugs is an extremely important public health problem that requires immediate action and future research.

Finally, it became apparent that the people we interviewed were desperate. Their addictions have displaced families and destroyed careers. *Prevention programs are urgently needed that target these new/young heroin/opioid drug abusers. Rapid access to appropriate drug abuse treatment programs must also be a priority. If our limited findings are accurate, the treatment community could see a substantial increase in people seeking help in the near future.*

3. Other Opioids

Significant increases in the abuse of opioids such as hydrocodone (Vicodin), Oxycodone hydrochloride and acetaminophen (Percocet) and Oxycodone long-acting (OxyContin) were reported by treatment providers and active users in June 2000. The abuse of hydromorphone (Dilaudid) was reportedly on the decline. Active users at that time singled out OxyContin as the most popular of the prescription opioid drugs. This was one of the first identifications of the emerging OxyContin epidemic in Ohio. Opioid abuse, including Vicodin and Percocet, was most notable among whites.

By January of 2001 treatment providers and active users were reporting alarming increases in OxyContin abuse, particularly among heroin injectors who injected or swallowed OxyContin. Newspapers and news channels also reported an increasing number of OxyContin thefts at local pharmacies. These findings gave further support to OSAM's identification of a new drug trend.

Treatment providers, law enforcement personnel, and active users continued to report significant increases in OxyContin abuse in June of 2001. The population of abusers continued to be primarily whites. Juvenile probation officers reported that juveniles they served were quickly becoming interested in OxyContin, although abuse appeared to be relatively low at the time. Statistical data from both juvenile and adult urinalysis labs supported perceived increases in OxyContin abuse.

<u>June 2001 – January 2002</u>

Since our last report, at least three incidents involving opioid drugs have been reported in the local news. In November 2001, a 63-year-old pharmacist was charged with trafficking. The CVS® pharmacist was illegally distributing opioid medication, mostly Vicodin, through a 35-year-old Dayton man (*DDN*, November 2001). In September 2001, a man robbed a local bank and led police on a high-speed car chase before being captured. When asked why he robbed the bank, the man replied, "OxyContin made me do it. It costs $900 to $1200 a week and I can't afford it." (*DDN Online*, September 2001). In October 2001, a man was arrested after fraudulently obtaining 2,644 doses of

Vicodin and 784 doses of OxyContin to support his own abuse of the drugs. According to reports, the man squandered over $70,000 for the drugs, including over $10,000 worth of credit card charges, cashing in his wife's retirement account and spending money loaned to him to remodel his home (*DDN Online*, October 2001). These data support the continuing and increasing abuse of prescription opioid drugs.

Treatment providers also reported that OxyContin was an increasing drug trend among the clients they serve, although the drug was not necessarily the drug of choice for all clients who have abused it. One agency reported that in 2000 only one individual was in treatment for OxyContin abuse. This year four individuals had been in treatment for OxyContin addiction. Although the increase is only three individuals, treatment providers considered this increase significant. Other opioids such as Vicodin and Dilaudid have reportedly remained the same since our last report.

Supporting the observations of treatment providers, active users report that OxyContin abuse is increasing. Supporting this perception, one active user stated:

> *Whenever I run into a guy that sells pills, they ask me… the first thing that come out of their mouth, "Do you know where I can get some Oxys?"*

Active users perceive an increase in juveniles and young adults, especially women, abusing the drug. Participants we spoke with stated that the abuse of opioids, including OxyContin, appeared to be more prevalent among whites, rather than blacks.

Despite the popularity of OxyContin among active users, the drug has reportedly become somewhat difficult to obtain. Active users attributed the decreased availability of OxyContin to the public's heightened awareness of the drug's popularity for abuse via local and nationwide media reports and law enforcement. According to active users, OxyContin costs between $.50 and $1 per milligram. Vicodin tablets cost approximately $3-5 each.

In summary, it appears that the abuse of prescription opioid drugs continues to increase significantly in Montgomery County. Of particular concern is the abuse of OxyContin, especially among white young adults and even some adolescents. These findings warrant continued monitoring, particularly when coupled with those from our rapid response initiative on young/new heroin abusers. Our data strongly suggest that many young users turn to heroin *after* becoming addicted to prescription drugs, particularly OxyContin. Again, prevention programs that highlight the dangers of prescription drugs are urgently needed, as well as rapid access to drug abuse treatment.

4. Marijuana

The abuse of marijuana has been on the increase since June of 1999 when the OSAM Network first began monitoring trends in the State. In June of 2000, treatment providers, active users and law enforcement personnel agreed that marijuana abuse continued to increase in the area, most notably among the juvenile population. It was the perception of the participants we interviewed that most marijuana users do not view the drug as harmful. Consequently, treatment providers were facing extreme resistance from clients referred to drug treatment programs for marijuana abuse.

In January 2001 all focus group participants reported a continued increase in abuse

of marijuana that did not discriminate based on age, race, gender or socioeconomic status. Also during that time, treatment providers began reporting clients in treatment exhibiting what appeared to be withdrawal symptoms from marijuana. Evidence of the great availability of marijuana, a representative from the Dayton police department reported that undercover officers were able to purchase larger quantities of marijuana than in the past.

By June 2001, active users, treatment providers and law enforcement personnel were reporting what they considered to be a "leveling-off" of marijuana abuse in the area. However, abuse of the drug remained at very high levels. Highlighting the social acceptability of the drug, juvenile probation officers reported that many of their juvenile clients would openly smoke marijuana with their parents.

June 2001 – January 2002

Probation officers and Drug Court personnel report that marijuana abuse continued at a very high rate among the clients they served, but that the abuse had not increased or decreased in the past six months. Law enforcement officials we spoke with estimated that between 80% and 90% of both adult and juvenile clients abused marijuana regularly. Marijuana is reportedly so acceptable among the population that few admit they have a problem with the drug despite any negative consequences resulting from its abuse.

Although law enforcement officials we spoke with perceived the abuse of marijuana as remaining steady since our last report, several reported an increase in the use of small, thin, and highly aromatic cigars called Black and Milds® by their clients to mask the smell of smoking marijuana. As one participant reported:

> *What they do is called freakin' it. They'll take the tobacco stuff out, mix some weed in it [Black and Milds®]. And they can stand there and smoke it right in the midst of adults, and you really can't tell… 'cause the Black and Mild® smells very strong and it kind of covers up that marijuana smell. And they'll stand right there and smoke it right in front of ya, and if you don't know the smell, you'd never know they was smokin' it [marijuana].*

In contrast to reports by law enforcement officials we spoke with, active users and treatment providers continued to report an increase in marijuana abuse. In fact, one drug treatment agency reported that marijuana as a primary drug of choice among outpatient clients doubled to 24% in 2001 after remaining at about 12% for many years (Exhibit 3). However, this increase may be the result of increased law enforcement efforts rather than an actual increase in abuse—most of the 24% of clients in outpatient treatment for marijuana abuse were court-referred. According to active users, the age range of marijuana abusers is reportedly widening.

Treatment providers continue to report extreme resistance from clients in treatment for marijuana abuse. Although clients will cooperate with treatment because of their involvement with the law, few recognize marijuana as a dangerous drug. Treatment providers stated that many clients view cigarettes as more detrimental than marijuana, claiming that unlike cigarettes, marijuana is not addicting and does not cause lung cancer.

5. Stimulants

5.1 METHAMPHETAMINE

In June of 2000, active users reported that methamphetamine was not readily available, but that the drug was making a comeback in the Dayton area. Typical abusers were described as crack users seeking a less expensive, longer-lasting high as well as individuals seeking a way to remain awake late at night because they worked long hours.

By January 2001, law enforcement personnel were reporting significant increases in methamphetamine availability and abuse. One officer predicted that methamphetamine abuse would hit Dayton hard in the near future. At that time the proliferation of methamphetamine in the Dayton area seemed to be under some control by Dayton law enforcement.

Active users and law enforcement personnel perceived a steady increase in availability and abuse of methamphetamine in June 2001. Active users reported that the drug was relatively easy to obtain, but that availability fluctuated greatly because of an increased vigilance by law enforcement to prevent the proliferation of the drug. During this time, treatment providers were reporting a very slight increase in abuse (or at least experimentation) among the clients they were treating.

June 2001 – January 2002

Since our last report, treatment providers we interviewed did not perceive any changes in the abuse of methamphetamine. Active users reported that methamphetamine remains difficult to obtain and that it is not readily available on the street. Probation officers report that very few clients they serve regularly abuse or experiment with the drug.

In spite of the reports of active users and probation officers, news accounts suggest that area law enforcement continues to deal with the illegal manufacture and distribution of methamphetamine in Montgomery County and surrounding areas. According to a *Dayton Daily News* article, 20 methamphetamine labs were busted in 2001, whereas only nine labs were busted 2000 (*DDN*). In September 2001, four individuals were indicted for manufacturing methamphetamine in their garage. A 30-year-old man, 27-year-old man, 43-year-old man and 35-year-old woman were arrested when neighbors called police complaining of strong odors coming from the garage. The 30-year-old man was already facing charges in a prior methamphetamine manufacturing case (*DDN Online*, September, 2001). In August 2001, police reported that a major methamphetamine supply line to Southeastern Ohio had been broken. According to police, the individual they had arrested was purchasing ten pounds of methamphetamine each month (*DDN,* August 2001). In November, police were led on a five mile car chase when an officer tried to stop a man for swerving. The chase ended when the man crashed his car killing himself. Police found materials for methamphetamine manufacturing in the car (*DDN Online*, November 2001).

It could be that these news reports indicate an increase in law enforcement efforts to contain the manufacture and distribution of methamphetamine, rather than a true increase in the prevalence of the drug. Moreover, new laws and stiffer penalties for the manufacture of methamphetamine and possession of materials for manufacturing methamphetamine may have also contributed to the low prevalence of methamphetamine in the area, as reported by our active users. However, given the popularity and extent of methamphetamine abuse in the United States, methamphetamine abuse and availability should continue to be closely monitored by the OSAM Network.

6. Depressants

6.1 TRANQUILIZERS

Since June of 1999, we have reported that tranquilizer drugs such as alprazolam (Xanax), diazepam (Valium) and lorazepam (Ativan) were easily accessible and somewhat prevalent among users. Xanax appears to be the most common. In January 2001 treatment providers and law enforcement personnel did not perceive any changes in tranquilizer abuse, whereas active users reported a slight increase. Treatment providers were concerned about the seemingly increasing population of users taking these medications over relatively long periods of time, given the propensity for physical dependence on these drugs.

June 2001 – January 2002

Treatment providers report no change in the prevalence and abuse of Valium or Xanax in the past six months. Probation officers and Drug Court personnel perceive a slight increase in Xanax abuse among the juvenile population they serve. It was reported that Xanax is not the drug of choice of these juveniles, but that the drug is used in conjunction with alcohol to intensify the effects of alcohol. Depending on the dosage, the price of Xanax is between $3 and $5.

Highlighting the continued popularity of Xanax among some users, a 33-year-old Piqua man was arrested when he tried to fill his deceased mother's prescription for the drug. The man later told police that he was filling the prescription so that he could destroy the tablets (*DDN Online*, October 2001). Just recently, a 48-year-old Kettering, Ohio, pharmacy technician and her 17-year-old daughter were arrested for diverting and selling Xanax (*DDN Online*, December 2001).

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Since June of 1999, gamma-hydroxybutyrate (GHB) abuse in Montgomery County has been reportedly very rare. In January of 2001 young active users we spoke with perceived a slight increase in GHB abuse primarily among college students and youth and young adults who attended Raves or dance clubs. Since that time, GHB abuse has reportedly been relatively rare.

Active users and treatment providers we interviewed said the incidence of GHB remained very low over the past six months. Most had not seen the drug or had not heard of clients using the drug. However, juvenile probation officers and juvenile drug

court personnel perceived an increase in abuse of GHB among young adults between the ages of 18 and 20.

7. Hallucinogens

Since the June 1999 OSAM report, LSD, PCP, and psilocybin (mushrooms) has remained at persistent levels of abuse, particularly among young, whites—both adolescents and 18-25 year olds.

It appears that little has changed over the past six months. All participants we spoke with perceived no change in availability or abuse and reported that overall use of these drugs was steady, especially among young whites.

One news report indicated that hallucinogenic drugs are available in Montgomery County. In November 2001, a "strange" package was delivered to a local apartment. Inside the package were four syringes filled with water containing psychedelic mushroom spores and water, two marked with the letter P and two marked with the letter M. The syringes were wrapped in a section of newspaper containing articles relating to the September 11th terror attacks. The resident that the package was intended for no longer lived at the address, and the current residents notified police because of the strange contents of the package (*DDN Online*, December 2001).

7.1 MDMA (Ecstasy)

Increasing abuse of MDMA (ecstasy) has been reported in the Dayton area since our first report in June 1999. At that time, treatment providers were reporting no significant increases in MDMA abuse. Active users reported a significant increase in availability and abuse, especially among white juveniles and young adults. MDMA abuse among blacks was reportedly almost non-existent.

In January of 2001, treatment providers continued to report significant increases in MDMA abuse among white juveniles and young adults ages 16-25. Dayton narcotics officers also reported a significant increase in both availability and abuse of the drug.

MDMA abuse continued to increase significantly from January 2001 to June 2001. Dayton narcotics officers reported that MDMA seizures by the narcotics department had risen significantly in 2001 when compared to 2000. Statistical data from the juvenile probation urinalysis lab supported this reported increase in MDMA abuse—amphetamine positives rose 3.3% from 2000 to April 30, 2001. The abuse of MDMA had reportedly increased in frequency among users and was no longer strictly associated with the dance club and Rave scenes. MDMA was used in settings such as "house parties" and other small group settings.

June 2001 – January 2002

Since June 2001, active users continue to report an increase in MDMA abuse among younger people. Previously thought to be popular primarily among young whites, active users currently reported an increase in MDMA abuse among young blacks, especially females. Juvenile probation officers also observed that MDMA abuse has been increasing among white, young adults (18-20). However, juvenile probation officers did

not perceive an increase among the black juveniles they served.

Treatment providers did not perceive any changes in MDMA abuse or availability. They report that most of the clients they serve only talk of experimental use of MDMA—none had clients in treatment for MDMA abuse. According to treatment providers, most MDMA users do not perceive abuse of the drug as dangerous. Supporting this perception, an article in the *Dayton Daily News* stated that the popularity of MDMA was reaching new highs, and teens failed to recognize and appreciate the dangers of MDMA use. This was especially concerning given that Emergency Rooms were seeing an increase in cases involving MDMA (*DDN*, August 2001).

The price of MDMA remains the same. A tablet sells for approximately $25-$30. Most active users swallow the drug, although crushing and snorting the drug is sometimes preferred.

7.2 KETAMINE

The availability and abuse of ketamine has fluctuated greatly since our first report in June 1999. In January 2000, ketamine was reportedly gaining popularity among young whites, and the drug was easily accessible.

In January 2000, abuse and availability were reportedly very rare. However, by January 2001, young active users reported that ketamine was once again gaining popularity among juveniles, but that overall, abuse was low. Treatment providers at that time were not seeing ketamine abusers seeking treatment.

