



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](#)

SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

JANUARY 2003



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and Drug Addiction Services**

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

June 2002 - January 2003

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ABSTRACT

Alcohol, crack cocaine, and marijuana remain the most commonly abused drugs in the Summit and Stark County region. Reportedly, 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 often used in combination with each other or some other drug. Methamphetamine use is reportedly 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. Reportedly, 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 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 towns and townships.

In 2000 Stark County had a 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 4 focus groups and 4 individual interviews conducted during November–December 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 is from a Summit County residential treatment facility, for the period July 1–December 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-June 2002.
- **Overdose and Suicide data** for Stark County was obtained from the Stark County Coroner's office.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Frontline Professionals
11/14/2002	7	Drug Treatment Counselors; Clinical Director
12/6/2002	5	Recovering Users, Methadone Maintenance Clients
12/11/2002	7	Drug Treatment Counselors; Program Directors
12/16/2002	5	Drug Treatment Counselors; Counseling Supervisors

Individual Interviews

Date	Name	Age	Occupation/Connection to Drug Community	Ethnicity	Gender
11/17/02	1	45	Drug Treatment provider, Interval Brotherhood Home	White	Male
12/4/02	2	N/A	Treatment provider, Summa Health Care	White	Male
12/13/02	3	N/A	Narcotics Officer	White	Male
1/3/03	4	25	Methamphetamine User – in Treatment	White	Female

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
4	24	4	28

Table 2: Detailed Focus Group/Interview Information

FOCUS GROUPS

1. November 14, 2002 – Drug Treatment Counselors, Clinical Director

Name	Age	Ethnicity	Sex	Occupation
1	56	White	Female	Clinical Counselor
2	46	White	Female	Clinical Counselor
3	57	White	Male	Clinical Director
4	29	White	Female	Clinical Counselor
5	58	White	Male	Clinical Counselor
6	56	White	Male	Clinical Counselor
7	55	White	Male	Clinical Counselor

2. December 6, 2002 – Recovering users, Methadone Maintenance Program Clients

Name	Age	Ethnicity	Sex	Drug of Choice
1	50	Black	Female	Heroin
2	47	White	Female	Heroin
3	44	White	Male	Opioids
4	42	White	Female	Opioids
5	41	White	Female	Opioids/Heroin

3. December 11, 2002- AoD, Methadone Maintenance Program Staff

Name	Age	Ethnicity	Gender	Occupation
1	35	White	Male	Drug Treatment Provider
2	51	White	Female	Nurse
3	34	White	Female	Adolescent Drug Treatment Provider
4	37	White	Female	Drug Treatment Provider
5	32	White	Female	Drug Treatment Provider
6	42	White	Female	Program Director
7	26	White	Female	Drug Treatment Provider

4. December 16, 2002 - Akron Health Dept., Drug Treatment Providers

Name	Age	Ethnicity	Gender	Occupation
1	54	White	Male	Counseling Intern
2	47	White	Female	Drug Treatment Counselor
3	50	White	Male	Adolescent Treatment Counselor
4	40	White	Male	Adolescent Treatment Counselor
5	39	White	Female	Counselor Supervisor

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine is the illegal drug most commonly mentioned by drug users, law enforcement, and treatment providers residing in Stark and Summit Counties. The physical, psychological, legal, social, and economic impact on these communities is extensive. Addicts, law enforcement professionals, and treatment providers report that crack cocaine continues to be readily available throughout the region, and has made serious inroads into suburban and rural areas. The use of crack is endemic in some inner-city neighborhoods, bridging the “traditional” racial and generational differences that were observed when crack first appeared in the area. That is, despite considerable negative stigma towards the use of crack, new users continue to appear in this region. Participants report that use among whites is increasing, as former powdered cocaine users drift to the cheaper and more powerful crack form. It is reported that white female users (younger *and* older) are steadily becoming involved at a disturbing rate. Prostitution and “sex for drugs” are increasingly common ways for females to acquire the drug. Despite the stigma attached to crack use, it continues to be widely abused in the area. Users and treatment providers from adolescent programs often voice the opinion that young people who are users of marijuana, for example, often eschew the use of crack. However, peer influence and easy availability break down this prohibition, especially among those with a history of early onset of drug and alcohol abuse.

As previously reported, the quality and purity of the drug varies. Most users interviewed indicated that they avoided purchasing from street dealers, and many said that they either prepared their own crack, or had favored suppliers that they patronized. It was reported by several treatment providers that even young teenage users are sophisticated about quality differences indicated by appearance: “white is probably more cut- yellow is better.” Law enforcement officers reported that they continue to make daily busts of street dealers throughout the area, sometimes leading to the arrest of higher-level dealers. However, users report that despite law enforcement efforts, “droughts” are infrequent and short-lived.

Typical amounts reported by daily users are \$20 “pieces,” although many users reported buying “eight-balls” (1/8th ounce) because they felt that this enhanced their chances of getting higher quality crack, and this was less trouble than having to make frequent purchases. There is no standard weight reported for \$20 pieces – they seem to vary with supply and demand.

The subgroup of daily crack users continues to represent a large segment of the drug treatment population at any given time in the Akron-Canton region. 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 outpatient treatment was not sufficient to prevent relapse. Users frequently reported that getting into treatment often presented problems for them. They felt that waiting lists prevented them from getting treatment when they needed it. However, one treatment provider at a large outpatient clinic in Akron remarked, "At this facility, I don't think we turn *anyone* away!"

There is often a marked difference of opinion between users and providers regarding the motivation to seek treatment for crack addiction. According to treatment providers and law enforcement, legal coercion resulting from criminal activity to support the crack habit is what usually brings crack users to treatment. 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. Practitioners in women's treatment programs often cited the intervention of child advocacy agencies as motivation for female users to seek treatment. Users, on the other hand, often claim self-motivation to quit and/or a sense of powerlessness as the reason they are in treatment. 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 14-16% and for Stark County to be about 11-13%. These percentages appear to be low compared to reports by users and providers, who contend that the number of crack users in treatment is much higher. This is likely a result of a persistent belief that alcohol dependence, for instance, provides easier access to treatment than addiction to illicit drugs. The director of addiction services at a large multi-site Summit County healthcare system contends that it is very difficult to get a crack user into any kind of managed care facility.

Several recent trends have been noted by respondents in the Summit-Stark area: 1) The age range among crack addicts is increasing: users in their teens and early 20s ("crack has replaced marijuana as the introductory drug" according to one Akron area treatment provider), and adults (predominately males) in their 40s and 50s are appearing in treatment with increased frequency; 2) crack use continues to spread from urban to suburban areas; 3) accidental deaths related to the use of cocaine are increasing. In Stark County, coroner's reports for 2001 (the most recent data available) noted that cocaine was present in several deaths where drugs were a factor; and, 4) according to many respondents, some former crack users are making the transition to methamphetamine and "ice." The prolonged effect of methamphetamine is seen by users as preferable to the short duration of a crack high. There is also a perception that use of methamphetamine allows the user to function better, and to avoid "geeking" (engaging into all sorts of humiliating behaviors in order to obtain crack), which is often associated with crack abuse. Some users were fully aware of the negative and dangerous side effects of methamphetamine, and they found such misguided responses to be laughable.

1.2 COCAINE HYDROCHLORIDE (HCL)

Cocaine in the powdered form reportedly continues to be a preference of mostly white, middle- to upper-middle class professionals, and those who wish to avoid identification with crack use. Many of the users interviewed disdain the use of powdered cocaine as wasteful, compared to the concentrated crack form, and felt that snorting was "rough on the nose." Many perceive powdered cocaine as being associated with the rich and glamorous, or with very "part-time" users. All respondents who were interviewed felt that powdered cocaine use continues to be on the decline. Some did refer to the continued use of the powdered form in "blunts" and indicated that adolescents often use

the drug in this way. Treatment provider participants report that “everyone knows where to find coke.”

Ounces are 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” (1/8th ounce) for \$250-350. Users report that powdered cocaine is almost always cut severely by the time it is marketed in smaller quantities, and is rarely worth the money.

Among treatment staff respondents, it is reported that powdered cocaine is decreasingly mentioned by incoming clients as a drug of choice. The few users who report such use are generally early-middle to middle-aged individuals who are generally employed and often come from more affluent (thus, probably more “protected”) socioeconomic circumstances. However, even with this close-knit population of powdered cocaine users, respondents generally believed that, once exposed to the crack form of cocaine, they would likely make the move to the more powerful concentrated form. In addition, adolescent treatment counselors noted that some of their clients are transitioning from the use of marijuana to cocaine use by smoking blunts that are laced with powdered cocaine. Some treatment providers from outpatient and methadone maintenance programs report that urine drug screens given to heroin addicts upon admission are showing positive for cocaine, despite sometimes adamant denials of cocaine use by these individuals. This, of course, could be a matter of denial; however, the persistence of these reports suggests more investigation.

On December 30, 2002, 84 kilos of pure cocaine, estimated at a value of \$2 million were seized in Franklin Township, a suburban area of Summit County. This is the largest cocaine bust ever made in Summit County. A gas station attendant became suspicious when the two men, who were driving an expensive, custom pickup truck said they were out of gas, broke, and asked to borrow a quarter for a phone call. The ultimate destination of the cocaine has not been revealed, but its presence in the area indicates that large amounts of the drug may be in Summit-Stark Counties at any given time.

2. Heroin

Heroin use reportedly continues to grow in the Summit-Stark area. Interviewees are mixed in responses to questions about availability in the area. One treatment provider said that she has been told by law enforcement that a major bust last summer (2002) created a drought in the local supply. There was a moderate consensus among respondents that many addicts have been finding it necessary to go to Cleveland to find cheaper and purer heroin.

In the Summit-Stark area it is reported that “bags” are selling for \$30, while the equivalent can be found in Cleveland for \$6-15. According to methadone maintenance program staff, bricks are selling for around \$300 (10 bags per bundle, 10 bundles in a brick). As reported in June 2002, heroin use is reported to be increasing among younger users (under 25). This is of universal concern to all respondents, including older (40-50 years) heroin users. New users are introduced to the drug by inhaling and smoking the drug, and then they start injecting as tolerance increases. The majority of older addicts are IV users. There is also considerable concern that users of pharmaceutical opioids, both older and younger, move to heroin after availability of prescribed or illegally-distributed opioids declines, or after addiction has taken hold.

A difference of opinion regarding access to treatment continues to exist. According to practitioners, the number of self-described heroin addicts admitted to

residential treatment centers, while a relatively small percentage of the treatment population, is definitely increasing. The majority of addicted users seeking treatment are patients of a large methadone maintenance program in downtown Akron. Several of these addicts also were critical of members of the medical profession, whom they blamed for their introduction to pharmaceutical opioids, which they believe led to their eventual heroin addiction.

However, counselors working with the methadone maintenance program reported that the number of clients they supervise has risen almost 400% in the past five years. According to these same counselors, they saw a 66% increase in new cases during the previous year. One large Summit County residential treatment center that admits over 300 clients per year reported only 4.2% of clients presented with a primary drug use of heroin for the first 5 months of 2002. The fastest-growing segment of his group of users is the 18-25-year-old age group, split pretty evenly between males and females. Though ethnic divisions are not as marked as with other drugs (e.g., methamphetamine, benzodiazepines), the use of heroin seems to be increasing at a faster rate among whites than among other groups. Both users and service providers report high relapse rates among heroin users following detox and/or treatment.

Well-known effects of heroin use on health and the potential consequences of criminal activity do not seem to be doing much to deter increased use of heroin in this area. Glamorization of heroin by naïve and impressionable (especially younger) individuals seems, at least in part, to drive the burgeoning problem among members of alternative music subcultures, who start out using the drug recreationally, but then become addicted. Among such individuals, heroin may be only one drug among many that they use, “recreationally,” at first. Problems that were mentioned in focus groups and interviews earlier in 2002, such as heavy use of alcohol by heroin addicts who cease using heroin, and the use of benzodiazepines or Soma (carisoprodol) to add a euphoric effect to methadone were not mentioned in this round of interviews.

3. Other Opioids

Despite efforts to educate the public of the strong addictive potential of OxyContin (oxycodone long acting), Lortab (hydrocodone), Vicodin (hydrocodone), Percocet (oxycodone), Demerol (meperidine), Dilaudid (hydromorphone), Darvocet (propoxyphene), codeine and other painkillers, they continue to be abused in large numbers. Responses to questions about availability were somewhat inconsistent among different focus groups and interviewees. However, OxyContin was the most mentioned opioid drug. An Akron narcotics officer recently reported that quantities of these opioids have been intercepted, but he indicated that he believes that most distribution takes place in close-knit networks of users. The drugs are obtained mostly from legal prescriptions, and then are made available for distribution through these illegal networks. The education director of a large Summit County residential treatment center said:

These drugs represent a totally different social phenomenon than heroin, cocaine, or any of the other illegal drugs, because they are legal. So the methods that people go through to obtain them are different... availability of these drugs is basically contingent on the creativity of the addict.

Weekly crime reports in local newspapers frequently mention the theft or robbery of prescription medications. Drug users reported little difficulty in obtaining these medications from emergency room visits, and “doctor-shopping.” The largest group of users and legal recipients of these medications is reported to be white women, in their

30s and 40s. In addition, addicts believe that there is a larger quantity of prescribed opioids than the public is aware. As reported by one recovering user, "I live in a building with senior citizens, and you'd be amazed at how many of them are hooked on Vicodin." Similarly, one respondent described a type of barter system, in which, for example, a landlord with elderly tenants might accept pain pills in lieu of rent.

Prices of OxyContin remain at about \$1 per milligram throughout the area. According to client information from the addictions treatment director of a large Summit County health system, Darvocet sells for \$4-5 per tablet, and Vicodin for about \$7 per tablet.

There is ongoing concern, as mentioned above, that users of legal opioids often make the transition to heroin use. However, the education director quoted above noted:

...abusers of drugs like OxyContin and Lortab are far less likely to actually use heroin than heroin users are to use [other opioids]. There is an invisible social line they won't cross, because then they'd be an addict. The heroin user, of course, already knows it!

The concern that opioid use may lead to addiction and ultimately to heroin use is part of the ongoing debate over the necessary and appropriate use of pain medications vs. the potential for abuse. The addictions director of a large Summit County healthcare system, a physician, noted:

What I see is, that there are those who take their opioids, or pain pills, and they just stay with them--no problem. But there are those whose tolerance increases, and those are the ones who get into trouble. Before you know, they're using up their one-month supply in a week, two weeks... you know, 'someone stole my purse, and all my pills were in there...'

There were some recent trends identified concerning the use of pharmaceutical opioids. First, it was reported that Dilaudid and liquid morphine are making a comeback. It is believed, that the tightening of availability of OxyContin may account for this. These drugs, and Demerol, when available, are in the price range of OxyContin. Second, fentanyl abuse seems to be increasing as more addicts become aware of it. Treatment providers were not widely aware of the abuse of fentanyl, with the exception of medical staffers, and program staff from a methadone clinic. Finally, a physician respondent discussed the health problems associated with taking large daily quantities (treatment patients sometimes report taking 10-30 per day) of pain medications that contain acetaminophen, aspirin, and other ingredients. Some medications, such as Lortab, contain 500 milligrams of acetaminophen per tablet. He pointed out that damage to the liver and gastro-intestinal tract can be devastating. Finally, the other opioid mentioned with some concern was methadone. It was reported that methadone is increasingly prescribed for certain types of cancer. In the same way that other painkillers are made available for the illicit market, this source of methadone may be finding some diversion.

4. Marijuana

Respondents repeated that marijuana in the Stark-Summit region has, for the last few months, been harder to obtain. This is not to say that the drug is not available, but that it is more difficult to obtain, and is high-priced at the present time. Price reports are widely variable, ranging from \$150-200 per ounce for good quality, up to \$25 per gram (thus, \$700 per ounce if sold by the gram) for the highest grade hydroponic, British

Columbian and Hawaiian seed strains. Law enforcement respondents do not necessarily share the belief that things have dried up, but they do agree that prices are higher, and potent strains of marijuana are available to those who know where to find it. There is general agreement among interview participants that marijuana is *the* primary (illegal) drug of choice for adolescent users. Smoking *blunts* continues to be the preferred method of use among young African-Americans. One treatment counselor reported that teenagers will chip in together for blunts, effectively paying for individual “hits.” Used in this way, blunts can go for as much as \$10 a piece. One participant stated:

Marijuana is so much a part of the social fabric [today], that its use is not seen as a deviant behavior. [Smokers believe], ‘Everyone is using it....’ They have a hard time connecting marijuana use with addiction. They are not aware that they even could be addicted.

