The **Ohio Substance Abuse Monitoring Network**

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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

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

In Collaboration with
Wright State University & The University of Akron

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

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PATTERNS AND TRENDS OF DRUG USE IN

SUMMIT & STARK COUNTIES, AKRON-CANTON, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

January 2002 – June 2002

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ABSTRACT

Alcohol, crack cocaine, and marijuana remain the most commonly abused drugs in the Summit and Stark County regions. New users of crack cocaine are appearing across the social spectrum. Marijuana is rivaling alcohol for acceptability, especially among younger users. Alcohol, crack cocaine, and marijuana are used in combination with each other or some other drug. Methamphetamine use is on the increase, as more small producers learn to manufacture the drug. Use of club drugs is increasing, as is the abuse of over the counter medications. Heroin use continues to rise, as users of other narcotic/analgesics (e.g., OxyContin) transition from the pharmaceutical opiates to street drugs. Younger and older age groups are coming to treatment in increasing numbers.

INTRODUCTION

1. Area Description

Summit County, located in northeast Ohio, had a population of 542,899, according to the 2000 census. Approximately 83.5% of the county's residents are white, 13.2% are black, and other ethnic/racial groups constitute the remaining 3.3 percent. The median household income of Summit County residents is estimated to be $42,304. Approximately 9.9% 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, with a 2000 population of 217,074. 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 villages and townships.

Stark County had a 2000 population of 378,098. The largest city, Canton, listed 80,806 residents in the 2000 census. Approximately 90.3% of Stark county residents are white, 7.2% are black and 3.5% are of other ethnic groups. 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 6 focus groups conducted between April 2002 and June 2002. Number and type of participants are described in Tables 1 and 2.

- **Alcohol and Drug Abuse Treatment admission data** are provided by the Ohio Department of Alcohol and Drug Addiction Services for the state of Ohio and each specific county for the fiscal year July 1, 1999 through June 30, 2000. Further data

are from a Summit County residential treatment facility, for the period January 1 to June 1, 2002.

- **Availability, price and purity** estimates are provided by the focus group respondents, and data are available through the Stark and Summit Counties Sheriffs' Departments and local suburban police/sheriff departments for February 2002 to June 2002.

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.)
5/2/2002	6	**Criminal Defense Attorneys**
5/8/2002	10	Residential Tx Supervisors
5/15/2002	8	AoD Counselors/Administrators
5/16/2002	5	AoD Users (detox unit)
5/22/2002	8	AoD Counselors/Nurses/Administrators
5/30/2002	6	AoD Counselors/Administrators

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
6	43	0	43

Table 2: Detailed Focus Group/Interview Information

1. May 2, 2002 – Criminal Defense Lawyers

Ethnicity	Sex	Experience / Background	Age
White	Male	Criminal Defense Attorney/ Recovering Alcoholic-19 years	55
White	Male	Criminal Defense Attorney	33
A-A	Male	Criminal Defense Attorney	40
White	Male	Criminal Defense Attorney	36
White	Male	Criminal Defense Attorney	52
White	Male	Criminal Defense Attorney	39

2. May 8, 2002 – Female Supervisors, Residential AoD Rehabilitation Facility

Primary Drug	Ethnicity	Sex	Age
N/A	White	F	33
N/A	A-A	F	40
N/A	A-A	F	38
N/A	A-A	F	36
N/A	White	F	54
N/A	A-A	F	45
N/A	A-A	F	44
N/A	A-A	F	36
N/A	White	F	45

3. May 15, 2002- Canton AoD Treatment Providers and Administrators

Affiliation	**Primary Drug**	Ethnicity	Sex	Age
AOD counselor	N/A	CAUC	F	55
Quest Recovery Services	N/A	CAUC	M	70
Jail Tx Services	N/A	CAUC	F	32
Adult OP Service	N/A	CAUC	F	56
SAMI Therapist	N/A	CAUC	M	40
SAMI Therapist	N/A	CAUC	F	41
Canton ADAS Board	N/A	CAUC	M	52
ADAS Board	N/A	CAUC	M	52

4. May 16, 2002 -Detox Clients

Connection to drug community	**Primary Drugs**	**Ethnicity**	**Gender**	**Age**
Detox Client	Narcotics	Cauc	M	39
Detox Client	Opiates/OxyContin	Cauc	M	42
Detox Client	Heroin/OxyContin	Cauc	F	55
Detox Client	ETOH, Cocaine, Opiates	Cauc	M	37
Detox Client	ETOH	Cauc	M	33

5. May 22, 2002

Age	**Ethnicity**	**Sex**	**Experience / Background**
NA	White	M	Clinical Director-AoD Residential Tx Center
NA	Af-Amer	F	Chemical Dependency Counselor
NA	White	F	Chemical Dependency Counselor
NA	White	F	Chemical Dependency Counselor

NA	White	M	Registered Nurse
NA	White	F	Chemical Dependency Counselor
NA	White	M	Chemical Dependency Counselor
NA	White	M	Chemical Dependency Counselor

6. May 30, 2002

Age	Ethnicity	Sex	Experience / Background
33	White	F	Chemical Dependency Counselor
39	White	M	Chemical Dependency Counselor
46	White	M	Chemical Dependency Counselor
54	White	M	Chemical Dependency Counselor
42	White	M	Chemical Dependency Counselor
48	White	F	Chemical Dependency Counselor

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

According to all participants, crack cocaine is the most abused illicit drug in Stark and Summit Counties, after marijuana. The physical, psychological, legal, social, and economic impact on these communities is extensive. Crack cocaine is increasingly available throughout the region, extending out of the inner-city, and low-income neighborhoods where it first appeared. The focus of use is still among those at the lower end of the economic scale, but arrests and treatment admissions indicate a much broader population of users at the present time. Participants report that use among whites is increasing, as former powdered cocaine users drift to the cheaper and more powerful crack form. White women form another group of users that seems to be growing rapidly in this region. 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. A major problem seems to be the decreasing stigma attached to the use of crack.

Quality and purity of the drug is variable. Veteran users report that they avoid the street dealers if possible, because the crack available on the street is often low-quality or counterfeit:

> *"You don't know what you are getting. People are making it in their basement out of chemicals that they find around the house. You have no clue what you are getting. Sometimes you are buying pieces of soap that are rocked up. All it is, you think that you are getting rock cocaine and you are getting a piece of white soap. You don't know that until you get home and try and smoke it. And, Aw*

man! You just got ripped off, and you think that you are ever going to find that guy again? No!"

Some skillful users have learned to prepare or "cook" the drug themselves, and this practice seems to be increasing. Any dollar denomination seems to be available, with rocks typically purchased in the $5-$20 range. In larger quantities, prices are reported as $125-$140 for an "8-ball," (1/8 ounce) and $225-$250 for a quarter ounce. Crack is usually not found in bulk amounts, because the drug is intended to be marketed in smaller quantities.

Users who are in treatment report that it is available on any corner in some neighborhoods of Akron and Canton. Because of its powerful addictive qualities, some former "polydrug" users report that they will use whatever money or other "currency" they have to obtain crack. 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.

Criminal activity to support the crack habit lands many users in the legal system. The city of Akron has a municipal (misdemeanor level) drug court and the Summit County Court of Common Pleas has recently begun its own drug court. Many crack users are diverted to treatment from these courts. Residential treatment programs, in particular, are heavily populated by crack users, who seem to have a great deal of trouble staying abstinent in less-restricted settings. There seemed to be a sense among these users that brief therapy following detox, or any sort of outpatient treatment, were not sufficient to prevent relapse. 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. However, treatment providers contend that crack users are increasingly common in treatment. They say the most common user is a multiple user of alcohol, marijuana, and crack cocaine. Users of crack who are in their 50s and 60s continue to appear in treatment with greater frequency. 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

Participants report declining popularity of powdered cocaine as a primary drug of choice. Higher priced than crack, extremely variable in purity, and harder to find, it continues to be abused most frequently by middle to upper-class older white users, or young "entry-level" experimenters. It is also smoked in "blunts," (cigar casings filled with marijuana) and is generally preferred by IV drug users, because of ease of preparation. Powdered cocaine is the base for crack cocaine, which is more in demand. Treatment provider participants report that "everyone knows where to find coke."

A criminal defense lawyer in Akron with a number of clients who are dealers, said that an ounce of cocaine HCL was available in the area for between $1100 and $1300. The price of powdered cocaine is reported at about $75-$100 for a gram, an "eight ball" (1/8 ounce) for $250-350. At this point, the cocaine is often so "stepped on" that the purity is extremely low. It is reported that powdered cocaine users continue to use it mostly by snorting the drug.

Treatment providers report that there are very few clients lately that come for treatment for powdered cocaine abuse or dependency. The majority of these users appear in treatment because they have been involved with courts and/or children's services boards. Some respondents attribute the scarcity of powder users in treatment to the possibility that they are more likely to be part of a close group of users who distribute among themselves. They are not exposing themselves to police intervention in the same way that crack users might. Similarly, these users may be more likely to be employed full-time, so they are not engaged in other illegal activities. One criminal defense attorney suggested that it is more difficult to prosecute white, middle-class defendants; hence, law enforcement concentrates its efforts on offenders who are easier to apprehend and prosecute.

2. Heroin

Heroin use continues to increase in this area, according to law enforcement, treatment providers, and drug users. The quality is relatively high, and availability is increasing. 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. One treatment practitioner from a methadone maintenance program cited an increase from 200 to 300 clients over the past year.

The estimated cost of heroin is $20-30 a bag (one dose) and $120-300 a bundle (ten hits/"bags" to a bundle). Heroin is reported as increasing in use especially among younger users (under 25) and remains constant among older users (40 and over). New users are inhaling and smoking the drug at first, but then may make the transition to IV use as the addiction takes hold. The clinical director at a large inner-city residential treatment facility in Akron, who had prior experience in the suburban and rural parts of Summit and Stark County, reports that heroin use is expanding rapidly in those areas.

There is a considerable difference of opinion between active users and treatment providers as to the availability and ease of access to treatment. Very few adults are presenting with a primary addiction of heroin, according to practitioners. They may appear at detox units, but they rarely present themselves for long-term treatment. One large Summit County residential treatment center that admits over 300 clients per year reported only 4.2% of clients presented with primary drug use of heroin for the first 5 months of 2002. Both users and service providers report high relapse rates among heroin users.

Other concerns are associated with heroin abuse. Hepatitis C and B are commonly reported among IV users. HIV infection from IV drug use seems to have diminished somewhat, as users become more educated about the means of viral transmission. Still, users call for a workable needle exchange program. Other newer problems mentioned in connection with heroin include the new use of heroin by users of OxyContin and other narcotic/analgesics, who are unable to obtain those drugs, as doctors become less-inclined to prescribe. Another problem, according to detox respondents and treatment providers, is the heavy use of alcohol by heroin addicts who are trying to get off the narcotic. Finally, it is reported that methadone maintenance patients may use benzodiazepines to potentiate a euphoric effect from the methadone.

3. Other Opioids

Oxycodone long-acting (OxyContin) heads the list of abused opiates in Stark and Summit Counties. Hydrocodone (Vicodin), oxycodone and acetaminophen (Percocet), meperidine (Demerol), hydromorphone (Dilaudid), ropoxyphene/cetaminophen (Darvocet), and codeine medications are also abused in large numbers. Vicodin, in particular, is apparently easy to obtain and relatively plentiful. These drugs are increasingly easier to get as street drugs, but they are most often obtained as “legitimate” prescriptions, and then re-sold at large mark-ups, among small, close-knit user groups.

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. Vicodin is reported to sell for $2-$5 on the street. Dilaudid and Demerol, when available, are in the price range of OxyContin.

Local crime reports recently have cited considerable criminal activity associated with these pain medications, including burglaries, robberies, prescription forgery, and medical workplace pilfering. 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. Respondents generally report that these drugs are used predominately by white users. The largest user sub-group of these drugs is reported to be white women, in their thirties. Unfortunately, use by younger individuals, including adolescents, is also increasing rapidly.

A major concern is the interchangeability of use of these substances with heroin, as mentioned above. As users become addicted to these opiates, their sources may dry up, and these users are reporting that they will move to heroin. Treatment admission data reveal that about 2% of all admissions for Summit and Stark Counties are from heroin or other opiates. In the opinion of all respondents, there is a growing number of addicts who are not accessing available help for a variety of reasons. An Akron defense attorney related the following:

> *“I just think that these people are resistant to treatment, and I will relate a conversation I had this morning with a doctor's wife who has never been in trouble before. I worked pretty hard to get her into an intervention-in lieu of conviction program and there are pretty stringent requirements, like going to treatment and doing this and doing that… and her statement to me… I think is pretty telling ..."it's you know, I might as well have been out selling crack on the street, because they are treating me like a criminal." And the response is, “Well, you were selling OxyContin .. But very, very (much), she still wants to call her own shots, she still wants to go over this person's head and that person's head, as if she is out in her normal society where if she is taking her shoes back and does not like what the clerk tells her she asks for the manager. She wants to do that with the judge and the treatment facilities. She does not have the criminal mentality and therefore she is very resistant to accept any help. She does not think it's consequential (sic).”*

4. Marijuana

Treatment providers, drug court officials, and active users report that marijuana is the most readily available illegal drug in the Akron/Canton region and commonly used in combination with alcohol and other drugs. It is not seen as a problem by most users. Although there is a lot of low-potency cannabis available throughout the year, there appears also to be more high-grade, potent marijuana available than ever. 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.

Marijuana is used by all age groups. 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. "Pure" marijuana users are very unlikely to seek treatment. They often do very poorly in residential treatment, viewing themselves as superior to what they consider "drug addicts," i.e., crack users and alcoholics. In particular, they often report considerable difficulty relating to the spiritual emphasis of 12-step programs.

There was some confusion about the extent and availability of marijuana treatment in the Summit-Stark area. One large residential treatment center reported that new clients self-reported marijuana as a primary drug of choice only 3.5% during the first half of 2002. Yet Summit and Stark treatment admission rates for marijuana are reported to be between 15-20%. It is likely that users are being referred to treatment, for instance, as a result of positive drug screens for marijuana while on probation. Marijuana may be a secondary or tertiary drug of choice, but it has a longer "half-life" in the user's system. One participant commented:

> *"What I see with marijuana also is that they are very resistant to give up marijuana. I had an individual this morning who lost her kids based on the fact that she went through all the parenting classes, all the anger management class. She will do anything to get those kids back except to quit smoking marijuana. She does not think it's a problem, does not understand why it is, but she can't drop a clean urine to get her kids. I have seen individuals who know they are going to go to prison if they drop dirty urine, you know and they are just one hit in the morning to get going. And they are functioning fine. She functions fine. She has a job; she has gone through all her classes and by all accounts, if this one little dropping clean urine was not part of the test, she would have her kids back. But she can't pass it. And she won't quit."*

Among the problems concerning marijuana use cited by treatment providers are those who deal with the substance abuse/mental illness (SAMI) populations. Especially among younger users (18-21), there are concerns that substance-induced mood disorders and/or psychoses from heavy cannabis use are masking other mental illness, e.g., schizophrenia. One

practitioner said, “I know quite a few of my clients believe they are using [marijuana] as a legitimate treatment for some of their mental illnesses- depression. They are saying, ‘that is what is keeping me together…why would I want treatment for something that is doing me good?’” Other treatment providers said that their clients report that they are switching to marijuana “because they keep getting DUIs.”

5. Stimulants

Participants reported that stimulant abuse is not widely reported, but local news reports, law enforcement data, and some anecdotal evidence indicates that the once-limited use of these substances by a “speed subculture” is now growing within the region. Prescription stimulants are available, but much more difficult to get because of the increasingly-limited likelihood of physicians to prescribe, even for obesity. However, pharmaceutical stimulants and diet pills do find their way to the street, according to participants. By far, methylphenidate (Ritalin) and Adderal are the most frequently mentioned pharmaceutical stimulants available to users. Participants report that parents of children with ADHD, etc, are using the medications themselves or diverting them to illegal distribution. Treatment providers who work with adolescents report that middle and high school age students are using Ritalin, Adderal, and Dexedrine. Recovering addicts report that these drugs are frequently injected or inhaled. These drugs are reported to be used almost exclusively by whites. Law enforcement reports that they do not make very many arrests for the sale of these drugs.

5.1 METHAMPHETAMINE

All participants in these groups reported that they believe methamphetamine use is increasing rapidly in the Summit-Stark County area. Over the past few years Summit County led the state in methamphetamine lab busts. Over the past four years more than 30 methamphetamine labs have been busted in Summit County. According to local newspaper reports, this trend continues. Success in busting labs has been attributed to the high level of training in detection among Summit County law enforcement personnel.

Over the past few years it was reported in this region that individuals using methamphetamine generally made it themselves, in small quantities, for immediate use. Methamphetamine labs are easy to set up and 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 $80 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. The most popular method of production in this region is the *ephedrine reduction* method. It is reported that the hardest chemical to obtain in this process is red phosphorous. Producers will extract the substance from match heads.

Participants reported a large increase in the use of methamphetamines among younger individuals. The image of the “typical” user of these substances as a white biker-type does not adequately illustrate the proliferation of use of these drugs into other user groups. Reports from users, law enforcement, and treatment professionals indicate that the drug has already made serious inroads as a “party drug” because of its long-lasting stimulant effects. New younger

users are using the drug in combination with “club drugs.” Methamphetamine use can create severe physical and mental damage. Use of high potency meth can create “speed psychosis” in an alarmingly short period of time.

Treatment admissions for methamphetamine dependence are increasing in the Summit and Stark County regions. Unfortunately, many of these users are younger (18-25), and have often been placed in treatment by the courts or in conjunction with CSB caseplans. The likelihood of relapse among these individuals is especially high. Respondents have noted that many of the female individuals have co-existing diagnoses of eating disorders and other mental health problems. While 1999-2000 treatment admissions data for Summit and Stark Counties reported less than .5% of admissions for all amphetamines, one Summit County residential facility said admission data concerning drug of choice indicated that 4.2% of admissions for the first half of 2002 were for methamphetamine. Some drug abusers surmise that users of methamphetamine may be more likely to be employed. Combined with the tendency of users to remain in an in-group of other users, they are less likely to be involved in street sales, reducing the chance of identification as the result of arrest. Yet, admission data indicates that around two-thirds of admissions involve unemployed individuals and those not in the labor force. This may be attributed to the inability of individuals to maintain their responsibilities once the drug takes hold. One treatment counselor said:

> *“I think we are just beginning to see an influx with the methamphetamine in treatment. I currently have a client who is in a circle of friends, and to hear them talk about it, it’s very much like you would smoke a cigarette, that its very acceptable, to hear them talk about it, lots of people do it, especially at raves- that its passed around- they talk about it being very inexpensive. Made in a bathtub-they trade it- it’s done almost on a barter system- if they need work done, they trade it. It very much, um, it’s like cultural to hear them talk about it. Very interesting. It’s very much alive in the rave community.”*

6. Depressants

Depressant use in the Stark-Summit area does not appear to be widespread. Barbiturates are virtually unheard of. 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. One Canton SAMI counselor noted:

> *“On “benzos,” probably the biggest difficulty is getting the medical community to not prescribe them to people that are addicts in the psychiatric community. People I know with a drug history are using them and then give them 10 Xanax and those are gone in an hour.”*

Withdrawal and recovery from these and other benzodiazepines can be difficult and dangerous. Abuse of other sedative hypnotics, e.g., flurazepam (Dalmane), etc. is relatively rare. Other drugs, such as the muscle-relaxer carisoprodol (Soma), are being abused in a number of ways. Soma, as well as the benzodiazepines, are used to create a euphoric effect in conjunction with methadone, and they are also used to come down from the stimulant effects of crack cocaine.

Gamma-hydroxybutyrate (GHB) is of increasing 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 active users in this area indicate that use is decreasing.

7. Hallucinogens

7.1 LSD

Hallucinogens such as LSD are being reported in the area, and the quality, purity and strength are said to be much greater than has been reported in recent years. Older users and treatment providers often refer to the “good old days” of psychedelics, but are not aware of present use patterns in the region. Single doses of LSD are reported to cost between $5 and $10. “Blotter acid” sheets (100 doses) may go for $200.

7.2 ECSTASY (MDMA)

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

There is a strong belief among treatment providers that use of hallucinogens is generally experimental and transitory, with users “aging out” by their mid-20s. Hallucinogen abuse as a presenting problem is a rare occurrence, according to treatment providers.

8. Inhalants

Drug user participants believed that inhalant use is 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. One adult residential treatment center had fewer than 5 clients in a five-year period who reported inhalant use as a primary problem.

9. Alcohol

Alcohol is commonly used and abused in both Summit and Stark Counties. It represents the largest percentage of treatment admissions throughout the region. From July 1, 1999 through June 30, 2000 in Summit County alcohol was the reason for treatment admission for 57.2% of clients, and in Stark County it was 63.2%. These percentages remain relatively stable today. Alcohol is often listed as a secondary drug of choice to cocaine. However, an Akron defense lawyer pointed out a current phenomenon:

> *"At least in my perception, since September 11th, there is an increased amount of alcohol consumption. In my practice, there is an increased amount of alcohol consumption, and depression. I have just noticed it in a broad range. It appears to me that those economic problems that we have had, or whatever, has reached the upper middle class, and you see both men and women dealing with depression through drinking."*

Participants report that alcohol as a primary diagnosis usually occurs in older persons (over 40). According to treatment providers, alcoholics don't see themselves as drug addicts. They stigmatize other drug users. Users and treatment providers agree that there is a link between alcohol abuse and crack use, as the crack is used to stimulate, and the alcohol to counter the hyperactivity brought on by the crack. Similarly, there is general consensus among treatment providers that heroin addicts often run the risk of becoming severely alcoholic, when they quit using heroin.