June 2001 – January 2002

Although there were two separate thefts of ketamine from veterinary clinics in 2001, active users continue to report that ketamine abuse remains relatively rare. Availability of the drug is described as very sporadic. Users tend to be associated with the "alternative scene."

8. Inhalants

Since June 1999, we have reported that inhalant abuse has been limited to primarily young, white individuals. Participants perceived the abuse of most inhalants to be experimental or because the user is unable to obtain some other drug.

All participants reported no changes in the abuse of inhalant drugs, and reported that inhalant abuse in Montgomery County continues to be a persistent, but difficult to document, problem.

9. Alcohol

Among adults, alcohol abuse has been the primary reason for treatment admissions since we began monitoring drug trends in Montgomery County. The abuse of alcohol has been a significant and persistent problem in Dayton.

In June 2001, treatment providers reported that approximately 75% of their clients reported alcohol to be a problem drug for them. A treatment provider working with juveniles reported that he believed alcohol abuse among juveniles had decreased slightly among juveniles in favor of marijuana.

Alcohol abuse remains the primary reason for drug treatment in Montgomery County among adults. All participants we spoke with perceived no changes in alcohol abuse since our June 2001 report—abuse remains consistent at very high levels. One juvenile probation officer commented on the high rate of alcohol abuse among the young population he serves:

> *"I see it across the board, as far as the kids that have been using and, uh, you know, we can't really detect alcohol that much. You know, with the Breathalyzer if they just have used, but most of our kids self-admit to the, to use of alcohol. That's been pretty consistent."*

Both active users and law enforcement personnel perceived the age of first use of alcohol to be decreasing. Participants also commented that alcohol abuse tends to accompany other drug use.

10. Special Populations and Issues

10.1 JUVENILE DRUG AND ALCOHOL TREATMENT PROGRAMS

Juvenile probation officers and drug court personnel continue to express their concern over the difficulty in getting juvenile clients into drug or alcohol treatment programs. Participants stated that the process to get a juvenile into drug and alcohol treatment is often long and laborious, especially when working with females.

Juvenile probation officers agreed that getting a juvenile assessed is a relatively quick process, but accessing actual drug and alcohol treatment takes much longer. As one probation officer stated:

> *"A lotta times, you're about at [probation] termination date because it's taking you two, three months to get that child into any type of [drug or alcohol] service."*

Juvenile probation officers stated that access to drug and alcohol treatment for juveniles, especially females, needs to be faster and less laborious.

10.2 DRUG AND ALCOHOL TREATMENT ACCESS

Active users reported that access to drug and alcohol treatment programs needs to be faster and less expensive. Currently, if an active drug user wants drug treatment it may take several weeks before the user is able to gain access to treatment. Active users stated that during that time many individuals will relapse and fail to pursue treatment. Also, some active users are not willing (or able) pay for urine screens and other associated costs because they need that money to purchase drugs to prevent painful withdrawal symptoms.

RECOMMENDATIONS

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

- Participants continue to describe a significant increase in heroin abuse, most notably among white individuals 18 to 30. Prevention programs need to be increased and targeted specifically to this population. In addition, rapid access to affordable treatment is needed urgently.

- The abuse of Oxycodone long-acting (OxyContin) also continues to increase. Participants report that many young users are quickly becoming addicted to the drug and then resorting to heroin abuse because they no longer can afford or obtain OxyContin. Again, targeted prevention programs and rapid access to drug abuse treatment is needed.

- Juvenile probation officers continue to report an increase in young individuals experimenting with crack cocaine. These young individuals are described as heavy marijuana abusers. Active users perceived an increase in crack cocaine abuse among young females 16-17 years of age. Increased prevention is needed, and the trend should be monitored closely.

- The abuse of MDMA (ecstasy) continues to increase. Active users perceived an increase in abuse among black juveniles. This finding indicates that abuse of the drug may be expanding across ethnic groups.

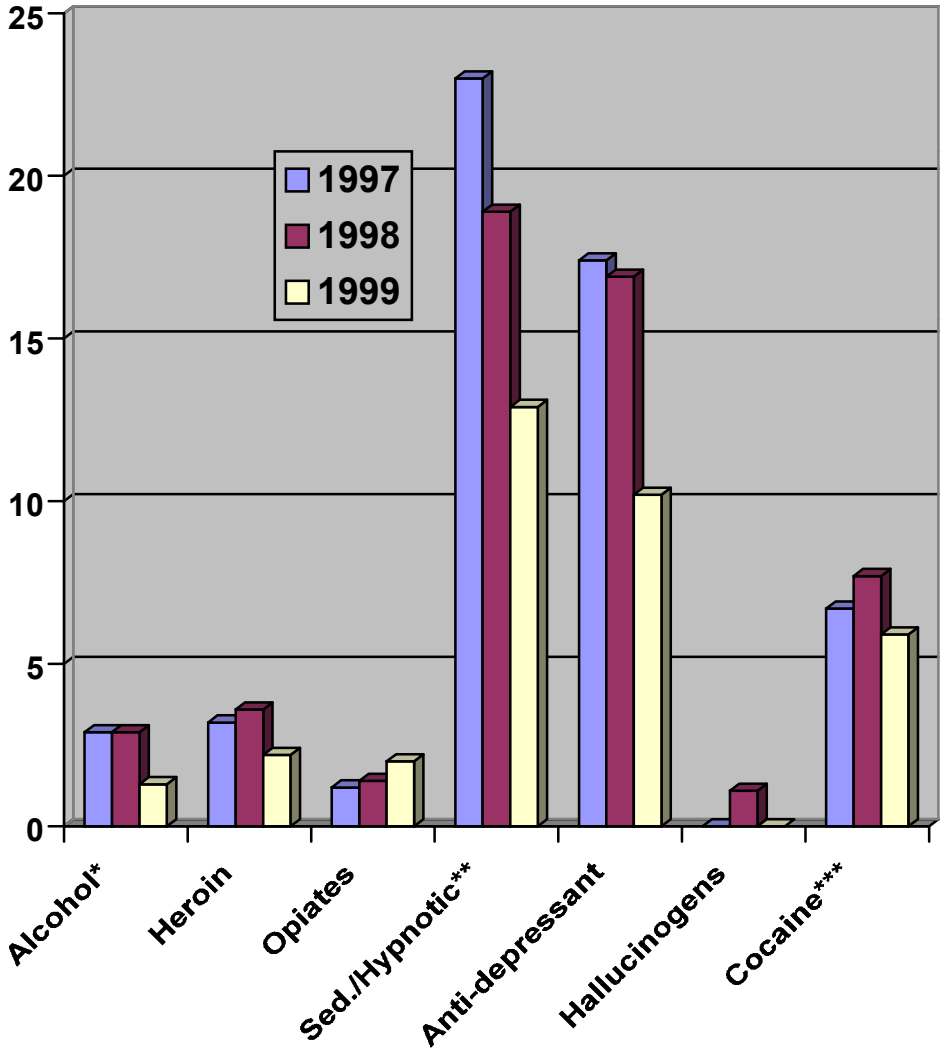
II. The following recommendations were expressed by participants:

- According to probation officers, a drug and alcohol treatment program needs to exist where non-compliant individuals can be treated. Currently, non-compliant individuals are typically dismissed from a program shortly after being admitted because of their behavior. According to probation officers, this is counterproductive given the length of time and effort required to get these individuals into treatment.

- Treatment providers believed that additional methadone clinics were necessary. Currently, non-methadone drug treatment programs will have opiate-addicted clients referred to them when the methadone clinic does not have room. Given the painful withdrawal associated with these drugs, treatment providers working in non-methadone drug treatment programs felt that they could not adequately treat opiate dependent individuals.

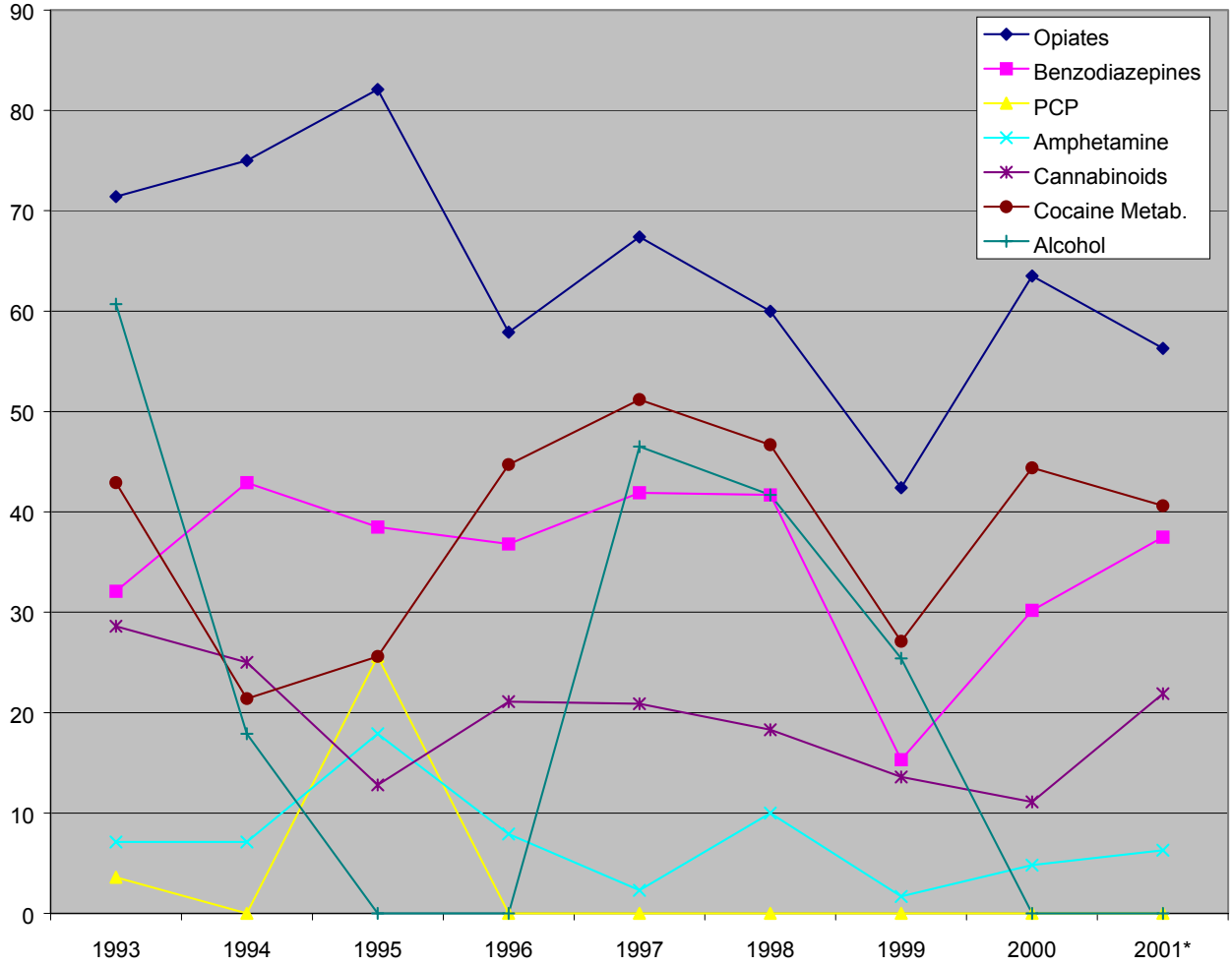
EXHIBITS

Exhibit 1: Emergency Room Mentions
Montgomery County



Note: Drug categories as defined by the American Medical Association's ICD-9.
*Includes Acute Alcohol Intoxication and Toxic Effect Ethyl Alcohol.
**Includes Barbiturates and Benzodiazepenes.
***Includes Lidocaine (lignocaine), Procaine and Tetracaine.

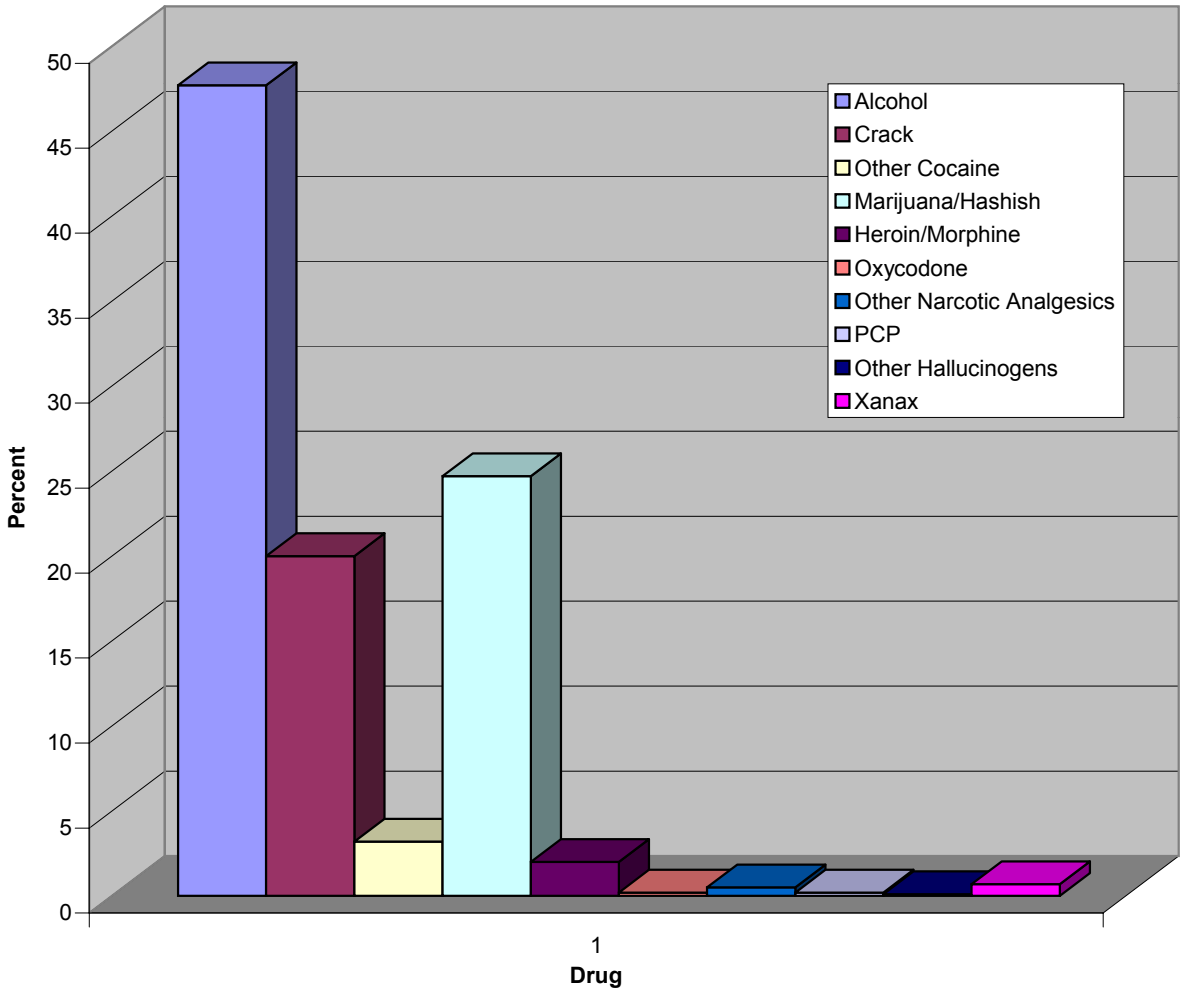
Exhibit 2: Accidental Drug Overdose
(Montgomery County Coroner's Office)



Note: Data represent percentage of mentions for each drug category.
* Represents data from January 2001 to June 4, 2001.