Adolescent treatment providers, as well as those who counsel young adults were particularly concerned about developmental problems associated with heavy, chronic marijuana use. The clinical director of a large Summit County residential treatment facility stated:

What we found are kids who are going through adolescence trying to deal with normal adolescent issues including feelings, relationships, and all that sort of thing. [But] because of marijuana, never do develop those social skills.

A counselor in the same focus group added:

I’d say from long experience in this field for the time you are under the influence of marijuana you do not develop socially. Because it is perceived as a relatively harmless drug, marijuana users tend to do it day after day, night after night. And over a period of time, they just do not develop in normal ways either socially or physiologically, or psychologically – their development just slows to a crawl. They don’t learn, they don’t learn about life. They don’t get educated for a long period of time.

Consistent with previous OSAM reports, marijuana is reportedly used by all age groups in the area. 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.

It is generally true that in the Summit-Stark region, drug treatment admissions with marijuana as a primary drug of choice are infrequent, except among adolescents. However, the drug is frequently listed as a secondary drug among multi-drug users. Dual diagnosis clients, in particular, often report, at admission, to use crack, alcohol, and marijuana. An area of concern of several treatment professionals, especially those who treat insured individuals was the report by some of their clients that they feel compelled to transition to use of drugs other than marijuana because of random urine drug screens given by employers. The inability of the body to excrete THC as readily as other drugs puts the user at long-term risk for positive urine drug screens.

5. Stimulants

5.1 AMPHETAMINE

With the exception of Ritalin (methylphenidate) and Adderall (amphetamine and dextroamphetamine), there is very little activity reported in the region with pharmaceutical amphetamines. Distribution is limited to small networks of users. Availability in junior high school and high school settings is fairly high relative to overall regional availability. Their use as medications for attention-deficit and/or hyperactive disorders seems to be declining, but parents of children with these disorders are known to make these drugs available, motivated by high demand. Law enforcement personnel reported that they do not make very many arrests for the sale of these drugs. An issue mentioned by a number of treatment professionals was the abuse of over-the-counter diet aids and stimulants containing ephedrine as well as preparations containing pseudoephedrine. It was noted that many retailers in the area limit the number of, for instance, cold preparations with pseudoephedrine that can be purchased at one time.

5.2 METHAMPHETAMINE

As emphasized in previous reports, methamphetamine is reportedly a growing problem throughout this region. Methamphetamine labs are generally small operations, and often difficult to detect. Law enforcement training in Summit County has resulted in a relatively high number of lab busts in the area. Unfortunately, most operations are very small and mobile, making surveillance difficult. Users and law enforcement both indicate that “meth” can be produced relatively quickly in hotel rooms, cars, garages, and other places. One area user presently in treatment said that she believes that law enforcement is “only scratching the surface,” and that production and use is very widespread. Much of what is produced is used up very quickly, so there are not believed to be large stockpiles in the area.

Methamphetamine is reported to sell for \$80-100 per gram. Some of the chemicals are reusable, a fact which was not believed to be the case until recently. However, users with experience in preparing the drug say that methods for optimizing the use of chemicals is available on the Internet. Sometimes the drug is produced in rural parts of the region, facilitated by the availability of anhydrous ammonia used in farming activities and the seclusion of these areas. 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 reportedly extract the substance from match heads. Law enforcement officers are particularly concerned about the dangers associated with methamphetamine production. In addition to red phosphorus, a variety of other dangerous chemicals and volatile chemicals are used, including ether, acetone, and ammonia. On January 17 and 18, 2003, two separate hotel room labs were discovered by the Summit County Sheriff's Department.

The perception of methamphetamine as a drug used predominately by bikers and whites of low socioeconomic class is fading. Respondents across the board believe that the drug is making serious inroads into the drug culture at large. A narcotics officer who was interviewed said that it appears that “ice,” the concentrated smokable form of methamphetamine, is beginning to appear in the area. Already a problem on the West Coast, it is believed to be moving eastward.

Users of crack (white and black) are becoming aware of some of the “advantages” of methamphetamine as a stimulant. It is much more long-lasting, more powerful, and can be produced with ingredients that are not particularly difficult to obtain. The narcotics officer mentioned above said there is a great concern about the growing use of methamphetamine by former crack users.

As reported in the June 2002 report, drug treatment admissions continue to increase. Self-report data by users indicates that former reluctance to mention methamphetamine as their drug of choice is diminishing. Professionals interviewed pointed out that, despite the strong psychological dependence that users attach to the drug, the extremely devastating physical effects often drive the user to seek treatment. Unfortunately, the feelings of depression and lethargy that accompany cessation of use of the drug, often does not bode well for the user’s acceptance of treatment.

6. Depressants

Benzodiazepines are the most widely abused drugs of the depressant and/or sedative category in the region. Valium (diazepam), Xanax (alprazolam), Ativan (lorazepam), Klonopin (clonazepam), etc. appear frequently as drugs of choice (although usually secondary) in assessment and screening data of users seeking treatment. Coroner’s data from Stark County also listed some of these substances in drug-related suicidal and accidental deaths over the past six months. Treatment professionals report a strong correlation between use of these drugs and dual diagnosis. It is believed that, in some cases, alcoholism and/or dependence on other drugs are being treated with benzodiazepines, by medical professionals who misdiagnose anxiety and depression as mental health conditions, when in fact, they are symptoms related to addiction. Another drug frequently mentioned by respondents was Soma (carisoprodol). According to a respondent who is also a physician, Soma metabolizes into meprobamate, which was widely prescribed in the 50s and 60s as the tranquilizer, Miltown.

Antidepressants (e.g., SSRIs) are sometimes sold illegally, but are reportedly not a particular problem compared to other drugs in the region. Street prices for Paxil (paroxetine), Prozac (fluoxetine), Zoloft (sertraline), etc., are \$1-\$2 per tablet.

GHB (gamma-hydroxybutyrate) and its various analogs are used by a small number of individuals in the region. The nature of the effects of GHB, however, makes it a particularly dangerous substance. It has been implicated in area cases of “date rape.” A police officer told of several cases he was aware of involving the use of GHB by individuals who experienced severe blackouts. In one case, a young man was given the drug by an associate, and was found hours later lying near the edge of 100-foot high bridge in Akron, with no recollection of what he might have been doing there. According to law enforcement, the GHB analog can be made from ingredients purchased at a store, and various recipes are on the Internet. A gallon sells for \$600, but it only takes a very small amount to get the effect.

7. Hallucinogens

Use of hallucinogens in the Summit-Stark area is relatively stable, according to respondents. The incidence of users accessing treatment for hallucinogens is virtually unknown among adults in the area, and adolescents rarely appear in treatment solely because of these drugs. Professionals say that there is no classic dependence or withdrawal, as in other drugs of concern. Many individuals who are admitted to

treatment may list the use of hallucinogens in their drug history, but very seldom was the use anything more than experimental. When available, single doses of LSD are reported to cost between \$5 and \$10. "Blotter acid" sheets (100 doses) may go for \$200. There is some concern over the use of hallucinogens concerning adolescents and young adults in the alternative music scene. Use of these drugs in "raves" is well-publicized. The primary concerns are about long-lasting mental health effects after ingesting the drugs. The greatest concerns are the possible effect on underlying mental health conditions, and the immediate physical health risks due to adulterants (e.g., amphetamine) and possible overexertion.

The decorative flowering plant *Datura* (Jimsonweed) was the subject of considerable concern during the past fall in the Akron area. A front-page article in the Beacon Journal warned of the dangers associated with this plant. It was reported that several teenagers were hospitalized after ingesting various parts of the plant. The story was corroborated by some of the focus group participants who are counselors at a large outpatient facility. Several of the individuals involved appeared for counseling under the influence of the drug, and had to be transported to the hospital. Symptoms associated with the drug, which contains atropine and scopolamine, can be extremely problematic, a combination of physical discomfort, combative behavior, delirium, disorientation, and hallucinations which can last 24 to 48 hours.

8. Inhalants

The use of inhalants is not considered to be a major problem in this region. With the exception of adolescent treatment facilities and hospital emergency rooms, inhalant abuse is rarely mentioned. Treatment professionals report a very limited likelihood of admissions acknowledging the use of such substances, except by way of describing occurrences of use as "one or two time things, when I was much younger." There is tremendous negative stigma attached to such activities, particularly within the drug subculture itself. Young whites from low socioeconomic backgrounds are considered to be the group most likely to participate in "huffing" behaviors. Respondents noted that the exception to this is the use of bulk nitrous oxide and "whippets," by rave participants. However, the inhalation of solvents, petroleum distillates, etc, is not a great problem within the region. This is not to say that the damage caused by such activities to the user is by any means slight. Law enforcement officials state that some users end up abusing the substances for long periods of time, with devastating results. It was noted by several respondents that the inhalation of various substances seems to be cyclical in this region. At the present time there appears to be no widespread abuse of inhalants.

9. Club Drugs

The use of drugs such as Ecstasy (MDMA), GHB (gamma-hydroxybutyrate), ketamine, etc, appears to coincide with activities specific to the 16-25 age group in this area. Drug users and treatment professionals interviewed for this report had little direct knowledge of the prevalence of this type of drug use in the area. The users interviewed had little interest themselves in these drugs, and drug treatment providers said that very few of their clients had much to say about the drugs, except for anecdotal information. There are several colleges and universities in the area, and respondents believe that much of the use of these drugs is associated with peak student population times at these schools. These drugs are generally brought into the area, although some respondents felt that GHB and its analogs are easy to produce and/or obtain locally. It is reported that there is an increasing "trickle-down effect," to the area high schools, and the age of

experimentation with these drugs is getting younger. Law enforcement personnel reported that they have intercepted fairly large amounts of these drugs over the past year, but what they have stopped is believed to be a small percentage of these drugs, particularly MDMA/"Ecstasy," that flow into the area. These substances can be extremely risky from a physical and mental health standpoint. A wide range of prices was reported for these drugs. MDMA/"Ecstasy" has been reported to sell for \$10 to \$25 per dose.

10. Alcohol

Alcohol is commonly used and abused in both Summit and Stark Counties. It represents the largest percentage of treatment admissions throughout the region. Between July 1999 and July 2000, primary dependence on alcohol represented about 57% of all drug treatment admissions in Summit County and about 63% in Stark County. These percentages remain relatively stable. 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 abuse/dependence as the primary diagnosis usually occurs in older persons (over 40). According to treatment providers, alcoholics do not 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.

11. Other Drugs

In the last reporting period, the use of over-the-counter medications such as Benadryl, Robitussin, and Coricidin were mentioned by respondents. In the present round of interviews, there was little mention of abuse of these medications. However, it was noted by several respondents that retailers have taken measures to limit the number of pills that can be purchased at one time. They also have begun the practice of making it necessary to ask a clerk to obtain these products. As with many of the drugs used primarily by adolescents, it is difficult to isolate them as problem drugs that can be dealt with in the same way as the most typical addictive drugs.

CONCLUSIONS AND RECOMMENDATIONS

Alcohol, crack cocaine, and marijuana continue to account for the majority of drug-related problems in the Summit and Stark County region. However, a prominent Summit County Law enforcement officer believes that methamphetamine is on its way to becoming a major problem drug in the area. Alcohol and marijuana use is considered to be a virtual norm within the drug subculture, and carries little stigma even with the

general public. Crack has become so common in some urban areas of Summit and Stark County that its marketing and distribution has become an “industry.” It is reportedly used by people of all ethnic groups, ages, both sexes, and social classes. Heroin use is making strong inroads into new user groups particularly among younger users, who appear to be transitioning from other drugs more quickly than in the past. Also, combination use of crack cocaine and heroin is emerging. In summary, in the current reporting period, the major regional changes include the increased use of crack and heroin among younger users, use of marijuana as a medication by dually-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 over-the-counter drugs by younger users, and increased alcohol use as a coping mechanism in a “post-September 11th” environment.

Several treatment and prevention recommendations have been identified:

- There continues to be a great need for drug treatment for adolescents, especially residential treatment.
- School prevention programs are not enough, and are considered to be examples of “preaching to the choir.”
- When treating alcoholics and marijuana users, the entire family must be considered. It was reported that in the case of these drugs, families members sometimes use together. (A continuing concern noted from the last several reports from this area.)
- Increase alcohol treatment activities within correction facilities. “About 80% of prisoners are incarcerated because of alcohol-related problems, yet the focus remains on drugs.”
- The area has mental health courts and drug courts. What about alcohol courts?
- Funding for case management workers to deal with housing, employment, etc., so that mental health and CD counselors are not bogged down with casework activities.
- Services for pregnant female adolescents.
- Less redundancy in provision of services.
- Availability of longer treatment stays; more residential treatment.
- “Step-down” programs mandated by local courts, as part of sentencing.
- Publicly-funded, structured halfway and three-quarter-way houses, particularly for single women and men. This might cut down on recidivism and reduce relapse potential.
- Job training for more than entry-level, minimum-wage jobs.
- Improved assessment and treatment for nicotine addiction.
- More methadone maintenance programs. More “take-home” doses when appropriate.

- Appropriate needle exchange programs should be considered on a larger scale than has been considered up to this point (according to treatment provider participants).
- ODADAS should assist agencies in creating and utilizing uniform information management systems that are in accordance with ODADAS standards, requirements, and expectations.

**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 frequently sought out substances. However, during the latter half of 2002, drug and alcohol users who participated in focus group interviews indicated that the supply of marijuana in Southeast Ohio had decreased substantially. At the same time, participants indicated that powdered cocaine and, to a lesser extent, crack cocaine were increasingly available to users. Participants reported mixed impressions regarding the availability of OxyContin. Some users thought that OxyContin remained readily accessible while others believed that health concerns and heightened law enforcement efforts reduced access to OxyContin. Participants were increasingly concerned that greater numbers of children and adolescents in Southeast Ohio were using and selling various drugs, including marijuana, cocaine, OxyContin, and inhalants. A significant number of barriers to alcohol and drug addiction treatment remain in Southeast Ohio, including refusal to believe that some drugs (namely marijuana) were harmful, and the difficulty of taking time away from work to seek treatment.

INTRODUCTION

1. Area Description

Athens County

In 2001 the population of Athens County, OH was 62,235. Athens, the seat of the County, had a population of 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 the county, while 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. About 51% of the population in Athens County was female.

Athens County has been characterized as economically-impooverished. As of 1998, 19.1% of all persons lived in poverty and 24% of all children (i.e., persons 18 years of age and less) lived in poverty. The median household income in 1998 was \$28,965. The home ownership rate in Athens County was 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 2001, the population of Hocking County was 28,436. The vast majority of county residents is white (97.5%). Gender in the county is equally divided (49.8% male, 50.2% female). The median income in Hocking County through 2000 was \$30,865. Roughly 15% (i.e., 12.9%) of adults and about 19% of children in Hocking County lived below the poverty level.

Vinton County

In 2001, the population of Vinton County was 13,150. The vast majority of county residents was white (98.1%). Women accounted for 50.2% of the population. The median income in Vinton County in 2000 was \$26,697. About 19% of adults and 26% of children lived below the poverty level.

2. Data Sources and Time Periods

- *Qualitative data were collected in five focus groups (n=8; n=8; n=5, n=6, n=5) for a total sample size of N=32 between July and December, 2002. Information about the focus groups is summarized in Table 1. More detailed information is presented in Table 2.*

Table 1: Qualitative Data Sources

Focus Groups		
Date of Focus Group	Number of Participants	Participant Descriptions
11/12/02	8	Active Users/Former Users in Recovery ^a
11/26/02	8	Active Users/Former Users in Recovery ^a
12/03/02	5	Active Users/Former Users in Recovery ^a
12/10/02	6	Active Users/Former Users in Recovery ^a
12/18/02	5	Active Users

^a All users in recovery have used drugs within the past six months.