10. Other Drugs

This area has seen a recent increase in the abuse of over-the-counter medications, particularly by adolescents and young adults. Some of the brand name drugs mentioned by treatment providers were diphenhydramine HCl (Benadryl), Robitussin, and Coricidin. The last one, known as core, Triple-C, or DXM, contains the active ingredient dextromethorphan. While there have been temporary upsurges of use over the past 10 years, there have been recent concerns about the widespread use of this product, as Internet websites educate users on the "proper" use of the substance. A Canton treatment counselor said:

> *"...we were seeing a lot of kids, young adults using over-the-counter drugs…and the one thing that is interesting is when you talk to them, they might have been in other treatment agencies, but that is not something that you ask about normally – "are you using over-the-counter?" And so, the one kid had been to several treatment programs and detox centers and nobody had asked him over-the-counter so they did not know he was using Benadryl all the time, or those type of issues. And I don't know, I was working mostly with dual-diagnosed clients. I don't know if its specific to them, but there were a lot of people using Benadryl, Robitussin … and I think the Internet actually helps because there is a number of sites on the Internet that they were going to that would tell them exactly how much to use. "You can use up to 32 tablets" and I mean really that seems to be kind of a trend we were seeing, at least that people are using kind of things that traditionally they don't think of as having addictive potential. They are having pretty drastic consequences with some of these..."*

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. The use of crack is becoming more widely accepted and less stigmatized. Particularly in neighborhoods populated by low-income individuals, drugs are a primary economic commodity. Increasingly, use of all drugs is becoming "democratized," that is, they are being used by people of all race, age, sex, and social class categories. Heroin use is making strong inroads into new user groups, particularly younger users, who appear to be transitioning from other drugs more quickly than in the past. Also, crack cocaine users are increasingly likely to use heroin as well. Among the major regional changes over the past 6 months are the increased use of crack and heroin among younger users, use of marijuana as a medication by dual-diagnosed users, the "attraction" of OxyContin as a predecessor to heroin use, the proliferation of methamphetamine use among club drug users, increases in the use of O-T-C drugs by younger users, and increased alcohol use as a coping mechanism in a "post-September 11th" environment.

RECOMMENDATIONS

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

2. Summit County now has two drug courts, one at the municipal (misdemeanor) level and one at the county (felony court) level. 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. Also, appropriate needle exchange programs should be considered on a larger scale than has been considered up to this point (this according to treatment provider participants).
- Availability of longer treatment stays and more residential treatment.
- Strong need for halfway houses, particularly for single women and men.
- Job training for more than entry-level, minimum-wage jobs.
- Better interaction and cooperation between and among social service agencies, the criminal justice system, and other concerned entities.

- Less redundancy in provision of services.
- Higher level of professionalism at the administrative level. Treatment providers complained that CD counselors and workers are promoted into managerial positions by virtue of longevity, without the requisite managerial training and experience
- Intervention programs at the early grade school level.
- Improved assessment and treatment for nicotine addiction.
- More methadone maintenance programs.

PATTERNS AND TRENDS OF DRUG USE IN

CINCINNATI (HAMILTON COUNTY), SOUTHWEST, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

January 2002- June 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 (ecstasy) 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, and 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 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 that are currently using drugs.

Table 1: Qualitative Data Sources.

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
Weekly	Emergency unit physicians, clinical toxicologists, DPIC pharmacists,

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, lidocaine, 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. These transients may be following a seasonal pattern of moving north to Ohio in the spring, and then departing when winter hits.

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. 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.

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. The yield per batch (about 14 grams) precludes the development of elaborate distribution systems, because the supply at any one point is relatively small.

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.

5.2 METHYLPHENIDATE (RITALIN)

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 (ecstasy) is readily available. The drug is widely available and most often used at RAVE parties by people in their twenties. There is also considerable use of MDMA by the gay community. Unfortunately, there is evidence this drug is neurotoxic to serotonergic neurons in humans.

Various 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.

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;" drinking to drunkenness, typically on weekends. Alcoholism is the most common

chemical dependency in the Greater Cincinnati area. Most chemically dependent people use alcohol in addition to their other drug of choice, be it crack, marijuana, stimulants, opioids, or other drugs. The incidence of alcoholism for most groups in Cincinnati is close to the national average. The beverage of choice for street and poor groups tends to be high alcohol content beers and wines. Most adolescents prefer beer. People in their 20's tend toward distilled spirits as do more affluent heavy drinkers. High percentage beers and ales continue to be available in large 40-ounce bottles, which are marketed heavily in the inner city area. Recently, a new product has been marketed which contains alcohol in pre-made gelatin shots. The product, "Zippers," was made available in the refrigerator section of grocery stores.

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.

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

January 2002 – June 2002

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Abstract

Crack-cocaine, heroin and marijuana continue to be the primary illicit drug abuse problems in the Cleveland area. The availability of crack remains relatively stable and the number of new users continues to rise. Marijuana remains very popular among all racial and age groups. Heroin availability and use by younger people continues to increase. OxyContin use continues to grow in popularity. Treatment challenges continue to exist for all of the drugs mentioned – especially heroin, crack-cocaine, and prescription drugs. These challenges include the lack of 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. Thirty-four percent of the population are in a racial minority group. Although the poverty rate in the county suburbs has gradually increased (14%), the rate in Cleveland remains significantly higher - approximately 45% of Cleveland residents live in poverty. Poverty rates have increased while unemployment rates have declined to a record low in most areas.

2. Data Sources and Time Periods

- **Qualitative Data** were collected in four focus groups and five individual interviews conducted in April and May 2002. The number and type of participants are described in Tables 1 and 2.

- **Cleveland Plain Dealer** articles describing the flow of cocaine from Florida to Cleveland, a pharmacy hold up to obtain OxyContin, drug use in Ohio prisons, and gambling as an addiction.

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.)
5/1/02	2	Drug Users
5/10/02	5	Treatment Providers
5/30/02	4	Narcotics Officers
6/3/02	5	Treatment Providers

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
4/24/02	User
4/24/02	User
4/24/02	User
6/3/02	User
6/3/02	User

Totals

Total number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	16	5	21

Table 2: Detailed Focus Group/Interview Information

April 24, 2002

Age	Ethnicity	Gender	Experience/Background
24	Hispanic	Male	Marijuana is drug of choice, in recovery, gambler.
24	Hispanic	Male	Marijuana is drug of choice, in recovery, gambler.
29	Hispanic	Male	Powdered cocaine is drug of choice, clean five years. Alcohol use mainly in past two years, gambler.

Recruitment procedure: *These individuals were recruited for participation in Substance Abuse Trends through Catholic Charities Services, West Side. The chemical dependency counselor asked for volunteers for participation.*

May 1, 2002

Age	Ethnicity	Gender	Experience/Background
32	Hispanic	Female	Heroin is drug of choice, in recovery.
33	Hispanic	Female	Heroin is drug of choice, in recovery.

Recruitment procedure: *These individuals were recruited for participation in Substance Abuse Trends through Catholic Charities Services, West Side. The chemical dependency counselor asked for volunteers for participation.*

May 10, 2002

Age	Ethnicity	Gender	Experience/Background
36	Hispanic	Female	Chemical dependency counselor, 2 years.
41	Hispanic	Male	Chemical dependency counselor, 2 years.
44	Hispanic	Male	Chemical dependency counselor, 5 years.
36	Hispanic	Female	Chemical dependency counselor, 8 months.
Not	Hispanic	Female	Chemical dependency counselor.

provided			

Recruitment procedure: *These counselors were recruited through the case supervisor at Catholic Charities Services, West Side.*

May 30, 2002

Age	Ethnicity	Gender	Experience/Background
49	White	Male	13 years experience as narcotics officer.
32	White	Male	1 ½ years experience as narcotics officer.
33	White	Male	3 years experience as narcotics officer.
44	White	Male	11 years experience as narcotics officer.

Recruitment Procedure: *The participants were recruited through a sergeant at a Police Department.*

June 3, 2002

Age	Ethnicity	Gender	Experience/Background
Not provided	White	Female	Chemical dependency counselor, 3 months.
Not provided	White	Female	Chemical dependency counselor, 8 months.
Not provided	White	Female	Chemical dependency counselor/assessor, 1 year.
Not provided	Black	Female	Chemical dependency counselor, 4 years.
Not provided	White	Female	Chemical dependency counselor, 7 years.

Recruitment procedure: *These treatment providers were recruited for participation through the Clinical Director at Cuyahoga County Treatment Alternatives to Street Crime.*

June 3, 2002

Age	Ethnicity	Gender	Experience/Background
32	White	Male	Alcohol is drug of choice, 72 days in recovery, gambler.
26	Black	Male	Marijuana is drug of choice, gambler.

Recruitment procedure: *These individuals were recruited for participation in Substance Abuse Trends through treatment providers at Cuyahoga County Treatment Alternatives to Street Crime.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK-COCAINE

As reported over the last several data collection periods, crack abuse remains a significant problem in the Cleveland area. Treatment providers and users agree that there has been a slight increase in the number of crack users while law enforcement officers feel that the numbers have remained stable. Crack is available in all areas of Cuyahoga County and available on virtually any street corner in the inner city. The cost of crack has remained stable

over the last year to year and a half. A $10-20 rock is the most common purchase. Smoking crack is by far the most common means of administration; however, as reported in January 2002 one case manager reported having a client who injected crack.

According to focus group participants, there has not been a significant change in the quality of crack; however, some participants indicated that the location of purchase and dealer impacted the purity (that is, east side versus west side). Virtually all participants agreed that crack is used by people of all ages and races. During the last round of data collection treatment providers indicated that they were seeing older clients (50 years +) who had recently started using crack. This was reported again during this round of data collection by case managers at both treatment facilities.

> *… yes, older people. The older generation used to stay just with alcohol maybe some…people in their fifties and late forties starting to use (crack) at that age.*
>
> *…I have some elderly clients who get started like in their fifties, sixties, first time ever using.*
>
> *…a lot of my older male clients who use crack have been recently turned on to it by the younger females who indeed trade sex for crack, so they kind of get them hooked on it and lure them in that way.*

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine is available in the Cleveland area; however, it is not as readily available as crack-cocaine. Participants report the purity of powdered cocaine ranges from 40-70%. Narcotics officers indicate that the purity of crack-cocaine varies by location and where in the "line of production" it is purchased. Among drug users the feeling was that the quality of powdered cocaine has decreased over the last six months to a year. The current price of powdered cocaine reported by users ranged from $20 for a "dime bag" to $100 a gram. "Narcotics officers indicated that as the quantity of product purchased increases, the price of it decreases to as low as $900 for an ounce."

Treatment providers and drug users indicated that there seems to be a slight increase in the number of people, especially younger adults, using powdered cocaine. Snorting remains the main method of administration.

2. Heroin

There has been a slight increase in the reported availability of heroin over the last year. Most participants felt that heroin was available just about anywhere but to "get the good stuff" a user had to be networked; that is, he or she needs to know the right people.

> *…If you want the good stuff you have to know people. But to get regular stuff you can walk down 2nd street and it is there.*

Consistent with the January report, treatment providers and law enforcement felt that the heroin that is currently available has gotten more pure over the last year.

The cost of heroin, at $10-$20 a bag, $75-$100 for a bundle, has remained stable over the last year. Injecting is still the most common method of administration of heroin; however, law enforcement officials felt that there had been a noticeable increase in individuals snorting heroin. There was no reported ethnic or racial difference in the method of administration. There was a consensus among the drug users, treatment providers and law enforcement that the "new young heroin user" group continues to grow.

3. Other Opioids

As reported in January 2002 other opioids continue to be available with a slight increase in availability and number of individuals using over the last couple of years. The specific opioids mentioned were: Oxycodone and acetaminophen (Percocet), oxycodone long-acting (OxyContin), and hydrocodone (Vicodin). The cost per tablet remains stable at $1 per milligram for OxyContin.

Opioids are still viewed by many as "white folks" drugs. There seems to be a trend for younger age groups to experiment with this group of drugs. Many of these individuals obtain the drugs by taking them from their parents' prescriptions. Taking them orally is the main method of administration. In January 2002 some focus group members discussed breaking the tablets down and injecting. This was not mentioned during this round of data collection.

Treatment providers discussed "doctor shopping" as a means for users to obtain opioids. Treatment providers associated with the probation department reported having several new clients over the past year referred to treatment as the result of an arrest at a pharmacy as they were trying fill a false prescription.

4. Marijuana

Marijuana, over the past two years, has remained consistently available. The cost of marijuana has remained consistent at approximately $100 for an ounce or $5-10 for a blunt. Participants indicated that over the last six months to a year it has gotten more difficult to buy just a joint or two for $1-2. The quality of marijuana is seen as improving as hydroponics become more available. There does not appear to be any racial or age group that is using marijuana more than others.

Treatment providers and users, consistent with the January 2002 report, indicate that marijuana use is seen as almost a "non-issue." Participants indicated that marijuana is viewed by many in the community in the same manner as alcohol.

> *…I have people say, 'It's social.'"*
> *…Other people, if you ask them 'have you ever used drugs?' 'No.' 'Have you ever smoked marijuana?' 'Oh, yes.'"*
> *…It kind of seems to be, to me, it's like alcohol and it's legal. I have seen all kinds of people use it, doctors; it's just a wide range.*

In January 2002 there were several clients who mentioned “Wet” (PCP) as a problem associated with marijuana use. There were fewer users in this round of data collection that mentioned this as a part of the discussion of marijuana. However, the treatment providers indicated that they have seen an increase in the number of clients they have seen who have used blunts dipped in PCP. Law enforcement participants indicated that there has been a reportedly significant increase in arrests involving blunts dipped in PCP.

5. Depressants

Focus group participants did mention that depressants such as carisoprodol (Soma), diazepam (Valium), and alprazolam (Xanax) are abused in the Cleveland area. Participants did not perceive any significant change in the levels of use nor type of user.

6. Hallucinogens

Club drugs, specifically MDMA (ecstasy) have remained at steady levels over the last year or so. Participants indicated that unlike many of the other drug’s sellers, MDMA merchants actively approach individuals in clubs and bars to make a sale. Users continue to be young people of all races and ethnicities. The cost of ecstasy has decreased slightly over the last two years. It can be purchased in a range of $10- 20 per tablet. Consistent with the January 2002 report, providers discussed the lingering cognitive effects of the abuse of club drugs

As mentioned above, PCP use in conjunction with marijuana may be increasing. Participants reported that while PCP-dipped blunts are not on every street corner, they are available through networks of users. The cost for a dipped marijuana blunt starts at $20. African-American males have been reported as the most common users of PCP dipped blunts. Law enforcement officials indicated that they felt the PCP that is currently available is very potent.

The narcotics officers interviewed report being involved in a ketamine case resulting from a theft at a veterinarian office. This was the only mention of this drug in this round of data collection.

CONCLUSIONS

Consistent with the last several Substance Abuse Trends reports, crack-cocaine, heroin and marijuana remain the most commonly abused illicit drugs in the Cleveland area. As mentioned in the January 2002 report the trend for older individuals (50 + years) to start using crack-cocaine has continued. The popularity of heroin among younger users continues to be a concern. Marijuana use is so common that it is hardly considered a “drug” by drug users. Club drug use has remained stable or increased slightly over the last year or so.

The availability of appropriate treatment is consistently a concern in the Cleveland area. While users feel treatment is available for those who “really want help,” providers consistently report there is a lack of space for the number of clients they are trying to serve. Specifically, providers were concerned about the limited space for clients needing detoxification. The lack of ability to pay, particularly for those without health insurance, is a major concern for individuals

seeking treatment in the Cleveland area. Consistent with the January 2002 report, some providers and users reported difficulty matching individuals with the best aftercare group for their needs.

Many of the same ancillary treatment services that were mentioned in January 2002 were reiterated during this round of data collection. These included assistance with child care, transportation, and job training.

RECOMMENDATIONS

- Further investigation of OxyContin as an emerging drug trend.
- Examination of older adult crack-cocaine users as an emerging trend.
- Special focus on PCP (Wet) use as an emerging trend in Cleveland.

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

January 2002 – June 2002

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ABSTRACT

According to treatment providers, alcohol abuse appears to be the main reason people are accessing treatment. Heroin use continues to increase and is attracting young users. Although a dramatic increase in OxyContin is reported from the Coroner's office, users and providers are seeing only a slight increase. As in past reports, marijuana is plentiful and club drugs such as MDMA (ecstasy) and ketamine (Special K) are easily obtained. Stimulants and depressants are available but seldom are drugs of first choice. Treatment availability is adequate but the system could benefit from coordinated efforts.

INTRODUCTION

1. Area Description

Community Research Partners, a non-profit partnership of the United Way of Central Ohio, the City of Columbus, and the John Glenn Institute for Public Service and Public Policy at The Ohio State University, produced a report in November, 2001, "A Picture of Trends and Conditions in Central Ohio." The report can be viewed in its entirety at www.communityresearchpartners.org.

Population

- Franklin County had the greatest population increase of any urban county in Ohio between 1990 and 2000 The population of Franklin County has grown more ethnically and racially diverse since 1990.
- Measures of residential segregation show decreased black/white segregation patterns since 1980 in the Columbus metropolitan area.
- From 1994-1999 Franklin County has lost population to other counties in the MSA as a result of out-migration.
- The area of Columbus within the city's 1950 boundaries continued to lose population between 1990 and 2000.
- The Franklin County population is aging, and 'persons living alone' is the fastest growing household type.

2. Data Sources and Time Periods

This report also provided these additional data:

Drug, Tobacco, and Alcohol Use by Youth

- The 2000 PPAAUS survey found that youth in Franklin County are less likely than in previous years to use alcohol, tobacco, and other drugs, and are more involved in prevention activities.
- The percentage of youth in grades 6-12 in Franklin County who reported smoking once a month or more was 14% in 2000, well below the 23% of teens in the U.S. who report smoking cigarettes daily to once or twice a month.
- Alcohol use declined in every grade from 1997-2000; however, 38% of high school students reported haven ridden with a drinking driver at least once in the past year.

- The incidence of regular marijuana use and regular cocaine use among Franklin County youth was down in 2000. However, 23% of high school juniors and seniors report smoking marijuana at least monthly.
- The percentage of Franklin County youth in grades 8-12 who reported using 'designer drugs' once or more a month increased from 1997 to 2000.

Behavioral Health

- ADAMH staff estimates that 31% of the local population eligible for ADAMH services are likely to have mental/addictive disorders needing some form of treatment. Prevalence rates vary by ages and by illness ADAMH services have experienced changes in demographics. There are increases in male and African-American clients seeking treatment.
- The majority of adults receiving addiction treatment through the ADAMH system report that alcohol is the substance of choice, while the majority of youth receiving addictive treatment report marijuana as their substance of choice.
- The ADAMH system has a service penetration of about 50% of all persons eligible for publicly subsidized behavioral health care services who have a diagnosable mental/addictive disorder.

Incarceration

- The average yearly jail population in Franklin County increased by 55% between 1990 and 2000.
- Of the 19,418 commitments to Ohio Department of Rehabilitation and Correction facilities in state fiscal year 2000, 9.54% (1,853) were from Franklin County. After declining for several years, commitments to state prisons from Franklin County increased by 21.5% between 1998 and 2000.
- In state fiscal year 2000, the following were offenses for which offenders were most frequently committed to state prisons in Ohio: drug abuse – 22.15%, theft – 7.49%, burglary – 7.27%, trafficking in drugs – 7.20%, receiving stolen property – 5.83%.

Data from the **Franklin County Coroner's Office Reports** were gathered.

- In the year 2001, 4042 deaths calls were reported to the Coroner's Office, which means the case was considered by the caller to be of a suspicious or unusual nature, or due to an accident, or death within 24 hours of admission to a health care facility, or where there is no attending physician to sign the death certificate.
- Of these deaths, 313 cases involved drug or alcohol intoxications that may have contributed to the ultimate cause of death.
- There were 154 drug or alcohol intoxications that would be considered life threatening and a probable cause of death unless some other calamity intervened.
- Of this total of 547 toxic or lethal cases, there were 30 with oxycodone in the toxic to lethal range. This does not include 39 cases that had oxycodone at therapeutic levels.

Qualitative Data were collected in four focus groups and twelve individual interviews (for Rapid Response reporting) between February 2002 and June 2002. The number and type of

participants are described in Table 1. Detailed information about the participants is reported in Table 2.

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.
2/15/02	5	Active drug users
3/7/02	6	CD counselors (outpatient) and EAP counselors
3/14/02	9	Inpatient treatment providers
4/17/02	8	Inpatient treatment providers

Individual Interviews (Rapid Response Interviews)

Date of Individual Interviews	Active Drug User or Front-Line Professional (Type: counselor, police officer, social worker)
5/31/02	User in recovery
5/31/02	User in treatment
5/31/02	User in treatment
5/31/02	User in treatment
5/31/02	User in recovery
5/31/02	User in treatment
5/31/02	User in recovery
6/1/02	User in treatment
6/1/02	User in treatment
6/1/02	User in treatment
6/1/02	User in treatment
6/1/02	User in treatment

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Participants	TOTAL Number of Participants
4	28	12	40

Table 2: Detailed Focus Group

February 15, 2002

Age	Ethnicity	Gender	Experience and Background
31	Black	Male	Current heroin user
35	White	Male	Current heroin user
34	Black	Female	Current heroin user
32	Black	Female	Currently using marijuana, heroin and cocaine
34	Black	Male	Current heroin user

Recruitment Procedure: *CHD client previously interviewed by Key Informant arranged focus group*

March 7, 2002: Columbus Health Department

Ethnicity	Gender	Experience/Background
White	Male	13 years as a chemical dependency counselor.
White	Male	7 years as a chemical dependency counselor.
White	Male	20 years as a chemical dependency counselor and 14 years with City of Columbus EAP.
White	Female	15 years as a chemical dependency counselor and 4 years with City of Columbus EAP.
White	Male	7 years as an HIV counselor; 2 years with City of Columbus
Black	Male	8 years as a chemical dependency counselor; 2 years with the City of Columbus

Recruitment Procedure: *Co-workers of Key Informant.*

March 14, 2002: Treatment Providers in Inpatient Facility for Women and their Children.

Ethnicity	Gender	Experience/Background
White	Female	Assistant Clinical Director. In field for 15 years.
Black	Female	Primary counselor. In field for 14 years.
Black	Female	Admissions Coordinator. In field for 5 years.
White	Female	Counselor and art therapist In field for 20 years.
White	Female	Family counselor. In field for 8 years.
White	Female	Primary counselor. In field for 10 years.
White	Female	Counselor and program coordinator. In field for 10 years.

White	Female	
White	Female	Primary counselor. In field for 8 years.

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

April 17, 2002: Treatment Providers in Male Inpatient Facility

Ethnicity	Gender	Experience/Background
White	Female	Counselor for just over one year.
Black	Male	Outpatient counselor for 18 months.
Black	Male	Counselor for 5 years.
White	Female	Counselor for 6 months.
Black	Female	Counselor for 10 years.
Black	Female	Outpatient counselor for 5 years.
White	Female	Counselor for 20 years.
White	Female	Outpatient Assessment for 5 years.

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

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK-COCAINE

Crack continues to be readily available in central Ohio. The consequences of use continue to be devastating; however, use appears to be level or increasing. Drug affects are sometimes moderated with alcohol and marijuana. The drug continues to be cut with baking soda and Similac, however one treatment provider said "No one's complaining," when asked about the quality. Several providers remarked that younger people seem to be using, which is consistent with past reports. One user said that the young typically start by lacing marijuana with crack, then switching to crack. Juveniles often deal this drug. One treatment provider reported:

> *"I had a woman, who had her two sons selling it. Her philosophy was that if they got busted, they were juveniles. One was 9 years old and one was 11. She had already had previous drug charges."*

As previously reported, crack is used by all ethnic groups. Price remains stable at about $5 for a rock. One user reported a trend he had observed over the past two years:

"Used to be more dealers on the corners. Police are breaking that up. It's hidden, but we addicts know that it is increasing but you don't really see it on the streets because of Columbus' finest. Not wild and wooly like it was."