Exhibit 3: Outpatient Drug Treatment Admission by Drug of Choice

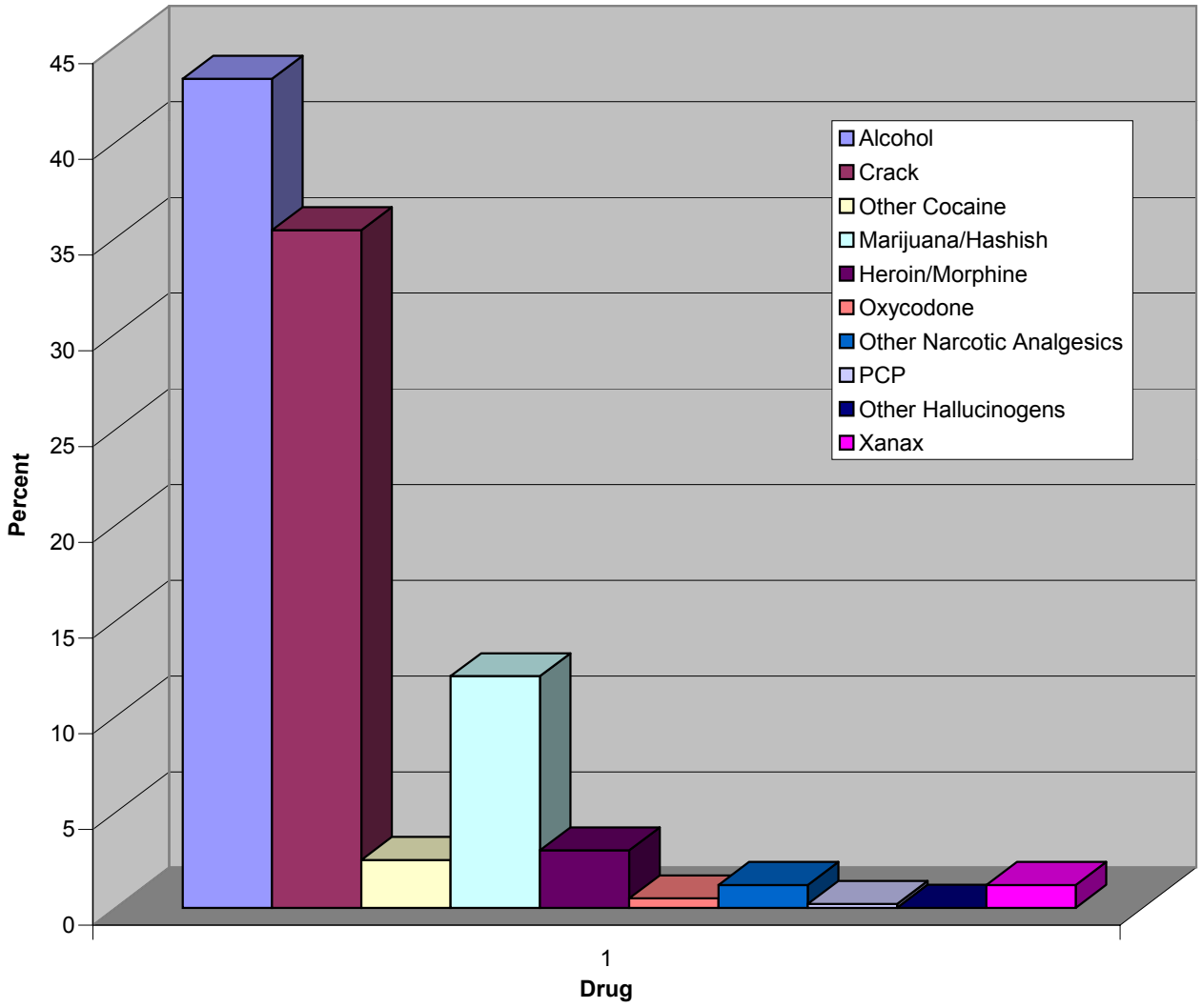
(One Montgomery County AOD Treatment Program)



Note: Data represent fiscal year 2001.

Exhibit 4: Inpatient Drug Treatment Admission by Drug of Choice

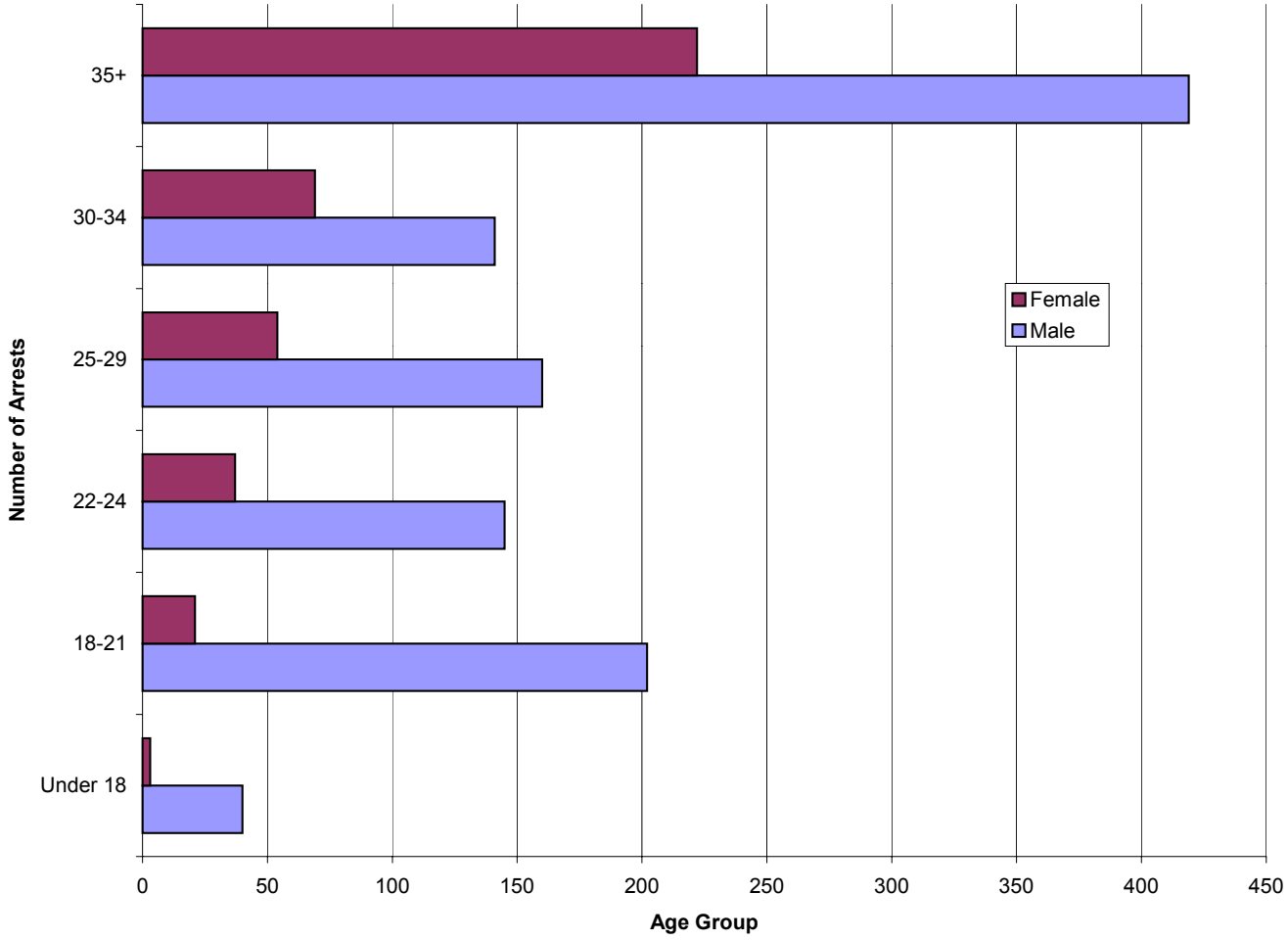
(One Montgomery County AOD Treatment Program)



Note: Data represent fiscal year 2001.

Exhibit 5: Drug/Narcotic Violations

Dayton Police Department



Note: Data represents violations between January 1, 2001 and October 4, 2001.

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

June 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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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 crack cocaine, OxyContin (other opioids), marijuana and ecstasy are the most widely used and prevalent drugs. Powder cocaine is readily available but crack cocaine is the easiest illicit drug to get. Heroin usage and availability varied by those I spoke with. Some believed it was very available, others believed it was extremely hard to get. The prescription painkillers like OxyContin and Vicodin were discussed by all participants as being a growing concern. Some were purchasing these drugs off of the street, but many believed that some doctors are misusing their authority to prescribe these medications.

The lack of available detox treatment in the three counties seemed to be of concern. Many also expressed the need for more drug testing for those on probation or in employment settings. As has been mentioned in previous reports the need for more affordable inpatient treatment was expressed. In addition, it was suggested that treatment (both inpatient and outpatient) needs to be different for women and men because their needs are different.

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 an array of drugs. The goal of this research is to attempt to learn about drug use trends from the users and other well-informed individuals.

1. Geographic Information

Portage County has a population of 152,061 (2000 census). It encompasses 492 square miles. About 94.4% are white, 3.2% are black, and 1% are American Indian and Asian combined. There are only .7% persons of Hispanic or Latino origin. The county is 51.2% female. The median household income (based on 1997 numbers) is $40,060. 8.7% (1997 numbers) of the population lives below the poverty level. The average household size is 2.56 persons. 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). It encompasses 228 square miles. About 95.4% are white, 2% are black, and 1% are American Indian and Asian combined. 1.7% of the population are persons of Hispanic or Latino origin. The county is 51.4% female. The median household income (based on 1997 numbers) is $43,115. 5.7% (1997 numbers) of the population lives below the poverty level. The average household size is 2.5 persons. 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%. All of the interviews took place in Mentor, which has a population of 49,227 (1998 estimates).

Trumbull County has a population of 225,116 (2000 census). It encompasses 616 square miles. About 90.2% are white, 7.9% are black, and .6% are American Indian and Asian combined. There are only .8% persons of Hispanic or Latino origin. The county is 51.6% female. The median household income (based on 1997 numbers) is $36,410. 11.2% (1997 numbers) of the population lives below the poverty level. The average household size is 2.48 persons. 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%. All of the interviews took place in Warren, which has a population of 46,866 (1998 estimates).

Table 1: Geographic Information

Demographic Characteristics	Portage County	Lake County	Trumbull County
Population	152,061	227,511	225,116
Sq. Miles	492	228	616
% White	94.4%	95.4%	90.2%
% Black	3.2%	2 %	7.9%
% Hispanic	.7 %	1.7 %	.8 %
% Female	51.2 %	51.4%	51.6 %
Median Household Income	$ 40,060	$ 43,115	$ 36,410
% Below Poverty	8.7 %	5.7 %	11.2 %
Average Household Size	2.56	2.5	2.48
% Graduated High School	79.3 %	81.1 %	75.2 %
% Graduated College	17.3 %	17.5 %	11.4 %
Unemployment Rate	4.4 %	4.4 %	6.2 %

2. Data Sources

Four individual interviews and one focus group were conducted in Portage County between 12/11/01 and 12/27/01. One individual interview and two focus groups were conducted in Lake County between 12/17/01 and 1/16/02. One individual interview and one focus group were conducted in Trumbull County between 12/18/01 and 1/2/02. There were a total of six participants in Portage County, eight participants in Lake County, and three participants in Trumbull County. The participants from Portage County included a sheriff, a Drug Task Force official, a halfway house manager, case manager, and two recovering heroin addicts. The participants from Lake County included four members of the Narcotics Task Force, three counselors at an outpatient treatment center, and one active heroin user. The participants from Trumbull County included a Drug Task Force officer, the director of an outpatient treatment facility, and a registered nurse (employee of an outpatient treatment facility). The data contained in this report were

gathered through successful completion of interviews that were audio taped and transcribed.

Table 2: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Type of Participant(s)	Location
12/17/01	4	Narcotics Task Force Officers	Mentor
12/24/01	2	Halfway House Manager and Case Manager	Kent
1/2/02	2	Director and RN of Outpatient Treatment Center	Warren
1/3/02	3	Three Drug Counselors of Outpatient Treatment Center	Mentor

Individual Interviews

Date of Individual Interview	Type of Participant(s)	Location
12/11/01	Drug Task Force official	Kent
12/18/01	Law enforcement official	Ravenna
12/18/01	Drug Task Force Officer	Warren
12/27/01	Heroin Addict	Kent
12/27/01	Heroin Addict	Kent
1/16/02	Heroin Addict	Mentor

Totals

Total Number of focus groups	Total Number of focus group participants	Total Number of individual interviews	Total Number of Participants
4	11	6	17

METHODOLOGY

Participants for this round of assessment were located by contacting the three county Narcotics Task Force Offices and several treatment centers in each county. Only one participant (a Drug Task Force official) had participated in previous interviews for the OSAM project (16 new participants).

Interviews with users in treatment were attained through treatment provider contacts from the county where they reside. Unfortunately, by the time this project began, there was less than one month to contact participants and it occurred during the holiday season (this was very limiting). The lack of active heroin users that fit the parameters of this study is a direct result of these two factors. Several attempts to find active heroin users were made, but they could not be found in such a limited time frame.

DRUG ABUSE TRENDS

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL)

Everyone interviewed, except for the two treatment providers in Portage County, believes that powder cocaine is readily available. The treatment providers in Portage County believe that powder cocaine is used less frequently than rock cocaine (Crack), however they didn't think the availability had changed in the past six months. This was also the consensus of all other participants—that powder cocaine availability has not changed.

The treatment providers generally do not know the quality of the powder that is available; however, the director of a treatment facility in Trumbull County believes the powder to be at 86 to 88 percent pure, which according to him is "pretty high." Most participants agreed that the location as to where the powder was purchased has a lot to do with the quality. Low-income areas seem to "trample" on the powder more than high-income areas. The agents from Lake County mentioned that they are now seeing powder cocaine that is "cut" with crushed up florescent light bulbs. This type of mixture is done to "scratch up" the user's nasal passage so the body absorbs the cocaine faster. Because this is the first time this has been reported by participants participating in the OSAM Network, further investigation is needed before it can be considered an emerging trend.

The Narcotics Task Force agents in all three counties send out samples of the powder they get to testing labs like the BCINI Field Laboratory in Richfield. The only testing that the officers do themselves is by using a field test kit that shows whether or not the "product" is positive. Agents in Trumbull and Portage County commented that the powder they are buying is more "chunky"("it seems to be coming right off the block," which is a new phenomenon for these agents. They haven't seen this until the last six months or so).