Totals			
Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
5	32	0	32

Table 2: Detailed Focus Group/Interview Information

November 12, 2002: Active and Recovering Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	31	White	Female	OxyContin
2	38	White	Male	Alcohol
3	32	White	Male	Alcohol and marijuana
4	33	White	Male	"Many different drugs"
5	50	White	Male	OxyContin, alcohol, cocaine, marijuana
6	26	White	Male	Alcohol, marijuana, crystal meth, LSD, mushrooms, prescription drugs
7	28	Latino	Male	Cocaine and alcohol
8	18	White	Male	Marijuana

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at Health Recovery Services in Athens, Ohio.*

November 26, 2002: Active and Recovering Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	41	White	Female	Alcohol
2	44	White	Male	Alcohol, marijuana
3	32	White	Female	Alcohol, marijuana
4	33	White	Female	Alcohol, marijuana, OxyContin, some crack cocaine
5	20	White	Female	OxyContin, marijuana, cocaine
6	31	White	Male	Alcohol, marijuana
7	33	White	Male	Alcohol
8	31	White	Male	Alcohol, marijuana

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at Health Recovery Services in Athens, Ohio*

December 3, 2002: (Active Users and Former Users in Recovery)

"Name"	Age	Ethnicity	Gender	Experience/Background
1	40	Latina	Female	Marijuana
2	32	White	Male	Alcohol, marijuana
3	32	White	Male	Alcohol, marijuana
4	50	Black	Male	Marijuana
5	27	White	Male	Alcohol, marijuana

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at Health Recovery Services in Athens, Ohio.*

December 12, 2002: Active and Recovering Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	28	White	Male	Narcotics, opiates
2	40	White	Male	Alcohol
3	30	White	Male	Alcohol, marijuana, cocaine
4	24	White	Male	Alcohol, marijuana
5	27	White	Male	Alcohol
6	40	White	Female	Alcohol

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at Health Recovery Services in Athens, Ohio.*

December 18, 2002: Active Users in Nelsonville Area.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	33	White	Male	Marijuana, prescription medications, heroin, tobacco
2	21	White	Male	Alcohol, cocaine, marijuana, mushrooms
3	33	White	Male	Alcohol, marijuana
4	20	White	Female	Marijuana
5	24	White	Female	Alcohol, marijuana

Recruitment Procedure: *The above participants were recruited through a recruiter who was familiar with the area and active drug users in the area.*

Sociodemographic Characteristics of All Participants

Gender: 23 males, 9 females

Ethnicity: 29 White; 1 African American; 2 Hispanic

Age: Mean age = 31.9 years (Range=18 – 50)

Geographic Areas in Southeast Ohio in Which Participants Resided:

Athens, Nelsonville, Glouster, Chauncey, Amesville, Albany, Unincorporated areas outside of Athens.

Occupations of Focus Group Participants:

Construction Worker, Self-employed (contractor), Mechanic, Food service Industry (Cook/Waitress), Fence Builder, Student, Custodian, Housewife, Unemployed/Disabled.

DRUG ABUSE TRENDS

1. Cocaine

1.1 COCAINE HYDROCHLORIDE (HCL):

- Users believed that the use and availability of powdered cocaine in Southeast Ohio was *increasing*. In terms of the availability of powdered cocaine, participants provided the following responses:
 - *As accessible as there are as many bars in Athens.*
 - *It's easier to get coke now than pot.*

- *It's easy to get. It's in my family.*
 - *I get it from 'Little Columbus' – Zanesville.*
 - *I can leave here and be back with some in 15 minutes.*
 - *A lot of contractors selling it. It's used a lot by people working at construction sites.*
 - *Just go into a bar, a college dorm, or college student apartments.*
- Modes of administration of powdered cocaine in Southeast Ohio:
 - Participants indicated that most users of powdered cocaine were snorting the drug.
 - Some were freebasing.
 - Some were taking “*highballs*” (“cooking it down, mixing it with OxyContin, and shooting it”).
 - Price: \$60 - \$100 per gram;
 \$150 - \$250 per 1/8 ounce.
 - Quality: Users believed the powdered cocaine from the Zanesville, Ohio area was of superior quality (frequently as pure as 80%). Conversely, users believed that by the time powdered cocaine had made its way to the Athens area, it was only 40% - 50% pure, most frequently being “stepped on” or “cut” with OxyContin, Vicodin, and baby laxative.
 - Additional observations regarding powdered cocaine in Southeast Ohio:
 - Users indicated that powdered cocaine was increasingly being used by adolescents (i.e., teens 15 and younger). One focus group participant stated,

In Nelsonville, you're seeing 11-year-old kids smokin' it. They're breaking into churches, stores, any place to get money to buy it.

1.2 CRACK COCAINE

- Many participants thought that the use of crack cocaine had increased *significantly*.
 - *If you can get powder, you can get crack. Just cook it down and smoke it.*
- It's seen as the “in drug” among teenagers.
- Price: One participant indicated that the price of crack cocaine in Southeast Ohio depended on the size of the “rock” purchased and stated that rocks could be bought for \$20, \$50, or \$100.
- One focus group participant had used crack cocaine in the recent past and described how addictive the drug was and how it causes one to lose all sense of time. He indicated that he and a friend checked into a hotel in Southeast Ohio exclusively to smoke crack. They went to check-out of the hotel, thinking they had only been there for one day, and learned that they had been there for four days.
- Focus group participants also described a small town located between Athens and Zanesville and indicated that the town was being destroyed by crack

cocaine. One participant characterized the town as being high in crime, stating “Put it this way....you wouldn’t want to drive a new car into it.” One focus group participant, who said that he did not use crack cocaine but that he had sold it in the past (especially in this town), stated that it was very easy to buy crack in this town:

You don’t have to know nobody. You just drive into town, roll down the window, hold up as many fingers as you want (one finger equals \$100 worth of crack), someone will walk up to you, you give him the money, he gives you your crack.

The participant indicated that crack could be purchased in this town “Anytime, day or night.” The participant also indicated that crack was being sold in this town by persons as young as 14 years of age.

2. Heroin

Consistent with findings from previous focus groups (i.e., conducted in early and late 2002), heroin use still appears to be relatively rare in Southeast Ohio, although one focus group participant indicated that he had used heroin in the past six months.

- **Quality:** One participant who had used heroin within the past six months described the quality as “awesome” and indicated that heroin that is available in the Southeast Ohio area is “coming in from Columbus.”
- **Modes of Administration:** The participant who had used heroin indicated that users were injecting heroin.
- **Price:** One user indicated that he paid \$20 for one chunk of heroin on a piece of aluminum foil, while another participant heard that heroin could be bought for \$25 per vial.

3. Other Opioids

3.1. OXYCONTIN

- Focus group participants reported mixed impressions regarding the availability of OxyContin (oxycodone, controlled-release) in Southeast Ohio.
- When asked to describe the use and availability of OxyContin, one subset of users provided responses such as:
 - *That’s everywhere.*
 - *It’s especially common in people who suffered injuries on the job.*
- Users reported seeing and hearing that kids as young as “middle school” were snorting OxyContin. One participant indicated that OxyContin is abused by everyone from “high school to 50 years old.”
- Conversely, a second subset of users thought that OxyContin was not as available as in previous reporting periods, indicating that:

Oxy was real available, but lately--with all these deaths--it's kind of dwindlin' off.

- It can still be obtained relatively easily, but users are concerned about health issues and know a number of people who have died from abuse of OxyContin. For example, one user indicated:

In the past 8 to 9 months, I lost 17 friends to Oxy, shootin it up.

- Some users also indicated that strict policies being enacted by pharmacies in Southeast Ohio make it difficult to obtain OxyContin. For example, most pharmacies in the area display signs such as “There is no OxyContin in this store” and “If you would like to fill a prescription for OxyContin, you need to place your order one full day in advance of pick-up.”
- How is OxyContin obtained in Southeast Ohio?
 - Some users indicated that they go from one emergency room to the next to obtain OxyContin. One user indicated that a person seeking to obtain OxyContin can go to as many as four different doctors in one evening.
 - One participant indicated:

I could spend the day going to different doctors and hospitals and come back with 6 or 7 different prescriptions.
 - One participant had a friend who poured hot grease on himself to obtain OxyContin.
 - One participant indicated that children and young adults are getting OxyContin by stealing it from their parents who are prescribed the medication.
- Focus group participants indicated that some users were switching from cocaine to OxyContin.

3.2 VICODIN, PERCOCET AND OTHER

- Focus group participants reported that opioids such as Vicodin (hydrocodone & acetaminophen), Percocet (oxycodone & acetaminophen), Lortabs (hydrocodone & acetaminophen) are very accessible in Southeast Ohio.
- Participants indicated that many users of these opioids often use them in conjunction with alcohol.
- Price: Vicodin = \$2 – \$6 per tablet (but depends on type, e.g., Extra Strength, etc.)
Percocet = \$5 per tablet.
- Participants also mentioned that Darvocet (propoxyphene & acetaminophen) is another opioid that is relatively frequently abused by persons in Southeast Ohio.

4. Marijuana

According to the focus group participants, there continues to be a high demand for-- and substantial abuse of--marijuana in Southeast Ohio. However, participants indicated that it is currently very difficult to find marijuana. Participants also believed that persons who did have marijuana in Southeast Ohio were "sitting on it" (i.e., not selling it or sharing it with others) because of the perceived shortage.

- Participants had two possible explanations for the perceived shortage of marijuana in the area.
 1. Tougher law enforcement efforts ("The Task Force"). Many participants indicated that tougher law enforcement efforts were reducing the amount of marijuana available in Southeast Ohio. These included more helicopter flyovers designed to find and eradicate marijuana fields/crops and greater use of informants (i.e., individuals who have been arrested for violations of drug laws who cooperate with authorities in order to reduce the severity of their sentence).
 2. The November 2002 elections. Many users also indicated that, historically, it is difficult to find marijuana during any period of major national and state elections. Most participants believed that elected officials wanted to appear tough on drugs as elections approached; consequently, the state government stepped up efforts to arrest drug users and dealers.
- Some participants believed that the shortage of marijuana accounted for much of the increase in cocaine use in Southeast Ohio. It remains to be seen if use of cocaine will decrease when (if) marijuana becomes more available in this part of the state.
- Price: The price of marijuana varied considerably by quality:
 - "Dirt weed" or low grade marijuana sold for approximately \$5 per joint, \$25 per 1/8-ounce, or \$80 - \$100 per ounce.
 - High quality marijuana sold for \$50 to \$100 per 1/8 ounce, or \$400 per ounce.
- Participants believed that many drug dealers who previously sold marijuana were now selling more cocaine. In the opinions of focus group participants, drug dealers see cocaine as having a greater financial upside than marijuana.
- Many participants indicted that marijuana was being used increasingly by teenagers. In fact, one parent who participated in a focus group refused to let her child ride the bus to elementary school because students had repeatedly attempted to sell marijuana to her child while riding on the bus to and from school.

5. Stimulants

- No focus group research participant thought that amphetamine use was currently a major issue in Southeast Ohio.

- In a similar way, the vast majority of focus group participants did not believe that methamphetamine use was a major issue in Southeast Ohio. When asked to comment on the significant number of methamphetamine lab busts that have occurred in the area, many participants believed that these individuals were either (a) from out-of-state and had come into the area simply to manufacture their methamphetamine and then return to their place of residence, or (b) these were very small labs that produced insignificant amounts that were not intended to be for sale.

6. Hallucinogens

6.1 LSD AND MUSHROOMS

- Similar to previous reporting periods, users preferred mushrooms over LSD.
- Focus group research participants believed that mushrooms were used primarily by college students.
- Prices:
 - Mushrooms: \$25 per 1/8-ounce;
 - LSD: \$5 per hit.

6.2 MDMA (ECSTASY)

- Focus group participants perceived MDMA/"Ecstasy" as a drug used primarily by college students.
- College students who participated in focus group activities indicated that MDMA/"Ecstasy" was available but that it was more difficult to obtain relative to previous reporting periods.
 - For example, if one wanted MDMA/"Ecstasy" for the upcoming weekend, he or she had to begin looking for the drug early in the week (e.g., Monday).

7. Inhalants

Although no user in focus groups reported using inhalants during the past reporting period, many users indicated that inhalants were used increasingly by teenagers and young adults in Southeast Ohio.

- For example, participants indicated that teenagers were "huffing" spray paint cans, whipped cream containers, and "air horns."
- One participant stated that a large grocery store in Southeast Ohio had recently telephoned a school and informed its administration that several middle-school children had just purchased \$30 worth of whipped cream containers from their store. When the store manager asked the teenagers why they needed such a large number of whipped cream canisters, the students claimed that they needed it for "a school project."

8. Alcohol

- Consistent with past reporting periods, alcohol use in Southeast Ohio is extremely prevalent. As some participants indicated,
 - *It's used by everyone.*
 - *Every corner in Athens has a bar.*
- Some participants indicated that many people used alcohol in conjunction with other drugs.
- A number of participants in focus groups had multiple convictions for "Driving Under the Influence." In fact, some participants had multiple DUI convictions but continued to drive (even with suspended licenses) because driving their own personal vehicle was the only way they could travel to and from the job site.

TREATMENT ISSUES AND RECOMMENDATIONS

- Users were concerned about drug use in children and adolescents. In fact, young individuals were not only seen as using drugs more often but also selling drugs at greater rates.
- In the opinions of focus group research participants, the increased efforts of law enforcement agencies to curb the use of marijuana had been effective. Ironically, as the supply of marijuana diminished, users sought out other drugs (most often powdered cocaine).
- When participants were asked to describe the types of services that were needed for users to seek treatment for alcohol and drug disorders, the following responses were provided:
 - *Denial* hinders treatment options. The vast majority of participants believe that users do not perceive themselves as having drug or alcohol addiction issues. This perception was particularly true for marijuana--many participants indicated that residents of SE Ohio do not see marijuana as being a harmful drug.
 - Participants indicated that, for the most part, people only undergo treatment if they have been arrested and court-ordered to obtain treatment.
 - Many participants indicated that, if an individual was serious about stopping their use of drugs, they would have to leave the local area to seek treatment and remain sober. Participants believed that in Southeast Ohio there are simply too many bars and opportunities to use drugs and alcohol.
 - Many participants indicated that it is difficult to maintain full-time employment and seek treatment for alcohol and drug problems. Many of them explained that they had lost jobs in the past because their employer did not provide them with time-off to participate in drug or alcohol treatment. , participants indicated that they could not afford to seek treatment, either due to the direct

(i.e., out-of-pocket) costs of treatment or due to missing time from work to obtain treatment.

- Finally, participants were concerned that alcohol and other drug abuse counselors in Southeast Ohio may not be prepared for the possible increase in persons who have powdered or crack cocaine addiction issues. Participants believed that many counselors in this area were trained and experienced in counseling persons with alcohol and marijuana addiction issues but were less prepared to provide treatment to people with cocaine addiction.

❖ Final Note: Drug and Alcohol Use in Southeast Ohio is a Syndemic Problem:

The vast majority of participants in focus group research activities discussed issues with drugs and alcohol but also frequently mentioned other important life issues. Many participants described broken marriages, poor relationships with their parents, episodes of running away from home, and other domestic stressors. It is quite possible that many individuals in focus group research activities began using drugs as a result of parental neglect, domestic abuse, sexual abuse, or other contextual factors. It might be important and worthwhile for future research activities to investigate the extent to which contextual factors (e.g., the family environment) are related to participants' patterns of drug use and their efforts (and inability) to halt their personal use of drugs and alcohol.

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

June 2002 – January 2003

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ABSTRACT

Columbus and Franklin County continue to experience a wide range of problems associated with drug trafficking, prescription diversion, and drug abuse. Crack cocaine continues to remain popular in the city's more economically depressed areas, but younger adults seem to be avoiding it to a greater degree. Unfortunately, younger adults--both rich and poor, African American and White, inner-city and suburban--appear to be turning to cocaine HCL in greater numbers, in part because of greater availability and lower prices. Heroin abuse, too, appears to be reaching epidemic proportions among a wide range of ethnic groups and socio-economic classes, and the demand for treatment for opioid addictions is increasing past the capabilities of treatment centers in the city. Adding to these numbers are those users of OxyContin who have moved on to heroin addiction because of that drug's greater availability, higher potency, and lower price. Abuse of OxyContin is increasing, along with increased availability and decreases in cost. The abuse of Ultram and fentanyl are troubling new trends which deserve further attention. Marijuana continues to be the most widely abused illicit drug by many sectors of the population. Ketamine abuse continues to be a problem in the "club scene," particularly among white young adults and adolescents. Abuse of MDMA/"Ecstasy" continues to increase, particularly among young white people, either in college or working. However, use also appears to be increasing among African Americans and those living in inner-city communities. Abuse of GHB and PCP continues to be uncommon in Columbus, but psilocybin continues to be used among middle-class whites in the club scene. Abuse of LSD also continues, but at what appears to be relatively low levels among whites in high school or college age. There are indications that methamphetamine abuse is increasing, particularly among young whites in the club scene. Availability was described as sporadic as labs are discovered by law enforcement agencies. Prescription amphetamines, such as Ritalin and Adderall, appear to be increasingly abused, sometimes as "study-aids" by high-school-age and college-age whites. Alcohol use continues to be widespread in Franklin County, particularly on college campuses, where it is considered an epidemic. The use of depressants with alcohol is another troubling issue that arose in this reporting period.