Therefore, number of arrests for crack possession and/or trafficking may not be reflective of the true extent of use in this community. As in the past, there is no "typical" user. A female inpatient treatment provider who had been in the field for over 10 years said:

"I remember when this appeared as a street drug. And now you see women come in that are dressed in these, you know, little flowered skirts, their hair all poofed up. I'll say 'What's your drug of choice?' and its crack. It's moved everywhere to me."

1.2 COCAINE HYDROCHLORIDE (HCL)

Although not as available as crack, powdered cocaine can be easily obtained. Users are perceived to come from higher socioeconomic backgrounds. Powdered cocaine use does not carry the same stigma that is associated with crack use, and reportedly, many users believe that one can still remain in control while abusing cocaine HCL. One street user remarked:

"It's easier to be handled and passed out to people. It's straightforward. Seems like it's more sanitary. Powder, people with decent money and with jobs. It seems like a different class of people."

A gay outreach worker reported increased use of powder cocaine in the gay clubs. One of the areas major dealers of crystal meth was recently busted so this popular drug has not been readily available. Cocaine is not the typical drug of choice for this group but they do fall back on powdered cocaine when nothing else is available. Quality varies. A gram sells for $100 and a line for $10.

2. Heroin

Heroin's resurgence in popularity is attributed to high quality. One user noted:

"It has come back. It's in demand again. New generation are using. Many of the old users are in the penitentiary or dead. People who have quit are coming back. Used to relieve pain and stress. Men think it's a sexual enhancer."

Both treatment providers and users reported an increase in younger users, particularly white and affluent, not necessarily in the ADAMH system. One outreach worker stated he had heard reports of an increase in smoking opium, particularly in the Asian community. However, we do not know for certain if this is indeed opium.

Methods of administration include snorting, smoking and injecting. Treatment providers report an increase in smoking and snorting; however, users assert that injection is the preferred method. Chronic relapsers tend to prefer injection.

3. Other Opioids

According to the Franklin County Coroner's Office, oxycodone long-acting (OxyContin) is showing up more frequently in toxicology screenings. Users reported having heard of the drug. Treatment providers report the number of clients using this substance is small but increasing, particularly among younger users. The coating is removed from any time-released tablet for a quicker high. Oxycodone/aspirin (Percodan), oxycodone/acetaminophen (Percocet), and hydrocodone (Vicodin) were the most frequently mentioned opioids and were described as readily available. However, according to participants, these were seldom drugs of first choice and were usually used when heroin was not available.

Treatment providers expressed dismay that medical professionals are quick to prescribe opioids despite a person's substance abuse history. Tylenol 4 had recently been prescribed to a client for a toothache.

Inpatient providers discussed how users bragged among themselves about overdosing on opioids, and about how close they came to death. "It becomes a matter of pride. I came that close!" These drugs are reportedly easily obtained on the Internet.

4. Marijuana

As in past reports, marijuana is plentiful and of high quality. One treatment provider noted an age difference in the perception of quality:

> *"Young and older generation. Older generation thinks it was better back in the 60's and '70's. It was more pure back then. Better for you."*

This same provider said:

> *"One thing that I think is different is that we diagnose marijuana dependence. Ten to twenty years ago there was this whole way marijuana was looked at, like you could not get dependent. And so, that's something that's happening overall is that people are surprised when they're diagnosed with marijuana dependence. It's more legitimized. It's come out. It's a real drug and it meets all criteria."*

Other providers participating in the same group did not agree. Too many clients do not see marijuana as a drug because users can still work and are not in jail. All participants agreed that use is increasing among the young, who typically smoke the drug in blunts so use is not easily detected.

5. Stimulants

As reported in January of 2002, stimulants are not typically drugs of choice at the street user level. Treatment providers concur. However, as in the past, stimulant use, particularly crystal meth, remains popular in the gay community. As previously reported, the primary dealer was recently busted. An outreach worker reported:

> *"There was a dealer who was caught recently. He was caught big time. In jail for a month and a half. He was the only one around (who was selling). People were jonesing. Coke use has skyrocketed."*

This same outreach worker also reported that methamphetamine is also mixed with water and inserted in the rectum. This method of administration is called a 'booty bump.' There were no reports of methylphenidate (Ritalin) abuse from the providers. The street users did not perceive Ritalin to be a 'street drug.' They also perceived methamphetamine to be a 'white drug.'

6. Depressants

Users reported that lorazepam (Ativan) and diazepam (Valium) are used for 'maintenance drugs' when heroin is unavailable. They are used to induce sleep. One provider was seeing an increasing number of scripts for carisoprodol (Soma), especially for women.

Adolescents often get prescribed depressants from their parents. One provider mentioned that zolpidem (Ambien) was becoming popular among adolescents and it is not perceived as addictive. Gamma-hydroxybutyrate (GHB) remains popular among the younger population, but little additional information was available as the treatment providers interviewed primarily serviced adults.

7. Hallucinogens

As in past reports, hallucinogen use is primarily confined to young people, usually white. Hallucinogens are also widely used in the gay clubs. Ketamine and MDMA (ecstasy) are often used together in this setting.

8. Inhalants

Inhalant use is almost exclusively confined to young people. One provider reported hearing about freon parties in an affluent, white suburb. Whether this is true or not is unknown. Commonly reported substances include gasoline and household products. One provider noted that inhalant use is taboo among older people, "even though they've tried everything else!" Active users did not report seeing any use:

> *"Nobody in this area. Another thing that goes under the 'white' category. Black kids are into reefer."*

9. Alcohol

Alcohol use remains widespread. Most of the clients seen by this group of providers presented with alcohol as the primary drug of choice. Users whose drug of choice was crack or heroin, used alcohol in conjunction with these drugs:

> *"Alcohol is used with other drugs. Used to 'cool out.' If you're doin' crack, then your mouth is always dry."*

Alcohol is being marketed to young people in some interesting ways. Providers reported hearing about Popsicles being made out of alcohol. There is also a product called a 'zipper shot' that is essentially a gelatin shot and sold in grocery stores. Because of its similar packaging to regular gelatin products (e.g., Jello™), it could be placed with the other (non-alcoholic) gelatin products by mistake and not be noticed by the checkout person, providing easy access to this alcoholic product for someone who is underage.

10. Special Populations and Issues

10.1 DRUG AND ALCOHOL TREATMENT

In general, treatment availability is perceived as adequate; however, systemic problems were mentioned. There continues to be a time gap between when a client expresses the desire to go into drug treatment and when they can be admitted. One drug treatment facility reported that their waiting period was one to two weeks. Users report a year waiting period for methadone.

Providers stressed the necessity of knowing your way around the system:

> *"Can get people in if you know your way around. Have them be there by 7:30 in the morning. Have to be intoxicated to get into [treatment]. They can't meet the demand. It's a way to cut off numbers. You gotta go out there and get that 12 pack to get into detox."*

Although drug treatment availability was perceived as adequate, one group of providers expressed discomfort with the quality of services. Many clients are dually diagnosed. The split remains between the fields of addiction and mental health and clients are not properly diagnosed. Case management becomes more complex when it crosses organizational lines, and in the opinion of providers, contributes to relapse.

Users expressed dissatisfaction with the drug treatment experience. One woman who had been in drug treatment multiple times said:

> *"Sometimes people that go in and out, they been to the place so many times sometimes they get embarrassed and get ashamed and they don't want to call back. For instance, me."*

Another user perceived that there was not enough individual attention provided in inpatient drug treatment:

> "*When you go into treatment, you need to rest; you need nutrition – to get your body back in order. They expect you to go to meeting, meeting, meeting. They don't give you enough time to rest your body and stuff. They need somebody to talk to individually, by themselves."*
>
> *"Many people are court referred and don't want to be in a treatment center, but some do and they need more personal attention and get medication if they're in the relapse mode."*

Other suggestions for improving drug treatment included:

> *"Community health centers need more walk-in counseling for addiction. Need to have them in the neighborhood. You see your old buddies and you get that rough feelin' off and you know all you need to do is get high with them."*

Treatment providers also mentioned the need for more community based services and in-home counseling. Another concern was coordination of services between systems (particularly AOD and mental health). Wraparound services such as transportation and child care are perceived as lacking.

Clinicians also expressed frustration at having to report use of a dominant substance when most of their clients are polysubstance abusers:

> *"I had this guy who was a crack addict. It's really easy to say that was the dominant one. But then he's also drinking a case of beer for most of his life and it's still in his system and he's smoking marijuana and it's still in his system. At the same time, we're diagnosing them, telling them they can't use anything."*

Another treatment provider expressed the need for alternative and supplemental treatment modalities:

> *"A person has legitimate pain. They're given a legitimate prescription. Now what I don't see in this country is if a guy breaks his back, he's got pain, real pain. In some countries, you put him in a center where he learns meditation and pain control. We're not close to that."*

RECOMMENDATIONS

Both treatment providers and users tended to agree that there were many drug treatment options available in Columbus and Franklin County. However, the drug treatment system could operate more efficiently. Providers and users stressed that knowing how the system operated was an advantage. Providers mentioned the split between the fields of mental health and addiction, resulting in discontinuity of service. Quality of drug treatment is also an issue. Users felt that more individual attention was needed and both groups suggested community-based and in-home service provision.

Alcohol marketing should continue to be monitored, particularly as it relates to adolescents.

PATTERNS AND TRENDS OF DRUG USE IN

DAYTON, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

January 2002 – June 2002

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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 that crack cocaine abuse among the adult population remains stable at high levels 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, possibly due to decreases in price. 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. Juvenile probation officers report that prescription drugs are gaining popularity among youth. Marijuana abuse continues to be present at high levels in the area. Methamphetamine, GHB, tranquilizer and hallucinogen abuse appears to be present in the area, but at moderate to low levels. MDMA (ecstasy) abuse has reportedly leveled off slightly in Montgomery County, but that may be due seasonal fluctuations in Raves and other venues associated with the drug.

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 4 focus groups and 22 individual interviews between January 2002 and June 2002. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

- **Drug Treatment Admissions Data** are from Montgomery County's Central Substance Abuse Assessment Facility.

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

(Exhibit 2).

- **Adult Urinalysis data** are from the Montgomery County Adult Probation Department.

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.)
3/20/02	7	Active Users
3/21/02	6	Active Users
4/16/02	4	Treatment providers
5/7/02	5	Juvenile Probation Officers

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
02/14/02	Recovering Drug User
02/14/02	Recovering Drug User
02/15/02	Recovering Drug User
02/15/02	Recovering Drug User
04/02/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/02/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/03/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/03/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/04/02	Recovering Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/04/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/10/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/10/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/11/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/11/02	Active Drug User and Gambler (GAMBLING RAPID RESPONSE)
04/24/02	Active Drug User
04/24/02	Active Drug User
04/26/02	Intake and Assessment Specialist, Adolescent Treatment Agency
04/30/02	Active Drug User
05/01/02	Active Drug User
05/14/02	Supervisor, Miami Valley Regional Crime Laboratory
05/23/02	Active Drug User
05/30/02	Active Drug User

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
4	22	22	44

Table 2: Detailed Focus Group/Interview Information

March 20, 2002: Active Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	39	Black	Male	Marijuana and alcohol primary drugs, former powder and crack cocaine user.
2	38	Black	Female	Heroin primary drug.
3	33	Black	Female	Injects heroin and crack-cocaine.
4	35	White	Female	Crack-cocaine primary drug.
5	42	Black	Male	Marijuana and alcohol primary drugs; former crack user.
6	24	Black	Female	Powder cocaine, marijuana, alcohol, and tranquilizers primary drugs.
7	20	Black	Female	Powder cocaine, marijuana, alcohol, and tranquilizers primary drugs.

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

March 21, 2002: Active drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	41	White	Female	Heroin and alcohol primary drugs.
2	58	Black	Male	Crack-cocaine primary drugs.
3	50	Black	Male	Heroin primary drugs.
4	49	White	Male	Methamphetamine and marijuana primary drugs.
5	47	Black	Male	Heroin and cocaine ("speedballs") primary drugs.
6	45	Black	Male	Heroin and cocaine user ("speedballs") primary drugs; also abuses alcohol and tranquilizers.

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

April 16, 2002: Chemical Dependency Treatment /Assessment Specialists

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	15 years of experience with substance abuse assessment and intake, works with both juveniles and adults.
2	White	Male	10 years of experience with substance abuse assessment and intake, works with both juveniles and adults.
3	White	Male	15 years experience with substance abuse treatment.

			Responsible for prison-based therapeutic community. Works with adults.
4	Black	Female	15 years experience with substance abuse and treatment, works with both juveniles and adults.

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.*

May 7, 2002: Juvenile Probation Officers and Professionals

"Name"	**Ethnicity**	**Gender**	**Experience/Background**
1	White	Male	Administrator/Supervisor, Montgomery County, Juvenile Probation Department, 8 years experience.
2	White	Male	Juvenile Probation Officer, 1 ½ years experience.
3	White	Female	Juvenile Probation Officer, 1 ½ years experience.
4	Black	Female	Juvenile Probation Officer, 4 years experience.
5	White	Male	Supervisor, Juvenile Probation Officer, 10 years experience.

Recruitment Procedure: *Participants were recruited by contacting the Montgomery County Probation Department and asking for Officers knowledgeable about drug trends in the area*

February 14, 2002: Recovering Heroin User

Age	**Ethnicity**	**Gender**	**Experience/Background**
22	White	Male	Recovering from heroin addiction; GED and some college; began drinking at age 15, smoking marijuana at 16; used LSD, mushrooms, cocaine in high school; began snorting and then injecting heroin at 22. Currently receiving methadone.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

February 14, 2002: Active Heroin User

Age	**Ethnicity**	**Gender**	**Experience/Background**
23	White	Male	In treatment for heroin addiction; employed part time; some college; began drinking and smoking marijuana at 12; at 15 used cocaine, methamphetamine, LSD, Xanax. At 18, began attending Raves and using ecstasy, PCP, nitrous oxide, and ketamine. Tried heroin at age 22. Injects heroin, is receiving methadone

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

February 15, 2002: Active Heroin User

Age	**Ethnicity**	**Gender**	**Experience/Background**
25	White	Male	In treatment for heroin addiction; some college; started smoking marijuana at 12; at 13 began abusing LSD and cocaine. At 15 was using methamphetamine, ecstasy, ketamine, PCP, and mushrooms. Snorted heroin at 22, injected heroin several weeks later. Injects heroin, is receiving methadone.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

February 15, 2002: Active Heroin User.

Age	**Ethnicity**	**Gender**	**Experience/Background**
24	White	Female	In treatment for heroin addiction. Began using Vicodin at age 18.

			Started using OxyContin at 22. Began snorting heroin at 23. Currently beginning methadone treatment. Snorts heroin, never injected.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

April 2, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
32	Black	Female	Crack cocaine and alcohol user. Single, unemployed, 10th grade education Plays the Ohio Lottery "Instant tickets."

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 2, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
39	Black	Female	Crack cocaine, alcohol and marijuana user. Single, unemployed, high school education; Plays Ohio Lottery Instant Tickets, cards and craps in bootleg establishments.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 3, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
58	Black	Male	Crack cocaine, alcohol valium and marijuana user. Divorced, high school education, unemployed. Plays Ohio Lottery "Pick Three," instant tickets, craps. Has a long history of involvement in illegal organized betting.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 3, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
50	Black	Male	Heroin/cocaine (speedball), marijuana. Divorced, high school education, unemployed. Plays Ohio Lottery Pick Three, instant tickets, private craps and card games.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 4, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
48	Black	Male	Recovered alcohol and stimulant abuser. Single, high school education; on disability for mental illness. Attends Gamblers Anonymous. Played instant tickets.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 4, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
39	White	Male	Single, high school education, currently on disability for mental illness and alcohol dependence. Uses alcohol, powdered cocaine, crack cocaine, marijuana, and Vicodin. Plays and bets on billiards. Gambles on Ohio Lottery and on horse-races

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 10, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
51	Black	Male	Divorced, has Associates degree, currently unemployed. Uses crack cocaine and alcohol; former heroin user; plays Ohio lottery, card games, and dice.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 10, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
61	Black	Male	Widowed, 9th grade education, retirement pending. Uses crack cocaine, marijuana, and alcohol. Primarily plays cards (poker and tonk), occasionally plays Ohio lottery or illegal numbers

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 11, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
49	Black	Male	Married, some college, receiving disability pay for leukemia. Has stopped using drugs since diagnosed with leukemia. In the past, used freebase cocaine, smoked crack, marijuana, and alcohol. Currently bets on the lottery and horse racing. Bets on the races over the internet. Travels to casinos in Detroit.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 11, 2002: Active Drug User/Gambler (Rapid Response Initiative)

Age	Ethnicity	Gender	Experience/Background
47	White	Male	Single, unemployed, homeless. Uses crack cocaine. Currently bets on street craps games and cards.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users/gamblers in the Dayton/Montgomery County area.*

April 24, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
25	Black	Female	Married, unemployed, 10th grade education. In treatment for heroin addiction, HIV+, taking methadone. Injects heroin. Used marijuana at 14, tried PCP, cocaine as teenager; started using heroin to deal with pain.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

April 24, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
23	Black	Female	Single, unemployed, 10th grade education. First drink at 14, smoked marijuana at 15. Used cocaine at 20. Uses Valium on occasion. Started snorting heroin at 21. Currently snorts heroin, and experiences withdrawal if she doesn't. Her drug of choice is marijuana

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

April 26, 2002: Intake and Assessment Specialist, Adolescent Substance Abuse Treatment.

Age	Ethnicity	Gender	Experience/Background
NA	White	Female	Intake and Assessment Specialist with an outpatient Adolescent Drug Treatment/Mental Health agency in Dayton, Ohio.

Recruitment procedure: *Project scientist made contact and arranged appointment for the interview.*

April 30, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
25	White	Male	Divorced, unemployed, some college, in treatment for heroin addiction. First smoked marijuana at age 20. Three months later injected Dilaudid. Developed physical dependence on the drug, moved to Ohio to detoxify. He obtained heroin for a friend suffering withdrawal from Dilaudid, and started abusing heroin. Injects heroin

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County are.*

May 1, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
24	White	Female	Single, employed full-time, has high school education and a trade license. In treatment for heroin addiction, receiving methadone. Smoked marijuana heavily beginning at age 15. During high school, occasionally used LSD. Used cocaine for two years, starting at age 18. Began abusing Vicodin, became dependent. Abused OxyContin, sought treatment. While in treatment, began injecting heroin. Injects heroin.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users in the Dayton/Montgomery County area.*

May 14, 2002: Crime Laboratory Supervisor.

Age	Ethnicity	Gender	Experience/Background
NA	White	Male	Supervisor of a regional crime laboratory where possible controlled substances confiscated by law enforcement are tested and identified.

Recruitment procedure: *Project manager contacted individual by telephone.*

May 23, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
22	White	Male	Single, employed full time, has high school education and a skilled trade. About to start methadone treatment First drank alcohol and smoked marijuana around 15 years of age. Smoked marijuana daily through high school. Heavy user of LSD at age 16, tried powdered cocaine and crack-cocaine at 17. Began using Vicodin, methamphetamine, ecstasy, and ketamine (Special K) at age 20, at Raves. Friends and girlfriend introduced him to OxyContin at 21. Became physically dependent on OxyContin and turned to heroin. Beginning methadone treatment, Snorts heroin, never injected.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users.*

May 30, 2002: Active Drug User

Age	Ethnicity	Gender	Experience/Background
24	White	Female	Single, employed full-time, has high school education and a trade license. In treatment for heroin addiction, receiving methadone. Smoked marijuana heavily beginning at age 15. During high school, occasionally used LSD. Used cocaine for two years, starting at age 18. Began abusing Vicodin, became dependent. Abused OxyContin, sought treatment. While in treatment, began injecting heroin. Injects heroin.

Recruitment procedure: *Outreach workers were asked to seek out and recruit active drug users.*

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. 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.

In January 2001, 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 January 2002, juvenile probation officers and Drug Court personnel reported an increase in youth abusing crack cocaine. Active users also perceived an increase in abuse among young females ages 16 to 18. The ethnicity of these young crack users is evenly distributed between blacks and whites.

January 2002- June 2002

In the current reporting period, crack-cocaine use and availability remain stable at high levels. Indeed, in the past year, cocaine dependence is the third most common diagnosis among people assessed by CrisisCare, Montgomery County's substance abuse intake and assessment facility (See Exhibit 1).

Some treatment providers and active users reported that the use of crack cocaine among adolescents continues to increase, particularly among young adolescent girls ages 13 to 16. These adolescents are very vulnerable, sometimes fleeing from difficult home situations and sometimes finding themselves with adults who smoke crack-cocaine. Both active users and treatment personnel reported intergenerational and familial abuse of crack-cocaine.

Juvenile probation officers who work primarily with suburban youth reported very little crack-cocaine abuse among their probationers. They perceived that adolescent crack-cocaine

abuse was primarily an inner-city problem. They suggested that young adolescent girls who become crack-cocaine users may be introduced to the drug through their involvement with the drug trade as runners, or through their involvement with adult men.

Most crack users smoke the drug, either by itself or as a "mo" or "primo" (marijuana laced with crack). Since the first Dayton report, however, low levels of crack injection have been reported. Active users reported that the practice of injecting crack is increasing. Some reported combining crack-cocaine with heroin for a "speedball." One participant noted that dealers pull out heroin and crack, rather than heroin and powdered cocaine, when people request "speedballs." Those who report injecting crack-cocaine deny experiencing any injury or serious discomfort at the injection site. Treatment providers and law enforcement personnel had never heard of injection use of crack. Given the risk of blood borne infections such as HIV, HBV, and HCV with injection drug use, this potential trend warrants close and careful monitoring.

Active users reported that the overall purity of crack-cocaine has dropped, mainly because the quality of cocaine HCL in the Dayton area has dropped in recent months. Moreover, the drug is frequently cut with a number of substances, and many believe that younger dealers are more ruthless in their cutting practices.

Prices remain unchanged since last year, with an "eight ball" selling for $120. However, crack can be purchased in small amounts, and users frequently barter or perform personal services in exchange for the drug. One active user reported seeing an older female crack user trying to sell a raw beefsteak on the street, in order to get money to buy crack.

In summary, crack-cocaine abuse remains at seriously high endemic levels in Dayton and Montgomery County. Vulnerable adolescents may be at particular risk for crack addiction, warranting further monitoring of adolescent use. Injection crack use may be an emerging trend among some users.