Powder cocaine sells for a low of $70 a gram in Trumbull County to $125 a gram in Portage County (the average for a gram of powder is $90). The cost of an ounce ranges from $1100 in Trumbull County to $1500 in Portage County.

The methods of administering powder cocaine include snorting it (the most common), injecting it, and placing it in either marijuana ("primo") or tobacco ("cigamo") to smoke. Everyone interviewed believes that there are no differences in terms of ethnicity or race as far as who uses the drug, even though "public perception would have us believe otherwise." The new users of powder cocaine tend to be young adults (between 18-25), both male and female.

Agents and treatment providers agree that there is treatment available for those who really want it, but the timing may be what is delaying the addict in seeking out treatment. Typically one enters into the Criminal Justice System before they seek out (or

are "forced into") treatment. The small quantity users are receiving probation and rehabilitation as their sentence. In Portage County there is only one treatment center and it is a residential facility for women. The males in Portage County have to go out of the county for treatment. The only detox facility for the three county area is in Warren (Trumbull County).

Powder cocaine users seem to experience family problems, including domestic violence. They also have financial (money) problems due to loss of job(s), income, and cash being spent on drugs. This is a common theme. The agents in Trumbull and Portage County believe that the crime rate increases with the use of powder cocaine, especially for burglary. "It is an expensive habit to maintain."

1.2 CRACK COCAINE

Agents and treatment providers agree that crack cocaine is more readily available than powder cocaine. The agents from Lake, Portage, and Trumbull County believe that to be their biggest drug problem. One even commented that if "they sold stock in it, I'd be a millionaire." Prices of crack are similar in all three counties. You can purchase a rock for $5, $10, $20 (the most common), or $50.

When asked about the quality of the crack cocaine, one treatment provider explained that during the "cooking" process, all of the impurities are burned out, so what you have left is the cocaine. The word on the street is that some people have better crack than others. One agent commented that if the powder is more pure, the crack will be as well.

The majority of crack users are smoking it with a pipe; however, lacing marijuana or tobacco products is also growing in popularity. All three counties have black and white users. The population of minorities in each county is relatively small, therefore there are more white users of all drug types.

Treatment for crack usage is available on an outpatient basis in all three counties, primarily through AA and NA meetings. The general consensus is that crack is highly addictive and can be a rapidly dehabilitating addiction. Some treatment providers in Portage and Lake County even believe that treatment isn't really working. "Long-term treatment is needed for the crack addict and unless a user has private insurance or $20,000 to $30,000 for treatment, they just can't afford it unless they go to jail or prison to get it."

One thing that I found very interesting was the commentary from the treatment providers in both Trumbull and Portage County that a lot of drug addicts need psychiatric treatment. Because it is easier to get psychiatric treatment, "90 percent of all psychiatric admissions are alcohol or drug related." Crack users seem to have more severe psychiatric problems than users of other substances.

2. Heroin

Agents and treatment providers in Trumbull, Lake, and Portage County believe that heroin is around, but you have to know where to look for it. It is not as prevalent as crack cocaine; however, the availability has remained stable over the past six months to a year. None of the treatment providers or agents know how much heroin sells for "right offhand." One treatment provider in Trumbull County said the quality of heroin is not very pure, "addicts will travel to Youngstown or Cleveland to purchase it."

The majority of heroin users are injecting it, and some are smoking it. Some users are mixing it with cocaine. There is no consensus on what the typical heroin user looks like. Lake County agents and treatment providers believe that more Hispanics are using heroin than whites. This contradicts the information that I gathered from an active heroin user from Lake County. He believes there are more white males using heroin…"I've only ever seen whites…" Portage and Trumbull County agents and treatment providers cannot agree upon who uses more, whites or blacks.

Hepatitis C is a significant problem for heroin addicts. All treatment providers and several agents noted this problem. It is more common and creates more problems than AIDS or HIV. Another problem pertaining to heroin tends to be centered around the lack of detox facilities. Again, the only detox center in the three county area is in Trumbull County. Most treatment facilities are not equipped to handle heroin withdrawal. There are no methadone programs in these counties. A third problem related to heroin is the belief by all the treatment providers that heroin addicts will use or substitute any type of drug if they cannot get heroin. Many addicts are taking prescription drugs because they are easier to get a hold of.

YOUNG/NEW HEROIN USERS: A RAPID RESPONSE INITIATIVE

The two heroin users (females) interviewed while in treatment in Portage County actually came from Lake County. Both of these addicts fall outside of the parameters of the protocol; however, their information will be included in this discussion. The third (active) heroin user (male) also resides in Lake County. The Trumbull County treatment specialists and agent interviewed could not provide any names of heroin users that fit the protocol of this rapid response.

The three heroin users began using drugs at young ages (10-15, mainly alcohol). It was a rapid progression into other drugs (marijuana, speed, acid). All three were introduced to heroin by "a friend," and in turn introduced others to it. Each agrees that after a short period of heroin usage (two or three times), they became addicted. Heroin costs $10 for a bag (bindle). You can purchase a bundle (10 bags) for $100. An everyday habit cost them anywhere from $40 a day to $180 a day. Heroin is not the drug of choice for these users, but they use it because it is available (morphine - 34 year old, white-female, registered nurse; crack - 46 year old, brown-female, nurses aide; and OxyContin - 22 year old, white-male unemployed).

Overall, the sharing of needle or "works" was relatively low. One shared rinse water a couple times, one shared needles a couple times, and the other shared cotton a couple times. No one made this a regular habit. The two females have been tested for HIV infection but the male has not.

All three are single with no dependent children and none are using methadone. These three inject heroin and have tried snorting it. All have been through treatment several times. Each user believes heroin is a very dangerous and addictive drug.

All three users believe heroin is increasing in popularity among whites aged 18-30. Each user commented that the only way to improve prevention of heroin abuse among younger people would be to get it off of the streets. "The government needs to stop the flow into the country;" however, "if someone want's heroin bad enough they will find a way to get it."

3. Other Opioids

Agents and treatment providers in all three counties believe that oxycodone long-acting (OxyContin) is the most common opioid followed by Vicodin ("they are as available as aspirin"). Agents and treatment providers believe that anyone can get a prescription, from almost any doctor, for what they want. Portage, Lake, and Trumbull County have agents that work nothing else but prescription cases. All agents believe if the doctors could be "controlled better" there would not be a problem. But you cannot forget about the user, "addicts are wonderful about manipulating the system…A patient comes in to see a doctor with a migraine. There, in the beginning, is legitimate pain. They then become addicted to a legal prescription."

OxyContin sells for about $1 a milligram, so if a tablet is 80 milligrams the tablet costs $80. Vicodin sells for about $5-$6 a tablet (the ES's sell for $7). Percocet sells for $3 a tablet. The agents from Lake and Portage County believe the sale of tablet is market driven, whatever the market, that is the tablet you will find. Right now OxyContin is the most popular. Six months ago it was Vicodin. Treatment providers in Trumbull County are seeing an increase in Dilaudid and Soma prescriptions (possibly due to heroin addicts seeking treatment).

Users of OxyContin tend to take them orally or crush them up and inject or snort them. The consensus of the participants is that the users of these other opioids are white and that a new group of users is emerging, young (adolescent) females. Reportedly, this is the fastest growing drug trend in all three counties.

An interesting behavior to note is that the treatment providers and the agents agree that users of prescriptions are treated more leniently by the Criminal Justice System. "A lot of users will receive treatment in lieu of conviction or incarceration" and that many who are going through treatment for prescription addiction tend to have private insurance.

Another interesting fact to note is that the young (male) heroin addict from Lake County started using heroin because OxyContin "dried up" and could not be found. His OxyContin habit costs him between $240-$300 a day when they are available, compared to a $30-$70 a day heroin habit.

4. Marijuana

Agents and treatment providers agree that marijuana is readily available in their counties. The availability has remained stable and maybe even increased in the past six months to the past year. An ounce of marijuana sells anywhere from $170 to $250, depending upon the quality. A quarter ounce sells for around $70. A pound of marijuana sells for about $1000 in Trumbull County, $1200 in Portage County. You can find "anything from shit, junk, crap…all the way up to 'kind bud.' You just gotta be willing to pay for it."

Marijuana seems to be a drug that is used by younger people, anywhere from age 12 to 20. "It does not discriminate based on race or social class." There will always be new users trying marijuana according to the Task Force Agents.

Marijuana is a very socially accepted drug. Users believe the stereotype that marijuana is not bad compared to cocaine or heroin (it is compared to cigarettes and alcohol). Many users do not want treatment because they do not see it as a problem. The users attitude seems to be a problem…"it's like saying I got caught with a six pack of beer." It is not recognized as causing a "problem," it is recognized as an "everybody drug."

There is a growing concern of treatment providers and agents. They are finding more marijuana "dipped" in formaldehyde (embalming fluid), especially in Lake County. Another problem with marijuana that was expressed by the treatment specialists in Trumbull County deals with work related issues. Drug testing for several jobs has become mandatory. Some people cannot hold a job because they test positive for marijuana.

A final comment about marijuana; agents in Portage, Lake, and Trumbull County believe marijuana to be a stepping-stone to harder drugs. "When they get bored, they will move on."

5. Stimulants

5.1 METHAMPHETMINE

This drug has been called the "poor man's coke." It seems to have been more of a problem for these three counties five years ago than today, even though it is still around. Portage County agents believe methamphetamine is readily available. The price of methamphetamine is comparable to cocaine. The quality depends upon who is cooking it.

The users tend to inject or snort it. “Crystal meth is a big bang for your buck. The highs last longer.” Portage County treatment providers believe this drug to be “very scary.”

6. Depressants

6.1 GAMMA-HYDROXYBUTYRATE (GHB)

GHB is increasingly found in each county, but no one was familiar with the cost or prevalence of usage. The users are administering the drug orally (swallowing it) and it seems to be a drug used by those high school aged.

7. Hallucinogens

7.1 MDMA (ECSTASY)

Ecstasy is very available in Trumbull, Portage, and Lake County. It costs about $20 a tablet. If a user buys three or more they get the tablets for $10 each.

7.2 LSD (ACID)

Portage County has a growing problem with acid. The availability is very great. A Portage County Sheriff believes there is a cooker somewhere in the area, but has been unable to track him/her down. Acid sells anywhere from $2 to $10 per dose. However, purchasing just a couple hits on the street can cost as much as $10 per hit. Users are administering acid by eating it. It comes on blotter paper and in gel tab form. It is commonly used among college students. The quality seems to be pretty good.

8. Anabolic Steroids

Portage County has a problem with steroids. This is a growing concern for law enforcement agents. There is a very active supplier in Kent who was arrested, but he and his group are still supplying them. This group has been around for about 20 years, but they seem to be very active recently. The supplier is ordering the steroids off of the Internet and getting them through the mail. Sometimes the supplier will have 2000 doses and they will be gone in an hour. There are some injectable steroids as well as pills. It is affecting mostly young college students.

SUMMARY AND RECOMMENDATIONS

ANCILLARY SERVICE NEED

There needs to be a cost support system sponsored by the government. It needs to be a threefold approach. The youth and adults need to be educated by more than just the DARE program (i.e., GED training, anger management courses, parenting courses, relationship skill building). There has to be law enforcement. There needs to be treatment

available that includes ancillary services such as childcare, job training, domestic violence awareness, and real life skills like assistance with housing, getting utilities turned on, establishing credit, getting licenses back (i.e., drivers license). There also need to be more treatment options for the rural communities.

SPECIFIC RECOMMENDATIONS

Law enforcement agents, treatment providers and active users had the following recommendations concerning treatment services:

- There is enough money in the system but it is being distributed wrong. Quit funding programs that have an 80% failure rate. Do six-month, one year, two-year follow-ups with treatment centers and law enforcement agencies.

- Pay employees more so they earn a living wage and have a low turnover rate. Educate employees by offering tuition reimbursement programs.

- Offer more psychological evaluation programs and counseling for those "at risk" or "in need."

- Make the penalties for drug use and trafficking a lot stiffer. Reevaluate the Drug Court Programs to see whether or not they are working. (Lake County agents believe there are no recommendations. They definitely have "job security" because of the way the system is currently designed).

- Have a specific focus on alcohol because there are as many, if not more, problems created in society by alcohol.

PATTERNS AND TRENDS OF DRUG USE IN SOUTHEAST OHIO (ATHENS, VINTON, & HOCKING COUNTIES)

A REPORT PREPARED FOR THE OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

June 2001 – January 2002

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Abstract

In Southeast Ohio, marijuana and alcohol remain the two most popular and widely used substances. The use of opioids such as OxyContin, common in Southeast Ohio in the early-part of 2001, seemed to have decreased slightly in late-2000, in part because users were better aware of the dangers posed by OxyContin and more vigorous law enforcement efforts to curb the use of OxyContin and other opioids. Use of other illicit drugs such as powder cocaine, crack cocaine, heroin, and methamphetamine remain extremely rare in Southeast Ohio. There appears to be a large number of barriers in Southeast Ohio that preclude active users of alcohol and other drugs from seeking treatment. These barriers include denial that the individual has a problem with alcohol or other substances, a lack of inpatient treatment centers (especially for men), and cultural and social norms that normalize or minimalize drug use. Many institutions in Southeast Ohio (e.g., universities and hospitals) seem to overlook or ignore the high use of, and demand for, drugs and alcohol.

INTRODUCTION

1. Area Descriptions

Athens County

Through 2000, the population of Athens County, Ohio 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 County. 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 County is female.

Athens County has been characterized as "economically-impoverished." 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 County is 60.5%, which is less than the overall home ownership rate in Ohio (69.1%).

In terms of health status, Athens County evidences mixed results. Relative to national averages, Athens County 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)***.

Hocking County

Through 2000, the population of Hocking County was 28,241. The vast majority of county residents is White (97.5%). Gender in the county is equally divided (49.8% male, 50.2% female). The median income in Hocking County through 2000 was $30,865. Roughly 15% (i.e., 12.9%) of adults in Hocking County lived below the poverty level; 18.9% of children lived below the poverty level.

Vinton County

Through 2000, the population of Vinton County was 12,806. The vast majority of county residents was White (98.1%). Women accounted for 50.2% of the population. The median income in Vinton County in 2000 was $26,697; 18.7% of adults and 25.6% of children lived below the poverty level.

2. Data Sources and Time Periods

- ***Qualitative data*** were collected in three groups (n=9; n=6; n=4) and two individual interviews with front-line professionals (n=2). These activities yielded a total sample size of N=21 for the period spanning 7/01 – 12/01. Participants of qualitative research activities are summarized in Table 1, while more detailed information characterizing qualitative research activity participants is shown in Table 2.

- ***Archival data*** obtained from a local University Police Department. The university police department has primary jurisdiction on the campus and secondary jurisdiction in the city.

- ***Print media*** was also used to collect data on AODA and mental health treatment issues in the Southeast Ohio area.