INTRODUCTION

1. Area Description

According to the "City of Columbus Census 2000," Columbus is both the state capital and the largest city in Ohio, with a population of 711,470. It covers an area of 212.6 square miles, and ranks as the 15th largest city in the United States. In addition, it is located within 500 miles of many of the country's major population centers. The city serves as a test-market for many products and services because of its reputation as providing an "average slice of American culture." Columbus experienced a population growth of 12.4% in the decade since the last census. Its ethnic composition is 67.9% White, 26% African American, 3.9% Asian, 2.5% Latino, and .3% Native American, with the balance comprised of people considering themselves to be multiracial. The majority of the population (19.6%) is between the ages of 25-34, while 75.8% of the population is 18 years old or over; the median age is 30.6. Franklin County, in which Columbus is situated, has a total population of slightly more than 1 million, with ethnic composition differing somewhat from the city of Columbus proper: white (75.5%), African-American (17.9%), Asian (3.1%), Latino (2.3%), and Native American (.3%) (City of Columbus Planning Division).

2. Data Sources and Time Periods

Qualitative Data were collected in 3 focus groups and 3 individual interviews between November 2002 and January 2003. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

Supporting Data were collected from:

Columbus Planning Division, "City of Columbus Census 2000"
 Columbus Police Department Narcotics Interdiction Unit
 Ohio Bureau of Criminal Identification and Investigation, Methamphetamine Survey 2002
The Columbus Dispatch
 WCMH – Channel 4 television news internet service.

Table 1: Qualitative Data Sources.

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
11/06/02	8	Active Drug Users
1/19/02	4	Treatment Providers
01/10/03	7	Recovering Drug Users (Residential Treatment)

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
12/02/02	Treatment Provider
12/05/02	Treatment Provider
12/10/02	Treatment Provider

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
3	19	3	22

Table 2: Detailed Focus Group/Interview Information.

November 6, 2002: Active Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	26	White	Male	Heroin primary drug.
2	23	White	Female	Methamphetamine, Powder cocaine and alcohol primary drugs.
3	19	White	Male	Methamphetamine, MDMA/"Ecstasy," Marijuana, Powder cocaine and alcohol primary drugs.
4	29	Multiracial	Male	Marijuana primary drug; former LSD, mushroom and heroin user.
5	19	White	Male	Marijuana primary drug.
6	20	White	Male	Marijuana primary drug.
7	29	African American	Male	Marijuana primary drug and uses "...just about anything"
8	19	White	Male	Alcohol primary drug; also uses club drugs and pharmaceuticals.

Recruitment Procedure: 7 are current participants and 1 is an ineligible referral in the MDMA project conducted in Columbus, Ohio.

November 19, 2002: Treatment Providers

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Administrator at a comprehensive drug abuse treatment facility serving primarily lower income populations of all ages for 17 years; has been in the AOD field for 27 years.
2	White	Male	Alcohol and Drug counselor for 12 years currently managing a relapse prevention program serving primarily indigent populations.
3	White	Male	Been in field for 7 years currently working with the homeless population with concurrent AOD and mental health issues.
4	African American	Female	Minority AIDS Prevention Specialist/Outreach Worker serving primarily African American women.

Recruitment Procedure: Community assessment phase for the MDMA project (Columbus, Ohio).

December 2, 2002: Treatment Provider

Age	Ethnicity	Gender	Experience/Background
NA	White	Male	~10+ years in the AOD field currently working as a Substance Abuse Specialist serving primarily college students.

Recruitment Procedure: Community assessment phase for the MDMA project (Columbus, Ohio).

December 5, 2002: Treatment Provider

Age	Ethnicity	Gender	Experience/Background
NA	White	Female	~12+ years as Clinical Psychologist in a methadone clinic setting.

Recruitment Procedure: Referred by supervisor, who project director contacted via phone.

December 10, 2002

Age	Ethnicity	Gender	Experience/Background
NA	White	Male	24 years as a behavioral health administrator/treatment provider in substance abuse institutions serving various populations (alcoholics, adolescents, and children).

Recruitment Procedure: Community assessment phase for the MDMA project (Columbus, Ohio).

January 10, 2003: Recovering Drug Users (Residential Treatment)

"Name"	Age	Ethnicity	Gender	Experience/Background
1	23	White	Female	Marijuana primary drug. Admits to having used nearly everything.
2	32	African American	Female	Crack cocaine and alcohol primary drugs.
3	28	White	Male	Powder cocaine and Crack cocaine primary drugs.
4	37	White	Female	"Garbage can junkie" – will do anything that she has access to.
5	42	White	Male	Alcohol primary drug. Has also used marijuana, heroin, methamphetamine, and powder cocaine.
6	36	White	Male	Alcohol primary drug. Has used marijuana and various opioids (not heroin though).
7	38	White	Male	Heroin primary drug. Has also used various other opioids.

Recruitment procedure: Facilitated by a treatment provider/administrator from an earlier treatment provider focus group (November 19, 2003)

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since 2000, crack cocaine has been consistent in its ready availability, stable level of use, and price. Its quality has generally been described as poor. In the past, new user groups appeared to be developing among adolescent females and individuals over the age of 50.

June 2002-January 2003

For the current report, all participants—whether treatment providers or drug users—stated that there has been no decrease in the availability or abuse of crack cocaine. According to active and recovering drug users, several of whom listed crack as one of their most frequently used drugs, crack can be found “anywhere” and “on every street corner.” As one 42-year-old white male polydrug user (in treatment) stated, one could easily get crack just by standing on a street corner and waiting for someone to come up and ask, “Are you looking?” Many participants in this same focus group echoed his statement. Treatment providers all agreed that availability remains “stable” at a “very high” level, except on a university campus, where a treatment provider described crack as “very rare” in both availability and use. In the last year, only one of his student clients, a male, has reported ever having used crack. This statement corresponds to the expressed opinion of many of the drug users (in and out of treatment) that crack is not popular among young people (under the age of 28) because they have seen its destructive nature first-hand.

Drug users in treatment and a treatment provider for heroin addicts also believed that crack use remains high. While one African-American woman, age 32, in recovery stated that crack knows no boundaries—that it “could be anyone,” other members of the drug-users-in-treatment focus group stated that use is more focused in the African-American community. Treatment providers echoed this, but pointed to new user groups as including inner-city whites, and one stated that he has recently read a few intake assessments of white housewives who have become addicted to crack cocaine.

The most common route of administration continues to be smoking; however, both current drug users and those in treatment state that injecting does happen among some users. Recovering drug users were more knowledgeable in regard to methods of injecting crack cocaine, mentioning the use of vinegar in its preparation. Treatment providers reported that clients who inject crack are “rarely seen.”

In regard to quality, several of the participants in the drug abuse treatment program agreed that the quality of crack in Columbus is “garbage.” Several stated that substitution of soap chips and/or baking soda is a common practice among crack dealers, who themselves often snort cocaine rather than smoking crack. In addition, it seems to be a common practice to allow a prospective buyer to sample a good quality rock and then sell that person low-quality or fake crack.

Reported prices for crack range from .50 or \$1.00 for a very small rock to \$10 for a dime-sized rock and \$20-30 for a quarter-sized rock, according to current drug users and treatment providers. The prices for larger quantities were discussed by users in treatment: \$120-125 for an eight-ball (1/8 ounce), with an ounce having a street value of

\$800-900. (One 23-year-old participant stated that she could get an ounce of crack, or a “cookie,” for \$275 because she knows “the dude that owns, that does it—you know what I’m saying—does what he does.” This statement, however, was met with disbelief by other crack users in the group.) Finally, recovering drug users pointed to the practice of trading crack for sex as continuing to be widespread.

In the current reporting period, law enforcement has made a concerted effort to break up crack dealing rings on the city’s South side as well as in the central city (Columbus Dispatch: 8/8/02 p. 1A; 5/31/02 p. 05C). In these two sweeps, nearly 200 people were arrested for dealing crack cocaine and marijuana, as well as engaging in other criminal activities. Despite these arrests, crack cocaine continues to be widely available.

1.2 COCAINE HYDROCHLORIDE (HCL)

Over the three years prior to this report, cocaine HCL had remained steadily available, particularly among groups of a higher socioeconomic status. While the quality had varied, its use and price had both increased steadily.

June 2002-January 2003

In the current reporting period, active and recovering users, as well as treatment providers, reported that the availability of powdered cocaine had increased over the past six months, to the point where treatment providers characterized it as “pretty available” and even “extremely available.” Even in the inner city, where cocaine has been historically difficult to find, treatment providers who serve that population stated that the cocaine HCL supply is “steady.” Active users, and those in treatment alike, stated that it is “easy to get.” One 23-year-old white woman in our treatment program focus group stated that she knows 13 different dealers, while a 28-year-old white man in the same focus group stated that he personally knows 9 cocaine dealers. Data from the Columbus Police Department Narcotics Interdiction Unit corroborate the data we gathered from our research participants; Columbus is starting to see an increase in cocaine presses. In the first 9 months of the year 2002, they seized approximately one press per month, for a total of 10 presses.

As availability is high, use was also reported to be increasing by both active drug users and those in treatment, while treatment providers characterized use as “steady.” According to our participants, there were a number of new groups using increased quantities of cocaine HCL. Several participants in the active drug user focus group suggested that cocaine use is increasing among high school students in the suburban areas outlying Columbus. Drug users in treatment stated that powdered cocaine use is increasing among people in their late 20s to early 30s, and that it is also being used by “professionals,” including nurses and lawyers. Treatment providers offered concurring opinions, stating that cocaine use is “skyrocketing” among working professionals, ages 35-50 years old, particularly in the African-American community. One treatment provider also suggested that use is increasing among older, white blue collar men, ages 50-60, as well as housewives in their 40s, suggesting that it is “no longer just a rich man’s drug.” A treatment provider at an educational institution also noted that cocaine seems to be taking a stronger hold in the rave scene among 18- to 23-year-olds, a statement that was corroborated by drug users in our focus group, several of whom consider themselves to be part of this group. All the same, a treatment provider who works with heroin addicts reports that cocaine is still seen as an “elite drug” by her clients.

The increased availability and use of powdered cocaine may be due to several trends which our participants mentioned. These include a drop in price which all

segments of our research population noted, stating that powdered cocaine is currently selling for \$40-50 per gram, \$120 per eight-ball (one-eighth ounce), and \$250 per quarter ounce. Treatment providers in a focus group suggested that cocaine is perceived as “safer” than crack. Another adult treatment provider echoed this sentiment, stating that there appears to be a “change in the perception of cocaine as bad.” Rather, his clients appear to be “giving themselves permission to do it,” whereas 20 years ago, these same people would not have done so.

Our participants disagreed about the quality of the powdered cocaine available on the street. Whereas current drug users stated that the quality has increased, drug users in treatment stated in regard to cocaine, “it’s garbage in Ohio” because “it’s been stepped on so many times” [cut by so many middlemen]. This same disagreement as to quality was seen among our treatment providers, those in our focus group stating that the quality is “questionable,” while one treatment provider stated that it is “better than ever.”

Generally, inhaling cocaine is still the preferred method of administration. Injection was seen as being a fairly uncommon practice, found mainly among users who inject other drugs, namely heroin.

2. Heroin

For the three years prior to this report, heroin has been described as plentiful, of high quality, and easily obtainable. Over the past year and a half prior to this reporting period, younger, suburban individuals have developed as a new user group.

June 2002-January 2003

For this current period, by all reports, heroin use and availability are rising at an alarming rate. Current drug users reported that there has been a large increase in the amount of heroin on the street, and those in our in-treatment focus group confirmed that “China white is everywhere,” while black tar appears to be available through Mexican networks only. A treatment provider who works with heroin addicts corroborated these reports, stating that heroin is very available in Columbus, and there has been a steady increase in use in the past six months.

Other treatment providers also noted that there has been an increase in heroin use, particularly among men. One stated that there has been a “bigger uptick in heroin dependant admissions than in any other category, so it’s quite widespread.” Another treatment provider/outreach worker noted that “heroin is much more prevalent now...it looks more like the streets of Harlem to me.” The treatment providers with whom we spoke described a serious increase in admissions for heroin dependence among clients who cannot afford private treatment facilities. According to a treatment provider at one local heroin treatment clinic, in December of 2002, the clinic was full to its capacity, 268 people were on the waiting list, and 5-7 people who wished to be admitted to their treatment program were calling each day. At another publicly-funded treatment facility, “the funds are not increasing while the demand for it [treatment] is,” stated one treatment provider.

A trend reported by one female heroin-user in treatment is that the “China white” being sold in Columbus in the summertime is actually fentanyl from New York City, whereas the “brownish dope” being sold by dealers from Georgia is “the real thing.” No other drug users or treatment providers mentioned that some of the heroin being sold in

Columbus is fentanyl, and we have no means to corroborate this observation. It is a subject which we will look into more fully in future reporting periods.

According to current drug users and a treatment provider who works with heroin users, new user groups include younger, college-age white men, while a psychiatric counselor specializing in addiction at a university stated that he has had 2-3 intake reports listing heroin use from white women in their mid-20s in the last six months. Again, treatment providers in our focus group pointed to younger (ages 24-32) African American and white suburban men with disposable income as becoming more involved in the heroin scene, and this was corroborated further by a treatment provider who currently works with children and adolescents. A 23-year-old heroin-using woman in treatment stated that “heroin is the drug of teenagers and the younger crowd,” and other members of this focus group agreed, while pointing out that heroin continues to be used by people in their 40s and even 50s. They reported that inhaling or smoking heroin is more common among younger users, while older users tend to inject heroin, and the treatment provider who works with heroin addicts confirmed this split. However, it is not rare for younger users to begin their heroin use with injection or move from heroin snorting to injection over time.

Another new user group that was identified by both current and in-treatment drug users is former users of oxycodone time-release (OxyContin) who move to heroin use. A treatment provider to heroin addicts reported that OxyContin users are switching to heroin because the high lasts longer. In addition, a 23-year-old woman in treatment detailed the progression and offered an economic rationale:

They start with the OxyContin and once you go to OxyContin, to the heroin....It was in 2000, well actually started '99. '99 you was, you was able to buy OxyContin three dollars a piece.... for a forty milligram OxyContin in '99....That's when they first, first started coming out....We used to call them 'hillbilly um junkies.' Then they went from three dollars to eight, from eight dollars to fifteen, fifteen dollars to twenty dollars, twenty dollars to forty dollars a piece....Well, I started shooting in 2000. I shot, the first day I shot was December, December 18th of 2000...and I haven't stopped since....First time, first time I shot up...OxyContin....Well, and then, when then government started getting on everybody for taking the OxyContin, shooting them, couldn't find Oxys so they had to, they had to turn to the next best thing, next best thing was heroin. It was the only thing else that was out there....that would give you the same effect and we wouldn't be sick, 'cause you would get those same withdrawals off of OxyContin as you would the heroin.

A 38-year-old white male heroin user in treatment confirmed this shift from OxyContin to heroin when he described his own experience:

That's what I was doing 'cause I get them [OxyContin]. I have a back injury. I been eating them for about four years now, three, four years and, uh, I started out snorting them, never did shoot them. Then, after, after using them for so long you don't get anything from it....I mean I've had Percocets, Lortabs, ya know any opiate....I just kinda burnt out on them....and that's when I got turned on to heroin, and that's where I'm at now, shooting heroin 'cause the opiates, ya know, they just don't do nothin' for me.

Current drug users also mentioned a trend in which OxyContin users from rural areas move to Columbus and switch to heroin because it is less expensive and more available. Beyond this shift from OxyContin and other prescription opioids to heroin, most of our research participants who had knowledge about heroin reported that the current popularity of the drug is likely due—at least in part—to a combination of increased quality, availability, and lower price. Treatment providers also mentioned media portrayals of heroin as being partially to blame for its popularity. Current drug users stated that heroin currently sells for \$170-200 per gram and \$4000 per ounce and that quality is “good.” This correlates generally with the comment of in-treatment users that heroin is “good” and sells for about \$150 per gram. On the other hand, a treatment provider specializing in heroin addiction stated that her clients rarely buy such large quantities, purchasing \$15 bags; this price is lower than in the past, but she stated that the quality is also “watered down.” Other treatment providers reported that heroin is of a “higher potency” and “pretty cheap,” although they had no knowledge of prices.

In summary, increases in heroin abuse, particularly among young (18-25) whites continues in the Columbus area. Increases in heroin abuse are associated with increased availability and decreases in cost. Among some people, abuse of pharmaceutical opioids, particularly OxyContin, precedes heroin abuse. Finally, although many people initiate heroin abuse by snorting the drug, many heroin users move to injection as a route of administration. Heroin injection increases risks for infection with blood-borne pathogens.

3. Other Opioids

Past data indicate that the usage of oxycodone time-release (OxyContin) has not been a strong trend in Columbus; however, there have been some minor increases reported in its availability and use. The use of other prescription opioids has fluctuated over past reporting periods. Occasionally, their use has been associated with college students.

June 2002-January 2003

On the subject of other opioids, there were some surprising findings as well as conflicting reports in this current period.