1.2 COCAINE HYDROCHLORIDE (HCL)

Since 1999, we have reported the abuse of cocaine hydrochloride in Montgomery County, both by people who inhale the drug, and by those who inject it. Both January 2000 and June 2000 reports indicated that most people using cocaine HCL were black and white young adults between 18 and 30. In addition, a steady population of older white and Black people who inject powdered cocaine alone and/or in combination with heroin (speedball) has been observed. At that time, we also reported that many users had seen the deleterious consequences of crack use, and were turning to powdered cocaine as a "safer" alternative. The January 2001 report indicated a slight but continuing increase in cocaine HCL snorting among young adults, particularly in the suburbs. In June 2001, active users reported a slight increase in the numbers of suburban youth as young as 16 snorting the drug.

In January 2002, we reported that the abuse of cocaine HCL among young adults and some youth continued to increase. Active users reported that cocaine was easier to get than it had been before. During that period, several major cocaine trafficking arrests were made in the Dayton area, much of this destined for the crack market.

January 2002 – June 2002

In the current reporting period, active users and treatment providers report that cocaine HCL has increased significantly in both availability and popularity. Active users claimed that many young people who are selling crack will not use it; rather they use their profits to buy cocaine HCL for themselves. As previously reported, active users claimed that powdered cocaine use has become increasingly acceptable, particularly in comparison to crack and heroin use. One focus group participant stated,

> *Younger people, they prefer snorting powder, the cocaine like that rather than smoking rock. So they'll use powder 'cause to them it ain't a bad thing to use powder, but to use crack it is taboo to them.*

In an individual interview, an active user said.

> *Everyone's doing it. At first people wouldn't do it, now everyone's doing it. It's like it used to be okay for everybody to smoke weed, now it's okay for everybody to smoke I mean sniff coke, but if you do anything else you're looked at funny.*

Active users, treatment providers, and law enforcement personnel reported that cocaine HCL is abused mainly by Black and white young adults in their 20s. Law enforcement personnel perceived cocaine HCL users mainly to be young adults, often affluent and educated, involved in the "party scene."

Active powdered cocaine users reported that while the drug is available and popular, the quality has dropped considerably in the past 6 months. Most people are inhaling the drug, and a smaller number smoke it, either as freebase or with marijuana.

The increase in cocaine HCL's popularity may be related to an apparent drop in the price in the past six months. Active users reported that a half gram of powdered cocaine sells for about $30, a drop from $50 in the last reporting period. An "eight ball" (1/8 ounce) costs about $150, down from $200. 1/16th ounce sells for $65-70.

Recent news reports further indicate that cocaine HCL continues to move into the Dayton and Miami Valley area. In February, Ohio State Police stopped two men in a van on Interstate 70, just east of Springfield, Ohio, enroute to Dayton. Officers found 44 pounds of cocaine HCL in the van, worth an estimated $2 million (*Dayton Daily News,* February, 2002 p. 2B*).* On May 7th, the Greene County Agencies for Combined Enforcement task force reported that two search warrants were executed in Beavercreek, a suburb of Dayton. In one search, detectives seized weapons, cash, a small amount of crack-cocaine, and 69 grams of cocaine HCL *(DDN Online,* May 8 2002*).*

In sum, powdered cocaine continues to increase in popularity, particularly among young (18-25) black and white people. The recent surge in popularity reported by active users may be due in part to a drop in prices. Cocaine HCL is used mostly by young adults who snort the drug, or by older Blacks and whites who inject cocaine HCL alone or in combination with heroin.

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. By January 2001, treatment providers were reporting significant increases in heroin abusers seeking treatment. This population was described by treatment providers as both black and white young adults primarily between the ages of 18 and 25. Many of these new users were snorting and/or smoking the drug.

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.

In January 2002, we reported that heroin injection among older users continued at an endemic level. We reported that heroin abuse was increasing significantly among juveniles and young adults (18-30 years of age) in the Dayton area, particularly among whites. Treatment providers reported a significant increase in young heroin abusers entering into drug treatment in that period, and they described these young heroin abusers as mostly white individuals who often began abusing Oxycodone long-acting (OxyContin) and then switched to abusing heroin. 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.

<u>January 2002 – June 2002</u>

For the current reporting period, our data suggest that the endemic injection use of heroin among adults over 30 continues. At the same time, abuse of heroin by young adults also continues to expand. Most active users reported that the drug remains easily available. One user stated, *"You can walk out the door, it's right there, I mean in my neighborhood."*

Treatment providers and active users alike reported that the purity of heroin has dropped considerably in the past six months. One assessment specialist claimed that the drop in quality has led some heroin users to switch to prescription opioids, such as OxyContin, or to seek methadone treatment. One active user told us that the drop in heroin purity led her to switch from snorting to injecting the drug.

Active users reported that the number of young white heroin users continues to increase. One active user who had spent time in a drug house described its "clientele" as evenly split between older black abusers coming in alone, and young whites coming in as couples.

Our data suggest that the relationship between initial OxyContin abuse and subsequent heroin addiction is continuing, especially among young whites. Two individuals we interviewed were white women in their 20s who turned to heroin after their OxyContin habits had become too expensive and difficult to maintain. A black woman currently in treatment reported that her treatment groups include a number of young White heroin abusers who had initially become dependent on OxyContin, but she has not seen this pattern in her own neighborhood.

Treatment providers we spoke with noted a significant increase in people seeking treatment for opioid dependence. This observation is supported by statistics from Montgomery County's substance abuse intake and assessment facility showing that the percentage of patients diagnosed with opioid dependence has more than doubled from 4.6% of 375 patients assessed February 2001 to 10.2% of 312 patients assessed February 2002 (see Exhibit 1). Unfortunately, these data do not distinguish heroin abusers from those who abuse other opioid drugs.

Active users report that while the purity of heroin on the street has fallen, the prices have dropped as well. A "cap" or 1/10th of a gram of heroin costs about $20, and a gram about $150, down from $250 in our last reporting period. Active users also claim that the amount contained in packages sold to them is smaller than in the recent past.

In sum, heroin abuse remains a serious public health problem throughout the Dayton metropolitan area. In addition to a core of older injection users, the number of young people abusing heroin continues to rise, as reported in the last round's young/new heroin user Rapid Response. As the quality of the drug decreases, the number of young users who switch from snorting to injecting heroin can be expected to increase, thereby increasing the population risk for HIV and other blood-borne diseases. In addition, heroin users are at risk for injury and death from the effects of the drug and the contaminants used to "cut" it. On May 1, 2002, police found two men dead and a woman unconscious in an apartment near the Dayton Mall. Evidence at the scene, including a hypodermic needle in the arm of one of the victims, led police to suspect that the deaths were caused by either a heroin overdose or by a toxic contaminant (*DDN Online,* May 2, 2002*).*

3. Other Opioids

The abuse of prescription opioid drugs is well established in Montgomery County. In June, 2000, active users and treatment providers reported significant increases in the abuse of opioids such as hydrocodone (Vicodin), Oxycodone hydrochloride and acetaminophen (Percocet) and Oxycodone long-acting (OxyContin). Active users at that time identified OxyContin as the most popular prescription opioid drug. Opioid abuse was most notable among whites. By January of 2001 treatment providers and active users were reporting alarming increases in OxyContin abuse. Newspapers and news channels reported several accounts of OxyContin thefts at local pharmacies. 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.

The popularity of OxyContin and other opioid drugs continued to expand in the June 2001 – January 2002 period. Intense media attention to OxyContin and associated crime continued, and treatment providers reported that OxyContin abuse was an increasing drug trend among the clients they serve. Active users also reported that OxyContin abuse was increasing, particularly among juveniles and young adults, especially women. Participants we spoke with stated that the abuse of OxyContin and other opioid drugs appeared to be more prevalent among whites, rather than blacks. Active users reported that media and law enforcement attention focused on OxyContin made it more difficult to obtain. Our findings from the Rapid Response Initiative

investigating new/young heroin users indicated that many abusers of OxyContin are at heightened risk for heroin addiction.

January 2002 – June 2002

Opioid drugs, especially Vicodin and OxyContin, remain extremely popular, especially among white young adults. OxyContin and Vicodin continue to be the most popular. Active users report that Vicodin is something of a staple among opioid abusers, both black and white. Vicodin is easily obtained, familiar to most users, and inexpensive generally selling for $2-7 a tablet, depending on the dosage. Active users and treatment providers alike reported that Vicodin is often used in combination with alcohol. Active users, treatment providers, and law enforcement personnel all reported that Vicodin is frequently sold by people who are prescribed the drug, and that young people often obtain it by stealing it from family members. Vicodin's popularity with youth and young adults was summed by an active user: *"The young crew, them boys'll kill for Vicodin."* Two heroin users we spoke with, white suburban women in their twenties abused Vicodin extensively before experimenting with OxyContin and then using heroin.

OxyContin remains very popular. It has, however, become much more difficult to obtain on the street. Active users reported that OxyContin is preferred by young white people. Treatment professionals we spoke with expressed concern that the media attention given to OxyContin in the past year has attracted substance abusers to the drug. Some active users, mainly black inner city residents, perceived OxyContin as much the same as heroin. They reported that people prescribed the drug will often sell the tablets for money to buy heroin; one man stated that OxyContin is a "good money-maker."

Statements made by an official with the Miami Valley Crime Lab support active users' observations that OxyContin is less available than in the previous six months. This official reported that OxyContin findings continually increased over the past year, but such findings have decreased somewhat in recent months.

Reports about OxyContin abuse continued to surface in the local press. In January, an Associated Press story reported that OxyContin had been linked to 16 deaths in Montgomery County (*Dayton Daily News,* January 7, 2002). Later that month, The *Dayton Daily News* ran a large report on OxyContin abuse and diversion. Included in this article were reports of recent pharmacy break-ins and examples of doctor shopping. A pharmacist interviewed for the story stated that he refused to stock the drug for fear of burglary or robbery (*Dayton Daily News,* January 27, 2002, p. 1a). Also that month, New Jersey officials investigated the disappearance of a 255 pound shipment of OxyContin between Newark, New Jersey and Dayton. The shipment, which had originated in Toronto, was supposed to go from the Newark airport to another city in New Jersey. The package was diverted illegally to Dayton, but officials were unable to locate it (*Dayton Daily News,* January 27, 2002, 18a).

More recently, a seminar on OxyContin and other prescription drugs was held for southwest Ohio law enforcement personnel. The seminar, which was conducted in nearby Butler County, was attended by representatives of 70 regional law enforcement agencies (*Dayton Daily News Online*, May 8, 2002).

Juvenile probation officers and treatment officials reported that opioid prescription drugs such as OxyContin and Vicodin are considered by many of the youth they serve to be "safe" because they are prescribed by physicians. Juvenile probation officers saw the abuse of these drugs as part of a potential trend among young people to use "pills," a category that includes tranquilizers and mood stabilizers as well as opioid analgesics. These officers pointed out that unlike marijuana or alcohol, "pills" are small, easy to hide from adults, do not produce any odor, and are often freely available in young people's homes. They expressed concern that some juveniles they deal with are indiscriminate in their "pill" taking, and will experiment with any pharmaceutical product, completely ignorant of the effects of the drug, and often in combination with other drugs and alcohol.

In sum, opioid drug abuse continues to be a serious and growing problem in Dayton and surrounding areas. Vicodin abuse is common, and OxyContin, while more difficult to find, continues to be very popular among active users, especially young white adults. For juveniles, the abuse of prescription opioid drugs may be part of an overall trend of prescription drug abuse. Prevention efforts directed toward youth and their families stressing the dangers of prescription drug abuse are urgently needed.

4. Marijuana

Marijuana is the most commonly abused illicit drug in Montgomery County. 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. In January 2001, all focus group participants reported a continued increase in abuse of marijuana that did not discriminate based on age, ethnicity, gender or socioeconomic status.

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.

In the last reporting period, probation officers and Drug Court personnel reported that marijuana abuse continued at a stable but very high rate among the clients they served, while active users and treatment providers reported increases in marijuana use. Marijuana was reportedly so acceptable among the population that few users recognize they have a problem with the drug, despite any negative consequences resulting from its abuse.

<u>January 2002 – June 2002</u>

In the current reporting period, marijuana remains the most commonly abused illicit drug in Montgomery County. Active users reported that marijuana is easily obtained, and the number of people who use it continues to increase. They also reported that the age of new users continues to decrease; some active users reported that children are introduced to the drug as young as ten years old. Juvenile probation officers and treatment providers reported that the vast majority of their clients smoke marijuana; these officers reported that they are "shocked" if

a urine screen on one of their clients is negative for marijuana. An adolescent intake and assessment specialist estimated that at least 95% of the youth she assesses for substance abuse disorders are smoking marijuana.

As we have consistently reported since 1999, marijuana enjoys considerable social acceptability. Active users, treatment providers, and law enforcement officials alike report that many people do not consider marijuana a drug at all, but a part of normal, everyday life. Comments about marijuana from active users included statements such as *"We love our marijuana,"* and *"For me, it's something like a cup of coffee or something."* Frontline professionals who deal with adolescents reported that many young people do not see marijuana as harmful; rather, they believe it has less effect on their ability to function than does alcohol. Indeed, some youth reportedly claim that marijuana helps them to relax and deal more effectively with stress.

Treatment providers and law enforcement personnel reported concern about what may be smoked with marijuana. One treatment provider reported that lacing marijuana with powdered cocaine or crack has become more acceptable. Law enforcement officials and treatment providers reported that youthful offenders who test positive for cocaine metabolites often deny any intentional use of cocaine, and claim "it must have been on the marijuana." Whether this is true is unknown.

Active users reported that the quality of marijuana available in the Dayton Metro area is very good. Prices have been stable. A pound of marijuana costs about $2200, and an ounce sells for between $150 and $200. Ten dollars buys about three grams of marijuana.

Marijuana seizures continued to make the local news in Montgomery and surrounding counties. In February, the Ohio Highway Patrol made the largest seizure of marijuana in Ohio history. Troopers stopped a tractor trailer on Interstate 75 near Piqua, a town north of Dayton. A drug sniffing dog alerted officers to the presence of marijuana, and officers found 1650 pounds of marijuana, estimated at a street value of $3.75 million, hidden within a load of peppers (*Dayton Daily News,* February 10, 2002 p. 1a).

In April, Dayton police arrived at a residence in response to a burglar alarm. Upon searching the home, they found a marijuana growing operation and more than 17 pounds of marijuana, worth about $42,000. A 19-year-old college student was arrested (*Dayton Daily News Online*, April 30, 2002).

On May 3, 2002, Xenia police used drug sniffing dogs to conduct a drug sweep of a local High School, including student cars in the parking lot. Marijuana and several items of drug paraphernalia, including scales and roach clips, were uncovered. Five students, including both boys and girls, were arrested as well as suspended from school with recommendations for expulsion (*Dayton Daily News Online*, May 4, 2002).

In summary, as we have consistently reported since 1999, marijuana is the most commonly abused illicit drug in Montgomery County and surrounding areas. There are no signs of decreases in abuse. Active users, including adolescents, do not perceive serious problems arising from its use. For many people it is a daily part of life.

5. Stimulants

5.1 METHAMPHETAMINE

The potential for a surge in the availability and abuse of methamphetamine in southwest Ohio has been a source of concern of law enforcement and treatment personnel for several years. Therefore, we have continually monitored the drug since the OSAM Network was founded. In June of 2000, active users reported that methamphetamine was not readily available in the Dayton metro area, but that its availability was increasing. In January 2001, law enforcement personnel reported significant increases in methamphetamine availability and abuse. At that time the proliferation of methamphetamine in the Dayton area seemed to be under some control by law enforcement.

In June 2001, active users and law enforcement personnel reported a steady increase in the availability and abuse of methamphetamine. 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 of methamphetamine among the clients they were treating.

In January 2002, we reported that there had not been any increase in people seeking drug treatment for methamphetamine abuse. During that period, the drug was no longer easy to find, and probation officers reported that very few of their clients used the drug. In spite of such claims, local news sources continued to report accounts of methamphetamine lab busts and arrests of individuals for the manufacture and sale of the drug. It may have been that these news accounts reflected the vigilance and efforts of law enforcement agencies, rather than a true increase in the prevalence of methamphetamine. Moreover, new laws and stiffer penalties for the manufacture of methamphetamine and possession of materials for manufacturing the drug may have also contributed to the low prevalence of methamphetamine abuse in the area.

January 2002 – June 2002

In the current reporting period, methamphetamine continues to be present in Dayton and Montgomery County, albeit at what appears to be low levels. Treatment providers and law enforcement personnel reported that very few of their clients even casually use methamphetamine.

Active users also reported that methamphetamine is difficult to find. However, they did confirm that it is present. One of our focus group participants claimed that methamphetamine was his drug of choice. According to this user, methamphetamine can be found in the area, but not easily. Availability of the drug depends on whether there is a lab functioning in the area. Another active user reported knowing several young adults who used methamphetamine as a "stay-awake drug," enabling them to remain awake and party late into the night.

Other active users reported that they are afraid of the drug and the chemicals that go into its manufacture. As in our last report, active users reported that law enforcement activities and the stiff penalties involved appear to be keeping methamphetamine availability very low.

The continued presence of methamphetamine in the region is further supported by statements from an official from the Miami Valley Crime Laboratory. This individual reported that law enforcement personal continue to see an increasing number of methamphetamine labs, but not an increase in methamphetamine abuse itself. He stated that they *"have seen more meth labs in the past 2 years than they have seen in the past 20 years combined."* He attributed the growth in lab busts to vigilance on the part of law enforcement.

Large-scale distribution from areas outside of Ohio does not appear to have taken place. As such, the availability of the drug remains erratic – dependent on small-scale local labs that law enforcement appears to be controlling. Programming efforts aimed at preventing the emergence of new user groups should continue.

5.2 RITALIN

The abuse of methylphenidate (Ritalin) occasionally surfaces in the media, but has not been raised as a major concern among our focus group participants in the past few reporting periods. In June 2000, we reported that treatment providers and active users perceived an increase in the non-medical use of the drug, especially among young adults and juveniles. At that time, recreational abuse of Ritalin usually involved crushing the tablets and snorting the powder.

January 2002 – June 2002

In the current reporting period, juvenile probation officers reported that Ritalin abuse occurs among their probationers. They attributed the abuse of Ritalin to the general popularity of "pills" among the youth they serve. Some adolescents prescribed the drug for the treatment of attention deficit hyperactivity disorder (ADHD) do not take the drug, but save the tablets and sell them to their peers. Generally, one Ritalin tablet sells for $2. One probation officer reported that she has a client with a drug trafficking conviction after he was caught selling his Ritalin at school.

Adults are also involved in the illegal diversion/abuse of Ritalin. In April, a former Warren County middle school janitor was indicted on charges of stealing Ritalin prescribed for several students. He was alleged to have taken a total of 40 tablets of Ritalin between December 2001 and February of this year, from a locked cabinet in the school (*Dayton Daily News Online*, April 16, 2002*).*

Given that Ritalin is a medication frequently prescribed to school age children and adolescents, the abuse of the drug merits monitoring 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 the June 2001 to January 2002 reporting period, treatment providers reported no change in the abuse of Xanax or similar tranquilizers, while juvenile probation officers and drug court personnel reported a slight

increase in the use of the drug among adolescents on their caseloads. They further reported that Xanax was often used with alcohol to intensify its effects.

January 2002 - June 2002

The abuse of tranquilizers continues to occur in Montgomery County. Treatment providers report no change in the prevalence of abuse of Valium or Xanax in the past six months, while juvenile probation officers included tranquilizers as among the drugs used frequently by youth who are interested in "pills."

As we have previously reported, Xanax and similar drugs continue to be very popular and readily available. Our focus group participants reported that Xanax and Valium are frequently used by cocaine and crack users to "come down" from the stimulating effects of cocaine and sleep. An active cocaine user said:

"Take about two of those and you're ready to sleep with Prince Valium tonight."

Active users report that Xanax is very popular and something of a staple among drug users. As we have reported previously, Xanax, and to a lesser extent other tranquilizers, continue to be used in conjunction with alcohol to increase its effects. An active user stated:

"I've seen people put the Xanaxes in the [beer] bottle and let it dissolve and drink it."

In sum, the abuse of Xanax and other tranquilizers continues to be a serious problem in Dayton. The use of tranquilizers with alcohol is very dangerous and potentially fatal. Prevention efforts aimed at stemming the abuse of tranquilizers and other diverted pharmaceuticals is urgently needed.

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. In the last reporting period, active users and treatment providers reported that the incidence of GHB remained low, while juvenile probation officers and juvenile drug court personnel perceived an increase in the abuse of the drug among young adults between 18 and 20 years of age.

In the current reporting period, treatment providers and most active users continue to report that the use of GHB appears to be relatively rare in Montgomery County. However, one active user reported that while at a dance club with friends, she witnessed two of her companions, white men in their early twenties, drink what they claimed was GHB, mixing it with alcohol. This anecdote suggests that GHB, while rare, is likely to be present in the Dayton area. The OSAM Network will continue to monitor this drug. Prevention programming aimed at young adults who attend clubs and dances should continue, especially given the fact that the abuse of GHB in combination with alcohol is potentially fatal.

7. Hallucinogens

7.1 LSD, PCP, PSILOCYBIN

Since the June 1999 OSAM report, the abuse of LSD, PCP, and psilocybin (mushrooms) has persisted, particularly among white juveniles and young adults. In the past few reporting periods, the abuse and availability of these drugs has remained steady. In the current reporting period, treatment providers and juvenile probation officers reported that some of their young clients have at least tried LSD or other hallucinogens, but the possession and abuse of such drugs are not usually the issues that bring these youth to the attention of the legal and medical systems. An active user knowledgeable about hallucinogenic drugs in Montgomery County reported that LSD and psilocybin mushrooms have become more difficult to find in recent months.

7.2 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, while MDMA abuse among blacks was almost non-existent. By January of 2001, treatment providers reported significant increases in MDMA abuse among white juveniles and young adults, and Dayton narcotics officers reported a significant increase in both availability and abuse of the drug.

MDMA abuse continued to increase significantly between January 2001 and June 2001. Dayton narcotics officers reported that MDMA seizures rose significantly during the preceding year. This finding was supported by statistical data from the juvenile probation urinalysis lab. The abuse of MDMA had reportedly increased in frequency among users, and had moved beyond Raves and dance clubs to “house parties” and other small group settings.

In our last report, MDMA abuse among younger people continued to increase. Active users reported that more young blacks, especially females, were abusing the drug.
Juvenile probation officers also observed that MDMA abuse had been increasing among white, young adults (18-20). Treatment providers did not perceive any changes in MDMA abuse or availability, and stated that their clients reported only experimental use of the drug. They also reported that most MDMA users do not perceive abuse of the drug as dangerous.