Table 1: Qualitative Data Sources

Focus Group:

Date of Focus Group	Number of Participants	Active Users or Professionals
12/20/01	4	Four mental health care practitioners (each had specialty training in AODA counseling
12/17/01	6	College students and persons working in the community
12/12/01	9	Active Users (College students and recent college graduates living in the community)

Individual Interviews:

Date of Individual Interview	Active User or Front-Line Professional
12/5/01	Mental Health Practitioner (M.S.-level)
12/12/01	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	19	2	***21***

Table 2: Detailed Focus Group/Interview Information

December 12, 2001: Active Users (College Students)

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
1	20	White	M	Marijuana, Alcohol, Mushrooms, Ecstasy
2	24	White	M	Alcohol, Marijuana, "Others"
3	23	White	M	Alcohol, Marijuana
4	24	White	M	Alcohol, Marijuana, Mushrooms
5	21	White	M	Alcohol, Marijuana, LSD, Mushrooms, Ecstasy
6	--	White	M	Marijuana, Alcohol, "Others"
7	20	White	M	Alcohol, Marijuana (recently quit)
8	--	White	F	Alcohol, "Everything"
9	20	White	M	Alcohol, Marijuana, LSD, Mushrooms, Hashish

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

December 17, 2001: Active Users (College Students and Community Residents)

"Name"	**Age**	**Ethnicity**	**Gender**	**Experience/Background**
1	23	White	M	Marijuana
2	19	White	M	Marijuana
3	--	White	M	Marijuana
4	--	African American	F	Marijuana
5	--	White	M	Marijuana
6	--	White	M	Marijuana

Recruitment Procedure: *The above participants were recruited by "Dave" who also participated in the group.*

December 20, 2001: AODS Clinicians and Mental Health Professional

"Name"	Age	Ethnicity	Gender	Experience/Background
1	--	White	F	AODS Clinician
2	--	White	M	Mental Health Professional
3	--	White	F	AODA Clinician
4	--	White	F	AODA Clinician

Recruitment Procedure: *The above practitioners were assembled by the Director of the local drug treatment center.*

Individual Interviews

December 5, 2001: Mental health Professional

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Psychologist with concentration in mental health.

Recruitment procedure: *"Drew" is a mental health professional in the Athens area.*

December 12, 2001: Front-Line Professional Interview; Police Officer

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Patrolman & under-cover investigator.

Recruitment Procedure: *The Key Informant contacted a University 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 POWDER COCAINE

Powder cocaine was described by our active users as *not being readily available* but also not impossible to obtain.

In terms of availability, one active user indicated that "It's around if you want it, but it's very pricey."

According to a police officer in the Athens area, undercover and confidential informants working with police are indicating that cocaine is more prevalent than in previous years.

In terms of price, our active users indicate that powder cocaine is selling for approximately $75 to $100 per gram. However, the powder cocaine in Southeast Ohio is of very poor quality, most typically mixed (i.e., "stepped on") with baby laxatives and ephedrine.

Mental health professionals in Southeast Ohio indicate that they are working with more clients who are coming back with positive tests for cocaine. It is important to

note that these individuals were referred to the AODA counselors for treatment after being arrested on drug charges. In that regard, most are not first-time users but are, instead, individuals who are having difficulty terminating their cocaine use.

In terms of new user groups, active users indicate that cocaine use is more common in students who graduated recently, gained employment, and are now making viable incomes. This greater access to money results in more opportunities to purchase cocaine.

1.2 CRACK COCAINE

The use of crack cocaine remains extremely rare in Southeast Ohio.

In terms of crack cocaine availability, one active user indicated "It's around a little bit but there ain't much of it."

Our active users conveyed the impression that crack cocaine was a drug associated with inner-city communities or lower socioeconomic status groups. For example, our active users stated that "Crack's for ghetto bums" and that crack cocaine is a "lower-class" drug.

In fact, focus group participants indicated that not even active users openly discuss the use of crack cocaine. Active drug users indicated that, if an individual openly discussed crack cocaine, he or she would risk being ostracized by their friends and peers.

Active users in the current sample believed that powder cocaine was more available than crack cocaine.

Our active users were not able to estimate how much crack cocaine would cost in SE Ohio.

2. Heroin

Consistent with findings from previous focus group research activities (i.e., early-2001), heroin use is extremely rare in Southeast Ohio. In fact, none of the 19 active users in our sample reported having used or even seen heroin being used in the past six months.

Comments by focus group participants regarding heroin included: "I've never heard of it being used" and "Nobody really talks about it with friends cause they'll beat your ass."

At the same time, some active users indicated that they were *hearing* more about heroin ("I've been hearing more and more people talking about it"). One active user

indicated that heroin is much more popular and available "up north" (i.e., in the Greater Columbus area).

3. Other Opioids

3.1 OXYCONTIN

Active users in the current sample differed in their perceptions regarding the availability of oxycodone long-acting (OxyContin). One active user described OxyContin as being "readily available" while a different user indicated that he was "…not hearing as much about it."

One active user in Hocking County indicated that she knew two people who died from OxyContin overdoses in the past three months.

A question was posed to participants regarding how OxyContin was obtained. One response that seemed to summarize other related responses was "You don't find it, it finds you." When asked to explain the statement, active users indicated that--when an individual has OxyContin--he or she sometimes distributes it to their friends or other users in liberal amounts.

When users were asked to indicate why use of OxyContin might be decreasing in Southeast Ohio, two primary reasons were cited. First, users believed that people were becoming more aware of the dangers of OxyContin. Many users knew people who died from OxyContin overdoses or who experienced extremely negative side effects related to OxyContin. Active users also felt that law enforcement authorities were increasing their efforts to curb the use and sale of OxyContin.

Regarding OxyContin prices, the following estimates were provided by active users:

- The price of OxyContin varies by dosage. In general, OxyContin sells for $1 per milligram in Southeast Ohio, although higher dose pills sell for less than this (e.g., Oxy120s sell for approximately $80).

Focus group participants indicated that, in addition to OxyContin, some had either used or observed the use of Vicodin, Percocet, and "Somas."

In terms of price, one active user indicated that Vicodin was selling for approximately "$3 - $5 per pill" while another user indicated he could probably get "two Vicodin for $5."

4. Marijuana

Based on focus group research activities with both active users and front-line professionals, there continues to be a very high demand for--and substantial use of--marijuana in Southeast Ohio.

Active users also indicated that the availability of marijuana follows several trends, such as:

- Marijuana "….tends to follow attendance of the students."
- Marijuana is "……especially available at the beginning of quarter when students return with money or they've just received their financial aid checks."
- "During the summer time it gets kind of tough to find."
- One active user mentioned that "This fall there was nothing, there was *nothing*, going around. There was the crappies pot going around for freaking $50 and it was not worth $50." Another user mentioned that the availability of marijuana in Southeast Ohio might have been influenced by irregular harvesting practices. Specifically, he mentioned that because the weather turned cold so quickly, many growers may have prematurely harvested their marijuana crop, thus producing marijuana of poorer quality.

In addition to purchasing marijuana, focus group participants knew several individuals who grew their own.

An interesting theme that emerged from focus group research activities was that active users believe it is easier to obtain marijuana in Southeast Ohio than it is alcohol. This statement was based on the impression that law enforcement officials observe bars and liquor stores and frequently "harass" individuals exiting these establishments. As one active user stated, "It's so much easier to get a bag of grass than it is a can of beer."

In terms of cost, the price of marijuana varies considerably by quality:

- "Crappy" or low grade marijuana: $20 per 1/8th ounce ($80 - $100 per ounce).
- "Good stuff" or "middies: $50 per 1/8th ounce ($150 - $200 per ounce).
- "Nuggets" or high quality $300 - $350 per ounce.

5. Stimulants

5.1 METHAMPHETAMINE

Use of methamphetamine is Southeast Ohio remains very rare. When active users were asked to comment on methamphetamine, statements included "Never even saw it" and "I saw it once down here years ago."

Our focus groups of active users were very knowledgeable about the large number of "meth lab busts" in the area. However, they also believed that most of these labs were either very small or were no longer producing methamphetamine. They also believed that methamphetamine manufactured in local labs was being sent to different geographic areas.

While use of methamphetamine in Southeast Ohio seems to be low, local law enforcement officials are concerned about trends they are observing in nearby urban areas. Specifically, the front-line professional (police officer) to whom we spoke indicated that in Parkersburg, West Virginia, there were no methamphetamine-related arrests four years ago. However, three years ago there were approximately 26 lab busts and this figure increased by 300% the following year. Last year, Parkersburg police learned of a new lab "every other day."

Law enforcement officials were also concerned that manufacturers of methamphetamine were gaining illegal entry in various buildings and facilities and stealing chemicals needed to make methamphetamine.

In terms of price, focus group participants believed that methamphetamine was selling for $40 per gram and that it was much cheaper than powder cocaine.

6. Depressants

When asked to comment on depressants (such as Xanax), no focus group participant indicated that they used depressants in the past six months. They also believed that there was little demand for depressants in Southeast Ohio.

7. Hallucinogens

Following marijuana and alcohol, hallucinogens--such as mushrooms and LSD--may be the most widely used drugs in Southeast Ohio. This is particularly true of mushrooms, which seem to be preferred over LSD.

7.1 MDMA (ECSTASY)

Ecstasy use was mentioned by some active users, but only a very small percentage. One user indicated that he used it approximately one year ago. Ecstasy was referred to by one active user as follows: "It's a stupid pill that can kill you."

The only estimate of the price of Ecstasy came from a woman who lived in Hocking County but who worked in Columbus, Ohio. She indicated that she could purchase Ecstasy for "$10 to $15 a tablet, maybe $20." However, she emphasized that this was the price she paid in Columbus. Her guess was that these same tablets would be sold in Southeast Ohio for $15 to $25 a tablet.

7.2 PSILOCYBIN (MUSHROOMS)

Relative to LSD, mushrooms were perceived by active users to be safer, provide a "better and more controlled buzz," and could be used for medicinal purpose (e.g., relieve headache).

Active users indicated that they were seeing fewer mushrooms in the recent past. Users provided statements such as "The use of mushrooms has gone down" and "In 1999 and 2000, they were everywhere, but since then they've decreased."

Prices of mushrooms: $25 - $30 per 1/8th ounce– "Basically the same price as marijuana."

Active users also indicated that they knew of individuals who grew their own mushrooms. Individuals grew their own mushrooms by purchasing *spore kits* and aquariums through print media and magazines, such as "High Times."

However, they also indicated that growing mushrooms was a very risky practice. One active user mentioned that he knew an individual who grew his own mushrooms and that this individual would not let anyone into his house--not even his best friends. None of the active users we interviewed grew their own mushrooms, nor did they plan to grow mushrooms in the future.

7.3 LSD

While many of our active users had used LSD in the past, most of their descriptions of the drug were very negative (e.g., "you don't know what's in it" and "it's too unpredictable").

Price of LSD: $5 per hit (said to be "dirt cheap").

8. Alcohol

Alcohol was used by every active user in our focus group research activities. Interestingly, focus group participants could not determine if alcohol or marijuana was the most frequently used substance in Southeast Ohio.

Based on arrest records data provided by a local law enforcement official, arrests related to underage consumption, public intoxication, and driving while under the influence have increased over the past several years.

Not surprisingly, our active users indicated that alcohol consumption increased substantially after an individual turned 21; prior to 21 years of age, marijuana was oftentimes more common.

Alcohol use was believed to span across all age groups, from high school students, through young adults, and into older populations.

9. Special Populations / Observations

Other drugs that were used by focus group participants--or that they had seen used--in the past six months, included methylphenidate (Ritalin), Adderol, Opium, and Hashish.

Focus group participants indicated that it was rather easy to obtain Ritalin from young (high school) students diagnosed with attention-deficit disorder. It was the belief of our active users that Ritalin was often snorted.

Front-line professionals also indicated that they had heard of individuals using (i.e., drinking) Albuterol (a medication typically prescribed to individuals with asthma or some other chronic obstructive respiratory disorder). According to a law enforcement official, they questioned an individual who was suspected of having Ecstasy, only to learn that he was in possession of a 50-ounce bottle of Albuterol that he had purchased from the Philippines over the Internet.

CONCLUSIONS

Marijuana and alcohol are clearly the most widely used and sought after drugs in Southeast Ohio. Use of other opioids (especially OxyContin) appears to have decreased slightly over the past six months. Heroin, powder cocaine, crack cocaine, and methamphetamine are extremely rare in Southeast Ohio at the current time. Programs are needed that make users aware of the risks of alcohol and marijuana. These programs are particularly needed for adolescents and young adults (i.e., as early as junior high or high school).

TREATMENT ISSUES AND RECOMMENDATIONS

In general, there was a wide spread belief among both users and AODA counselors that ***denial*** is the most serious barrier to decreasing or quitting the drug use. As one active user indicated: "I know a lot of people who don't even consider marijuana a drug." This sentiment was echoed by several other active users.

It was interesting to note that AODA counselors cited situations in which marijuana was used by family members as a form of reinforcement. One AODA counselor indicated that she worked with an adolescent who was given marijuana after completing his daily chores, and other AODA practitioners were currently working with clients who began using marijuana steadily at the age of 7. They also discussed clients they were currently treating who smoked marijuana from the time they awoke until the time they went to bed.

Most users and AODA counselors indicated that if an individual wished to stop drinking or quit using drugs, he or she would have to leave the area "if they were serious about quitting." Use of alcohol and marijuana in Southeast Ohio is so prevalent that there would be far too many "triggers" likely to hinder the efforts of an individual who wished to become sober.

Our active users also indicated that--if an individual wished to stop drinking or using drugs--he or she would most likely first attempt to quit on their own; seeking help at a clinic or treatment center would imply that they were an "addict or a junkie." Most users and AODA practitioners agreed that people only seek treatment if they are arrested and court-ordered to undergo treatment.

Our AODA counselors indicated that there are too few inpatient treatment facilities for people with drug or alcohol issues. While Southeast Ohio does have an inpatient treatment center for women and a separate treatment center for adolescents, there are no similar facilities for men.

AODA practitioners believed that the widespread use of drugs and alcohol in Southeast Ohio was overlooked or ignored by many community agencies and institutions. Some practitioners expressed a belief that alcohol is a big part of the Southeast Ohio economy and that reducing the number of bars in the area or reducing the number of under-aged drinkers would threaten the local economy.

Finally, AODS practitioners indicated that it would be helpful if physicians--particularly emergency room physicians--were better trained in the identification and treatment of patients who may have alcohol or drug disorders. Specifically, our AODA practitioners discussed an incident in which an injured resident was brought to a local hospital. The individual was found to have a blood-alcohol level of approximately .30. To their surprise, the patient was treated for his injury and then released under the supervision of his mother. AODA practitioners believe that emergency room physicians should be more skilled in the identification of individuals in need of AODA treatment and making appropriate referrals to relevant agencies.