3.1 OXYCONTIN

Different participants had different perceptions about the availability of oxycodone time-release (OxyContin). Some people believed its availability has increased recently. For example, a 23-year-old female user in treatment stated: “It’s, it’s easier to get now. In 2000 to 2001, it was hard to get....Now, it’s easy again. [You have to go to] pain specialists.” With this greater availability, the price has also dropped, from \$40 per 40 milligram tablet to between \$20 and \$40 per 40 milligram tablet. A treatment provider working with heroin addicts confirmed the increased ease of obtaining OxyContin. A treatment provider on a college campus has also seen an increase in OxyContin use, particularly among youths in the rave scene. However, other active drug users reported that OxyContin is harder to find and continues to be expensive, and admission data from a large treatment facility also indicates that OxyContin admissions are down, as noted in a focus group by an administrator/ treatment provider at that facility. Among all participants, methods of administration were reported as being inhalation and oral ingestion, but some reports of injection were also made.

In summary, while we have some indication that OxyContin is increasing in availability, it actually may fluctuate as well as vary according to one's involvement in the "drug scene." Nevertheless, we have strong evidence that people are continuing to become dependent on OxyContin and move subsequently to heroin abuse because it is more easily obtained and is less expensive.

3.2 VICODIN, PERCOJET, METHADONE, & ULTRAM

Hydrocodone (Vicodin) availability was reported as very high by current and in-treatment drug users, with cost per pill ranging from \$3-4. Current users reported its use by white high-school students and young adults in the suburbs. Vicodin and Percocet were reported by in-treatment users as available and used by an older demographic (late 40s to early 50s) for about the same price, \$3-4. These older users reportedly purchase whole prescription bottles of pills at a time, whereas the younger users purchase only a few pills at a time.

Methadone--both in tablet and liquid form--was mentioned by current and in-treatment users as becoming more available and more frequently abused. At this time, we do not have further data to corroborate this observation.

A surprising report from our in-treatment users focus group relates to the popularity of tramadol (Ultram) primarily among white high school students (ages 12-17) and young adults (to age 22), often from middle-class areas of the city. When discussing pain pills, one recovering user in a focus group stated:

And Ultram, younger people are buyin' Ultram. It's a pain pill, it's opiate based and it's not very potent. It serves its intended purpose, it takes pain away, but, um, these kids are just buying them and taking them and getting a buzz on them. They're snorting them, crush them down. They're snorting them for some reason, don't ask me why.

Ultram is reportedly "very easy to get on the street" or from a doctor, and sells for about \$1.00 per tablet. Both a 23-year-old female user and a 37-year-old female user expressed dismay at the drug's popularity because "they don't do nothin' [for me]." No treatment providers mentioned abuse of Ultram among their clients. The abuse of Ultram is a new trend identified that we will monitor closely in the future.

3.3 FENTANYL

The only group who seemed to have any knowledge about fentanyl (Duragesic) was our group of in-treatment drug users. According to several members of the focus group, the abuse of Duragesic patches (normally prescribed for pain relief) is increasing. Reportedly, some adults have used up to three patches at once, and when their potency diminishes, they scrape out the gel inside the patch and eat it. As reported in The Columbus Dispatch, "Drug-Patch Users Urged to Adhere to Safeguards," "In the past year, the Central Ohio Poison Control Center has had six fentanyl-related reports," one of which involved a child. The Franklin County coroner reports 5 deaths related to fentanyl abuse, one of which occurred in Franklin County (10/31/02, 1C). Abuse of fentanyl patches is not unexpected, and is consistent with general increases in the abuse of other pharmaceutical opioids and heroin.

Current drug users and most treatment providers had little or no knowledge of fentanyl abuse. One treatment provider who works with heroin addicts mentioned only that she had seen it come up in assessments of a few health care professionals, who

had been able to obtain the drug through their places of employment. In summary, it appears that abuse of fentanyl patches is increasing, and this trend requires future monitoring.

4. Marijuana

The availability and use of marijuana has remained widespread in Columbus since reporting began. Although there have always been different levels of quality available, high quality marijuana has been available to those willing to pay the high price.

June 2002-January 2003

Marijuana continues to be perhaps the most popular and widely used illicit drug, with all of our research participants pointing to continued use by many sectors of the population. Age ranges for use were cited by in-treatment users as starting as young as 7 or 8 to a high of 65 years old. Our college-based treatment provider stated that 90% of intake assessments list marijuana as having been used recently, and he—and other treatment providers—stated that use continues to increase in adolescent and young adult populations. Treatment providers in our focus group and in individual interviews pointed to positive media portrayals of marijuana as contributing to its increasing use and acceptance. Indeed, users in our in-treatment focus group agreed among themselves that marijuana “should be legal,” with one 23-year-old female exclaiming, “That’s not a drug.” A 37-year-old woman and self-described “garbage-can junkie” (meaning that she will use any drug she can get her hands on) agreed: “That’s what you do [smoke a joint] when you eat your cereal in the morning.”

In regard to availability over the past six months, in-treatment users described a “drought” as having occurred during the November elections, but availability has increased to the point that marijuana is currently “everywhere.” Treatment providers of adolescents and adults agreed that it is “easier than ever” to obtain marijuana; “you can get it whenever you want it, anywhere in the city.” Another treatment provider at a large facility stated: “The kids and young adults that we see confirm what’s been in the papers: that it’s easier to get marijuana than alcohol and cigarettes.” Current drug users made a distinction between the availability of different grades of marijuana, stating that high grade is more readily available, but mid-grade is more difficult to find than in the past. Low-grade or “shwag” is always available.

Prices for marijuana were described by treatment providers as “outrageously high,” and the prices quoted by their focus group were slightly different from those reported by drug users (both in and out of treatment). According to our current drug users, the price for an ounce of high grade marijuana is \$350-\$400, which was corroborated by in-treatment users, and treatment providers. Mid-grade sells for \$25-30 per 1/8 of an ounce (drug-users), or \$200 per ounce (in-treatment users). Low grade was quoted at \$20 per 1/8 ounce by drug users, and \$35 per quarter ounce by treatment providers. As far as the quality was concerned, beyond the division into the three grades, treatment providers in our focus group and individual interviews stated that the potency had increased.

The presence of marijuana joints and blunts dipped in “formaldehyde” was also discussed by in-treatment users, who call it “wetbacking.” There is some question as to the actual substance into which the marijuana has been dipped—formaldehyde, phencyclidine (PCP), or something else. According to our data at this time, smoking “wetbacks” appears to be rare, but we will continue to monitor the trend in the future.

5. Stimulants

5.1 METHAMPHETAMINE

Data collected over the past two years indicate that methamphetamine use had increased to a slight degree, particularly in the gay club-going population. (No data was collected from members of that group in the current reporting period.)

June 2002-January 2003

In the past six months, methamphetamine availability and use have shown little sign of decreasing. Rather, according to the Ohio Bureau of Criminal Identification and Investigation's Methamphetamine Survey 2002, 101 labs were discovered between January and August 14, 2002 throughout Ohio. According to television news reports from WCMH-4, raiding methamphetamine labs and distribution rings is becoming a regular activity for law enforcement in Franklin and nearby counties. In October, three labs were discovered in as many days in Columbus (10/22/03) and on 24 January 2003, 18 labs were raided in south-central Ohio, with 27 indictments being issued.

Despite the efforts of law enforcement professionals, a 19-year-old man in our drug-user focus group stated that the raids have a short-lived effect on availability:

"You see it [methamphetamine availability] go down, but another one [lab] sprouts up somewhere. Just because people want it and someone is willing to go out and make their own lab.... you can bang out a lot in the labs. If you're serious about it, and you want to make your money, you can make large quantities of the stuff."

Another group member stated, "It [availability] fluctuates. Sometimes no one will have it [methamphetamine], and then it will be all over the place." Users in recovery also stated that methamphetamine is "certainly around, it's plentiful." However, members of that group agreed that it is not as ubiquitous as crack:

36-year-old man: "It's [methamphetamine] not very rare, it's, it's there, but once again, you gotta look for it. It's not very available.

37-year-old woman: "Right, they don't sell it on street corners."

23-year-old woman: "...You gotta know somebody to get something like that."

Treatment providers corroborated these reports, stating that availability appears to fluctuate.

Use also appears to remain at steady levels among certain populations. Both treatment providers and drug users pointed to greater methamphetamine use among Whites as opposed to African Americans. According to a 28-year-old recovering drug user, use seems to center in younger populations: "Crystal meth. I do believe that there's a, I believe it's the younger crowd....Most people I've seen was fifteen and up." Current drug users in our focus group—many of whom are heavily involved in the club and/or rave scene and use methamphetamine—echoed these perceptions:

23-year-old woman: "People our age, like twenties [use methamphetamine]. More white people."

19-year-old man: "I see more white people using it."

23-year-old woman: "Yeah in the club scene. It's getting up there with cocaine."

Treatment providers also spoke to the issue of methamphetamine use. Methamphetamine appears to be declining on a local college campus. Conversely, its use seems to be increasing among heroin users, according to individual interviews with two treatment providers.

By all reports, the quality of methamphetamine available in Columbus fluctuates, and it sells for about \$150 per gram. Snorting and smoking remain the most common methods of administration, while injecting methamphetamine is uncommon. We will continue to monitor this situation for changes, including incursions into any new user groups.

5.2 RITALIN AND ADDERALL

June 2002-January 2003

In regard to amphetamines, the two drugs which were mentioned in this round of reporting were methylphenidate (Ritalin) and dextroamphetamine (Adderall), both widely prescribed for ADHD in children and adults. Use appears to be concentrated in high-school-age and college-age whites, with a treatment provider at a college stating that Ritalin abuse is increasing, and that in the last 6 months, 5 students have come to him citing Ritalin as a problem. They are apparently using it as a study aid—as part of their exam-taking “ritual.” Current drug users confirmed this, pointing to the benefits of Ritalin as a study aid, and stating that there is “a lot of use overall.” Treatment providers in our focus group have also seen “slight increases” in the use of Adderall and Ritalin among their clients.

Among these participants, the method of administration mentioned was crushing and inhaling. However, in-treatment users also mentioned shooting Ritalin, and stated that the price per Ritalin pill is \$1-2. They also pointed out that snorting or shooting Adderall is impossible because it “gels up if you try to shoot it” and “burns like hell if you try to snort it.” It appears that the participants were referring to Adderall XR, which comes in capsules filled with time-release “beads.” The time-release coating would form a gel-like substance if the beads were crushed and dissolved, thus making the drug impossible to inject.

One 37-year-old woman mentioned that she personally knows mothers who sell their children’s Ritalin prescriptions. A treatment provider to children and young adults stated that he knows of “kids selling their prescriptions. They see it as a joke.” It appears that more needs to be done to prevent the diversion of legitimate prescriptions—whether it be through more detailed counseling by prescribing doctors, greater law enforcement efforts, or the implementation of a medical database to keep better track of prescription diversion practices.

5.3 KHAT

June 2002-January 2003

According to all reports, khat has not made in-roads into any drug using population beyond the Somali community in Columbus, which is relatively large. According to the Columbus Police Department Narcotic Interdiction Unit, 859 pounds of khat were seized in January-August 2002, up from 663 pounds in 2001. A few treatment providers had heard of it through news reports and in one case a lecture, but none had seen it in the general population. Only one treatment provider at a large facility had seen even a few admissions regarding khat, and these were all Somali youth who had been brought in by their parents because of adjustment problems beyond their use of khat. These reports are confirmed by a Columbus Dispatch article, "New Drug, New Problems" (8/11/02), which quotes a member of the Somali community in Columbus: "Somalis have a closed society. This (khat) is for their own market. Other communities don't have access to it" (1C).

6. Depressants

Diverted prescriptions for tranquilizers have been readily available on a consistent basis over the past two years. The use and availability of gamma-hydroxybutyrate (GHB) has fluctuated, appearing in different areas at different times. In 2000, data indicated its availability and use among college students involved in fraternities. In 2001, GHB was described as prevalent in the gay club-going population.

6.1 TRANQUILIZERS

June 2002-January 2003

The illicit use of benzodiazepines, such as diazepam (Valium) and alprazolam (Xanax), continues to remain "steady," according to both drug users and treatment providers. They are widely available, and many sectors of the population use them. They are inhaled and ingested orally, and they are often consumed in conjunction with alcohol, marijuana, or another illicit substance. According to a 23-year-old woman in treatment, the difference between younger and older users relates to the amount of pills they will purchase at one time, as discussed more fully in the section of this report on the use of prescription opioids. She stated that Valiums usually sell for \$1.00 to \$1.50 each, depending on their strength. Benzodiazepines also appear to be popular among heroin users, according to a treatment provider who works closely with that population.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

June 2002-January 2003

In the current reporting period, gamma-hydroxybutyrate (GHB) availability and use appear to have decreased significantly. Both drug users and treatment providers stated that they have not seen or heard of people using GHB as a recreational drug. Among the drug users we spoke with, GHB was readily recognized as a "date-rape drug" which they avoided as "stupid." It may be that media reports have had an impact on their perception of GHB as a negative substance with which they do not wish to be involved, as several respondents cited media reports when asked about GHB.

7. Hallucinogens

In past reporting periods, both LSD and psilocybin mushrooms have often been associated with college students. In earlier reporting periods, it tended to cost \$5-10 for a hit of LSD. In later reporting periods, these hallucinogens have been associated with both straight and gay club-going populations.

7.1 LSD, PCP, PSILOCYBIN

June 2002-January 2003

In the current reporting period, it appears that phencyclidine (PCP) availability and abuse are almost nonexistent. No one with whom we spoke had seen or heard of its recent use. One treatment provider referred to it as "like an antique, like horse-and-buggy stuff." LSD, too, appears to be very difficult to find, and only one current drug user, a 29-year-old male, had any idea of where to find it:

I know places you can get it, but it is so expensive. Like a couple of years ago, you could buy it all the time. It's like 7 bucks a hit.

One treatment provider to adolescents and children did mention that LSD seemed to be making something of a comeback, citing a 10-15% increase in assessment reports mentioning LSD use at his facility. However, other treatment providers, including one on a college campus, stated that MDMA / "Ecstasy" appears to be taking the place of LSD. Current users agree: "It seems like there is more rolls [MDMA / "Ecstasy" tablets] and less acid, shrooms."

Psilocybin (mushrooms) remains available although in less quantity, according to current drug users. Treatment providers pointed to a "new generation of hippies" as being the primary users of mushrooms, who ingest them or boil them into tea. The users are described as:

"...about 18 to 27 [years old], usually Caucasian, usually come from affluent families, almost the black sheep of the family."

Even for these "neo-hippies," mushrooms appear to be a peripheral drug, taking a backseat to marijuana and MDMA / "Ecstasy." The reported cost of an eighth of an ounce of mushrooms is \$30.

7.2 MDMA (ECSTASY)

The use of MDMA / "Ecstasy" has been increasing since 2000. The price has generally remained stable at \$20-30 per tablet. More recent reports have suggested an increase in the use of MDMA/"Ecstasy" at "rolling parties." Use has been reported as increasing among adolescents of high-school age.

June 2002-January 2003

For the current reporting period, drug users (both in and out of treatment) reported that MDMA / "Ecstasy" is readily available, and for most users, "just a phone call away." One stated that it is "Real, real easy to get." The only change in availability is a new tendency of dealers to resist selling single pills, preferring to deal in larger quantities, such as 10 tablets: "I have tried to get some before--like 3 or 4--and they [the

dealers] are like, 'No, it isn't worth it.'" Use remains unchecked in groups which have been historically linked to club drugs. As one 19-year-old man put it, "Club scene is blowing up," meaning that the use of MDMA/"Ecstasy" is increasing in clubs and raves at a rapid rate. This "scene" is generally described as being comprised of young adults who are White, 16-25 years old, and from a middle- to upper-middle-class background. Several members of the current users' focus group agreed that they have seen "more of it" than they had prior to this reporting period.

While treatment providers had no knowledge of its availability, they stated, for the most part, that MDMA / "Ecstasy" use continues to increase, and drug users concurred. An administrator/ treatment provider at a large, publicly-funded treatment center stated:

Of our 350 [current] admissions [ages 12-18], at least one-third of those have some relevant--more than one time—experience [with MDMA / "Ecstasy"].

However, MDMA/"Ecstasy" is usually not the drug which leads to a client's admission to the program. Rather, it generally appears "as a kind of support drug." Whereas a treatment provider to college students stated that MDMA/ "Ecstasy" use has remained stable among that population, a provider for adolescents stated that he has seen a decrease in MDMA / "Ecstasy" use among his clientele. Conversely, users in treatment stated that they saw 13- to 14-year-olds as a growing new user group, a statement which was corroborated by a treatment provider. He mentioned that suburban middle-school and high-school students had been coming to his private practice in greater numbers over the past six months to a year. Other new user groups include African-American men. As one 29-year-old multiracial man stated, "More brothers are starting to do it," and this is confirmed by the demographics we are collecting in our NIDA-funded MDMA study. According to treatment providers, more inner-city, lower-income white adolescents are becoming involved in using MDMA/"Ecstasy."