January 2002 - June 2002

In the current reporting period, the use of MDMA continues, especially among young adults. Treatment providers and juvenile probation officers continued to report occasional and experimental use of MDMA by adolescents, but perceived the drug as more commonly used by college-age young adults. Two active users we spoke with reported that MDMA is available in the region, but harder to find. One claimed to have taken the drug with friends in the past month. Young black active users we spoke with were familiar with MDMA, and knew people in their neighborhoods who use it.

A Miami Valley Crime lab official reported that the amount of MDMA brought into the lab had decreased in the past six months. However, this decrease may be a seasonal phenomenon. Most MDMA is seized by police at Raves, and there have been few if any Raves

in the Dayton area during the cold months. As the Raves start up again in warmer weather, the availability of the drug could increase. We will continue to monitor MDMA use and availability in the area to determine if such a seasonal pattern is emerging.

7.3 KETAMINE

The availability and abuse of ketamine (Special K) 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 June 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. In the last reporting period, we noted that there had been two separate thefts of ketamine from veterinary clinics the previous year. Active users reported that ketamine abuse continued to be relatively rare.

January 2002 – June 2002

As has been the case in our previous reports, ketamine availability continues to be sporadic and its abuse apparently infrequent. Some active users and even one adolescent treatment counselor were familiar with the street term “Special K,” but did not recognize the term “ketamine.” However, one active user reported that at a recent outdoor music event known for heavy hallucinogen abuse among the audience, “Special K” was more readily available than other hallucinogens such as LSD or psilocybin mushrooms.

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.

In this round, all participants reported no changes in the abuse of inhalant drugs. An intake and assessment specialist with an adolescent drug treatment agency reported that in the sixth months she has been in her current position, to her surprise she has not encountered any client who admitted to abusing inhalants. Our participants agreed 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. 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 in favor of marijuana. In the last reporting period, all participants we spoke with perceived no changes in alcohol abuse.

In the current reporting period, alcohol abuse remains the leading cause of treatment admissions for adults in Montgomery County. The abuse of alcohol among adolescents

remains high. An adolescent intake and assessment specialist told us that her clients are more likely to be smoking marijuana rather than drinking heavily. Consistent with prior reports, all of our participants report that alcohol is frequently used with other substances, including marijuana, cocaine, and tranquilizers.

10. Special Populations and Issues

10.1 ADULT INVOLVEMENT WITH YOUTH SUBSTANCE ABUSE

Juvenile probation officers and treatment providers expressed concern about the possible roles adults play in juvenile substance abuse. Their greatest concern is with adolescent females. They reported that girls as young as 15 become involved, often romantically, with men in their twenties, and are subsequently given access to alcohol and illicit drugs. Some of these teenagers are emotionally very vulnerable. The probation officers perceived this pattern as exploitative and a law enforcement issue.

10.2 DRUG AND ALCOHOL TREATMENT ACCESS

As we reported previously, 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

Additionally, active users reported that continuing treatment can be difficult for a client with a job or transportation difficulties. Attendance at mandatory classes or group therapy sessions can conflict an individual's work schedule, sometimes forcing a client to choose between treatment or employment. Individuals in treatment who live outside Dayton and who do not have access to an automobile often find the daily trip to the treatment facility difficult and time consuming.

For adolescents as well as adults, health insurance issues can create barriers to care. An intake and assessment specialist who works with adolescents reported that the requirements and limits placed on substance abuse treatment by insurance companies often limit access, and that youth who are covered by Medicaid often have better access to care than those covered by their parents' private insurance. She stated:

"Most insurance companies will pay for an assessment and then there becomes an issue of whether or not they'll pay for the level of care that's determined to be needed for the kid."

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 in the Dayton area. Some of those who abuse OxyContin progress to heroin addiction. Again, targeted prevention programs and rapid access to drug abuse treatment are needed.

- The abuse of prescription drugs continues, often in combination with alcohol. Targeted prevention programs that stress the dangers of the non-medical use of prescription drugs are needed.

- Active users describe an increase in the availability and use of cocaine HCL, possibly due to a drop in prices. The abuse of powdered cocaine should be monitored closely to determine if the reported increase in abuse is an emerging trend.

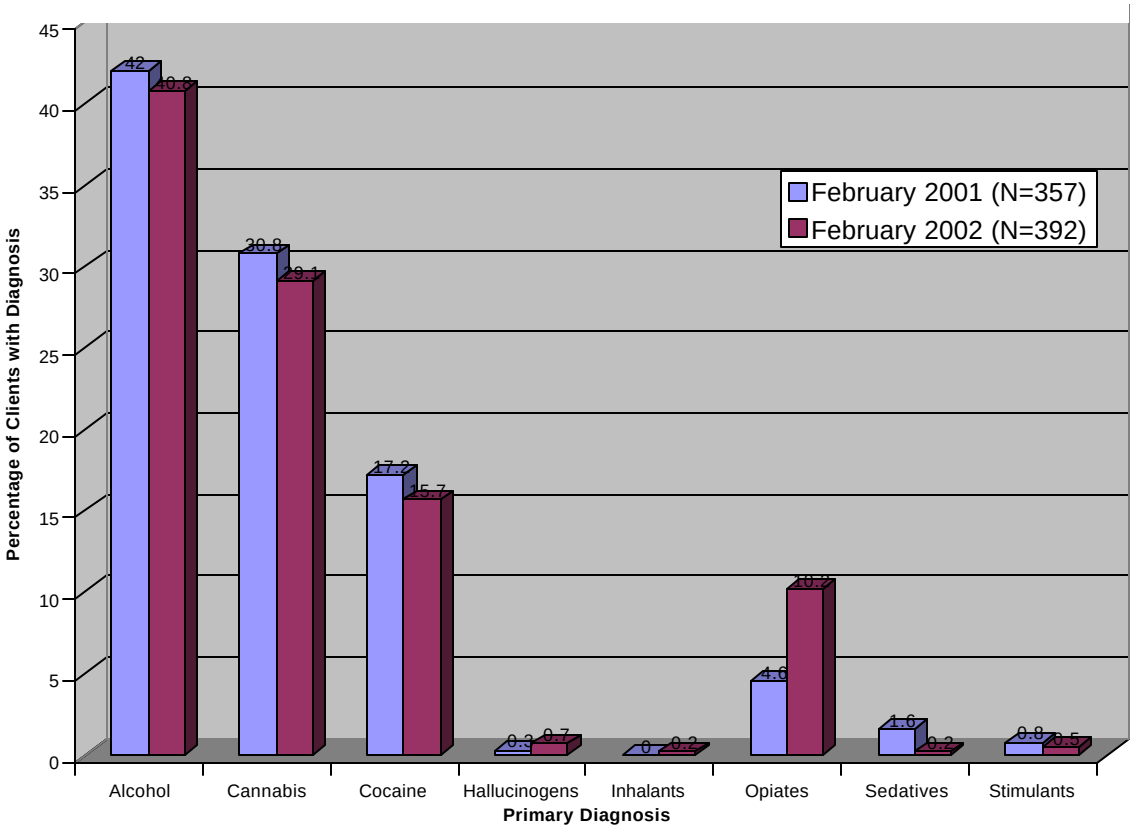
- The injection use of crack cocaine may be gaining popularity. Again, the practice should be carefully monitored by the OSAM Network.

II. The following recommendations were expressed by participants:

- Juvenile probation officers recommended that prevention programming warning of the dangers of prescription drug abuse must be aimed at parents as well as teenagers. They expressed concern that parents are unaware of the dangers of these drugs, or that their children may abuse them.

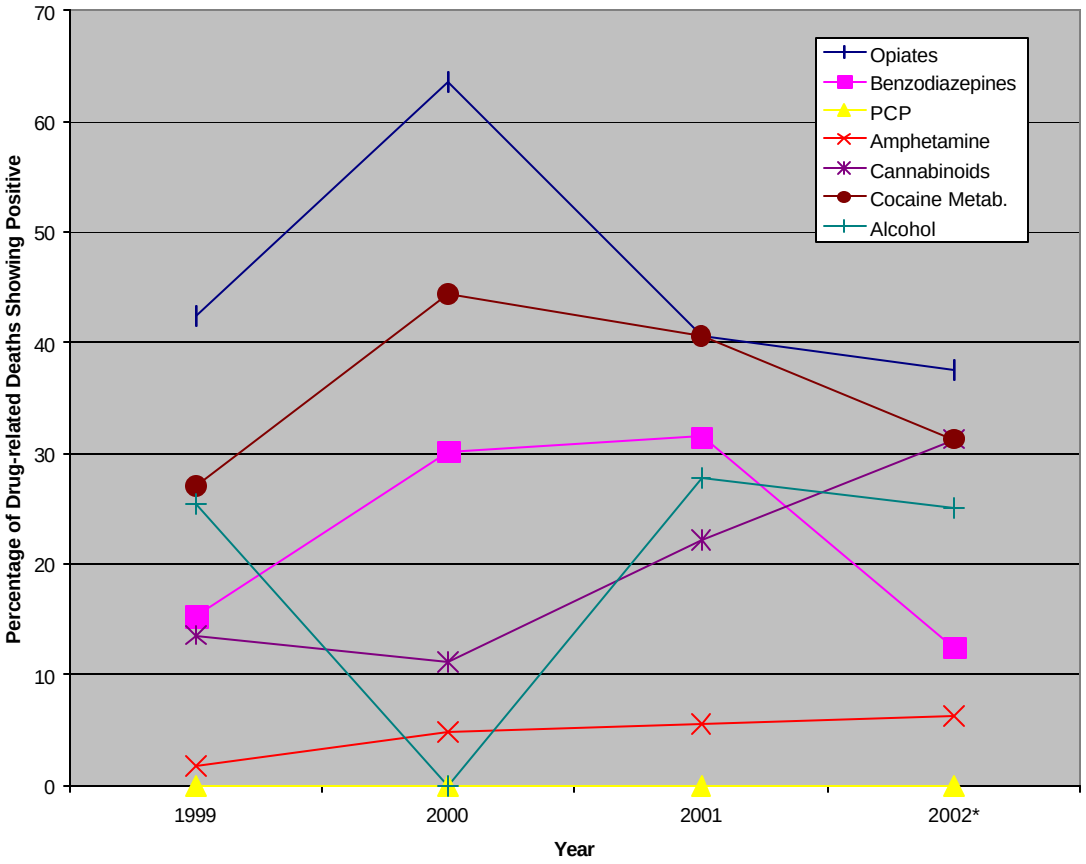
- Treatment providers suggested that policies facilitating access to care among privately insured adolescents should be developed.

Exhibit 1: Comparison of Primary Diagnoses for Substance Abuse February 2001 vs. February 2002 (Montgomery County)



Note: Data are from Montgomery County’s central substance abuse assessment facility.

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



Note: Data represent percentage of mentions for each drug category.
* Represents data from January 1, 2002 to January 31, 2002.

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

January 2002 – June 2002

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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, Painesville (Lake County) suggests that the use of alcohol, marijuana, crack-cocaine, and other opioids (e.g., OxyContin and Vicodin) are the most widely used and prevalent drugs. Cocaine hydrochloride is readily available but crack-cocaine is much easier and cheaper to get. Reports of heroin usage and availability varied by those interviewed. Availability reportedly depends upon social networks. Prescription painkillers such as OxyContin and Vicodin were reported by all participants as being easy to obtain, both legally and illegally. The use of these drugs is increasing and is causing problems for treatment facilities and law enforcement alike.

The lack of available treatment in the three counties seemed to be a concern for most of the participants. As has been mentioned previously, the need for more affordable inpatient treatment was expressed, as well as the need for more long-term treatment.

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 152,743 (2001 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 17.6% 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 228,100 (2001 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. Based on 1997 census reports, 5.7% 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 223,982 (2001 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). Trumbull County is consistently loosing population, possibly due to the high unemployment rates that are not seen in Lake or Portage County

Table 1: Geographic Information

Demographic Characteristics	Portage County	Lake County	Trumbull County
Population	152,743	228,100	223,982
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

Two individual interviews and one focus group interview were conducted in Portage County between May 14, 2002 and May 17, 2002. One individual interview and two focus groups were conducted in Lake County between May 23, 2002 and May 29, 2002. Four focus groups were conducted in Trumbull County between May 19, 2002 and May 28, 2002. There were a total of nine participants in Portage County, eight participants in Lake County, and thirteen participants in Trumbull County. The participants from Portage County included a Drug Task Force Official, a case manager, and seven recovering drug users. The participants from Lake County included a Drug Task Force Official, three counselors and a case manager from an outpatient treatment center, and three recovering drug users. The participants from Trumbull County included two Drug Task Force Officials, two Drug Court Officials, four treatment providers, and five recovering drug users. The data contained in this report were gathered through successful completion of interviews that were audio taped and transcribed.

Qualitative Data Sources

Table 2: Focus Groups

Date of Focus Group	Number of Participants	Recovering Drug Users or Front-Line Professionals (Type: counselor, drug task force official, court worker, etc.)
05/17/02	7	Recovering Users

05/19/02	2	Drug Task Force Officials
05/19/02	2	Drug Court Official, Adult Probation Officer
05/23/02	4	Drug Counselors, Case Manager
05/23/02	3	Recovering Users
05/28/02	5	Recovering Users
05/28/02	4	Drug Counselor, Case Managers

Table 3: Individual Interviews

Date of Individual Interview	**Recovering Drug Users or Front-Line Professionals (Type: counselor, drug task force official, court worker, etc.)**
05/14/02	Drug Task Force Official
05/17/02	Case Manager
05/29/02	Drug Task Force Official

Table 4: Totals

Total Number of Focus Groups	**Total Number of Focus Group Participants**	**Total Number of Individual Interviews**	**TOTAL Number of Participants**
7	27	3	30

Detailed Focus Group/Interview Information

Table 5: 05/17/02: Recovering Drug Users

Age	**Ethnicity**	**Gender**	**Drugs Used**
43	White	Female	Crack-cocaine primary drug; abused cocaine hydrochloride.
47	White	Female	Cocaine hydrochloride primary drug; abused opiates.
40	White	Female	Opiates primary drug; abused cocaine hydrochloride.
36	White	Female	Crack-cocaine primary drug; abused marijuana, alcohol.
33	White	Female	Crack-cocaine primary drug; abused opiates.
25	White	Female	Heroin primary drug.
30	White	Female	Alcohol primary drug; abused crack-cocaine.

Recruitment Procedure: *Participants were recruited by contacting a treatment agency in Portage County.*

Table 6: 05/19/02: Drug Task Force Officials

Age	Ethnicity	Gender	Experience/Background
40	White	Male	Drug Task Force Official
28	White	Female	Drug Task Force Official

Recruitment Procedure: *A Drug Task Force Agency was contacted in Trumbull County to participate.*

Table 7: 05/19/02: Drug Court Personnel

Age	Ethnicity	Gender	Experience/Background
36	Black	Male	Adult Probation Officer
47	Black	Male	Prosecuting Attorney

Recruitment Procedure: *The Trumbull County Drug Court was contacted asking for those knowledgeable about drug trends in the area.*

Table 8: 05/23/02: Treatment Providers

Age	Ethnicity	Gender	Experience/Background
42	White	Female	Drug Counselor
42	White	Male	Drug Counselor
57	White	Male	Drug Counselor
59	White	Male	Drug Counselor

Recruitment Procedure: *A treatment agency in Lake County was contacted asking for counselors/treatment providers knowledgeable about drug trends in the area.*

Table 9: 05/23/02: Recovering Drug Users

Age	Ethnicity	Gender	Experience/Background
39	White	Male	Vicodin primary drug; abused Percocet
24	White	Male	Heroin primary drug; abused Cocaine hydrochloride, MDMA, Ketamine, LSD, OxyContin
23	White	Male	LSD primary drug; abused MDMA, Cocaine hydrochloride, Marijuana, Desoxyn

Recruitment Procedure: *Participants were recruited by contacting a treatment agency in Lake County.*

Table 10: 05/28/02: Recovering Drug Users

Age	Ethnicity	Gender	Experience/Background
44	White	Male	Cocaine hydrochloride primary drug.
18	White	Male	Cocaine hydrochloride primary drug; abused Marijuana.
41	White	Male	Alcohol primary drug; abused Cocaine hydrochloride.
22	Black	Male	Marijuana primary drug; abused Alcohol.
22	White	Male	Marijuana primary drug; abused Alcohol.

Recruitment Procedure: *Participants were recruited by contacting an Alternative Correctional Facility in Trumbull County.*

Table 11: 05/28/02: Treatment Providers

Age	Ethnicity	Gender	Experience/Background
37	Black	Male	Case Manager
25	White	Male	Case Manager
26	White	Male	Treatment Specialist
31	White	Male	Case Manager

Recruitment Procedure: *An Alternative Correctional Agency in Trumbull County was contacted asking for counselors/treatment providers knowledgeable about drug trends in the area.*

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. An Alternative Correctional Facility that operates out of Trumbull County but takes court ordered clients from Portage, Lake, Geauga, and Trumbull County was also contacted. Only three participants (two Drug Task Force Officials and one case manager) had participated in previous interviews for the OSAM project (27 new participants).

Interviews with users in treatment were attained through treatment provider contacts from the county where they reside. The treatment center in Lake County also services clients from Geauga County.

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK-COCAINE

Everyone interviewed agreed that crack-cocaine is more readily available than cocaine HCL. The agents from Lake, Portage, and Trumbull County believe crack-cocaine to be their second biggest illicit drug problem, after marijuana. Prices of crack-cocaine are similar in all three counties. A rock can be purchased for $5, $10, $20 (the most common), or $50. If more is purchase the price is discounted (3 rocks for $50).

When asking about the quality of the crack-cocaine, all of the drug users agree that it has “really decreased lately and there are more impurities like rat poison in it.” The word on the street is that some people have better crack than others, “it all depends upon who is rocking it up.”

The majority of crack-cocaine users are smoking it with a pipe; however, many drug users commented that they are seeing more injection of crack-cocaine. One user said: “If you cut it up with vinegar you can shoot it.” Injection of crack-cocaine may be growing in popularity in all three counties, and thus warrants further monitoring.

Crack-cocaine does not discriminate; there are all types of users, young and old, rich and poor, black and white. However, one crack-cocaine user commented that “I’ve never seen an Asian person smoking a rock.”

Treatment for crack-cocaine abuse is available on an outpatient basis; however, there are two to eight week waiting lists in all three counties. The treatment providers believe that these waiting lists did not exist this time last year. The treatment providers also perceived that there are fewer places to send drug users today than ever before because many of the treatment centers want just alcoholics. Funding for drug treatment has been decreasing and users have been increasing.

There is a stigma attached to crack-cocaine usage, so those who are asking for help have to fight that stigma. One treatment provider stated: "They are less likely to admit how bad it got and what they did to get it. A lot of them just report they are occasional users." Another said: "It isn't until the user loses everything (family, children, and morals) do they admit they have even a little problem."

1.2 COCAINE HYDROCHLORIDE (HCL)

Everyone interviewed believed that cocaine hydrochloride (powdered cocaine) is readily available; however, crack-cocaine is easier to obtain. The belief is that cocaine hydrochloride is either steady or decreasing in availability. A recovering cocaine abuser stated: "You have to know someone to get it." The price of cocaine HCL fluctuates; a gram ranged from a low of $100 to a high of $200. A user can also purchase powdered cocaine in little bags for about $25 (similar to how heroin is packaged).

The purity of cocaine is reportedly decreasing as well. All of the powder users interviewed commented that the purity is very low. One user stated that "you can get anything from crap all the way up, it just depends on who is selling it." Most participants agreed that where the powdered cocaine was purchased has a lot to do with the quality of the product. According to an active user, dealers in low-income areas seem to "put more junk in it like baking powder, vitamin B-12, powdered sugar, Bisquick, and procaine" than those in high-income areas. The Drug Task Force Officials in all three counties send out samples of the powdered cocaine they confiscate to testing labs like the BCINI Field Laboratory in Richfield. The only testing that the agents do themselves is by using a field test kit that shows whether or not the "product" is positive.

The methods of administering powdered cocaine include snorting it (the most common), injecting it, often with heroin for a "speedball," 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 the methods of administration, although, according to a law enforcement official, "it seems that whites use more powder overall."

Agents and treatment providers agree that there is treatment available for those who really want it, but there tends to be a waiting list to get in. The stigma attached to crack-cocaine abuse is not there for powdered cocaine abuse, and many powder users do not see themselves as having a problem with cocaine until they start to smoke it. That may be what is delaying some abusers from seeking drug treatment. Apparently, many abusers enter into the Criminal Justice System before they seek out, or are "forced into" treatment. One drug task force official commented that "on the streets, it is widely known that the penalties for powdered cocaine is lesser than those for crack-cocaine, so people are more willing to sell the powder."

Those interviewed felt that powdered cocaine users seem to experience family problems, including domestic violence and that there are also a lot of children going into foster care because of their parents' addiction. The users also have financial (money) problems due to loss of job(s), income, and cash being spent on the drug(s). Employers are not aware of the signs of powdered cocaine usage, so there is no employment support when it comes to treatment.

2. Heroin

Heroin is as available as any other illicit drug in Portage, Lake, and Trumbull Counties. The availability has reportedly remained stable in the past six months. Some law enforcement agents and treatment providers believe that heroin can be found if one knows where to look for it. In contrast, active drug users report that the availability of heroin is increasing and that more people are using heroin today than they were a year ago.

The quality is better in the "big cities" so many of the heroin users will travel to buy it. Heroin prices are similar to powdered cocaine prices, about $20 a bag. Here again, if purchased in bulk the user saves some money (10 bindles or bags for $100 to $150).

The majority of heroin users are injecting, some are smoking or snorting it. Some heroin users mix the drug with powdered cocaine and then smoking or injecting the mix for a "speedball." There seems to be more use of heroin in combination with other drugs than a year ago. A heroin user reported that users are also mixing it with OxyContin. There seems to be no consensus as to the type of user or how the user uses the drug.

A significant problem with heroin addiction is that there are no detoxification centers or treatment centers in Lake, Portage, or Trumbull Counties that like to deal with this type of drug user. Treatment providers also reported that heroin users often have difficulty quitting. One treatment official stated:

> *"A heroin addict is very knowledgeable, they know a lot about the concepts and the 12 steps. They want to know more, like as much as they can, almost as if the more they know, they believe they can recover from it. Heroin addicts are very intelligent and articulate. They know what the drug does to the individual. They don't want to use any more, but they still have a high relapse rate."*

There are several serious problems related to the abuse of heroin in the area. First, Hepatitis C is also a common problem for IV heroin users. It is more common and thus creates more problems than AIDS or HIV. Second, there are no methadone programs in portage, Lake or Trumbull Counties. Third, treatment providers believe that heroin abusers will use or substitute any type of drug if they cannot get heroin. One individual stated: "we find that a lot of people who use heroin also use crack or powder cocaine…they are not strictly using one of these drugs." Many users are crossing over among the different types of drugs. Another noted: "Users were strictly cocaine or strictly heroin users, but now it seems like they are branching out." Many heroin users are also using more and more prescription narcotics because they may be easier and cheaper to get.