PATTERNS AND TRENDS OF DRUG USE IN TOLEDO, OHIO:

A REPORT PREPARED FOR THE OHIO SUBSTANCE ABUSE

MONITORING (OSAM) NETWORK

June 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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Abstract

Crack cocaine *and marijuana abuse are reported to be the number one illegal drug abuse problem in the Toledo area (Lucas County). There is reportedly a leveling out of youth and adults as dealers and users of cocaine, especially crack cocaine. The youth population, according to treatment reports, use cocaine, alcohol and marijuana as* ***starter drugs****. Alcohol dependence and abuse continue to be reported as the primary reason for AOD services. Focus groups report* ***crack cocaine*** *as accounting for the largest number of drug arrests, primarily in the inner city, and the second largest number of treatment admissions (both suburbs and inner city). Reports indicate the same individuals are being arrested for dealing and/or using crack, heroin, alcohol, and marijuana concurrently and/or sequentially. The availability of crack cocaine and cheap prices have remained stable and could account somewhat for its constant usage.* ***Heroin*** *use as an injectable drug is reportedly a "big problem" in Toledo [primarily in East Toledo's Latino community] and is experiencing a constant resurgence among White youth [Maumee and Perrysburg] and older adults who smoke and snort the drug. Participants reported an increase of heroin [in powder form] among young Whites. The number of heroin users entering treatment remains low in comparison to other drugs of choice.* ***OxyContin*** *is being reported as a popular opioid and is now increasing as a street drug [referred to as the "poor man's heroin"]. Young/New Heroin Rapid Response for Heroin Users in Recovery in Lucas County is a part of this report.* ***Ecstasy*** *(MDMA) appears to remain popular with youth.* ***Marijuana*** *use remains increasingly high in the Toledo area, especially among youth and young adults in the suburbs and inner city. Youth 18 years of age and younger constitute the largest population entering treatment.* ***Hydromorphone (Dilaudid)*** *remains popular among drug injectors.* ***Inhalants*** *continue to be a problem among White adults and youth;* ***alcohol*** *use and abuse remain the most widespread problem among treatment providers that impacts all ages and races in Lucas County.*

INTRODUCTION

1. Area Description

Lucas County has a population of over 455,000. According to the 2000 Census figure, this represents about half of the over 925,903 people living in Northwest Ohio. Forty-seven (47%) percent of this population are male, while fifty-three (53%) percent are female. Approximately 76% (345,800) are Caucasian, 17% (77,350) are Black and 5% (22,750) are Latino/Hispanic [U.S. Census S.M.S.A.). Toledo is the largest city in Lucas County with a population of 312,000 [1999 Census]. The remainder of Lucas County's population reside in Oregon, Sylvania, Maumee, smaller towns, unincorporated villages and rural areas. Approximately 15% of all people are living in poverty. The median household income is estimated at $37,000. Approximately 65% of the people in Lucas

County reside in Toledo. According to Toledo economic indicators, 70% of Lucas County's poor live in Toledo.

2. Data Sources and Time Periods

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Description
10/12/01	4	OxyContin users in recovery
11/26/01	4	Undercover narcotics officers

Individual Interview

Date of Individual Interview	Description
10/7/01	Counselor in adult treatment program at local prison
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	Heroin user in recovery
1/14/02	OxyContin user in recovery

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
2	8	10	18

Table 2: Detailed Focus Group/Interview Information

October 7, 2001: Individual Interview with a Treatment Professional

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	57	Latino	Male	Drug Counselor

October 12, 2001: Users in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	44	Black	Female	In recovery; drugs of choice are OxyContin and Dilaudid
2	42	White	Male	In recovery; drug of choice is Dilaudid
3	20	White	Male	In recovery; drug of choice is Heroin
4	45	White	Female	In recovery; drugs of choice are OxyContin and MS Contin

November 26, 2001: Undercover Narcotics Officers

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	29	White	Female	Undercover Narcotics Officer
2	34	White	Male	Undercover Narcotics Officer
3	33	Black	Male	Undercover Narcotics Officer
4	47	White	Male	Undercover Narcotics Officer

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	47	White	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	45	White	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	41	White	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	42	White	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	55	Black	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	40	White	Male	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	21	White/Latino	Female	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Heroin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	44	White	Female	In recovery; drug of choice is Heroin

January 14, 2002: Individual Interview with Oxycontin User in Recovery

Pseudonym	Age	Ethnicity	Gender	Experience/Background
1	46	White	Female	In recovery; drug of choice is OxyContin

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine abuse remains a major problem in Toledo, Ohio (Lucas County). A Toledo narcotics detective stated that "cocaine accounts for most drug-related crimes in Toledo." The Toledo Police Department continues to report a troubling trend of focusing its efforts primarily on crack cocaine arrests. Among all illicit drugs, treatment providers report crack cocaine as the primary cause for drug abuse treatment admissions. Treatment providers report that the majority of people abusing crack cocaine continue to be referred for treatment as a result of involvement with the criminal justice system. Although the majority of cocaine use continued to be in the form of crack cocaine abuse, the majority of referrals from the criminal justice system to treatment represent those primarily involved with powder cocaine, while indicating crack cocaine as their primary drug of choice. A Toledo narcotics officer stated that "the people we see [prevalent users] are in their early 20s to their 30s and 40s and arrests are [predominantly] from the inner city." Toledo narcotic officers report a continuous and rising trend in Lucas County that "over 90% of the cocaine hydrochloride [powder] brought into Toledo is being converted into crack." Toledo narcotics officers also report that they are arresting the same people: "It appears we may run out of people to arrest before we rid the community of crack."

Active drug users characterize crack as "common place and available." A police vice officer reports: "As far as availability, it's [crack] readily available. You could drive into areas where its sold to you unknown. You don't have to know anyone to get it. You can get it anywhere you want [inner city and suburbs] as often as you want."

Toledo police detectives report that young people represent a major crack cocaine user population. User groups in Toledo reportedly include members of most racial, social and economic groups. Treatment providers report an increase in referrals from 14, 15, 16, and 17-year-olds. A police vice officer stated that: "Crack is a kind of stepping stone kind of drug." Users commonly like to 'cocoa puff' [marijuana laced with crack] to reach a higher high.

Toledo police detectives report trends of young people 'dealing' crack cocaine. An outreach worker states: "I would say there's more dealers that are from maybe 10 to 14 [years of age] and they ride bicycles. Everybody knows who they are; you don't mess with them. Everybody knows what they are doing. That's [in] the south end; nobody says much." A Toledo police officer corroborated the increase of youth dealing crack cocaine by stating: "We have arrested teens up to 21 as sellers of crack cocaine."

All focus groups and interviews report trends of: a leveling off of the crack cocaine; resurfacing of other drugs [especially heroin]; increased usage and dealing, spreading beyond cultural boundaries; increased number of youth and female dealers; increased number of parents using crack; though quantity [rock sizes] purchased are larger, the quality is poorer. Vice officers further report: increased violence and crime [e.g. carrying of illegal weapons, stolen autos and turf battles between dealers] in association with crack use and abuse; and the trend of constantly arresting and re-arresting the same people.

1.2 COCAINE HYDROCHLORIDE (HCL)

Toledo narcotic officers report a continuing trend that "over 90% of the hydrochloride (HCL) powder cocaine brought into Lucas County is being converted into crack." Toledo police detectives stated that "a lot of powder cocaine is being sold in bars and clubs. Most users are upper income. There is less jail time for those caught with powder than crack." A Toledo narcotics officer stated that "the most prevalent users of powder cocaine are white middle class in their early 20s, 30s or 40s. Factory workers of all races who have a lot of money.

can afford it. There is less jail time for those caught with powder than crack." Although snorting is the most frequently reported form of administration, an active drug user stated: "I have not seen very much of it [powder cocaine] in the street. When I do see it, people are usually injecting it. It is rare for people in Toledo to snort it." Another user stated: "I tried in 1982, 1983, and I did not like it. Now young kids are into snorting it. They call it **'popping'**. Powder cocaine is really increasing with young kids. In fact, my daughter, age 17, snorts it on a regular basis." Drug abusers report a common mode of administration as 'speedballing' (heroin and cocaine). This is attributed to reduced quality of HCL.

The **quality** of cocaine according to one drug user is lower than it was in the 1980s. An active drug user states: "As far as real cocaine here in Toledo, Ohio, it's scarce. It's not cocaine, it's crack, but it's cut with baking soda, anything." A Toledo police detective adds: "As far as quality, I would say that if you measure it [crack] at the powder cocaine level, it's poor, just because the dealer is out for profit; it's a financial issue. They step on powder cocaine as often as they can until there's very little in the crack."

Active drug users in treatment/recovery and narcotic officers gave conflictual reports for cocaine prices in Toledo. Narcotics officers state that a gram of HCL sells for $200, an eight ball (1/8th of an ounce or 3½ grams) sells for $125, and an ounce sells for $1,200. The difference in the reported prices of cocaine coming into Toledo is an indication according to a Toledo detective "of how the purity of HCL [80%] pure, is cut down from its market value to street sales." Most of the HCL is sold as "ready to rock" because the baking soda has already been added to the powder cocaine. The purity of crack is highly variable because of the varying amounts of "cut" (baking soda and additives) that are added to HCL to make crack.

2. Heroin

Heroin use is increasing in Toledo's middle class and suburban areas among young people in their late teens and early twenties, according to focus group participant interviews. Participants stated that the average age that they began using was at age 16, and as early as age 13 while another didn't begin using until she was age 36. There were several things that they had in common in their drug histories: 1) Almost all participants stated that they began drinking alcohol at an early age [some as early as age 7]; 2) All participants were introduced to heroin by either a family member or close friend; 3) The majority of participants administered heroin by snorting, but all rapidly progressed to injection. When asked what made them decide to try heroin, the response ranged from family/friends pressure, to "after trying a lot of other drugs, just wanted to see what heroin was like."

Mary, a 21-year-old who is in recovery, stated that she became interested in drugs after seeing anti-drug commercials on TV. "It didn't discourage me; it made me curious about drugs." She began smoking marijuana at age 13, began using "bambs" (depressants) and switched to snorting, then injecting heroin by the age of 15. Participants stated that they used other drugs such as Percocet, Valium, MS Contin, OxyContin and Vicodin as substitutes for heroin, but there was no pattern of use of those drugs that led up to their use of heroin. Users who are currently in treatment programs did not find it difficult to get into a program; in fact, participants stated that they had been in several treatment programs. Young active users who want treatment face the barrier of not having insurance or money that will pay for their entering into treatment. Another barrier is that youth can't get methadone until they're 18 years of age. In the acute stages of their heroin addictions, they took precautions against contracting HIV from sharing needles, but as their addiction progressed, most didn't care about the potential dangers of sharing of needles. All focus group interview participants stated that they had been tested for HIV infection. Three of the five interview participants in the second focus group admitted to having contracted Hepatitis C. Finally, participants stated a need for more methadone clinics and the need for preventive education beginning at younger school ages (elementary school age).

3. Other Opioids

Drug abusers continue to report that old-timers, among drug injectors, like **Hydromorphone (Dilaudid)** because they know what they are getting and putting in their bodies. However, drug users report that OxyContin is fast becoming the more preferred drug of choice because it is cheaper, safer and longer lasting. Drug abusers in recovery report that they chew the tablets or crush them and inhale the powder like they would cocaine; or they dissolve them and inject the drug, like they would heroin, to get a more powerful high. Referred to in some quarters as the "poor man's heroin", OxyContin contains anywhere between 10 milligrams (mg) to 160 milligrams of the opioid OxyContin, whereas other pain relievers contain far less amounts. OxyContin is now being sold on Toledo streets.

Drug users report that OxyContin are selling on the street for $20 to $40 per pill (based on 10 milligrams to 160 milligrams). Focus group participants report that there are little differences in ethnic groups using OxyContin; and most users either pop pills, snort, shoot and eat pills in Toledo. Toledo narcotics officers reported that they have not seen any other opiates.

4. Marijuana

The prevalence of marijuana use in the past six months among young people appears to be increasing. A Toledo police officer explained: "Laws regarding marijuana are very relaxed. There's practically no jail time unless a person is caught with a lot of marijuana [at least 200 grams]. Anything less than 100 grams is only a misdemeanor." Another officer stated: "Dealers like to sell $5 bags to kids [like a candy store]." Regarding quality issues, one narcotics officer stated: "Most of the marijuana we see on the streets is of poor quality; it's garbage, a lot of junk weed from Mexico, although people are now dabbling in growing it themselves, ordering the seeds from Denmark or over the Internet and growing high quality marijuana themselves. I've heard of some of the higher quality marijuana coming up for $3,000 a pound, which is double what the regular marijuana coming up from Mexico, or ditch weed from Indiana cost."

All focus group participants and interviewees primarily perceived marijuana as "safe," commonplace and available among all races and ethnic groups. Youthful marijuana users often prefer to smoke what they call "blunts", which are cigars with the tobacco removed and replaced with marijuana. A narcotics officer describes the use of blunts among youth: "A lot of kids [13, 14, 15, 16 and even younger] make the blunts and just walk down the street smoking the weed, or are in their cars smoking. We'll arrest somebody for another charge and they'll have a small bag of marijuana in their pocket. They'll say 'Oh, it's just marijuana; I just smoke.' That's what you hear from a lot of young people."

5.0 Stimulants

5.1 METHAMPHETAMINE

Stimulants, including methamphetamine, accounted for smaller percentages of treatment admissions in the Lucas County area over the last six months. By comparison, stimulants were the primary drug of choice in less than 1% of treatment admissions.

Law enforcement officers stated that methamphetamine [speed or crank] abuse has not hit Toledo. Active users report that crank is attractive to working people who work long hours. One addict stated: "You can work on it fine without any side effects."

The reports of possible methamphetamine abuse emerging in the Toledo area requires further monitoring and examination as previously reported.

6.0 Depressants

6.1 GAMMA-HYDROXYBUTYRATE (GHB)

Depressants represent less than 1% as a primary drug of choice in drug treatment admissions. Gamma-hydroxybutyrate (GHB) known as a "date-rape" drug, is present in the Toledo area. A police vice officer stated "GHB is present in Toledo. We haven't made any arrests on GHB because the Ohio laws that surround GHB reason that it's not a schedule drug in their opinion at this time, so it's really not an arrest offense." Focus group participants did not have any new information about GHB.

7.0 Hallucinogens

Hallucinogens, including PCP and LSD, continue to represent less than 1% as the primary drug of choice among treatment admissions in Lucas County. Toledo police reports LSD as not too prevalent in the Toledo area.

8.0 Inhalants

Inhalant abuse in Toledo is predominantly restricted to the white community. The Toledo police department reports "inhalants are a minor problem."

9.0 Alcohol

Alcohol treatment admissions continue to increase. Alcohol use/abuse has accounted for the highest percentages of treatment admissions in Lucas

County. By comparison, alcohol was the primary drug of choice of more than 45% of treatment admissions. Drug treatment providers see the trend continuing and claim "that alcohol abusers represent their largest caseloads."

SPECIAL POPULATIONS AND ISSUES

Toledo narcotic officers expressed frustration over their feelings that the courts are sentencing the wrong felons to treatment services. The following demonstrates their strong expressions:

P: Besides what I see in the paperwork, more residential treatment services. That probably would help, but what I think the problem is right now, you've got people in these programs that don't want to be in these programs, and there's no sense in having them in there. If the judge, if you're going to get sentenced to a correction treatment facility and he says 'Sure, I want to go there'. You don't know whether these people want help.

B: P's right; these people that get sentenced to these programs don't typically need them. They play the game because they don't want to go to prison.