By all accounts, the price and quality of MDMA / "Ecstasy" in Columbus have remained fairly stable over the last six months to a year, although one 37-year-old woman stated that the MDMA / "Ecstasy" she buys now is definitely of a lower quality than that which she bought ten years ago. A 19-year-old man who has traveled extensively in Europe compared the situations in Europe and the United States: "In Europe, it's more pure than over here. I can guaranty that. And you can get it for 5 to 10 dollars a pill in Ireland." The issue of purchasing tablets which are not MDMA/ "Ecstasy" also relates to quality. However, users tend to accept this situation as unavoidable:

19-year-old man: "There is always those bad batches that come around and then for the most part it will stay the same."

23-year-old woman: "You take a chance getting ripped off. My friend had a great theory. If you get ripped off, it's your fault for doing an illegal drug anyway. There is shady people in every circuit."

Current drug users stated that law enforcement initiatives have had little impact on the availability, quality, or price of MDMA / "Ecstasy" tablets. As mentioned earlier, current drug users in our focus group stated that MDMA / "Ecstasy" is easier to purchase in quantities of 10 or more tablets than it is to purchase single tablets. Price per tablet, when purchased in such quantities, is reported to be \$15 to \$20. Recovering users reported a price per tablet of \$25, which appears to be a standard for single tablets. Oral ingestion remains the favored method of administration; however, inhaling was also

mentioned as increasing in popularity, and recovering drug users pointed to an increase in the practice of injecting crushed MDMA/"Ecstasy" tablets in a solution of water or purple Kool-Aid. Current users also report an increasing trend in using MDMA / "Ecstasy" tablets as rectal suppositories, which they call "plugging," and which they claim is the most effective way to obtain "a good roll."

In summary, MDMA/"Ecstasy" remains extremely popular among those groups who have been associated with it in the past, and its use appears to be spreading into new groups, including younger, less economically-advantaged populations, African American males, and younger suburban adolescents. The attention focused upon MDMA/"Ecstasy" by law enforcement agencies does not appear to be having much of an effect on its availability, quality, or price. Many current drug users with whom I have spoken in the context of other research claim that the media attention to the "Rave Scene" and club drugs in general is actually responsible for the spread in MDMA/"Ecstasy's" popularity, media attention which is not welcomed by members of this subculture. While some of the dangers of MDMA/"Ecstasy" are becoming common knowledge among its users in Columbus, they generally consider it to be a more benign drug than others, such as heroin, crack, cocaine HCL, or Ketamine. In some respects, drug users' attitudes towards MDMA/"Ecstasy" are reminiscent of those towards marijuana; many tend to believe that, as long as one is careful with the drug, there is nothing to fear from MDMA/"Ecstasy." More efforts at education appear to be essential in regard to the dangers associated with the use of MDMA/"Ecstasy."

7.3 KETAMINE

While the availability of Ketamine has surfaced in reports over the course of 1999-2002, fluctuation has characterized its use, availability, and price.

June 2002-January 2003

In the current reporting period, both current and recovering drug users stated that Ketamine has remained "easy" to obtain and is "readily available." Only one treatment provider with whom we spoke had anything to say about Ketamine, and he confirmed that the use of Ketamine remains at a "stable" level among college students. It is not a drug which he sees on assessments as frequently as he does other drugs, such as cocaine HCL, MDMA / "Ecstasy," or marijuana, but there remains a "fringe" group of college students who continue to report Ketamine use. Current users agreed that usage levels remain the same in their circles, "club-type kids," ages "17 to 29," and the demographics are similar to users of MDMA/"Ecstasy." From data collected in our NIDA-funded research project, the general pattern appears to be that club drug users try "Ecstasy" first, and later sample Ketamine. Recovering drug users stated that they have witnessed an increase in Ketamine use among their peers. No new user groups were described or identified in this round of reporting.

Price remains stable at \$50 per gram, and the quality remains unchanged as well. As one 19-year-old man (who has quite a bit of experience with Ketamine) explained:

[The quality varies] depending on who you go through. A lot of people right now have Ketacet. It has a kind of, like, a yellowish tint. Then you got "lab K," which if you want the absolute best, you have to buy it wet. It comes in vials, and then you probably better cook it yourself. Then you got "lab," which is pure Ketamine, and then that's good, but quality varies.

Current drug users stated that inhaling crystallized Ketamine remains the most common method of administering the drug; however, there are also users who inject a Ketamine solution intramuscularly, a practice which users call “skin-popping” or “muscle-popping.” In-treatment users also mentioned the increasing popularity of combining alprazolam (Xanax) with Ketamine, a dangerous practice which we will continue to monitor in future reporting periods.

In summary, use of Ketamine appears to remain stable at a moderate level among a fringe group of club drug users, some of whom become “connoisseurs.” This may be due to its unique effects, which many drug users do not like. Unlike the euphoria of MDMA/“Ecstasy,” the anesthetized, out-of-body experience which users refer to as a “K-Hole” can be frightening for some first-time users, and so it seems that Ketamine use may never become the epidemic that we are seeing develop with MDMA/“Ecstasy.”

8. Inhalants

During past reporting periods, the only inhalants mentioned specifically were amyl nitrite, or “poppers,” which were described as popular among the gay club-going population. (We did not interview any members of this population in this current reporting period.)

June 2002-January 2003

In the current reporting period, some inhalant use was described. Recovering drug users perceived inhalants as “kids’ stuff” and laughed it off. Treatment providers to adult populations—including college students and homeless men—concurred that inhalants are not generally used by adults in Columbus. Only treatment providers to adolescents and children had seen any inhalant use. An administrator at one large facility stated:

“We see more kids that have at least had some experience with it [inhalants]. It’s more common that they would have been involved with it. Some kids, it’s their drug of choice....We’ve seen kids where it’s not a support drug for them, but it is their major drug of choice.”

Another treatment provider characterized inhalant use among his clientele as being a “low percentage”—only 2-3 kids in the last year came into his treatment program, listing gasoline and oven cleaner as the substances they had been using. One treatment provider mentioned a 12-year-old girl who has since recovered from a habit of huffing Raid. From these reports, it appears that more education and prevention efforts should be directed towards the youth of Columbus in regard to the grave dangers associated with inhalant use.

9. Alcohol

June 2002-January 2003

Alcohol use continues to be widespread in Columbus and the surrounding areas. Despite numerous crack-downs on underage drinking, particularly on college campuses, none of our participants under the age of 21 expressed any difficulty in obtaining alcohol. Indeed, according to a treatment provider on a college campus, alcohol consumption

has increased over the past six months. Another treatment provider concurred, calling college-age drinking an “epidemic.” This same provider also mentioned the availability of beer- and wine-making kits on the internet. He stated that he knows of several high-school-age “entrepreneurs” who are capitalizing on home brewing businesses using these kits. Perhaps the group in which the least alcohol is consumed would be club drug users, who many times prefer to drink water—even at times when they are not using club drugs such as MDMA / “Ecstasy” and Ketamine.

Both current drug users and treatment providers discussed the practice of using depressant pharmaceuticals in conjunction with alcohol, a dangerous practice that appears to be prevalent among those who suffer from dual diagnoses and victims of trauma.

RECOMMENDATIONS

1. Our research indicates that there are some emerging drug trends which merit greater attention in the future, as well as continuing drug trends which require greater education and prevention efforts:

- A renewed effort towards the education and prevention of cocaine HCL abuse among all sectors of the community, reminding them of the dangers of this drug.
- A renewed effort to disseminate information regarding the addictive nature of both heroin and pharmaceutical opioids and the risks of blood-borne pathogens which arise with injection drug use, particularly directed towards young people in Columbus and the surrounding area.
- A greater effort towards the education of parents and physicians regarding the possible abuse and diversion of legitimate prescriptions for amphetamines.
- A continued effort at education regarding to the dangers associated with the use of MDMA/“Ecstasy” and other “club drugs.”

2. The following recommendations were offered by treatment providers who participated in the research process:

- A number of treatment providers pointed to a need for greater resources in the area of dual-diagnosis and cooperation among psychiatric personnel and drug and alcohol addiction personnel.

We are getting better at realizing that there is more than just straight chemical dependency....The key is getting them linked and the time it takes to get somebody up with concurrent mental health issues; it takes time, months.

--treatment provider at a publicly-funded facility

It's also a reluctance for psychiatrists to treat symptoms....There's still, in my opinion, the age-old belief 'we think they're a drunk/drug addict first. Let's have them be sober for three months first.

--administrator / treatment provider at a publicly-funded facility

- One treatment provider suggested the development of additional ancillary support services for clients of drug treatment centers:

In general, substance abuse is recognized by many—a majority—as a chronic, primary progressive disease, yet we do not put things in place to treat it as we do other primary progressive diseases—diabetes, cancer, etcetera. Those become life-long conditions to manage. We say it...in substance abuse, but we don't put the resources behind it to support it.... Substance abuse patients should go in for regular check-ups like cancer patients do.... [There should be a] focus on treatment strategies that are longitudinal.

--treatment provider

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

June 2002 – January 2003

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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 an increase in crack-cocaine abuse among the juvenile population. Treatment providers reported increases in crack-cocaine abuse among adults over forty with limited drug abuse histories, and among the Hispanic population. Inexpensive, high quality cocaine HCL remains abundant in the region, fueling an increase in abuse. Abuse of OxyContin (oxycodone time release) continues to increase in Dayton, particularly among whites. Heroin abuse among young white adults continues to increase. The trend for many pharmaceutical opioid abusers to switch to heroin also continues. For the first time, the synthetic opioid pharmaceutical fentanyl was reported to be increasingly abused in the region. Marijuana abuse continues to be present at high levels in the area. Methamphetamine may be increasing somewhat in availability and abuse. GHB, tranquilizer and hallucinogen abuse appears to be present in the area, but at moderate to low levels. MDMA (ecstasy) abuse continues to spread beyond Raves and clubs and to increase among African Americans. Young, white active users reported abusing new designer hallucinogenic drugs 2-CB and AMT.

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 5 focus groups and 4 individual interviews between June 2002 and January 2003. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.
- **Accidental Drug Overdose data** are from the Montgomery County Coroner's Office.
- **Adult Urinalysis data** are from the Montgomery County Adult Probation Department.

- **Juvenile Drug Trend data** are from the Dayton Area Drug Survey (DADS) conducted by Wright State University and United Health Services.

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.)
9/4/02	10	Active Drug Users
10/8/02	4	Active Drug Users
10/22/02	7	Probation Officers & Supervisors (Juvenile Division)
11/7/02	2	Drug Treatment Providers (Adult Population)
11/16/02	6	Active Drug Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
10/15/02	Drug Treatment Provider (Adult Population)
10/21/02	Drug Treatment Provider (Juvenile Population)
10/22/02	Dayton Police Official
12/12/02	Substance Abuse Treatment Provider (Methadone Clinic)

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
5	29	4	33

Table 2: Detailed Focus Group/Interview Information

September 4, 2002: Active Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	47	Black	Male	Abusing drugs for about 30 years; started out abusing marijuana, alcohol and reports abusing just about all drugs. Drug of choice is currently heroin.
2	45	Black	Male	Abusing drugs for about 20 years; started with marijuana; abused alcohol, most other drugs; heroin is current drug of choice.
3	26	Black	Female	Drug of choice is crack cocaine; started smoking marijuana at about age 16; abused cocaine and then crack cocaine.
4	30	White	Male	Started abusing drugs at age 12; started drug abuse with marijuana; drug of choice is crack cocaine/powder cocaine.
5	44	Black	Male	Abusing drugs for about 25 years; drug of choice is crack cocaine; started by using alcohol, marijuana, progressed to pharmaceuticals, and then crack cocaine.
6	20	White	Female	Started by abusing marijuana and alcohol; reports abusing most drugs; drugs of choice are currently heroin and crack cocaine.
7	22	White	Female	Started by abusing alcohol; drug of choice is crack cocaine.
8	59	Black	Male	Began abusing alcohol and marijuana; drug of choice is crack cocaine—abusing crack for about 13 years.
9	42	Black	Female	Began abusing alcohol at age 10; then abused marijuana, then heroin; current drug of choice is crack cocaine.
10	19	White	Male	Started abusing marijuana at age 12; began abusing OxyContin and moved to heroin—current drug of choice.

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

October 8, 2002: Active Drug Users

"Name"	Age	Ethnicity	Gender	Experience/Background
1	24	White	Female	Currently receiving treatment for heroin addiction at local methadone program, 3 weeks recovery. Experience using marijuana, pharmaceuticals, alcohol, and acid.
2	21	White	Female	Currently in methadone treatment for heroin addiction for 6 months. Started abusing OxyContin prior to heroin addiction.
3	24	White	Male	In methadone treatment program for about 3 months; started using alcohol and then moved to marijuana, pharmaceutical pain killers, opiate drugs and then began using methadone in treatment. Began using heroin after first methadone treatment experience and began using cocaine.
4	22	White	Male	Actively abusing opiate drugs since age 14; injected morphine at age 15. Began injecting heroin shortly after injecting morphine. Also claims to have abused most other illegal drugs, including club drugs such as MDMA/"Ecstasy." Currently in methadone treatment for nearly a year—has used methadone on the street to try overcome addiction.

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

October 22, 2002: Probation Officers & Supervisors (Juvenile Division)

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Female	Experience as a probation officer for over 2 years; works with juveniles 10 to 18 years of age.
2	White	Female	Experience as a probation officer for over 1 year; works with juveniles 12-18 years old.
3	White	Female	Experience as a probation officer for nearly 2 years; juveniles ages 12-18.
4	Black	Female	Experience as a probation officer for Montgomery County for approximately a year; working with juveniles 11 to 18 years old.
5	Black	Female	Experience working in justice system for four years; experience as a probation officer for approximately 2 years; has juveniles 13-18 years of age currently on case load.
6	White	Male	Experience as a probation officer for 5-6 years; supervises subordinate probation officers.
7	Black	Male	Experience as an adult probation officer for 13 years; working with juvenile court for approximately 3 years; supervises other probation officers.

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

November 7, 2002: Drug Treatment Providers (Adult Population)

"Name"	Ethnicity	Gender	Experience/Background
1	White	Female	Outpatient treatment coordinator for adult substance abuse treatment program.
2	White	Female	Residential treatment center supervisor for local adult substance abuse treatment program.

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

November 16, 2002: Active Drug Users (Young Adult Club Drug Users)

"Name"	Age	Ethnicity	Gender	Experience/Background
1	21	White	Male	Experience using marijuana, cocaine, ketamine, methamphetamine, MDMA/"Ecstasy," GHB, psilocybin, LSD, pharmaceutical drugs; primary drug of abuse is marijuana (daily use).
2	18	White	Female	Experience with most drugs, excluding heroin, PCP, GHB and crack cocaine; primary drug of abuse is MDMA/ "Ecstasy."
3	20	White	Male	Experience using most drugs, except GHB; has used heroin, crack cocaine experimentally; Primarily uses ketamine and MDMA/ "Ecstasy."
4	22	White	Female	Experience with most drugs, excluding crack cocaine and heroin; primarily uses marijuana, MDMA/ "Ecstasy" and Ketamine.
5	21	White	Male	Experience using LSD, shrooms, 2-CB, AMT, DMT, cocaine, MDMA/ "Ecstasy," ketamine, and GHB; primarily uses MDMA/ "Ecstasy" and ketamine.
6	18	White	Female	Experience using most drugs, excluding heroin and crack cocaine; primarily uses marijuana (daily) and MDMA/ "Ecstasy."

Recruitment procedure: *A participant in one of the research studies conducted by CITAR at WSU was asked to participate and recruit additional participants for an OSAM focus group. Participants were especially knowledgeable about "Club Drugs" and the Rave/Dance Club scenes.*

October 22, 2002: Law Enforcement Official

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Experience in the Dayton Police department for approximately 23 years; has worked primarily in drug enforcement units.

Recruitment procedure: *Participant was recruited by directly contacting the local police department and asking to speak with participants knowledgeable about drug trends in Montgomery County and the surrounding area.*

October 21, 2002: Drug Treatment Provider (Juvenile Population)

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Male	Program Director of local area juvenile treatment program providing both substance abuse and mental health treatment.

Recruitment procedure: *Participant was recruited by directly contacting the drug treatment agency in which the treatment provider worked.*

October 15, 2002: Drug Treatment Provider (Adult Population)

"Name"	Ethnicity	Gender	Experience/Background
1	White	Male	Substance abuse treatment provider for adult population; 23 years experience in substance abuse field.