3. Other Opioids

All participants except for one drug task force official from Lake County believed that oxycodone long-acting (OxyContin) was the most commonly abused opioid. This drug task force official believed the most common was hydromorphone (Vicodin). Most participants interviewed believe it is easy to get a prescription for painkillers from a doctor. Participants believed that most of those who abuse opioids are originally prescribed the drug. However, as time went on and physical dependence and tolerance set it, they start purchasing them off of the streets. Portage, Lake, and Trumbull County have drug task force officials that work nothing but prescription cases.

Table 12: Top Prescription Drugs Diverted in Lake County

DRUG		STREET PRICE
Vicodin (Hydrocodone)		$6-8
Percocet, Percodan, Tylox (Oxycodone)		$6-8
Tylenol w/codine (Acetaminophen w/cod)		$3-5
Darvocet, Darvon (Propoxyphene)		$2-4
Adipex-P (Phentermine Hydrochloride)		$2-4
Valium (Diazepam)		$2
Soma (Carisoprodol)		$3-4
Fiorinal, Fioricet (Butalbital)		$3-4
Ritalin (Methylphenidate)		$10-15
MS Contin (Morphine Injectable/Oral)	30 mg	$30
	60 mg	$45
	100 mg	$60
Dilaudid (Hydromorphone)		$60
OxyContin (Oxycodone)	40 mg	$25-40
	80 mg	$65-80
	160 mg	Unknown

*Data courtesy of Lake County Drug Task Force

Table 13: Total Pharmaceutical Drugs Diverted in Lake County (1997-2001)

DRUG	APPROXIMATE NUMBER OF TABLETS

Soma (Carisoprodol)	18,500
Percocet, Percodan, Tylox (Oxycodone)	15,000
Vicodin (Hydrocodone)	21,500
Darvocet, Darvon (Propoxyphene)	15,000
Fiorinal, Fioricet (Butalbital)	14,750
Xanax (Alprazolam)	14,000
Tylenol w/codeine (Acetaminophen w/cod)	8,000
Ultram (Tramadol)	12,500
Valium (Diazepam)	4,250
Demerol (Meperidine)	4,000
OxyContin (Oxycodone HCL)	1,000

*Data courtesy of Lake County Drug Task Force

According to a law enforcement agent, OxyContin prices have dropped in the last six months. They are selling from $.50 to $1 a milligram. Vicodin and hydromorphone/acetaminophen (Percocet) sell for a low of $4 a tablet to a high of $8 a tablet. Most users of these opioids swallow the tablets and some users will crush and inject or snort them. Participants in this study from all three counties believe that the majority of opioid users are white and that a new group of users, adolescent females, is emerging. Some of the active users believe that people are stealing their parent's, grandparent's, and anyone else's prescription that they can get a hold of and that is how they get hooked on these tablets. The users are also getting these opioids from friends.

Treatment for opioid abuse seems to be more readily available than for illicit drug abuse, especially if the user has health care insurance. Most of the treatment providers and drug users believe that users of opioids don't see themselves as having a problem. One treatment provider stated: "They have the feeling that it's not really so bad, because after all, they are prescribed, and they are legal and maybe they are using a few more than they should…but after all, a doctor gave them the prescription."

Treatment providers, active users, and Drug Task Force Agents in Portage County have been seeing an increase in the number of white female caregivers abusing these drugs. These are often low wage workers who care for sick, elderly, or terminal adults. It is thought that some of these caregivers will steal the medication of the patient and either use the drugs or sell the drugs for profit. An agent stated, "The word is out there that you can rip the old folks off for their drugs."

4. MARIJUANA

All participants agree that marijuana is extremely available in their counties. The availability has remained stable and maybe even increased in the past six months to past year. A user can purchase marijuana in just about any quantity, from $10 (for 3 joints) on up. An ounce of marijuana sells from $125 to $200, depending upon the quality. If it is bought in larger quantities, the price is cheaper. A large amount of the marijuana in the three county area is "homegrown" using hydroponics.

Active users, drug task force agents, and treatment providers agree that marijuana seems to be used by younger people, one agent stated: "it's nothing to see someone who is 8,

9, or 10 using marijuana." There will always be new users trying marijuana according to the Drug Task Force Officials. "Everyone uses it; black, white, young, and old." Active drug users made similar statements.

In the last two years, Drug Task Force Officials have noticed that there are a lot of college aged individuals (18-24) who are selling marijuana. "They believe they are just selling it, like beer. They are selling to their friends and believe nothing is wrong with it." Most of the treatment providers have commented that they believe marijuana is a "stepping stone" to other types of drugs, both using them and selling them.

Because marijuana is a very socially accepted drug, many users do not believe they have a problem with it. A couple of treatment providers even commented that they have seen drug users come through treatment for an addiction to another drug, but say they will still smoke marijuana after treatment has been completed. One treatment provider stated: "There is deep denial that marijuana is even a drug. Many would like to see it legalized." Marijuana is seen as comparable to cigarettes and alcohol and is thought of as a recreational drug.

There is a growing concern among treatment providers and Drug Task Force Officials about abuse of marijuana by juveniles. Users of marijuana "get stupid. They have no ambition or drive. They are becoming lazy." Drug Task Force Officials report finding more "dipped" marijuana in Trumbull and Lake Counties, which seems to be used more by blacks in the area. The liquid "dip" is rumored to be formaldehyde or embalming fluid, but most likely is liquid PCP. The actual content of this dip is not known.

5. Stimulants

5.1 METHAMPHETAMINE

Methamphetamine (crystal meth) is available in Lake, Portage, and Trumbull County; however, it is not of great concern. A Drug Task Force Official commented, "What ends up happening is that a "cooker" moves into an area, but is usually short lived," and "everyone keeps saying that it is coming. But they have been saying that for the past couple of years and we are just getting isolated. We'll get maybe one or two cases a year."

The price of methamphetamine is comparable to powdered cocaine and the users tend to either snort it or inject it. The users of methamphetamine tend to be white.

5.2 METHYLPHENIDATE (RITALIN)

Drug users in Portage, Lake, and Trumbull County talked about the accessibility of Ritalin. Many of the users are seeing this drug crushed up and injected or snorted.

6. Depressants

6.1 GAMMA-HYDROXYBUTYRATE (GHB)

Drug Task Force Officials and active users in all three counties reported that every so often GHB appears in the region, but it is not considered a major problem. It occurs mostly with the college aged individuals (18-24) or in the bar scene.

7. Hallucinogens

Participants had this to say about some hallucinogens: “LSD, PCP, Angel Dust, and Mushrooms are still around; however, they aren’t used too often.” “That is more like drugs of the 80’s.”

7.1 MDMA (ECSTASY)

Ecstasy is very available in Trumbull, Portage, and Lake County. It costs about $25 a tablet. If a user buys three or more they are $10 each. The users are administering the drug orally. It tends to be a white, adolescent crowd who is using the drug. A Drug Task Force Agent stated: “Ecstasy also seems to be more available in the summer, once the kids get out of school.”

7.2 KETAMINE (SPECIAL K)

Special K seems to be used by the same groups using ecstasy, mostly white adolescents. Several of the drug users interviewed said they would never use it. “A cat tranquilizer…that’s just crazy.”

8. Inhalants

Drug users in Lake, Trumbull, and Portage County commented that inhalants are out there, but it is a “select crowd” who uses them. The most common inhalant apparently is nitrous oxide.

9. Alcohol

Alcohol was the biggest concern for all of the treatment providers interviewed. They were concerned about juveniles binge drinking, driving while intoxicated, and overdosing (blood alcohol poisoning). Alcohol is the most common drug abused in the region, and its abuse is the leading diagnosis for substance abuse treatment admissions.

10. New Drug Issues

Several of the drug users mentioned a cold, cough, and flu over-the-counter medication that adolescents are abusing (Coricidin). If taken in large doses, it acts like a hallucinogen. There was also a mention of Jimson, something that grows naturally (one drug user suggested it looks like ground cover). If one eats this Jimson it is like “what the Indian’s used” to “trip off of.”

On more than one occasion, participants commented that some of these drugs could be purchased off of the Internet or through magazines. This was not confirmed, but warrants further investigation.

SUMMARY AND RECOMMENDATIONS

Ancillary Service Need

- Some drug users in treatment believe they would not be in treatment if it were not for court-mandated programs. The users also believe that more counseling services are needed that

offer daycare programs for those who have children. Treatment providers would like to see transportation offered for those who are trying to get to meetings and treatment sessions. A provider stated: "We really need to bridge the gap." There was a perception that people know there is treatment available for users, but if they don't use drugs themselves, they don't want to help pay for treatment. All three counties have had treatment levies fail on the ballots this past year. One treatment provider also commented "it takes more than 30 days to take a look at yourself."

- Education programs, like the DARE program for kids, were suggested. Some drug users even suggested making recovering drug users go into the schools to tell their story to high school students. "Let them really see what it is like. The only information they are receiving is when the media helps to glamorize drug use. That is not helping matters."

Specific Recommendations

- A combined effort of Mental Health Experts and Substance Abuse Counselors to help identify those who need both types of treatment (dual diagnosis programs) is recommended.
- Get rid of the 28-day treatment programs.
- Educate small towns and villages about drug use/abuse.
- Increase the treatment budget at the federal and state levels.
- The "war on drugs is ridiculous. Spend that money on treatment and education. Until there is no demand, there will always be a supply."
- Treat the whole family, not just the drug user. Most of the users have children, and the children are at greater risk of using drugs themselves.
- Use advocates/mediators to talk about drug usage to companies and schools.
- Create more women's centers that allow children to go through the recovery process with their mothers.
- Have more seminars and educational opportunities for the substance abuse treatment providers to attend. Things change rather quickly and many of the providers are "out-of-date."

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

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Abstract

In Southeast Ohio, marijuana and alcohol remain the two most popular and widely abused substances. The use of drugs such as OxyContin and Ecstasy (MDMA) have apparently decreased due, in part, to greater law enforcement efforts, price increases as the drugs became more popular, and users' health concerns. Use of other illicit drugs such as powdered cocaine, crack cocaine, heroin, and methamphetamine remain rare in Southeast Ohio. Many barriers to alcohol and drug addiction treatment remain in Southeast Ohio, including denial that one has an alcohol or substance abuse problem, the lack of inpatient treatment centers, and social and cultural norms that normalize drug use or minimize its dangers.

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 are 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 were 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=5; n=6; n=8) for a total sample size of N=19 for the period spanning January 2002 – June 2002. 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 print media in Southeast Ohio***. "The Athens News," May 20, May 23, May 30, 2002.

Table 1: Qualitative Data Sources

Focus Group:

Date of Focus Group	Number of Participants	Active Users or Professionals
5/29/02	5	Active Users
5/29/02	6	Active Users
5/31/02	8	Active Users

Totals:

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	19	0	***19***

Table 2: Detailed Focus Group/Interview Information

May 29, 2002: Active Users (College Students and Community Residents; Athens OH)

"Name"	Age	Ethnicity	Gender	Experience/Background
1	21	White	Male	Alcohol, Marijuana, LSD, Mushrooms, Amphetamine, Pain Killers
2	21	White	Male	Alcohol, Marijuana, Mushrooms, Pain Killers

3	23	White	Male	Alcohol, Marijuana, LSD, Mushrooms, Amphetamines
4	24	White	Male	Alcohol, Marijuana, Opium, Cocaine, Mushrooms
5	24	White	Male	Alcohol, Marijuana, Vicodin, Percocet, Mushrooms

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

May 29, 2002 (College Students and Community Residents; Athens, OH)

"Name"	Age	Ethnicity	Gender	Experience/Background
6	20	White	Female	Marijuana, Hallucinogens, "Many others"
7	21	White	Female	Alcohol, Marijuana
8	--	White	Female	Alcohol, Marijuana
9	20	White	Female	Alcohol, Marijuana, "Assorted Drugs"
10	21	White	Female	Alcohol, Marijuana, Mushrooms, Ecstasy,
11	20	White	Female	Alcohol

Recruitment Procedure: *The above participants were recruited by a personal contact.*

May 31, 2002: Active Users (College Students and Community Residents; Nelsonville, OH)

"Name"	Age	Ethnicity	Gender	Experience/Background
12	22	White	Male	Marijuana
13	21	White	Male	Alcohol, Marijuana
14	22	White	Female	Alcohol, Marijuana
15	20	White	Male	Marijuana
16	22	White	Male	Alcohol, Marijuana
17	26	White	Male	Alcohol, Marijuana, Cocaine, Amphetamines, Mushrooms
18	21	White	Male	Alcohol, Marijuana, Cocaine, Mushrooms, Pharmaceuticals
19	--	White	Male	Alcohol, Marijuana

Recruitment Procedure: *The above users were assembled by "19" who also participated in the group.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 POWDERED COCAINE

Powdered cocaine was described by our active users in the following terms:

- "It comes in waves."

- "I don't do it, but I see it a lot."
- "If I wanted some, I don't think I'd have a problem getting it."

Cocaine use on the part of active users was primarily recreational (e.g., given to them by a friend, used it at a party where it was being shared).

Most focus group participants could not characterize the quality of cocaine available in Southeast Ohio.

Our active users believed that cocaine is primarily snorted, although a few individuals are smoking it.

Cocaine was perceived to be too expensive for the "average" user. In terms of cost, powdered cocaine was estimated to cost approximately:

- $150 - $180 per eightball.
- $75 - $90 per gram.

In Southeast Ohio, powdered cocaine is frequently cut with Vitamin B_{12}, Ritalin, baking soda, and flour.

Our active users indicated that powdered cocaine was more likely to be used by "older" persons who have more money and are financially able to purchase it.

Some users have heard of individuals using welfare checks or food stamps to purchase cocaine.

1.2 CRACK-COCAINE

The use of crack-cocaine remains rare in Southeast Ohio. Focus group participants were not able to estimate how much crack-cocaine would cost in Southeast Ohio. Our active users were uncertain how to obtain crack-cocaine, but most users believed that crack-cocaine could be purchased from the same individuals who sold powdered cocaine.

2. Heroin

Consistent with findings from previous focus group research activities in early and late 2001, heroin use is extremely rare in Southeast Ohio. If people are using heroin, they are more likely to be "in the closet" (i.e., hidden or furtive) regarding their use. Our users could not speak to issues regarding cost and quality of heroin in Southeast Ohio.

3. Other Opioids

3.1 Opium

Focus group participants discussed the frequent use of what they called opium in Southeast Ohio.

One user indicated that he had "seen a lot of opium," while a different user indicated that he had been able to get opium fairly easily for the past five years.

Focus group participants reported that the quality of opium tended to vary by type. "Red rock" opium was the poorest in quality, while white, amber, and black tar opium was perceived to be very good in quality. Other users mentioned that they had seen quite of bit of purple rock opium in the recent past.

In terms of use**,** most users did not smoke opium by itself. Instead, many users would sprinkle small amounts of opium into their marijuana.

The cost of opium varied by type but, in general, was believed to cost anywhere from $5 to $20 per gram.

Again, like cocaine, opium tended to come "in waves." People tended not to smoke opium in great quantities because it "makes you feel stupid." Our users indicated that opium is a drug that one uses only on occasion.

When discussing opium, our active users mentioned an herb called *Dragon's Blood*. It is different than opium, users reported, and they were unclear if it was even illegal. Dragon's Blood is a red, weedy substance that could be purchased in "herbal stores" for approximately $5 for a few ounces.

Because the prevalence of opium in Ohio has been relatively scarce for many years, we contacted a crime lab expert to verify the reported "frequent use of opium." According to this expert, the use of opium in Ohio is extremely rare and that most tests of "opium" turn out to be incense. In fact, this expert stated that in the over 20 years that he has been working in the drug analysis field, he has only come across opium twice.

The crime lab expert stated that Dragon's Blood was an herb that was used as a dye and that it was not illegal. He further stated that it would not produce a feeling of being high—such a feeling would be the result of preconceived notions.

Given that active users are reporting frequent use and easy availability of opium that are contrary to opium's historical presence in the area, further investigation is warranted.

3.2 Oxycodone long-action (OxyContin)

Our active users indicated that OxyContin appeared to be decreasing in popularity during the recent past, although it was still fairly common in "older persons."

In fact, many older adults who have prescriptions for OxyContin are selling their prescriptions to make money.

When users were asked to indicate why OxyContin use might be decreasing in Southeast Ohio, three 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 abuse and sale of OxyContin. Finally, at the height of the OxyContin fad, the drug became too expensive and higher prices precluded people from using it.

3.3 Others

Focus group participants indicated that, in addition to OxyContin, some had either used or observed the use of hydrocodone (Vicodin), Oxycodone/acetaminophen (Percocet), codeine, and acetaminophen with codeine (Tylenol III).

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 Vicodins for $5."

4. Marijuana

Based on focus group research activities with active users, there continues to be a very high demand for--and substantial use of--marijuana in Southeast Ohio. As one user indicated, "You can buy it as easily as cigarettes."

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

- It sometimes is harder to obtain marijuana in the Spring because more "busts" occur and these disrupt the supply.

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

Mount Vernon, Meigs County, and Columbus were areas from which people brought "pounds" of marijuana for sale in the Athens area. Our users indicated that a marijuana dealer can sell pounds of marijuana in the Athens area in a matter of hours.

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

- "Crappy" or low grade marijuana: $20 per 1/8th ($80 - $100/ounce).
- "Good stuff" or "middies": $30 per 1/8th ($150 - $200/ounce).
- "Nuggets" ("Headies") or high quality $40 - $50 per 1/8th ($350 - $400/ounce).

Our active users indicated that there was actually very little poor quality marijuana in Southeast Ohio and that almost all marijuana in the area was either good or excellent in quality.

The Athens News recently published a three-article series on drug use in Southeast Ohio. The articles appeared in *The Athens News* May 20, May 23, and May 30, 2002. The following are excerpts that characterize marijuana use in Southeast Ohio and its impact on the local area's economy.

From "*Local pot industry persists, despite changes.*" The Athens News, May 20, 2002:

"With people growing marijuana and making other drugs indoors, and with drugs entering the region in cars, through the mail, and possibly even by private planes, the local war on drugs has no end in sight, area officials said last week."

"In Athens County, growing operations have moved indoors to avoid sightings by police helicopters, said Athens County Sheriff Vern Castle. Though area police seize less marijuana today than they did during the 1980s--when they often captured several truckloads in a summer day--the amount probably hasn't decreased, Castle said."

"Many of the Ohio Bureau of Criminal Investigation and Identification's (BCI) yearly marijuana seizures continue to come from Southeast Ohio. BCI and local police seized 10,957 plants in Athens, Meigs, and Noble counties combined, accounting for almost one-third of Ohio's seizures that year."

Not only is marijuana frequently grown in Southeast Ohio, but it is now coming into the area from different regions. BCI spokesperson Bret Crow recently stated "In the early 1980's, it was strictly homegrown marijuana down in Southeast Ohio. But in the early 1990s, we noticed an influx of Mexican marijuana. Athens County Prosecutor C. David Warren also stated that "From what we've seen, marijuana is coming into Southeast Ohio from Columbus and Parkersburg."

Prosecuting marijuana offenses in Athens and Southeast Ohio can also be problematic, said Athens County Prosecutor Warren. "We have a lot of potential jurors who are excluded because they say they can't follow the law because they believe possession of marijuana should be legalized. It seems that it's a difficult case to try in front of some juries, the prosecutor continued."

From "Pot industry a covert player in local economy." <u>The Athens News</u>, May 30, 2002:

"Every year, Southeast Ohio produces millions of dollars worth of marijuana that could boost the Athens economy, according to some Ohio University professors."

"In the past six years, state and local law enforcement agencies reported confiscating more than $80,000,000 dollars worth of marijuana from 10 Southeast Ohio counties in an effort to eradicate the intoxicating drug. In such economically depressed areas as Southeast Ohio, marijuana eradication destroys wealth that would otherwise support the legitimate economy, said Rick Mathews, assistant professor of criminology and sociology at Ohio University."

Appalachia's rural pot growers rarely fit common conceptions of drug dealers, according to Mathews. "It's not all these evil characters. To make ends meet, farmers sometimes grow marijuana mixed with crops such as soybeans and corn, Mathews said, their motives are purely economical."

"It's highly plausible that marijuana is Meigs County's biggest cash crop, said Richard Vedder, a retired economics professor at Ohio University and a widely published economist. An average pot plant is worth $1,000 according to the Bureau of Criminal Investigation and Identification. A quarter-ounce of locally grown marijuana, enough for 12 joints, sells for approximately $100, local sources said."

Continuing an older trend reported since 1996, Southeast Ohio was a major source of marijuana seizures in 2001, accounting for almost one-half of all seizures statewide, according to the BCI, which tracks and assists marijuana eradication in Ohio.

A total of 81,249 marijuana plants, about one-third of all Ohio marijuana captured over the past six years, came from Athens, Meigs, Gallia, Noble, Vinton, Washington, Hocking, Jackson, Lawrence, and Monroe counties.

According to BCI's spokesperson, more and more cheap, low-quality Mexican pot has been imported to the region as police have clamped down on local production.

5. Stimulants

5.1 Methylphenidate (Ritalin)

Ritalin was mentioned most frequently when the topic of amphetamines was raised.

People with Ritalin prescriptions can sell their prescribed doses in a matter of days. Ritalin is not really perceived to be a "party drug" but, rather is very popular among students during examination periods and also popular and common in high school students. Ritalin was described as "a substitute for cocaine."

Ritalin is reportedly also popular among laborers, construction workers, and truckers.

Ritalin costs $3 per tablet on average ($1.50 - $4.00 per tablet).

5.2 Methamphetamine

The use of methamphetamine is Southeast Ohio remains 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 active users indicated that they were aware of the large number of methamphetamine lab busts in the area, but they also state that they see very little of the drug. No active user in our focus group research activities had used methamphetamine in the recent past.

Park Services officials in Southeast Ohio are more frequently identifying and busting meth labs on campers and trailers that come into parks to prepare one or more batches of methamphetamine.

6. Depressants

When asked to comment on depressants such as alprazolam (Xanax), diazepam (Valium), or carisoprodol (Soma), no focus group participant indicated that they used these drugs in the past six months. They also believed that there was little demand for depressants in Southeast Ohio. Reportedly, Valium costs approximately $2 per tablet, and Xanax costs approximately $2.25 per tablet.