P: Again on that. You go over to Common Please Court and you get a guy who's selling rocks. He gets arrested on a felony 3, and you're gonna plead him out to probation and CTF him **[CTF means Correctional Treatment Facility].** Ticks me off! He's a dope dealer! He's not using! He doesn't belong there! And they send his ass there. And that just doesn't make any sense. It doesn't make any sense. You get guys who are dealing; the lawyers come up with CTF; the defense attorneys say 'Oh, we'll plead him out and he'll get CTF'. He's a dope dealer; not an addict. He needs to go to prison. And the judges just sneeze through that, and so do the prosecutors.

CONCLUSIONS

Alcohol abuse is the most abused drug in the Toledo area. Because it is legal for adults, some people in Lucas County believe it is safe. But alcohol – including wine, beer and hard liquor – is a powerful depressant. And according to focus group participants and reports, many addicts are mixing alcohol abuse and other depressants, along with marijuana and crack. Toledo police officers and drug users in recovery report that marijuana use has become so common that it is not even perceived by many people as a drug.

Crack cocaine use/abuse has reached a 'leveling out' point in Toledo. However, it remains the number one problem among active drug users, outreach workers, drug treatment professionals and Toledo police vice officers. Reports state "that

some users spend thousands of dollars a week to support their addiction." Crack abuse is also the main focus of drug enforcement efforts in Lucas County. Drug enforcement officers and the community are actively challenging the unequal sentencing laws that occur surrounding powder cocaine versus crack cocaine.

RECOMMENDATIONS

Focus group participants and individual interviewees recommended the following:

> **B:** They need more surveys [focus groups] like this one. They need to ask the public what the hell is going on, what do they need. I think there needs to be more surveys.
>
> **K:** We need more methadone clinics and treatment centers. People should also receive treatment even if they do not have insurance.
>
> **L:** I agree with Kathy. People should have access to treatment even if they don't have insurance. Because there are a lot of people out there that need help but don't have insurance.
>
> **T:** I think we need more methadone clinics and a maintenance program.
>
> **D:** An expansive maintenance program similar to what they have in Detroit.
>
> **B2:** Just having more treatment options made available, and some way to get these people into treatment and a job in the community or something.
>
> **C:** Toledo doesn't have but one methadone clinic. You go to Detroit, and there must be 15 to 20 methadone programs alone.

PATTERNS AND TRENDS OF DRUG USE IN

MAHONING COUNTY, OHIO
&
COLUMBIANA COUNTY, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

July 2001 – January 2002

RAPID RESPONSE: YOUNG/NEW HEROIN USERS

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Abstract

Qualitative data gathered from three (3) focus groups conducted on January 9, 10 and 14, 2002 provided a portion of the information utilized in the submission of this report. Two of the groups consisted of eight counselors, case managers and nurses from a local treatment facility which provides medical detoxification services. The other group, of six, consisted of a medical doctor, a nurse and four counselors from the local methadone clinic. Four individual interviews were conducted between January 7 and 10 with young heroin users. A telephone interview was conducted with a law enforcement professional from the Mahoning Valley Drug Task Force on January 16, 2002.

It appears the problems associated with powder and crack cocaine remain critical in Mahoning and Columbiana Counties. No significant changes in availability were reported. The focus group participants reported injection of powder with heroin and injection of crack as possible changes in methods of administration. It may also be that some crack users are switching to heroin. Heroin is reported to be "easy as pie" to get. A decrease in availability was reported after September 11, 2001 and then a large increase in availability occurred.

Oxycodone long-acting (OxyContin) continues to be the major prescription drug of abuse. Oxy's are selling at $1 per milligram and injection is being reported as a new method of administration. Some Vicodin use is being reported. Marijuana quality, purity and availability continue to be very high. Methamphetamine use seems to have slipped below the radar screen during this reporting period.

Special attention and focus was given during this reporting period to young heroin users. Two distinct young heroin user groups appear to be emerging. One group uses it when OxyContin is not available and the other rapidly moves to injection of heroin as a preference.

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 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 Groups	***No. Of Part.***	***Description***
1/9/02	5	Nurses, Counselor and Clinical Assistants
1/10/02	3	Nurses, Counselor and Clinical Assistants
1/14/02	6	Medical Doctor, Nurse and Counselors

Individual Interviews

Date Of Interview	***Active Drug Users Or Front Line Professionals (Type: Counselor, Police Officer, Social Workers, Etc.)***
1/8/02	Young heroin user in recovery
1/9/02	Young heroin user in recovery
1/10/02	Young heroin user in recovery
1/10/02	Young heroin user in recovery
1/16/02	Law enforcement officer

Totals

Total No. Of Focus Groups	***Total No. Of Focus Group Participants***	***Total No. Of Individual Interviews***	***Total Number Of Participants***
3	14	5	19

Table 2: Detailed Focus Group/Interview Information

January 9, 2002: Counselors, Nurse and Clinical Assist. from Residential Detox. Facility

Name	***Age***	***Ethnicity***	***Gender***	***Experience/Background***
1	37	Caucasian	Female	Therapy Manager
2	26	Caucasian	Female	Registered Nurse
3	49	Caucasian	Male	Clinical Assistant
4	54	Caucasian	Female	Counselor
5	48	Caucasian	Female	Counselor

Recruitment Procedure: *Met with Program Director and requested volunteers to participate in study.*

January 10, 2002: Counselors, Nurse and Clinical Asst. from Residential Detox. Facility

Name	***Age***	***Ethnicity***	***Gender***	***Experience/Background***
1	48	Caucasian	Male	Counselor
2	48	Caucasian	Female	Registered Nurse
3	47	Black	Female	Clinical Assistant

Recruitment Procedure: *Met with Program Director and requested volunteers to participate in study.*

January 14, 2002: Medical Director, Counselors and Nurse from Methadone Tx. Facility

Name	***Age***	***Ethnicity***	***Gender***	***Experience/Background***
1	X	Caucasian	Female	Adolescent Counselor
2	54	Caucasian	Male	Counselor
3	54	Caucasian	Female	Methadone Nurse
4	47	Caucasian	Female	Counselor
5	50	Caucasian	Female	Women's Counselor
6	43	Greek	Female	Medical Doctor

Recruitment Procedure: *Called Chief Operating Officer of Facility and requested volunteers to participate in study*

January 8, 2002: Recovering Heroin User (Rapid Response Initiative)

Age	***Ethnicity***	***Gender***	***Experience/Background***
29	Caucasian	Female	Recovering – Heroin snorter – OxyContin user in methadone program 80days

Recruitment Procedure: *Requested agency counselor to select and recruit appropriate methadone clients*

January 9, 2002: Recovering Heroin User (Rapid Response Initiative)

Age	***Ethnicity***	***Gender***	***Experience/Background***
26	Caucasian	Female	Recovering from heroin addiction – 2 weeks in methadone program

Recruitment Procedure: *Requested agency counselor to select and recruit appropriate methadone clients*

January 10, 2002: Recovering Heroin User (Rapid Response Initiative)

Age	*Ethnicity*	*Gender*	*Experience/Background*
28	Caucasian	Female	Recovering from opioid addiction for 15 months – snorted heroin when OxyContin was not available – in methadone program

Recruitment Procedure: *Requested agency counselor to select and recruit appropriate methadone clients.*

January 10, 2002: Recovering Heroin User (Rapid Response Initiative)

Age	*Ethnicity*	*Gender*	*Experience/Background*
25	Caucasian	Female	Recovering from heroin addiction for 16 months, 5-6 previous treatment experiences

Recruitment Procedure: *Asked therapy manager of residential detoxification facility to select and recruit appropriate volunteer clients for study*

January 162002: Telephone Interview (Rapid Response Initiative)

Age	*Ethnicity*	*Gender*	*Experience/Background*
Unknown	Caucasian	Male	30+ years in law enforcement

Recruitment Procedure: *Called Office of Mahoning Valley Drug Task Force and requested phone interview.*

DRUG ABUSE TRENDS

The following reflects opinions and information received from two focus groups conducted with Mahoning County Residential Detoxification professionals, one focus group with Mahoning County Methadone Program professionals, individual interviews with four young heroin users in recovery and one telephone interview with a professional from the Mahoning Valley Drug Task Force.

1. Cocaine

1.1 POWDER COCAINE

- ***Availability*** – All informants reported that they felt that powder cocaine was readily available throughout the area.
- ***Perceptions of use over time*** – While 2 groups reported that they saw the use of powder cocaine as remaining relatively stable, one group reported some increase in availability and popularity of powder over the last 6-8 months.
- ***Price*** – Most informants reported that they did not have reliable information about the street price of powder cocaine. Those informants willing to venture a guess cited between $100 and $120 per gram as a price that they had heard.
- ***Quality / Purity*** – There was very little comment from informants regarding quality. One informant reported that "Peruvian White" was supposed to be the highest quality. One group did note that powder available in the suburbs tended to be of higher quality than that available in urban areas where it had been "stepped on." No comments regarding changes in quality or purity over time were reported.

- ***Methods of Administration*** – The primary route of administration reported was inhaling i.e., "snorting" although there were some reports of subcutaneous injection. Informants noted that adolescents more typically use powder by combining it with marijuana and smoking it.
- ***New Users and Demographics of Use*** – For the most part, informants did not identify any new groups of users of powder cocaine. Nonetheless, one informant stated that there might be some increase among younger people who are using powder combined with marijuana ('woolies") and combined with heroin ("speedballs"). While two informant groups did not identify any remarkable differences in use between ethnic groups, one informant group suggested that powder use was much more common among middle class Caucasians than urban African-Americans. This group also stated that powder is often used in a sexual context and in these instances use seems to cross ethnic lines.
- ***Treatment and Other Issues –*** All informants cited the difficulty that cocaine dependent people have in attaining lasting recovery utilizing only outpatient treatment. It was universally reported that cocaine addicts need some time (however brief) off the street (residential treatment) to interrupt the cycle of use, stabilize and get established in a recovery program. Corollary to this opinion, they stated that it is very difficult to get any inpatient (or even partial hospitalization) treatment days authorized by managed care companies. They talked about the strong cravings that cocaine addicts have in early recovery. The pervasiveness of financial problems among heavy users of cocaine was also cited. One group of informants reported the correlation between use of powder and promiscuity, sexual addiction and sexually transmitted diseases. Many informants said that clients tend to rationalize that powder cocaine is more acceptable as a "recreational" drug in their culture and therefore they come to treatment exhibiting more denial about its effect on their lives.

1.2 CRACK COCAINE

- ***Availability –*** There was universal reporting from all informant groups that crack cocaine is readily and widely available. One group called crack cocaine "our society's drug of choice." Another group said that there is "a crack house on every corner" in the city (i.e. Youngstown, OH).
- ***Perceptions of use over time -*** The use of crack cocaine was reported as having become so pervasive that there is little perceived difference in use over time.
- ***Price –*** The range of prices quoted were $5 to $15 per rock (depending on size). The most often quoted price was $10 per rock. One informant said that crack cocaine sells for about $50-60 per gram. Another informant said that it is not uncommon for crack users to spend a "couple of hundred" dollars a day on their use and that a "binge" could run $500 to $1500 a day.
- ***Quality / Purity –*** Two informant groups cited client reports of diminishment of quality over the last year. They said that clients reported that the supply had been "cut" more. Further, there were some reports over the last month of physical problems that clients felt were related to a change in what was being used to cut the supply. One informant felt that issues related to quality were a factor in the switch to heroin by some users.

- ***Methods of Administration –*** It was overwhelmingly reported that smoking (inhaling) was the primary route of administration. One informant reported however that there has been some increase in melting down crack cocaine and injecting it over the last year.
- ***New Users and Demographics of Use –*** Two groups of informants reported that they felt that there was little difference in use among ethnic groups (aside from a marked absence of Asian users). One group in contrast felt that urban, African-Americans are over represented in the population of users although they did report growth in the number of young, middle-class, Caucasian users over the last year.
- ***Treatment and Other Issues –*** Among the treatment and recovery related issues identified by informants were the following:
  - The need for at least some short-term residential treatment to stabilize clients and remove them from environmental triggers for relapse.
  - The difficulty in getting approval for any residential treatment from managed care companies.
  - "Pervasive and embedded use by whole families and neighborhoods making it very difficult for users to escape from an environment full of triggers."
  - Intense craving, high recidivism and lack of success in outpatient treatment.
  - High correlation of crack cocaine with rape, trauma, prostitution and sexual abuse. Among informants comments were "Some women are held hostage and brutalized." "Rapes are very, very common." "Incredible amount of crack related prostitution." "Lots of bartered sex for drugs." "High incidence of sexually transmitted diseases."
  - Clients themselves don't believe that they can stay clean outside of residential treatment setting.
  - African American adolescents "sell it but don't use it."
  - It was reported that historically heroin users don't have much use for crack cocaine users. However, the same group of informants reported that among heroin users enrolled in methadone programs the #1 drug showing up on drug screens was crack cocaine (#2 = alcohol).
  - There were reports of treating 2nd generation crack users who have had little or no mothering and exhibit almost "dissociative personality" traits. One informant said, "They have a hard time sharing and can't feel pain."

2. Heroin

- ***Availability –*** Respondents universally described heroin as being very available in Mahoning County (somewhat less in Columbiana County).
- ***Perceptions of use over time –*** All respondents described a *significant (i.e., LARGE) increase* in availability over the last 6 months to a year. Some reported that there has been some switch from crack cocaine to heroin use by some users and others reported new concomitant use of cocaine and heroin ("speedballs") by some other traditionally exclusive users of cocaine. The professional from the Mahoning Valley Drug Task Force said that there has been a significant increase in heroin in the community since last fall when supply became more plentiful due to an influx from Afghanistan in anticipation of U.S. military action there.

- ***Price –*** Reports regarding price varied among respondents. The most common price quoted was "$20 per bag" although some said that you could get $10 bags, "depending on where and whom you get it from." Of interest were estimates of how much addicts use per day. Most often cited was "3-6 bags per day." Estimates of cost per day for many addicts ranged from "$60-$120" to "$100-$200." One addict reported needing to "rob 18 houses per day" to support his addiction.
- ***Quality/purity-*** While one focus group reported that clients say that quality is good the other two groups reported that clients say that quality has fallen off and "isn't like it used to be." All groups agreed that quality seems to run in "cycles." One group said that last year when there was some "good" heroin in the street there was an increase in overdoses because addicts "weren't used to it."
- ***Methods of Administration –*** Respondents reported that all methods of administration are employed (snorting, smoking, and injecting). Although many of the younger users continue to "snort" there seems to be consensus that there has been an increase in IV injection. It was reported that addicts will still "skin pop" (inject subcutaneously) if they can't find a vein.
- ***New Users and Demographics of Use –*** All groups reported that there has been an increase in heroin use by young (18-24), suburban, white, males and females. Many of this group are snorting but an increasing number are injecting according to the respondents interviewed. One group of respondents amplified this demographic description by characterizing the new users as creative and college educated. Aside from this new group of users no other differences in terms of ethnicity regarding use and methods of administration were noted.
- ***Treatment and Other Issues*** – The following are heroin use and treatment related issues as cited by respondents interviewed for this report:
  - Heroin dependent clients experience detoxification as "uncomfortable." They were described by respondents as having "less tolerance for being sick" and as wanting to be "pain free." One respondent (treatment professional) said, "They think that they will die."
  - Heroin dependent clients tend to be "more medication and attention seeking" and "leave treatment prematurely" more often than other clients receiving detoxification services. One respondent said, "Once they feel uncomfortable they want to leave and they are virtually unstoppable." It was felt that professionals were "less successful in talking them out of leaving" than they were with clients dependent on other drugs.
  - One respondent said that locally available detoxification services provided "just enough detoxification to get them sick"…. "After 5 days they are just aggravated." "They need longer detoxification."
  - All respondents noted that "managed care won't pay for heroin detoxification."
  - It was universally expressed that "these clients need more time in detoxification" in order to deal with "protracted withdrawal symptoms." Further, it was said that they needed more "individual counseling and support during detoxification" in order to prevent clients from leaving treatment prematurely ("against staff advice").
  - Heroin dependent clients were described by some respondents as "more likely to sneak drugs" into the treatment setting (i.e. residential treatment).