Recruitment procedure: *Participant was recruited by directly contacting the drug treatment agency in which the treatment provider worked.*

December 12, 2002: Drug Treatment Provider (Adult Population)

"Name"	Ethnicity	Gender	Experience/Background
1	Black	Female	Substance abuse treatment provider for adult population, Montgomery County's only methadone maintenance program.

Recruitment procedure: *Participant was recruited by directly contacting the drug treatment agency in which the treatment provider worked.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack-cocaine abuse in Montgomery County has remained at a relatively high, steady level since January of 1999 when the OSAM Network first began reporting on drug trends in the state. Crack cocaine has consistently been the primary illicit drug of choice among adults admitted to substance abuse treatment in Montgomery County.

In January 2000, participants reported an emerging population of working-class and professionals abusing the drug. Treatment providers and active users also reported an increase in older (aged 40-50), first-time crack users. These individuals were described as having a history of alcohol abuse, but no history of illicit drug use. In January 2001, treatment providers and active users perceived a small increase in juveniles and young adults between the ages of 16 and 21 abusing crack cocaine. In the following period, juvenile probation officers and Drug Court personnel reported that the increase in youthful crack abuse was continuing. During the same period, active users reported that the increase seemed to be most noticeable among females 16 to 17-years-old and that young users were evenly divided between African Americans and whites.

While most crack users smoke the drug, either by itself or combined with tobacco ("cigamo") or marijuana ("primo"), low levels of crack injection have been reported since the OSAM Network began monitoring drug trends. In the reporting period of January to June, 2002, active users reported that the practice of crack injection was increasing. However, we had no corroborating evidence that crack-cocaine injection was an emerging trend, and further investigation was needed.

June 2002 – January 2003

In the current reporting period, law enforcement personnel, treatment providers, and active users all reported that crack cocaine remains highly available in the Dayton metro area. One active user stated that "Dayton seems more like a crack town." When asked about the availability of crack cocaine, a 22-year-old white female crack-cocaine user stated:

Participant: *I can get crack easier than I can get a bottle [of alcohol].*

Interviewer: *Really?*

Participant: *I can get crack easier than I can get a pack of Newports [cigarettes].*

Active users reported that crack cocaine is increasingly being sold in working-class neighborhoods and that users are equally likely to be African American or white. One group of active users reported seeing children as young as ten involved in the crack-cocaine trade. Their observations are corroborated by reports from law enforcement personnel and juvenile probation officers. An individual knowledgeable about drug trends in the juvenile drug court system stated that the number of young offenders using crack cocaine had increased from 2 or 3 previously to approximately 10 in the past year. These observations are corroborated by results of the 2002 Dayton Area Drug Survey (DADS), a biennial survey of self-reported drug use among high school students. Among 12th grade students, self-reported lifetime use of crack cocaine had risen slightly from 2000 to 2002, from 4.3% to 4.4%. However, among 9th graders,

the *increase* in self-reported lifetime use of crack was greater, increasing from 3.1% in 2000 to 3.6% in 2002 (Exhibits 1 & 2).

Data from Montgomery County Adult Probation Department indicate a 5.9% increase in urine screens testing positive for cocaine (Exhibit 8). However, it is not possible to determine from this data if this is crack cocaine or powdered cocaine.

Treatment providers with reported that crack cocaine abuse continues to be the most common reason for admissions for illicit drug abuse to their residential drug treatment programs for adults. Both active users and treatment providers reported that the number of crack-cocaine users over age forty continues to increase, a trend we have been reporting for more than a year. These same participants also observed increasing numbers of Hispanic people abusing crack cocaine. They described these crack-cocaine users as predominately Mexicans who speak little or no English. The treatment personnel who identified this trend expressed concern about their ability to meet the needs of these new clients, especially in regard to language and cultural barriers. The local ADAMHS Board does provide Spanish speaking interpreters, but even skilled interpreters do not completely eliminate cultural and linguistic barriers to effective drug treatment. Moreover, an increased need for interpreters increases the costs of providing substance abuse treatment services in a system reportedly already short on financial resources.

Active users and treatment providers report that most crack-cocaine users smoke the drug. In the last reporting period, some active users reported an increase in crack-cocaine injection. In this round, however, active users and one treatment provider were aware that some people inject crack, but claimed that the practice remains relatively rare. In fact, several active users claimed that crack injection is less common now than last year because high purity powdered cocaine (cocaine HCL) is readily available and preferable to crack for injection.

The stigma attached to crack-cocaine abuse has not disappeared. One focus group consisting of young (aged 18 to 22) white club drug and hallucinogen users spoke disparagingly of crack cocaine and crack-cocaine abusers; all claimed never to have used the drug.

News accounts continue to report crimes related to crack cocaine, thereby supporting continuing increases in abuse. In a small city south of Dayton, a 22-year-old man died of a drug overdose while in police custody on August 15, 2002. The individual had been arrested for drug possession. Apparently he had swallowed an unknown amount of crack cocaine, and subsequently went into seizures in the patrol car. He was pronounced dead at a local hospital (*Dayton Daily News Online*, August 15, 2002).

According to participant reports, the quality of crack cocaine remains variable, depending on when and where it is purchased. Active crack-cocaine users reported that a gram of crack cocaine varies in cost, ranging between \$35 and \$50. An eight ball (1/8th of an ounce) reportedly sells for about \$200.

In sum, crack-cocaine abuse continues at high levels in Dayton and Montgomery County. Its abuse is apparently continuing to expand among older adults as well as youth, and may be making inroads among Spanish-speakers living in Dayton. This is an issue that needs to be explored further in future reports. Prevention programming aimed at older adults as well as youth are urgently needed. The spread of crack-cocaine abuse into Hispanic communities means that culturally sensitive prevention and treatment programs will need to be developed.

1.2 COCAINE HYDROCHLORIDE (HCL)

As we have reported since June 1999, cocaine HCL has been abused in Montgomery County both by people who inhale the drug, and those who inject it. The June 2000 Report indicated that the primary abusers of cocaine HCL were white adults between the ages of 20 and 30. Also between January 2000 and June 2000, active users perceived increases in abuse among black and white individuals ages 17 to 30 living in suburban areas. In the reporting period of June 2000 to January 2001 participants noted a slight increase in cocaine HCL abuse among youth and young adults 17 to 30 years of age involved in the club scene. In June of 2001 active users were reporting slight increases in young, suburban youth ages 16 to 18 abusing cocaine HCL.

Over the past two reporting periods, active users reported that cocaine HCL was increasing in availability and abuse. In the last reporting period (January 2002 to June 2002), active users reported that the increase in abuse and availability of powdered cocaine continued, along with a significant drop in price.

June 2002 – January 2003

In the current reporting period, active users and some law enforcement officials perceived that cocaine HCL remains highly available, if not as available as crack cocaine. A 22-year-old white female stated that, "*Dayton's a really good coke city. It's a really good coke place.*" Active users involved with heroin reported that heroin dealers usually have cocaine to sell as well, and that sometimes they offer their customers powdered cocaine in a range of qualities, priced accordingly. In general, participants reported that quality and price of cocaine HCL are variable. Both active users and juvenile probation officers reported an increase in the number of juveniles using and dealing the drug; drug court personnel noted that these are typically suburban youth. The young club drug users we spoke with perceived cocaine HCL to be used mostly by people who grew up in the 1980s, or Black males. They suggested that many of their peers are switching to methamphetamine.

Reportedly, the price of powdered cocaine has dropped over the past year, but the price varies along with the quality. Estimates for the cost of a gram of cocaine HCL ranged from \$35 to \$60, an eightball (1/8th ounce) ranged between \$90 and \$180. These are tremendous decreases in price from 2-3 years ago.

As previously reported, active users claimed that powdered cocaine abuse has become increasingly acceptable, particularly in comparison to crack and heroin abuse. Data from the Montgomery County Adult Probation Department indicate a 5.9% increase in positive urine screens testing positive for cocaine (Exhibit 8). It should be noted, however, that it is not possible to determine from these data whether this is primarily powdered cocaine or crack cocaine.

Local news accounts provide further evidence for the continuing increases in powdered cocaine abuse in the region. On July 16, 2002, Dayton police were called to the scene of a domestic violence incident. Police found nearly 6 ounces of cocaine in the man's pocket, along with \$30,000 in cash and several ounces of marijuana (*Dayton Daily News Online*, July 16, 2002). In August, contractors working on a downtown fast food restaurant found three packages of white powder weighing about 6.6 pounds hidden in the ceiling tiles of the men's bathroom. Tests revealed the substance to be benzocaine, a local anesthetic that is often used to "cut" cocaine (*Dayton Daily News*

Online, August 13, 2002). Later that month, police raided a local mortgage company suspected of fraud. During the raid, the company president tried to flee the premises by running out the back door, carrying 328 ounces of powdered cocaine in a small bucket. He ran right into an FBI agent and was promptly arrested (*Dayton Daily News Online*, August 29, 2002).

In September, a Dayton man was arrested for firing at several people with an assault rifle. On the premises, police found 40 grams of powdered cocaine along with a small amount of crack cocaine (*Dayton Daily News Online*, September 7, 2002). In October, a Beavercreek woman was indicted for the accidental cocaine poisoning of her 20-month-old grandchild. Apparently, the drug was brought into the home by the child's 17-year-old mother, and was placed within reach of the toddler (*Dayton Daily News Online*, November 1, 2002). More recently, DEA agents raided several residences in Dayton and neighboring Fairborn. They found a large amount of cash, firearms, and a small amount of cocaine (*Dayton Daily News Online*, November 8, 2002).

To summarize, powdered cocaine abuse, while not as prevalent as crack-cocaine abuse, continues to increase substantially in the Dayton metropolitan area. The price and quality of the drug varies, but our data indicate a tremendous decrease in price from \$90 per gram about 2 years ago to \$35-50 per gram this reporting period. News accounts corroborate participant reports that cocaine HCL is increasingly available.

2. Heroin

In June 2000, we reported that treatment providers did not perceive any significant changes in heroin abuse in Montgomery County; however, 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. In fact, one agency primarily treating opioid addicts reported a doubling of its heroin abusing population. 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.

In the reporting period of June 2001 to January 2002, heroin abuse continued to increase significantly among young adults (18-30 years of age) in the Dayton area. Treatment providers reported a significant increase in young heroin abusers entering into drug treatment in the past six months. Many of these new clients had first abused OxyContin before switching to heroin.

June 2002 to January 2003

In the current reporting period, our data suggest that the increase in heroin abuse, particularly among young whites, continues. All participants perceived a continued increase in the availability of high-purity heroin. Treatment providers and law enforcement personnel reported seeing more heroin users in treatment and more overdose deaths, than in recent memory. Active users also reported an increase in young heroin abusers, a trend particularly evident among young white adults. A middle-aged African-American heroin user stated:

You're talking about the young people, uh, I was over by the local uh methadone clinic. I was shocked at how many young ... not just hood people, I mean middle-class white kids that's over there getting opiate addiction drugs, getting methadone for their opiate addiction.

One treatment provider reported that the increase in young heroin users is not limited to white middle-class young adults, but also includes young African Americans. This participant perceived that older, long-term users were more likely to inject the drug than the new users who are more likely to be snorting heroin—at least initially. Treatment personnel claim that these clients are likely to view their heroin use as less problematic than those who inject the drug. In fact, they described a sort of moral hierarchy among clients, with those who snort heroin “looking down on” those who inject it. However, as heroin abusers develop physical dependence and tolerance, the likelihood that they will turn to injection increases. We spoke with several young white heroin abusers who regularly injected the drug. Given the dangers of transmission of blood-borne infections such as HBV, HCV, and HIV, this trend must be carefully monitored. Distribution of prevention materials is needed.

In the reporting period June 2001 to January 2002, we reported that many new young heroin abusers had first become addicted to OxyContin and had switched to heroin after their OxyContin habits became too expensive or the drug became too difficult to find. In the current reporting period, we identified several people whose paths to heroin addiction matched that pattern. Active users also confirmed that this trend continues to increase. One active user stated:

But the people that started out on them [OxyContin tablets] said that the buzz they originally got off Oxy is like they get off heroin now so maybe it's just before their tolerance built up, and I don't see why anybody who's doing heroin would go back and do OxyContin because the price is much higher.

However, other young heroin users reported abusing heroin without first becoming dependent upon OxyContin or any other prescription opioid medication.

The results of the Dayton Area Drug Survey suggest that juvenile abuse of heroin may be decreasing. In 2000, the first year the survey asked students about heroin use, 6.2% of 12th graders reported ever using heroin (Exhibit 1). In 2002, that percentage had dropped to 4.4% (Exhibit 1). Twelfth graders reporting daily use of heroin dropped from 0.5% in 2000 to 0.2% in 2002 (Exhibit 7). Data from the Montgomery County Coroner's office regarding accidental drug overdoses, show opiate mentions (which include heroin mentions), rose slightly from 80.2% to 82.9% from 2001 through August 2002 (Exhibit 3).

Active users report that the price of heroin is increasing, and that the quality varies. Several estimated the price to be between \$125 and \$150 a gram, with 1/10th of a gram selling for \$20.

The variability in the purity of heroin may lead to accidental overdose. On July 29, 2002, *Dayton Daily News Online* reported that 12 to 16 people were hospitalized in a 10-hour period on Saturday, July 27. A 25-year-old man died in the restroom at a McDonald's restaurant, but police and the coroner's office were not sure if he died from a heroin overdose, or from toxic substances in the heroin.

In sum, heroin availability and abuse continues to increase, and the increase in abuse is most noticeable among young adults, primarily white but also African American, many of whom initially snort the drug. While some users began using heroin after becoming addicted to a pharmaceutical opioid, primarily OxyContin, our data suggest that since heroin is currently highly available, some young users initiate heroin abuse without regularly abusing pharmaceutical opioids initially.

3. Other Opioids

Significant increases in the abuse of opioids such as hydrocodone (Vicodin), oxycodone and acetaminophen (Percocet) and oxycodone time-release (OxyContin) were reported by treatment providers and active users in June 2000. Active users at that time singled out OxyContin as the most popular of the prescription opioid drugs. Opioid abuse, including Vicodin and Percocet, was most notable among white people.

In January of 2001 treatment providers and active users were reporting alarming increases in OxyContin abuse, particularly among heroin injectors who snorted, injected, or swallowed the drug. Supporting reports of the continuing increases in abuse of OxyContin, newspapers and news channels reported an increasing number of OxyContin thefts at local pharmacies. In the reporting period of June 2001 to January 2002, OxyContin related crime continued to increase. Treatment providers, law enforcement personnel, and active users continued to report significant increases in OxyContin abuse in June of 2002. The population of abusers continued to be primarily whites. By January 2002, OxyContin was reported to be more difficult to obtain, and had increased significantly in price (up to \$1 a milligram). Many OxyContin abusers reportedly turned to heroin to deal with painful withdrawal symptoms resulting from their dependence on OxyContin.

In the last reporting period, opioid drugs, especially Vicodin and OxyContin, remained extremely popular, especially among young white adults. OxyContin was reportedly difficult to obtain on the street. Vicodin, while not the preferred opioid drug among abusers, was reported to be plentiful and inexpensive, something of a staple among prescription drug abusers.

June 2002 to January 2003

Pharmaceutical analgesic opioid abuse continues to increase, particularly among young whites. OxyContin was the most frequently and prominently mentioned pharmaceutical opioid. Some of our data suggest that OxyContin may also be more available now than in the past year. Several active users, juvenile probation officers, law enforcement officials, and treatment providers reported that OxyContin has become a "hot commodity" once again. One juvenile probation officer reported that one of her female probationers had a list of places where OxyContin could be obtained. The clinical director of a methadone maintenance clinic reported significant increases in clients seeking treatment for OxyContin addiction, mostly among young whites.

Interviewer: *How about B. and P., are you seeing any OxyContin?*

B: *I have.*

P: *Yea. I don't use them.*

Interviewer: *Do you see, do you see more people using them? Are they hard to find?*

B: *No they're plentiful now.*

Interviewer: *They're plentiful*

B: *in the last six months to a year they're, they're around now. I mean they [have] come down [in price]. I've seen them ya know a dollar a milligram ya know. Forty milligram pill would be forty dollars.*

Interviewer: *What is it now, what would it be now?*

B.: *Oh, ten dollars.*

Another participant in the same focus group estimated the cost of a 40 milligram tablet of OxyContin to range between \$20 and \$30.

Active users and treatment providers suggested that many abusers of OxyContin and other opioid analgesics obtain the drugs through pain management clinics, often initially for legitimate pain control. Active users and treatment providers reported that some people seek these drugs on the street after it becomes apparent to health care providers that they are abusing or diverting their prescriptions, and the health care provider will no longer prescribe the drugs. Treatment providers expressed concern at the ease at which Vicodin is prescribed for moderate pain syndromes:

Participant 1: *[Vicodin] is totally appropriate in some cases, but I mean,*

Participant 2: *they just go, even the dentists...*

Participant 1: *[They] pass it out like candy.... I mean just like ya know, it's like every time, and my dentist he goes, "just in case, well just in case, you keep them [Vicodin tablets]."*

Several active users report a drop in the price of OxyContin. The estimates for the price of a 40 mg tablet ranged from \$10 to \$30. During the same period last year, OxyContin was said to cost a dollar a milligram.