7. Hallucinogens

Following marijuana and alcohol, hallucinogens such as psilocybin 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 Mushrooms

According to focus group participants, psilocybin mushrooms are in high demand; in fact, the demand for mushrooms far exceeded the supply.

Relative to LSD, mushrooms were perceived by active users to be safer and to provide a better and more controlled buzz. Users reported preferring mushrooms to LSD because they are "natural" and they don't last as long. Some users make tea with mushrooms.

In terms of progression from one hallucinogen to the other, our users believed that people often tried mushrooms first. If they can handle the effects of mushrooms, they may continue to use them. However, if users developed a tolerance to mushrooms, they would often switch to LSD.

Prices of mushrooms range from $20 - $30 per 1/8th, depending on the quality of the mushrooms.

Trips on mushrooms reportedly last 6 hours, while LSD reportedly lasts 8 – 9 hours.

7.2 LSD

While many of our active users had used LSD in the past, most of their descriptions of the drug were very negative, making comments like: *"you don't know what's in it*" and *"it's too unpredictable."*

Reportedly, the price of LSD is $5 per hit (said to be "dirt cheap").

7.3 MDMA (Ecstasy)

A few years ago, many people were trying or using ecstasy. It was very popular. Users could sell a hundred tablets in a matter of minutes. Today, the drug seems to be less frequently used.

Ecstasy is believed to cost approximately $25 - $30 per "pop" (tablet).

Users indicated that one disadvantage of ecstasy was that they never knew if they were going to get a dose of ecstasy that was high in cocaine or heroin. However, they could tell what the composition of their dosage was based on the type of "buzz" they had. If they felt "mellow, the batch most likely had heroin; however, of they felt "energized," it was most likely a batch with larger amounts of cocaine.

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.

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

TREATMENT ISSUES AND RECOMMENDATIONS

In general, there was a wide spread belief among users that denial is the most serious barrier to decreasing or quitting the drug use.

Most users 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 indicated that people only seek treatment if they are arrested and court-ordered to undergo treatment.

PATTERNS AND TRENDS OF DRUG USE IN

TOLEDO, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

January 2002 – June 2002

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Abstract

Crack cocaine *and marijuana abuse are reported to be the number one illegal drug abuse problems 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 for 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 is reportedly a "big problem" in Toledo, primarily in East Toledo's Latino community and is experiencing a constant resurgence among White youth in the suburbs, 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."* ***Ecstasy*** *(MDMA) appears to remain popular with youth.* ***Marijuana*** *use is high and continues to increase, 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 percent of this population are male, while fifty-three 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

Date of Focus Group	Number of Participants	Description
5/21/02	7	Users in Recovery
5/22/02	5	Treatment Counselors
5/23/02	10	Users in Recovery

Totals

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

Table 2: Detailed Focus Group/Interview Information

May 21, 2002: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	43	Black	Female	In recovery; drug of choice was crack.
2	46	Black	Female	In recovery; drug of choice was alcohol.
3	29	Black	Female	In recovery; drug of choice was crack.
4	45	Black	Female	In recovery; drug of choice was crack.
5	48	Caucasian	Female	In recovery; drugs of choice were heroin and intravenous drugs.
6	38	Black	Female	In recovery; drug of choice was crack.
7	44	Black	Male	Treatment Counselor/In recovery.

May 22, 2002: Focus Group with Treatment Counselors

"Name"	Age	Ethnicity	Gender	Experience/Background
8	45	Black	Female	Treatment Counselor
9	61	Caucasian	Female	Treatment Counselor
10	39	Caucasian	Female	Treatment Counselor
11	32	Caucasian	Male	Treatment Counselor
12	49	Caucasian	Male	Treatment Counselor

May 23, 2002: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background

13	42	Caucasian	Male	In recovery; drugs of choice were Dilaudid & crack.
14	38	Caucasian	Female	In recovery; drug of choice was alcohol.
15	41	Caucasian	Male	In recovery; drug of choice was heroin.
16	49	Black	Male	In recovery; drugs of choice were crack & alcohol.
17	44	Black	Female	In recovery; drug of choice was Dilaudid.
18	24	Caucasian	Female	In recovery; drugs of choice were heroin & crack.
19	50	Black	Female	In recovery; drug of choice was Dilaudid.
20	45	Caucasian	Female	In recovery; drug of choice was alcohol.
21	39	Caucasian	Female	In recovery; drug of choice was marijuana.
22	45	Hispanic	Female	In recovery; drug of choice was opioids.

DRUG ABUSE TRENDS

1.0 Cocaine

1.1 CRACK-COCAINE

Crack-cocaine use remains a major problem in Toledo and Lucas County. Active drug users and users in recovery stated that crack use has remained steady or increased slightly, especially among women ages 17 to 25. Active drug users reported that although crack continues to be "common place and available," the quality of crack is getting worse. One active user stated: *"They're cutting it with all kinds of stuff now."* A common method of cutting crack is known as "blow up," where high amounts of baking soda are added to make the "rock" look larger with the high lasting only a few minutes, *"just long enough to make you a fiend for more."*

Treatment providers reported that the number of clients seeking treatment for crack-cocaine abuse seems to be decreasing. One counselor, who has worked in the treatment field for seventeen years, stated:

> *"I personally see a decrease in clients being treated for crack cocaine use and an increase in the opiates, such as OxyContin, and marijuana. I'm not seeing as much of my clients with crack problems as I used to."*

Treatment providers and active drug users alike stated that it is not difficult to access treatment for crack abuse. However, it was reported that crack-cocaine users have more difficulty in treatment because of the particular effects of crack-cocaine that make abstinence

difficult to maintain. *"It's like a full-time job,"* stated a counselor; *"You keep chasing it until you get tired; you go to jail or get in treatment, get clean and come back, go back out and come back in."* According to focus group participants, the average user comes in for treatment about 3 to 4 times in one year.

Treatment providers commented that part of the problem is that drug dealers who are convicted of drug trafficking will claim to have a crack-cocaine problem. In this manner, they are diverted from the legal system to the drug treatment system, thereby avoiding several years of jail.

All focus group participants state that the ages of drug dealers are getting younger. One user stated that his dealer was 14 years old. Another stated:

> *"You see these kids riding through the neighborhood on bikes, 12, 13 year olds with gold, selling crack. Everybody in the neighborhood knows who they are and nobody bothers them; it's really scary*."

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine use is increasing in the Toledo area. According to active user group participants, the increase is among high school youth ages 15 to 18. The quality of powdered cocaine is average, according to focus group participants. One active user stated:

> *"Dealers are trying to make the best profit that they can so they step or cut the powder so much that by the time you convert powder into crack there is very little cocaine in the crack."*

Reportedly, most users of powdered cocaine continue to be White middle-class individuals in their 20s and 30s. Although drug users report that a common method of administration is "speed-balling" (mixing heroin and cocaine together and injecting it), a lot of youth are snort the drug, especially to avoid needle use.

2.0 Heroin

"Heroin use is on the upswing now more than ever," according to active user group participants. Its rise is "scarier than crack." Heroin use among affluent White youth has increased during the past year. *"It's younger kids, age 16 and up, who are rapidly becoming a major part of the customer base."*

Heroin is still not as readily available as crack-cocaine but the purity of heroin continues to improve. One user said: *"I usually cop in Detroit. Most of it is synthetic white powder. Here [in Toledo], it's more brown. But it's very strong and getting stronger."*

According to focus group participants, not only are those using heroin getting younger, but drug dealers are getting younger as well. "I think these kids are addicted to the money that they're making selling heroin," stated one user.

Treatment providers reported that they see many of their clients repeatedly. One treatment provider stated:

"If the heroin on the streets is less then they come in and get on methadone; if the heroin is flowing good, then they stay on the streets."

Treatment providers confirm what user group participants stated; that heroin use is increasing among affluent White youth. One stated: "*There's not a lot of supervision going on in the home, both parents are working and the kids have the money available to them."* While older heroin users prefer brown tar heroin, younger users prefer heroin they can snort, perhaps out of fear of needles and being labeled as a "junkie."

When asked about adequate treatment for heroin users, treatment providers noted that there is only one methadone program in the Toledo area. The closest alternative methadone programs are 50 miles away in Detroit, Michigan, where there are eight not-for-profit methadone clinics. A methadone provider reported that clients perceive that methadone treatment is immediately available in Detroit, but not in Toledo. Treatment providers also expressed frustration with clients they perceive as simply using the methadone but not treatment*;* that is, having no intention of ending their drug use. One drug abuse counselor stated:

"If a non-methadone client has got 2, 3 screens for cocaine, he's discharged unsuccessfully as an in-patient and going to jail, whereas the medical field tends to look at it as he'll be able to stay on, not permanently, but he'll get much more leeway. The medical field looks at it a bit different. One guy who's not on methadone is going to jail or going to in-patient, no questions asked. The other guy, well, at least he's not doing opiates…." "I go through the drug screens and I see heroin, methadone, cocaine, marijuana on a regular basis and they know it."

3.0 Other Opioids

The abuse of oxycodone long-acting (OxyContin) is fast becoming a major problem in the Toledo area. According to active users and treatment providers, its use is "skyrocketing" because of its cost and availability. Long term heroin abusers reportedly use OxyContin as stopgap measure to prevent withdrawal. According to participants, OxyContin prescriptions can be easily obtained from physicians. Participants believe that all one has to report is chronic back pain, and the physician will prescribe 15 to 30 pills to take as necessary. User group participants, when asked about availability, stated that OxyContin is "*more available than it has ever been." "More people are selling them because it's so easy to get a prescription if you have a family doctor."* It was reported that senior citizens were selling their prescriptions in order to make ends meet.

The abuse of hydromorphone (Dilaudid) is apparently also increasing among young adults aged 20 to 30 years. According to treatment providers, Dilaudid use is "really big in this area," probably bigger than OxyContin. User group participants stated that the majority of Dilaudid sold on the streets is synthetic and sells for as low as $10 as opposed to when it is in its purest form. Active users reported that use of prescription drugs such as oxycodone hydrochloride and acetaminophen (Percocet), and propoxyphene hydrochloride with acetaminophen (Darvocet) are popular among junior high school age youth.

4.0 Marijuana

Treatment providers and user group participants state that the prevalence of marijuana use among youth and adults appears to be steadily increasing. The quality of marijuana varies, depending on the amount of money one wants to spend.

Treatment providers report that about 90% of the clients in the adolescent treatment programs smoke marijuana; very few adolescents are in treatment for any other alcohol or drug abuse. Almost 98% of the assessments conducted by treatment counselors on clients entering treatment state that they smoke marijuana while using other drugs. One treatment provider stated:

> *"I got a lot of young mothers who use marijuana. And of course rationalizing that 'it's just marijuana' and the stress of being with kids all day long." They look at it as an innocent thing. But I'm seeing recently more of these young mothers where all they use is marijuana. It's kind of like back in my day where all we used was Valium, and they are using marijuana the same way, kind of like self-medicating for the stress of being a mother*.

Further evidence of the increased availability of marijuana in Lucas County comes from local news reports. During one six week period the Ohio Highway Patrol troopers made five different arrests that netted 363 pounds of marijuana worth $900,000.

5.0 Depressants

According to participants, gamma-hydroxybutyrate (GHB) and flunitrazepam (Rohypnol) are making their way through the inner city. These drugs, also referred to as "club drugs," have been associated with middle and upper-class Whites. Focus group participants report that these drugs are surfacing in the inner city drug houses.

6.0 Hallucinogens

MDMA (ecstasy) is also reportedly surfacing in the inner city. Focus group participants reported ecstasy is given to Black young women at after-hours parties. Some ecstasy users reportedly melt Tootsie Rolls in the microwave, insert an ecstasy pill and re-roll the candy, which they can eat anywhere. It has also been reported that some users rub Vapor Rub into dust masks and wear it after they've taken ecstasy for amore intense tingling sensation.

7.0 Alcohol

Alcohol treatment admissions continue to increase. Alcohol use/abuse has accounted for the highest percentages of adult treatment admissions in Lucas County ever since we began reporting on drug trends in the region. 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

A new product is on the market, called "Zippers," which is a gelatin product that contains alcohol. It is causing concern that it may be mistaken for gelatin dessert and end up in the hands of juveniles.

RECOMMENDATIONS

Users and treatment providers recommended the following:

"I would like to see more coordination between agencies so that families are not torn apart because of this disease (drug addiction). I have seen children who are removed from their mother's care and I think there's more we (agencies) can do. I'd like to see more services where they can work with both the mom and the child together. I see so many other issues. I don't see House Bill 484 as being effective."

"I think as a community we jump the gun and say "Well, they should just lock him up," when he needs treatment. I know that being in the penal system, our penal system is beginning to add some substance abuse training and some substance abuse insight when we get 'em as prisoners, but what do we do once we release them? What type of follow-up services do we give them? Who's checking to see if they relapse, whether they've gone back to prison, whether they've gone back to the same environment? That's where the focus needs to be. Once we get them into treatment, then what are we going to do? What are we going to do with this mother to keep her from going back to alcohol and not taking care of her children?"

"I think the penalties they (law enforcement) already have here are pretty stiff, but I think in school they should have more (drug) awareness, more (drug) education and preparation for the young kids and instill into them about it."

"I definitely agree with him; they need more education in the schools. If I knew what I've learned here, geez, I was like overwhelmed and God knows I've been locked up most of my life, majority of my time, and that didn't do nothing for me. I've gotten more out of this, learning and treatment thing than getting locked down. 'Cause geez I got right out of there and back on the roll again. Once you are more aware…."

"I think with the probation department, those slips you've got to have signed, at the meetings they call 'em "Passports to Sobriety," the reason I know I'm sober today is because I had to get my butt in those meetings and get those slips stamped so I wouldn't go back to jail. And I didn't like jail a whole lot. So I would go, and just by the fact that you're sitting there, and hopefully some part of you gets it. You sit there long enough, you're gonna hear at some point something that clicks with you."

PATTERNS AND TRENDS OF DRUG USE IN

MAHONING & COLUMBIANA COUNTIES, OHIO:

A REPORT PREPARED FOR THE

OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK

January 2002 – June 2002

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Abstract

Problems associated with crack cocaine and heroin are persistent in Mahoning and Columbiana Counties, with alcohol and marijuana remaining steady and visible issues of concern as well. Across all these substances, there are reports of destruction of families, crime and homelessness.

Oxycodone long-acting (OxyContin) is currently the major prescription drug of abuse, with heroin users interchanging their use of heroin with OxyContin and vice versa. Reports include people who start out with legitimate pain management issues and end up as street users. This drug seems to lead to numerous negative societal effects, including losing jobs and crime committed in the interest of continued drug use. Most providers were anxious to talk about these current trends.

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 415 square mile county is Youngstown, and surrounding suburban communities include Austintown, Boardman, Canfield and Poland. Other cities located along the Mahoning River Valley include Struthers, Lowellville and Campbell. Rich with local history, the City of Campbell began in 1902 when the Youngstown Iron, Sheet and Tube Company established operations on the banks of the Mahoning River. The character of this small city came from the young immigrants who poured into the Mahoning Valley to work in the growing steel industry. The original "boom-town" ultimately matured and officially became known as the City of Campbell in 1926. Campbell covers a 3 square mile radius with approximately 10,000 current residents.

The remainder of Mahoning County's population lives in smaller towns and some rural areas. The county is located in Northeastern Ohio and its eastern boundary meets the Western Pennsylvania border near the City of Campbell. According to the 2000 census, Mahoning County is 81% White persons, 15.9% Black or African American persons. Persons of Hispanic/Latino origin comprise 3% of the population, with 1% reporting some other race and 1.4% reporting 2 or more races. 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 County, Ohio has a population of 112,075, which was up in 2000 by 3.5% from the 1990 census. The largest communities are East Liverpool on the Ohio River, Lisbon, 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. Lisbon is the County Seat and is located in the center of this 2000 square mile, largely rural, county. Columbiana County is considered to be one of the Ohio Appalachian Counties. The population is reported to be 96.4% White Persons and 2.2% Black or African-American; 1.2% of the population reports being of Hispanic or Latino origin, as per the 2000 U.S. Census Bureau

reported on-line. The median household income is $32,222. 13.3% of the population lives in poverty compared to the 11.0% listing for over-all Ohio, including 19.1% of the children shown to live below the poverty level (according to the 1997 model-based estimate), compared to 16.0% for Ohio.

2. Data Sources and Time Periods

Qualitative data gathered from two (2) focus groups conducted on May 16 and 24th, 2002 provides a portion of the information utilized in compiling this report. The first group consisted of one chemical dependency therapist, one counselor, one counseling assistant and two nurses, totaling 5 interviewed, from a local chemical dependency treatment facility which provides medical detoxification, rehab and outpatient services. The second focus group included three psychotherapists, two drug and alcohol counselors and a clinical supervisor, all from a Columbiana County Drug and Alcohol/Mental Health Outpatient Clinic. During May 2002, four individual interviews were conducted with self-identified alcoholics/addicts-in-recovery who also self-identified as having gambling problems. Additionally, two individual interviews were conducted with law enforcement professionals, one with the County and the other with a local city force.

Table 1: Qualitative Data Sources

Focus Groups

Date Of Focus Groups	***No. Of Part.***	***Description***
5/16/02	5	Nurses, Therapist, Counselor and RC/Clinical Assistant
5/24//02	6	Psychotherapists, Drug & Alcohol Counselors and Clinical Supervisor

Individual Interviews

Date Of Interview	***Active Drug Users Or Front Line Professionals (Type: Counselor, Police Officer, Social Workers, Etc.)***
5/18/02	Recovering alcoholic/ recovering gambler
5/19/02	Recovering alcoholic/addict (opiates), gambler, counselor
5/22/02	Recovering alcoholic/addict (marijuana, cocaine, opiates), gambler
5/27/02	Recovering addict (crack, marijuana), gambler
5/30/02	Law enforcement officer (deputy)
5/31//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***
2	11	6	17

Table 2: Detailed Focus Group/Interview Information

May 16, 2002: Nurses, Therapist, Counselor, RC/Clinical Assistant from Residential Detoxification Facility.

Name	***Age***	***Race***	***Gender***	***Experience/Background***
1	25	Caucasian	Female	Registered Nurse
2	54	Caucasian	Female	Registered Nurse
3	46	Caucasian	Male	Therapist
4	49	Caucasian	Male	RC/Clinical Assistant
5	48	Caucasian	Male	Counselor

Recruitment Procedure: *Met with Program Director and requested volunteers to participate in study, left messages for therapists, counselors, clinical assistants and case managers.*

May 24, 2002: Psychotherapists, Drug and Alcohol Counselors and Clinical Supervisor for Outpatient Chemical Dependency/Mental Health Facility.

Name	***Age***	***Race***	***Gender***	***Experience/Background***
1	Not provided	White	Female	Psychotherapist
2	32	White	Female	Psychotherapist
3	Not provided	White	Female	Drug and Alcohol Counselor
4	46	White	Female	Drug and Alcohol Counselor
5	Not provided	White	Female	Clinical Supervisor
6	50	White	Male	Psychotherapist

Recruitment Procedure: *Calls to counselor not interviewed, call to Psychotherapist, calls to Clinical Supervisor, requested volunteers to participate in study.*

May 18, 2002: Recovering Alcoholic (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
36	White	Male	Recovering Alcoholic, reports 3 yrs. clean from alcohol. Recovering Gambler, reports 1 ½ yr. abstinence prior to 36-day gambling binge.

Recruitment Procedure: *Requested agency counselor to contact appropriate former client with both substance and gambling issues.*

May 19, 2002: Recovering Alcoholic/Addict (Opiate User) (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
50	African-American	Male	Recovering Alcoholic/Addict, reports 13 years clean from substances. Reports problems with gambling.

Recruitment Procedure: *Was familiar with this person's pattern of gambling and requested he complete interview.*

May 22, 2002: Recovering Alcoholic/Addict (Cocaine & Opiate User) (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
49	White	Female	Recovering Alcoholic/Addict, reports 6 years clean from substances. Reports problems with gambling.

Recruitment Procedure: *Works at the Detoxification Facility where focus group done, self-identified as a problem gambler.*

May 27, 2002: Recovering Crack Cocaine User (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
Not provided	African - American	Female	Recovering Crack Cocaine Addict, reports clean 4 years from substances. Reports problems with gambling.

Recruitment Procedure: *Counselor at residential detoxification facility, who was familiar with this study, recommended that she would be appropriate volunteer for this study.*

May 30, 2002: Law Enforcement (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
41	African - American	Male	15+ years in law enforcement.

Recruitment Procedure: *Called Mahoning County Sheriff's Office, was given requested officer's cell phone, was referred by him to Commander, who OK'd interview.*

May 31, 2002: Telephone Interview (Rapid Response Initiative)

Age	***Race***	***Gender***	***Experience/Background***
38	Not provided	Male	Described by City Mayor as person who "handles most of these cases, goes to Court with them, so best able to speak about them."

Recruitment Procedure: *Went to Campbell Police Station, was referred to Campbell Mayor, who recommended appropriate officer to interview.*

DRUG ABUSE TRENDS

The following compiled answers reflect the opinions gathered during one focus group conducted with professional staff from a Mahoning County Residential Detoxification Facility, one focus group conducted with professional staff from a Columbiana County Drug & Alcohol/Mental Health Outpatient Facility. Additionally, individual interviews conducted with four self-identified Alcoholics/Addicts in Recovery, and two individual interviews completed with Law Enforcement Officers provide the balance of the reflected opinions and information.

1. Cocaine

1.1 CRACK-COCAINE

- ***Availability –*** There was a universal chorus from all participant groups that crack cocaine is "highly," "easily" and "very" available. The Columbiana County group indicated that crack was coming in from "any of the river towns," such as Steubenville and East Liverpool, along with Alliance, Canton and Midland, Pennsylvania. They further indicated that Route 11 is the "big highway" for getting crack cocaine into Columbiana County. All Mahoning County participants agreed that crack has been steadily and easily available.

- ***Perceptions of use over time –*** Only the Youngstown professional focus group indicated a large increase in availability of crack-cocaine. All others indicated it was steady. The Youngstown group also indicated that there is some increase in crack use due to "OxyContin" clients "going to crack because it is so much cheaper." One law enforcement officer indicated crack cocaine "usage is higher than any other drugs." The Columbiana group stated that they have not seen a decrease since the attack on the World Trade Center on September 11, 2001.

- ***Price –*** The range of prices quoted were $3, $4, $5 for "kibbles and bits," while one person said a "blast" was $5. Participants most often quoted $10 to $20 per rock or piece – depending on the size, the dealer, and the area. For example, in the "hood" (urban areas) participants noted, "you get a deal, whereas in the suburbs you pay more." One participant said that crack cocaine sells for about $55 a gram while one law enforcement officer said it goes for $100 a gram/$500 for 7 grams. The Columbiana group noted that in their county, rocks are larger and therefore more expensive, running between $20-$30 each.