- Several respondents noted that while there has been a rise in HIV and Hepatitis C cases among the growing population of heroin dependent clients, these same clients seem to "lack any fear of getting HIV."
- Some heroin dependent clients were seen as having started with use of opiate painkillers in connection with legitimately diagnosed injury and pain. Some of these moved on to abuse pain medication such as Vicodin, Percodan, or OxyContin and then if OxyContin isn't available on to heroin. Dealing with legitimate pain is a significant issue in the ongoing treatment of this group of addicts.
- One group of respondents described their experience with two groups of heroin dependent clients: 1. An older group of longer term street wise addicts or people who had moved from OxyContin to heroin when "Oxys" were less available. 2. A young "heroin chic" group of white, educated, suburban, creative, artistic group of "noveaux hippies with a heroin twist." This later group was reported to see themselves as at the top of some hierarchy in the drug user pecking order. They were described as "bonded," "cultish," "enmeshed" and as having a sense of "entitlement." It was said that they "all know each other and sleep with each other."
- One group of respondents said that 80% of the heroin dependent clients that they treat have co-occurring psychiatric diagnoses (depression, anxiety disorders, personality disorders etc.). They also indicated that a high percentage of their clients had been victims of relationship and sexual abuse both pre and post addiction.
- Other issues cited included homelessness, child-care, and unresolved grief.

YOUNG/NEW HEROIN USERS: A RAPID RESPONSE INITIATIVE

Introduction

Four individual interviews with young heroin users, three from Mahoning County and one from Columbiana County were conducted as part of this Rapid Response Initiative. Additionally a telephone interview was conducted with a Mahoning County Drug Task Force professional. All four individuals interviewed were in recovery at the time of their interview. The length of time since their last use was two (2) weeks, Eighty (80) days, fifteen (15) months, and thirty-five (35) months, respectively. All four individuals were of white ethnicity and all were female. Their ages were 25, 26, 28, and 29. Three were currently in a methadone program. Two of the individuals had their GED's, one was a high school graduate and one was a full-time college student. Two, including the college student were unemployed, one was employed part-time and one was employed full-time. Two of the individuals injected heroin and two snorted it. The two individuals who snorted heroin consider OxyContin to be their primary drug-of-choice and reported snorting heroin when OxyContin was not available to them.

All four persons interviewed reported knowing other young people who were abusing heroin. Only one person knew a non-white, African-American user. These participants all believed that the use of heroin by younger people was on the increase and that more and better education and prevention was needed. All four participants began using alcohol

and marijuana at least by their early teens. One person reported using alcohol at age eight (8) and pot at age nine (9). This same individual, who is currently 26, began injecting heroin at age sixteen (16) and thus did not fit the criteria for this study in the strictest sense.

On January 16, 2002 a telephone interview was conducted with a Mahoning Valley Drug Task Force professional regarding heroin. When asked, "How available is heroin?" He stated "Easy as pie." He went on to report that the availability of heroin in Mahoning County decreased after September 11, 2001 and then there was a large increase in availability. He reported that heroin currently sells for $7,000 a kilo in Mahoning County with bags or "match heads" selling for $20.

He reports that the current quality of heroin is relatively stable at 8-15% pure. This law enforcement professional then reported three overdose deaths in the past six months where the purity was reported to be 32%. He states that Mahoning County heroin users are snorting and injecting "but mostly injecting." He concludes by saying that there are not ethnic differences with regard to use of heroin or methods of administration. He states "All people are using heroin."

Table 3: Young Heroin Users in Recovery

#	*Age*	*Gender*	*Race*	*Education*	*Employment*	*Marital Status*
1	29	F	Caucasian	GED	NO	Divorced
2	26	F	Caucasian	GED	Full Time	Single
3	28	F	Caucasian	High School	Part Time	Divorced
4	25	F	Caucasian	Some College	NO	Single

#	*Methadone*	*# of Times in Treatment*	*Inject*	*Comments*
1	Y	2	N	Snorted when OXY's not available
2	Y	1	Y	Shared needles, HIV test annually
3	Y	1	N	Snorted when OXY's not available
4	N	5-6	Y	Never Shared Needles

Injection Risk Behavior:

Two of the four individuals interviewed reported heroin injection. One person stated that she always used bleach. She reported shooting up with a needle that some else used less than half the time. She stated "I would not share needles – except with certain people – with people who were tested." She went on to report that she shared cookers, cottons and rinse water about half the time. She states "I never shared a spoon with someone I didn't trust or share a needle with." This individual reports that HIV and hepatitis are "scary" and she states that she is tested annually.

The second person reports that she never shared needles, never shared cookers, cottons or rinse water. Her statement was that you could always buy clean needles, inexpensively at the drug store and that it was not worth the risk.

Both of the individuals expressed concern about injection risk behavior and took precautions accordingly. The small size of this study limits the ability to make inferences about larger groups of young heroin users.

Drug Abuse Treatment Access:

All four of the individuals interviewed for this Rapid Response Initiative were in recovery. Three of them are current methadone clients. One recently transferred from a methadone program in Pennsylvania. She reported being appreciative of the bi-weekly counseling sessions that she is receiving in Ohio. She believes that more awareness of the availability of methadone programs is needed. A second methadone client also reports receiving counseling every two weeks and has signed up for ITP (Intensive Outpatient Program). She does not believe that there are enough treatment resources for young heroin users and states that "Detox is a joke." The third methadone client also does not believe that there are enough resources for young heroin users or even enough methadone clinics. She reports that she drives from central Columbiana County to Youngstown everyday to receive methadone doses. She cites child care as another need. The forth respondent is currently in an aftercare program and is not currently using methadone. She reports that she has been in drug abuse treatment for heroin abuse 5-6 times. She has been in recovery 16 months this time – and reports one relapse during this period. She believes that more treatment beds are needed. She does not believe that insurance coverage is adequate and thinks that she would have benefited from being treated in a locked facility.

Conclusions

This final respondent captured the essence of what was revealed in this study of New/Young Heroin Users when she exclaimed, "everybody wants to kick." The challenge is to enhance, expand and develop the methods to more effectively help everybody who wants to kick.

3. Other Opioids

- ***Availability –*** All informants agreed that other opioids were readily and widely available. When talking about other opioids, respondents were referring primarily to oxycodone long-acting (OxyContin) although they acknowledged that clients would indeed use Vicodin or Percodan if OxyContin was not available. One informant referred to OxyContin as the "the drug of the 2000's." Another informant said that it was not uncommon for addicts to use up to ten 80mg OxyContin per day.
- ***Perceptions of use over time –*** There were mixed perceptions of changes in availability of OxyContin. One group saw availability as having increased considerably over the last 6 months while another saw it as having decreased slightly and a third as having been relatively stable over the last year.
- ***Price-*** While some informants were unaware of street prices, others reported prices of between $.25 and $1 per mg for OxyContin ($20 to $80 for an 80mg OxyContin) and $2-3 for a Percodan or Vicodin.
- ***Quality / Purity –*** All are pharmaceutical grade. (Highest quality)
- ***Methods of Administration –*** All informants cited crushing (chewing) and ingesting as the primary mode of administration. There were some reports of

crushing and snorting. One group reported little or no injection while another cited an increase in injection as a method of administration.

- ***New Users and Demographics of Use –*** It was reported that there has been some increase in the number of white, middle class, suburban adolescents using OxyContin over recent months. Overall, informants reported that there were more white users than blacks and Hispanics although use among all groups is increasing. It was likewise reported that users of OxyContin tend to be somewhat older than users of heroin. It was additionally reported that some crack addicts have begun to switch to OxyContin.
- ***Treatment and Other Issues –*** The issues regarding detoxification from other opioids were reported as substantially the same as those cited above regarding heroin withdrawal. It was reported that in addition to purchasing in the street some of the ways addicts get OxyContin and other opioids include: doctor shopping, working in medical facilities, forging prescriptions, etc. There were several reports of OxyContin dependent clients who had pre-existing chronic pain issues that complicate treatment and recovery. The need to educate the medical community about the prescription of other opiates and drug-seeking behavior on the part of addicts was emphasized in all informant groups. It was reported that the drugs are widely over-prescribed. One informant cited an example of a number of dentists who prescribe up to 10 OxyContin for a "pulled tooth." One group of informants talked about a group of heroin addicts who had previously been in methadone maintenance programs who were removed from those programs because of changes in access related to changed eligibility for disability insurance. The numbers of new OxyContin users among this group was reported as high.

4. Marijuana

- ***Availability –*** Marijuana was reported by nearly all informants to be "very, very, very" available. To quote one informant, "it has been everywhere for the last 50 years."
- ***Perceptions of use over time –*** Nearly all informants reported virtually no changes in the pervasiveness of use for a long time." Nonetheless, one informant felt that there was some slight decrease in availability over the last year.
- ***Price –*** Interestingly, no concrete speculation regarding specific current street prices of marijuana were cited by any of the informant groups. There were, however, some general comments such as "Prices are up" and "Depends on whether it is skunk weed or good stuff."
- ***Quality / Purity –*** Most informants reported that they had heard very little about changes in the quality or purity of marijuana available in the area. One informant, however, said that there has been a steady increase in quality over the years.
- ***New Users and Demographics of Use –*** No new groups of users were reported. One informant commented that "younger people use marijuana and then graduate to other drugs." One group of informants reported that marijuana is the drug of choice among African American adolescents. Another informant reported that there is substantial use of marijuana in the deaf community. No other differences between ethnic groups was reported and the general impression conveyed by all

informants was that marijuana use is so pervasive that it crosses all ethnic, age and gender lines to be a truly "equal opportunity drug" as one informant put it.

- ***Treatment and Other Issues –*** According to informants, the biggest obstacle to most clients' recovery is denial that marijuana use is a problem other than one that gets them into trouble with the law or their employers. It was reported that many users see it as "recreational," "an herb not a drug" and "not a problem." Nonetheless, it is the most frequently reported drug showing up on the Department of Transportation drug screens and thus the drug that most often precipitates these users' encounter with possible loss of job and thus the treatment system.

5. Other Drugs

- ***Availability –*** Reports were very mixed among the 3 focus groups of informants surveyed. One group reported that they had not seen much use of new drugs other than Ketamine ("Special K"). Another reported some increase in the number of methamphetamine users over the last 6 months but the other two groups did not corroborate this report. This same group reported a rise in the use of Ketamine and Ecstasy. Of special note is the report of one group regarding the use of Soma and Ultram (tramadol). A physician informant in this group said that these drugs are becoming a problem in Youngstown. This informant said that Ultram is supposed to be non-addictive but reports seeing withdrawal symptoms associated with this drug. This same group also reported some sporadic cases of LSD abuse during the last year. The users in this case were young (20-23) white middle class males and females. All groups reported that alcohol use, abuse and dependency is "alive and well." Additionally reported was the use of Benzodiazepines especially Ativan and Xanax. Abuse of Tylenol PM was also reported. The Benzodiazepines and Tylenol PM were reported to be good "second choice" drugs for clients enrolled in methadone programs. The only other drug reported was the use of "embalming fluid" smoked on a cigarette.
- ***Perceptions of use over time –*** Aside from one report of increasing use of new drugs like Ecstasy and Special K among adolescents, nothing remarkable was reported regarding changes in the use of other drugs.
- ***Price –*** No data provided by the informants.
- ***Purity / Quality –*** Nothing reported.
- ***New Users and Demographics of Use –*** Again there were some reports of adolescents newly using the "Club Drugs" cited above. The informants interviewed provided no other comments regarding the demographics of other drug use.
- ***Treatment and Other Issues –*** There was virtually no response to questions regarding treatment or other special issues related to "other drug" use.

RECOMMENDATIONS

- Two distinct young heroin user groups appear to be emerging.
- **Injecting** (Powder, Crack, OxyContin) becoming more popular in Youngstown Area.
- Heroin Detox Protocols as well as other Heroin Treatment services merit examination and emphasis. "80% of all opiate addicts have underlying psychiatric diagnosis."
- Funding more treatment days for all levels of care, both public and insurance, a critical issue.
- More, better and earlier education and prevention needed.
- Youngstown is one of two national test markets for REVEL™ (a new smokeless tobacco product).

APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	1/8 ounce	¼ ounce
Akron		$125	$225
Cincinnati	$100		
Dayton		$100-125	
Youngstown	$50-60		

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	1/8 ounce	Ounce	¼ ounce	¼ gram
Akron	$80-100	$135-150			
Cincinnati	$100				
Cleveland				$200	$20-25
Columbus	$70				$20
Dayton	$90	$200			
Rural Northeast	$70-125		$1100-1500		
Rural Southeast	$75-100				
Toledo	$200	$125	$1200		
Youngstown	$100-120				

DRUG PRICE TABLE 3: HEROIN

	Gram	1/8 Gram	½ Gram	Kilogram
Cleveland		$80-90		
Dayton	$250		$125	
Youngstown				$7000

DRUG PRICE TABLE 4: MARIJUANA

	Pound	¼ ounce	Ounce	½ ounce
Akron	$3500 (high quality) $1200-1800 (medium qual.)	$50	$100-175	
Cincinnati			$100-200	
Rural Northeast	$1000	$70	$170-250	
Rural Southeast			$80-100 (poor) $150-200 (medium) $300-350 (high qual.)	

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Vicodin	Valium	OxyContin	Xanax
Akron				$.50/mg	
Cincinnati	$6-8	$6	$1-2	$1/mg	
Cleveland				$1/mg	
Dayton		$3-5		$.50-1/mg	$3-5
Rural Northeast	$3	$5-6		$1/mg	
Rural Southeast		$3-5		$1/mg	
Youngstown	$2-3	$2-3		$.50-1/mg	

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Ecstasy	LSD	Ketamine	Meth.	GHB	Hashish
Akron	$10-25/tablet	$5-10/hit		$800/gram	$600/gal.	
Cincinnati						$50/gram
Columbus	$25-30/tablet		$70/gram $20/ ¼ gram	$60/ ¼ gram $200/gram		
Dayton	$25-30/tablet					
Rural Southeast	$10-20/tablet	$5/hit		$40/gram		
Rural Northeast	$20/tablet	$2-10/hit				