- ***Quality / Purity –*** One individual participant indicated that the purity fluctuates and that at one time recently there was a pepper-minty taste and that users would taste it and know they needed more to get high. The Youngstown group indicated that the purity depends on who cooks it, and that "the (housing) projects" had a very low grade. One person stated without hesitation that the purity of crack was about 80%.

- ***Methods of Administration –*** All reported that smoking was the primary route of administration. One participant reported that some users also break it up and put it in blunt (Philly Blunts) cigars to make "woolies."

- ***New Users and Demographics of Use –*** One individual stated that more Blacks like to roll crack into Black and Mild cigars to smoke, and another thought more young people were currently using crack. Most however, felt like all ethnic groups were using crack equally. Some participants in the Youngstown group expressed the belief that more Blacks were currently using crack cocaine, along with a small increase among Hispanics. The small city law enforcement officer noted higher numbers of females using crack cocaine, along with more users in their late teens (ages 18-19) and young adults. The Columbiana group discussed the high number of exotic dancers they see in treatment,

often from dance establishments “across the river,” who are introduced to crack by their boyfriends or spouses. This group also indicated that in their county, there is a stigma attached to crack. While beginning to use powder is viewed as acceptable, ending up as a crack addict is not.

- ***Treatment and Other Issues –*** Participants identified the following treatment and other issues related to crack:

  - The Columbiana County group said transportation was the number one issue. “If we don’t transport, they can’t come.”

  - Even though there is no detox, there are real mental disability issues that should be looked at. “Anything that makes you do robberies or steal from family…that’s a mental thing.”

  - The relapse rate is phenomenally high. One respondent’s opinion was that CA (Cocaine Anonymous) meetings are triggers because participants tend to “glamorize” or indulge in “euphoric recall.” The participant suggested sending people to NA or AA instead.

  - Lack of availability of beds is a problem.

  - “People lose their jobs, their families. Around the areas of high selling, such as “la la land” (on Youngstown’s East Side), there are lots of robberies and drive-by shootings where dealers are shooting each other, and innocent people get shot.”

  - “Crack is highly addictive. A drug dealer told me that after the first one you are ‘always chasing a ghost.’ I always remembered it.”

  - “When you release people back to a drug-laden environment, how can they change people, places and things?”

  - “If you stabilize someone for 2 days, but they are homeless, with limited education and vocational skills, and they haven’t had enough time to learn to change behaviors, how can you expect them to stay clean?”

  - “Crack users relapse 3-4-5 times. It is one of the hardest drugs to get off since it doesn’t make you sick like heroin. People under the influence of crack have greatly impaired judgment, not being rational. They are susceptible to doing extreme things to supply their habit, it seems to control them, it is not recreational… they cannot walk away.”

  - Both focus groups mentioned concern about possibilities of spreading TB through sharing crack pipes. Whether this is likely or not is unclear.

1.2 COCAINE HYDROCHLORIDE (HCL)

- ***Availability*** – All participants reported either that powdered cocaine is readily available or "very" available throughout the area. One counselor added, "more than the authorities admit."

- ***Perceptions of use over time*** – Both focus groups reported that they saw the use of powdered cocaine as remaining relatively stable. One law enforcement individual reported that "sources who were purchasing drugs had indicated" that street dealers, seeking to advance their prices, participated in a "marketing play" after 9/11, where they pushed the street value up. Dealers were saying it was harder to get the drug, but the law enforcement officer reported that, "he did not believe it." The Columbiana County group stated that the use of powdered cocaine is steady among the predominantly White Appalachian population they treat.

- ***Price****:* Several participants in the first focus group, plus one other individual, priced powder at $60-$80 a gram. Another stated that $20 bags were common. At the second focus group, one person reported that 1/8th ounce currently goes for $100. One law enforcement officer said that an ounce would go for $800-$1200, depending on the quality.

- ***Quality / Purity*** –Participants in the first focus group indicated that powdered cocaine is so cheap now, that it is "not that pure." One counselor stated that he had heard from IV users that it is "not that good," that there are "junk effects," and that it has been cut with manitol or similar substances. One law enforcement officer stated that people are accustomed to it being cut "double," using synthetic products such as anestatol (diet food substance) or baking powder. However, in the second focus group, (Columbiana County) one therapist stated that the "purity is up."

- ***Methods of Administration*** – All participants reported "snorting" as the main route of administration. Participants also indicated that powdered cocaine was being used intravenously, mixed with heroin in the form of "speedballs," and also put in cigars. Focus group two indicated a 10% increase in individuals (as opposed to dealers) cooking powder into crack. This group also indicated many users snort the drug while under the influence of alcohol or marijuana. One individual indicated that more Caucasians inject it, while another said that more African-Americans use it intravenously and as speedballs.

- ***New Users and Demographics of Use*** –One participant stated that younger "kids" down to 15-16 have increased their use of powdered cocaine. Another individual stated that, "younger people have always been using powdered cocaine." One individual stated that powder was snorted "more by whites." In an individual interview, one person stated that it might look like new users, but that users are just being identified at a faster rate, due to "drug court getting to them sooner and looking at more specific drug use."

Treatment and Other Issues:

- One individual stated that, "dealers themselves have become much younger, starting in middle school."

- Several Columbiana County participants mentioned that since there is no withdrawal from cocaine, those seeking treatment sometimes have to wait for beds. In addition, if they have no insurance, they will have to go into outpatient treatment. They also cited transportation access, lack of funding for services, and a lack of family support or willingness of relatives to attend family treatment as issues affecting treatment. The second focus group also discussed suspicions of corrupt police forces in their area both "looking the other way and [taking] dealer payoffs."

- One law enforcement officer pointed out that people he has dealt with get the "urge" and think they can do it "one more time," and then walk away – but they can't.

- Several participants mentioned the "mental addiction" along with the physical damage associated with cocaine use, such as burning out the membranes of the nose, and destroying the taste buds. In addition, it was noted that cocaine abuse can exacerbate heart problems and cause "more cardiac events" than any other substance – thus resulting in more deaths.

2. Heroin

- ***Availability –*** Respondents described heroin as being very steadily available. The Columbiana County participants indicated a decrease at the time of 9/11, with a quick drop, and then availability went right up again.

- ***Perceptions of use over time –*** Overall, in Mahoning County a large increase was noted. One participant posited that heroin was not seen for years in his community, but that now it has increased moderately to heavily. Another Youngstown individual stated that heroin was more available than 3-4 years ago, and that in the last 6 months to a year there has been a large increase. Participants noted that since doctors are not writing as many prescriptions for OxyContin, people are turning to heroin instead. Columbiana County respondents also indicated a large increase in the amount of heroin available and being used.

- ***Price –*** There were varying reports of price. Some quoted $5-$10 bags, about the size of a postage stamp. Others said $10-$20 bags were a "minute" amount, another called $20, a "small packet." One person said a "dime bag" would be one "shot." One participant said people he knows talk about spending about $100-$200 on the drug.

  The Columbiana County participants noted two distinct differences in their area: 1) Users are committing petty crimes, and exchanging the goods directly for heroin…"straight to the dealer." 2) Many women don't deal for heroin in money but trade sex for drugs. In Columbiana County they reported that $50 a bag was a typical price.

- ***Quality/purity-*** One person said the quality was about 70%. Another said it was currently more pure, which was underscored by the fact that you could smoke it now. One nurse (Mahoning County) noted that a few months ago, some people died locally from heroin. She said she had seen some clients who had uncontrollable vomiting from getting a "bad bag." She told of a client's wife who tried to bring heroin into the treatment facility and that when caught, staff discovered that the red mark on the packet identified it

by a symbol saying that it had been brought in from New York. The small city law enforcement officer indicated that most of the heroin in his community was coming from New York. He further indicated that Hispanics were strongly related to "the trade," or quantity sales of heroin in his area.

- ***Methods of Administration –*** Respondents reported that the most common methods of administration are snorting and injecting. Less common methods include smoking, "skin popping," and speedballs.

- ***New Users and Demographics of Use –*** The small city officer reported that in his area, heroin users are the "people you would least expect, middle-aged and older." He reported that Caucasian people from the rural farm areas of Pennsylvania are coming to the city to purchase heroin.

The Youngstown treatment professionals noted that "OxyContin people" are switching to heroin when they can't get "Oxys" (OxyContin). They described these people as doctors**,** nurses, and farmers. Participants reported that both males and females are using heroin in Mahoning County. Several Youngstown area treatment professionals indicated that heroin use has greatly increased among young people age 18-25. Another Youngstown participant pointed out that more Caucasians are using heroin than ever before. He stated that an injector is an "old addict" and that young people "smoke and inhale."

The Columbiana County professionals indicated that more teenagers are snorting heroin, and more women in general are using heroin. They indicated there are few African-Americans in their area. They reported that users are moving into heroin use from OxyContin and that pain management, middle-age adults, are "switching up" to heroin when they can't get their "Oxys." In Columbiana County, although they are starting to have a larger Hispanic population, some indigent, they reported that they have not seen them in treatment.

- ***Treatment and Other Issues*** – The following are heroin treatment and other related issues brought forth by the participants interviewed in both focus groups and individual interviews:

  - Mahoning County professionals indicated that people want to use methadone. They indicated clients bring up that other centers use methadone, and "why don't we?" They noted that a special license is needed for methadone treatment. One nurse stated that we "don't do anything for them," and that they are very sick and don't want to stay. They reported that clients know from their friends what other facilities use for medication and what "really helps." They reported that heroin clients are notorious for bringing in other pills, and that recently one was caught with a needle and spoon and tried to say that was his brother's bag.

  - Heroin users have their own culture -- they all know each other and hang out together.

  - Not enough treatment beds – need three times as many, according to participants.

- Columbiana County participants stated the need for a higher level of care for male populations, including longer inpatient and more long-term residential care. Transportation is also a major problem.

- Additionally, Columbiana county respondents indicated that detoxification for their clients must be sought in Jefferson, Stark or Mahoning Counties. Salem and East Liverpool hospitals are only willing to take them if there are other health problems.

- "Difference between heroin and crack users is the physical addiction, if they have 3-5 days detox, they are establishing some consistency and structure and a clean mind… then if they show willingness, they can have pretty good success with treatment."

- "Heroin users need more time and stronger detox drugs than Librium. Withdrawal is painful, some can't handle it. Then they are out of here, and when they leave they go get a hit. When they are in detox, they are generally in bed, not exposed to education. When they are out of here, that important education piece is missed."

- "Similar issues to crack…break into homes, loss of jobs, crime, may end up homeless."

- "If heroin not available, "oxys" will do."

- The small city officer stated that a heroin users "typical day" seems to be, to "go boost" (shoplift) some steaks, then go to a local person to sell the items and then purchase heroin. Most seem withdrawn and keep to themselves.

- One participant reported that most heroin users get to a maintenance level and use just enough to not get sick. Others use larger amounts until they come close to overdosing. Detox is rough, and the level of difficulty depends on the length of the addiction and the amount used. This participant didn't know anyone who had been off heroin and stayed clean. Most go back because they "like the high."

3. Other Opioids

- ***Availability –*** All participants agreed that the primary other opioid in use now is OxyContin, which is readily and widely available. Some stated that they occasionally still heard of hydrocodone (Vicodin), oxycodone/aspirin (Percodan), oxycondone/acetaminophen (Percocet), propoxyphene hydrochloride/aspirin (Darvon), propoxyphene hydrochloride/acetaminophen (Darvocet), hydromorphone (Dilaudid) or codeine products such as Tylenol 3's being used somewhat, but OxyContin is by far the primary drug among the opioids. The Lisbon professionals also noted that tramadol (Ultram) was currently being abused.

- ***Perceptions of use over time –*** All participants reported large increases in OxyContin abuse. One stated that there had been a 100% increase of OxyContin abuse in their area. One reported he had found that people who were treated for back or other injuries were trading or selling them.

- ***Price—*** Reports varied. The Youngstown participants stated that "Oxys" are getting "real expensive," reporting $1 per mg, or $80 for 80mg, with "no dealing." One participant said an 80mg would range from $40 to $80, depending on who you get it from. One Lisbon participant quoted a price of $50 for 80 mg, with the lowest quotes being from an individual participant at $40 for an "80" and $20 for a "40."

- ***Quality / Purity –*** All are pharmaceutical grade, 100% pure.

- ***Methods of Administration –*** All participants cited chewing, biting and eating – indicating that this method of ingesting defeats the time release mechanism. There were some reports of crushing and snorting. The Youngstown group reported shooting and intravenous use and noted adolescents were also snorting it. The Lisbon group reported mostly snorting and swallowing, although some users mix it with alcohol, combine it with heroin to use intravenously, or mix it with cocaine in the form of a speedball.

- ***New Users and Demographics of Use –***There was a report of increased use among white-collar users. Another participant noted that OxyContin users progress to "street life." One group reported that OxyContin is too expensive for Blacks, and Whites use it more often. The Columbiana group also reported that in the Appalachian population, people seek pain management for work injuries and than get hooked. The small city law enforcement officer noted use by more white teenagers and young adults in their early twenties. One individual noted that adolescents are experimenting with them at first, and then on occasion find they are accustomed to them and find a preference. This same participant indicated that Vicodin, Tylenol and Tussinex cough syrup are more utilized by Blacks, especially Tussinex, with adolescents dipping their Black & Mild cigars in Tussinex. The Youngstown officer stated OxyContin abuse seems to cross all ethnic groups.

- ***Treatment and Other Issues –***
  - Doctors prescribe for legitimate reasons, and they become available in the street.

  - "OD has become more common. We have had OD's in this area, with levels of Oxycodone in their systems."

  - "People are going to many different doctors for "Oxys." Aren't the pharmacies on-line?"

  - "Psychological as well as physical detox. Hard detox, with a lot of pain."

  - "This is an expensive habit. Such a powerful drug – hard to say what to do to help people."

  - Need longer treatment. Many detox patients leave in 2-3 days when they become uncomfortable. Participants noted that the treatment drugs Phenobarbital & Librium don't help, and are "like candy." Some clients try to sneak their drugs in to treatment, get caught, and are thrown out.

- Many people lose jobs, families, become homeless, and then become poly-drug users.

- One participant described a case of a theft ring that breaks into houses where they know OxyContin is, or go into stores that carry it.

- "One or two physicians dispensing lots. Some people are falsifying prescriptions, or doctor shopping, or using different names, mostly for their own drug use. One drug store in the last 6 months that we know of was broken into for OxyContin in Columbiana County."

- "Drug court people on probation are now getting consistent monitoring. Now with weekly urine screens, we are seeing more of the OxyContin users in treatment."

- There is concern about physical damage to the liver with this drug, more physical problems that may be seen.

4. Marijuana

- ***Availability –***
  - Very, very, 100%.
  - Readily.
  - Steady, always been available.

- ***Perceptions of use over time –*** All agreed that "everybody" is using it and some said "everybody" is growing it.

- ***Price –***Prices quoted included $5-$10 bags; ¼ ounce for $20; $300-$1500 per pound. One person said a pinch of good stuff in the bottom of a bag was $40.

- ***Quality / Purity –*** One participant said most of the "weed" in this area is Mexican or hydroponic "home-grown," which is sophisticated and manicured "bud," and: "they know what they're doing." Another stated there is Hawaiian, Oregon and Northern Californian around and it is 26th generation "sensimilla."

- ***New Users and Demographics of Use –*** One person said that young people, middle-aged, and elderly are all using. Another said adolescents are using it a lot, while another clarified that more and more adolescents are being identified. Another comment was that "everybody smokes it, it is considered a recreational drug." The Lisbon group described the elderly, ages 60 and above as a new and growing population of marijuana smokers. In Columbiana County, lots of referrals were reported for Department of Transportation (DOT) truck drivers with random drug screens or referrals from jobs or other accidents.

- ***Treatment and Other Issues –***

  - According to participants, adolescents don't believe it is addictive. Participants noted that many users cannot relate consequences to their use. Often counselors aren't

willing to make a commitment to an adolescent program. Treatment providers noted that adolescents come in angry, resistant and defiant. They are unmotivated. It takes a unique person to deal with them. They test you in terms of boundaries, respect and commitment. "They're just kids, doing adult acts," trying to have fun.

- "Marijuana users feel they can quit at any time. Thy don't believe it has a psychological effect on them. With any drug you've altered your state of mind, your abilities."

- Participants noted that adult marijuana abusers usually are poly-drug users, using 2-3 different substances. It is unusual to see adults who are just marijuana users.

- There was interest in following the use of Marinol, now being prescribed for cancer patients.

- Also in Columbiana County, women are having difficulties with Children's Services due to marijuana use. They don't see it as a problem, and their whole lives end up "down the drain."

5. Stimulants

All participants indicated that doctors are not writing scripts for stimulants and that they are not seeing methamphetamine use in this area, although one participant from the Columbiana focus group indicated that there was a bust of a biker portable "meth" lab last year that was not in the paper. This same group reported one girl in the adolescent program from Akron who reported methamphetamine use.

6. Depressants

Participants noted that use of depressants and downers is on the decline. An African-American participant noted that drinking "Tussy" syrup is starting to come back with people in their twenties

7. Hallucinogens

Mostly all participants indicated use of ecstasy (MDMA) in the adolescent and college-age population, although one participant who works with adolescents reported that the use of ecstasy was down in the area. One participant stated that there had been 2 overdoses a year ago in rural New Middletown, at the edge of Mahoning County. One participant said that Whites use ecstasy, and that although he had heard of some Hispanic use of ecstasy, he had never heard of Blacks using ecstasy. Columbiana County reported a drop in ecstasy use among the 20's crowd.

The small city participant noted that from time to time they will come across acid (LSD) or mushrooms, but that it is not daily availability and that it has tapered off. Columbiana County participants reported "raves" in Boardman and Alliance and noted that LSD was being "cooked up" in the area and was also prevalent in the high schools.

Only one Youngstown participant indicated ketamine (Special K) use steady in that area.

8. Inhalants

Columbiana County participants also indicated that huffing is becoming more popular among teens. Adolescents use paints and other substances while smoking marijuana, which causes some kids to have mental problems. The Youngstown participants indicated teens using Nitrous Oxide or Rush.

9. Alcohol

Alcohol drew many comments, including:

- Correlates to violence, domestic fighting.
- "Everybody drinks," it is universal.
- Alcohol use is steady and includes people of every race and age.
- People with chemical imbalances using alcohol, having car accidents, losing of family, and engaging in domestic violence.
- People will substitute alcohol when they can't get other drugs.

- In Columbiana County, alcohol use "could float a barge." They reported big increases in attendance to Driver Intervention Programs (DIPs). They reported that with those drinking, most are unemployed, with no motivation. They reported an increase in DUI's among 18-23 year olds, with more boys offending. They reported alcohol use was "just beer" and that they had seen no effect from the new marketing of harder alcohol.

  - ***Perceptions of use over time –*** Alcohol use is consistent, one participant saying first starting at age 12.
  - ***Price –*** No data provided by the participants.
  - ***Purity / Quality –*** Nothing reported.
  - ***New Users and Demographics of Use –*** In Columbiana County, it was reported that women with alcohol problems tend to be in dysfunctional relationships that they repeat, going back again and again, or getting involved in new similar relationships. They stated that these women only want a roof over their heads and someone to take care of them and that many still have outside plumbing and unheated trailers. They indicated that there are both men and women living in their cars. Many clients are smoking 2-4 packs of cigarettes a day. Enabling parents or 18, 19, and 20 year olds are a big problem with statements like, "alcohol is not an issue, they could be doing worse things."
  - ***Treatment and Other Issues – Closing Recommendations***

- The Youngstown focus group stated that alcohol use was a cause of homelessness because users were kicked out of their families and their homes. They also indicated that there were many problems with the homeless dual-diagnosed clients and alcohol use. These clients often break the rules in the homeless housing units, and then are not allowed back and there is nowhere else to send them.

- Programs affiliated with churches are trying to help. We need more follow-up programs when people get out of rehab, to help with food, jobs, someone to be there for them, like a brother.

- We need more services in the schools. There is a lot of drug activity in all of the schools. Another participant said we need to get to the introduction level, like peer pressure and getting drugs through mom and dad. We need more "Cops in Shops." After school drinking is a problem in Youngstown and gets worse in the summer.

- We need mentoring programs for adults, to help with positive peer selection, basic knowledge of resources, 12-step programs.

- People with dual-diagnosis, like Bipolar disorder, need to be able to talk to people in recovery who are successful.

- Columbiana County and Mahoning County participants summed up closing issues and ideas well. We need:

    - Vocational training, job placement.

    - Literacy.

    - Longer treatment.

    - More Half-way and Three-quarter-way houses.

    - More staff training.

    - More counselors/smaller caseloads.

    - Visiting nurse services for clients with medical problems.

    - Transportation often a major issue.

    - There are treatment problems with dual-diagnosis clients being non-compliant with medications or not understanding their medication. Those with dual-diagnosis seem to be more severe recently, Depression, Anxiety, Bi-Polar, Schizo-Affective.

APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	1/8 ounce	¼ ounce
Akron		$125-140	$225-250
Cincinnati	$100		
Dayton		$120	
Youngstown	$55-100		

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	1/8 ounce	Ounce	½ gram
Akron	$75-100	$250-350	$1100-1300	
Cincinnati	$100			
Cleveland	$100		$900	
Columbus	$100			
Dayton		$150		$30
Rural Northeast	$100-200			
Rural Southeast	$75-90	$150-180		
Youngstown	$60-80	$100	$800-1200	

DRUG PRICE TABLE 3: HEROIN

	Gram
Dayton	$150

DRUG PRICE TABLE 4: MARIJUANA

	Pound	¼ ounce	Ounce
Akron	$1200-3500	$50	$100-175
Cincinnati			$100-200
Cleveland			$100
Dayton	$2200		$150-200
Rural Northeast			$120-200
Rural Southeast		$100	$150-200
Youngstown	$1500	$20	

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Vicodin	Valium	OxyContin	Xanax	Ritalin
Akron		$2-5		$.50/mg		

Cleveland				$1/mg		
Dayton		$2-7				$2
Rural Northeast	$6-8	$6-8	$2	$.50-1/mg		$10-15
Rural Southeast		$3-5	$2		$2	$3
Youngstown				$1/mg		

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Ecstasy	LSD	Meth.	GHB	Mushrooms
Akron	$10-25/tablet	$5-10/hit	$800/gram	$600/gal.	
Cleveland	$10-20/tablet				
Rural Northeast	$25/tablet				
Rural Southeast	$25-30/tablet	$5/hit			$20-30-$^{1}/_{8}$oz.