The increase in opioid abuse we have identified in the Dayton area over the past three years is mirrored in the results of the Dayton Area Drug Survey among juveniles. In 1998, 6.1% of 12th grade students surveyed reported abusing any opioid drug at least once in their lifetime (Exhibit 1). In 2000, that percentage had jumped to 18.4% (Exhibit 1). In 2002, the percentage of 12th graders reporting any abuse of opioid drugs had dropped somewhat to 16.9%, still a significant increase over the results of the 1998 survey (Exhibit 1).

Data from the Montgomery County Coroner's office indicate that opiate mentions (which include heroin) for accidental drug overdoses increased from 80.2% to 82.9% from 2001 through August 2002 (Exhibit 3). Data from the Montgomery County Adult Probation Department show positive urine screens for opiate drugs dropped 4.3% between 2001 and 2002 (Exhibit 8). However, this decrease is likely a statistical artifact—in mid-July 2001, the Adult Probation Department stopped routine testing for opioids.

Active users reported that a new opioid drug has become increasingly abused in the region. This pharmaceutical drug, fentanyl, is a synthetic opioid analgesic. It is usually administered through a transdermal patch sold under the brand name Duragesic, or in the form of a lollipop or sucker. The patches are designed to deliver a steady dose of analgesia through the skin over a period of hours or even days. Several active users claimed to have used and sold fentanyl in both forms. One user claimed to have used

the patches on his body to counter opioid withdrawal symptoms. Others described cutting the patches open and eating the gel, or mixing it with water and injecting it.

Interviewer: *The fentanyl [patches]. You seen a lot of people using those?*

Participant 1: *Yeah.*

Participant 2: *The three day Duragesic patches ...*

Interviewer: *Right*

Participant 2: *[You can] cut them open, stick them on your self, cut up and lick them up or you can mix them with ...*

Participant 1: *I shoot them.*

Participant 2: *You can mix them with like an alcohol and shoot them.*

Treatment providers reported that they are not treating individuals for fentanyl abuse, but they are hearing about increases in abuse of the drug through professional communications.

Between January and August 2002, toxicology reports from Montgomery County Coroner's laboratory indicated the presence of fentanyl in 5 individuals who died as a result of drug toxicity. In 2000 and 2001 there were 2 and 5 deaths, respectively, with fentanyl on board. Early in August, 2002, three men were hospitalized in nearby Warren County after eating transdermal patches containing fentanyl (*Dayton Daily News Online*, August 3, 2002). At the time of preparing this report, the Dayton Daily News Online (January 15, 2003) reported the arrest of a 36-year-old woman charged with six counts of theft of fentanyl patches. The woman, who worked at a local health care facility, was removing patches from patients and recovering patches from trash cans. The woman was also reportedly involved in filling false prescriptions. The abuse of fentanyl is a potential new trend that warrants close monitoring.

Other news accounts support the finding that diverted opioid pharmaceuticals are plentiful in the area. In early July, two Tennessean men were stopped on Interstate 75 just south of Dayton by Ohio State Patrol officers. Police found \$22,000 worth of stolen pharmaceutical drugs in the trunk of their car (*Dayton Daily News Online*, August 13, 2002).

"Doctor shopping" for opioid prescriptions is reportedly a serious problem in the region. On July 29, 2002, a man from a nearby small town was indicted on three counts of deception to obtain a dangerous drug. Police alleged that this man had obtained prescriptions for Vicodin by visiting doctors and emergency rooms in Kentucky and Indiana as well as southwest Ohio. Reportedly, this man had accumulated more than 1,400 tablets of Vicodin (*Dayton Daily News Online*, July 30, 2002). In August, a local woman died from an apparently accidental overdose of hydrocodone (*Dayton Daily News Online*, August 13, 2002).

OxyContin related crime still continues as well. In November, a man was arrested for armed robbery of an area pharmacy. He allegedly pointed a semi-automatic weapon at the pharmacist and demanded "Oxys" (*Dayton Daily News Online*, November 12, 2002).

To summarize, prescription opioid medication abuse continues to increase in the Dayton area. By and large, the majority of new users are young white people, although African-American crack-cocaine users are also known to abuse prescription opioids, particularly to help come down off the crack high. Vicodin is readily available on the street, and OxyContin availability is apparently increasing, after a period of about a year in which it was reportedly difficult to obtain. The synthetic opioid, fentanyl, has been identified by active users as increasing in availability and abuse for the first time. Other pharmaceutical opioids, such as Percocet and Percodan, are also readily available. Treatment providers and active users identified pain management programs as a source of some of these drugs. These trends require careful monitoring and further investigation. Prevention materials, particularly targeting young people, need to be developed and distributed.

4. Marijuana

Since June of 1999 when the OSAM Network first began monitoring drug trends in the state, the abuse of marijuana has been consistently reported as increasing. It remains the primary illicit drug of choice for adolescents admitted to drug abuse treatment programs in Montgomery County—rivaling alcohol. We have consistently reported that most marijuana users do not view the drug as harmful. Consequently, treatment providers face extreme resistance from clients referred to drug treatment programs for marijuana abuse.

In January 2001, all focus group participants reported a continued increase in abuse of marijuana that did not discriminate based on age, race, gender or socioeconomic status. Also during that time, treatment providers began reporting clients in treatment exhibiting what they described to be withdrawal symptoms from marijuana. Reporting on the great availability of marijuana, a representative from the Dayton police department reported that undercover officers were able to purchase larger quantities of marijuana than in the past. By June 2001, active users, treatment providers and law enforcement personnel were reporting what they considered to be somewhat of a “leveling-off” of marijuana abuse in the area. However, abuse of the drug remained at very high levels. As evidence of the social acceptability of the drug, juvenile probation officers reported that many of their juvenile clients would openly smoke marijuana with their parents.

June 2002 to January 2003

High rates of marijuana abuse continue to be reported throughout Dayton and the surrounding areas. Treatment providers and law enforcement personnel report that marijuana is abused by the vast majority of adolescents in treatment or on probation. As reported in the last round, juvenile probation officers stated that they are surprised to encounter a young probationer *not* using marijuana. They stated that the young people on their case loads have become so casual about marijuana use that many now refuse to stop using it, even while on probation. Probation officers commented:

Participant 1: *I've seen like in the past, my first year I guess, kids when they were on probation ... the kids would stop [smoking marijuana] and lately within the past, this past year, kids don't stop at all.*

Participant 2: *They don't care.*

Participant 1: *I mean they're not decreasing their level [of marijuana use]. They're not ... stopping while they're on probation.*

Drug court personnel reported that of the approximately 85 young people currently involved in the Montgomery County Drug Court, approximately 75 regularly test positive for marijuana.

Apparently, the intergenerational use of marijuana continues. A clinical supervisor of an adolescent drug treatment facility stated: “*Yeah, kids sit around with parents [smoking marijuana]. My favorite is when parents are pissed at the kids about using their stash.*” An 18-year-old white woman reported during one of our focus groups that she had just discovered that her mother smokes marijuana.

One focus group of active users, most of who were over thirty and had long histories of substance abuse, reported that they did not smoke marijuana frequently; they would rather spend their money on crack cocaine or heroin. Several pointed out that they had progressed beyond marijuana to other more potent and expensive drugs. One active user referred to marijuana as “a starter kit.” One young participant, a 19-year-old white male heroin abuser who had started smoking marijuana at age 12, stated:

We’re all drug addicts here, too. I mean we’re doing higher drugs ... I started out smoking marijuana but almost everybody in here probably has, too.

A focus group of young (aged 18-22) participants reported using marijuana frequently, and claimed that the drug is getting harder to find and more expensive to buy in the Dayton area. They reported that the quality of marijuana available in the region is excellent, but the price of the drug is so high as to be prohibitive. These active users reported that a regular “blunt” (a cigar casing containing marijuana) sells now for about \$30. Others reported that the cost of a gram of marijuana has doubled from \$10 to \$20, and that a quarter ounce costs \$50. These younger drug abusers attributed the scarcity of marijuana to increased attention to the drug by law enforcement. In fact, they claimed that the Drug Enforcement Agency has posted billboards on Interstate 75 stating “If you think it’s dry now, wait until next month.” Following up on this claim, we discovered that these reports of DEA signs are spurious. This is apparently a rumor that has been circulating throughout the United States for several years. See <http://www.snopes.com/crime/cops/dea.htm> for more information.

For many of our active users, marijuana use is a normal part of daily life. Some see it as necessary as a morning cup of coffee, as illustrated by the following exchange in a focus group:

Participant 1: *[Marijuana] balances me out. I’m more like [normal], when I’m high, I’m normal. That’s how I am.*

Participant 2: *That’s exactly it. I’m to the point where now, I have to be high.*

According to the 2002 Dayton Area Drug Survey, more than 50% of 12th grade students surveyed reported using marijuana at least once in their lifetime (Exhibit 1). That percentage has been relatively constant since the 1996 Survey. Although slight, this is the first decrease in reported lifetime use of marijuana among 12th graders (Exhibit 1). However, the percentage of 12th graders reporting *daily* use of marijuana increased from 6.6% in 2000 to 8.8% in 2002; this is the largest increase reported since 1993 (Exhibit 4).

Marijuana continues to make the news. In July, police arrested a pizza delivery worker in nearby Warren County for distributing marijuana while he was delivering pizza (*Dayton Daily News Online*, July 3, 2002). Later that month, police found and confiscated two possible marijuana plants growing under a window of a local High School in nearby Miami County (*Dayton Daily News Online*, July 19, 2002). In November, two men were arrested in nearby Piqua, Ohio, after police found 25 pounds of marijuana in their possession (*Dayton Daily News Online*, November 7, 2002).

A number of other news reports indicate that marijuana is illicitly cultivated throughout southwestern Ohio. In July, the Montgomery County sheriff's department, in collaboration with state investigators, conducted a marijuana eradication fly-over in Montgomery County. In a local park, they found marijuana plants estimated at nearly \$500,000 in value. Another two large patches were found within Dayton itself (*Dayton Daily News Online*, July 26, 2002). In a rural hamlet south of Dayton, a man was charged with growing 50 marijuana plants in his backyard (*Dayton Daily News Online*, August 13, 2002). In nearby Clark County, a 46-year-old elementary school science teacher was arrested for cultivating marijuana in someone else's cornfield. The marijuana was estimated to be worth approximately \$40,000 (*Dayton Daily News Online*, August 14, 2002). Later that month, the Montgomery County Sheriff's Department conducted a flyover of the county, and found marijuana growing in several locations (*Dayton Daily News Online*, August 24, 2002). Also in August, the Greene County Sheriff's department found cultivated marijuana growing in wooded areas of that county during a routine fly-over. Greene County officials reported that the amount of marijuana plants found was up slightly from the last year (*Dayton Daily News Online*, August 29, 2002). In September, two men in a neighboring city were charged with felonious assault of a police officer as well as cultivation of marijuana. The men had placed razor blades and nails in the marijuana plants they were growing in a garden. A police officer was injured by a razor blade while investigating the cultivation site. These increased reports of illicit marijuana cultivation may reflect a seasonal phenomenon and increased media attention rather than a larger trend toward local marijuana production. However, the OSAM Network will continue to monitor accounts of marijuana cultivation throughout the state.

In sum, marijuana remains the most popular illicit drug in Dayton and surrounding areas and continues to be the leading cause of drug treatment admissions for adolescents. As we have consistently reported, marijuana use is viewed by many as a non-issue and part of everyday life. Active users reported that the supply of marijuana varies, and the quality and price are increasing. During the summer months, law enforcement officials located and destroyed marijuana plants cultivated on both public and private lands.

5. Stimulants

5.1 METHAMPHETAMINE

In June of 2000, active users reported that methamphetamine was available but scarce, and that the drug was making a comeback in the Dayton area. Typical users of the drug were described as bikers, construction workers, individuals seeking a way to remain awake late at night, and crack users who were seeking a less expensive stimulant high. By January 2001, law enforcement personnel were reporting significant increases in methamphetamine availability and abuse. Active users and law enforcement personnel perceived a steady, but slight increase in availability and abuse of methamphetamine in June 2001. Active users reported that the drug was relatively

easy to obtain, but that availability fluctuated greatly because of an increased vigilance by Dayton police to prevent the proliferation of the drug.

In the reporting period of June 2001 to January 2002, treatment providers did not perceive any changes in the abuse of methamphetamine in the Montgomery County area. Active users reported that methamphetamine remained difficult to obtain and not readily available. Probation officers reported that very few clients they serve regularly abuse or experiment with the drug.

In the last reporting period, active users reported that while methamphetamine was present in the region, it continued to be difficult to find. Some active users reported that they are afraid of the drug and the chemicals that go into its manufacture. As in several of our previous reports, active users perceived that law enforcement activities and the stiff penalties involved were keeping methamphetamine availability very low. Yet, the continued presence of methamphetamine in the region was further supported by increases in methamphetamine tested at the region's crime laboratory.

June 2002 – January 2003

In the current reporting period, adolescent drug treatment providers and juvenile probation officers did not perceive methamphetamine abuse as a problem among their clients, stating that the youth they deal with prefer, or have access to, stimulant drugs used to treat attention deficit disorder. Some of our data suggest, however, that methamphetamine abuse may be increasing in availability and abuse in the Dayton area. For instance, the law enforcement officer we interviewed reported finding more methamphetamine on the street and receiving more reports of labs in the region. He characterized these labs as "mom and pop" operations that make the drug for use by small circles of friends, not for larger distribution.

Participant: *We're seeing a few more; the meth is becoming a little more popular unfortunately. Not in great big strides but it is kind of creeping in here. ... I don't want to call them [labs] ma and pop, that's what they are the, ya know. ...*

Interviewer: *People manufacturing for their own use.*

Participant: *For their own use and maybe uh ya know a few of their closest friends.*

He suggested that fear of the dangers of manufacturing the drug has helped to prevent a proliferation of labs in the region. Likewise, a drug treatment facility administrator reported having methamphetamine users in treatment for the first time, but pointed out that the increase may be a "statistical blip." According to this treatment provider, the facility is the only one in the region to have a contract with the federal government, and these clients were referred to treatment after being charged with violations of federal laws governing methamphetamine manufacturing and distribution.

Several active users reported using methamphetamine; one claimed to know how to make it. Some of these young, white users reported that the use and availability of the drug is increasing significantly in the Dayton area. They reported that the quality of the product on the street is excellent. While methamphetamine is still thought of as a "white person's drug," they perceived that more African Americans are making and using the drug as well. A 22-year-old white woman claimed to know of at least five houses on one

street in Dayton in which residents were making methamphetamine, covering the distinctive smell with sophisticated filtration and ventilation systems.

***Interviewer:** It [methamphetamine] gives off a pretty bad smell when you're making it. ... Usually people pick up on that and that's how they [the labs] get busted. Are they mobile, are they in cars, or?*

***Participant:** A lot of them, like I know one that's mobile. A lot of people have like really high filtration systems in their houses. Like they have a huge filtration system. Or they find some way. It's like a pot grower; you find more innovative ways of doing it, and more innovative ways to hide it.*

At this time, we have no other evidence to corroborate these observations.

Active users reported that the price of methamphetamine varies between \$130 and \$180 a gram, and \$20 for 100 milligrams.

According to the Dayton Area Drug Survey, the percentage of 12th grade students reporting lifetime use (using at least once in their lifetime) of stimulant drugs fell from a high of 17.6% in 1998, to 10.9% in 2000 (Exhibit 1). In the most recent edition of the DADS survey, that percentage has dropped even further to 7.6% (Exhibit 1). The percentage of high school seniors reporting lifetime use of methamphetamine (which is separated out from other stimulant drugs), however, held steady between 2000 (8.8%) and 2002 (8.7%) (Exhibit 1).

News reports continue to suggest at least the presence of methamphetamine manufacturing in Southwest Ohio. On July 28, police stopped two men near a public park south of Dayton. Police claimed that the two men had chemicals and equipment used in methamphetamine production in their car (*Dayton Daily News Online*, August 13, 2002). That same week, a Greene county man was reported missing by a friend. Police located the missing person manufacturing methamphetamine in an abandoned barn (*Dayton Daily News Online*, August 14, 2002). In September, police in the Dayton suburb of Kettering responded to reports of a man sleeping in his car. When the officers smelled ether, they searched the man's car and found methamphetamine and precursor chemicals (*Dayton Daily News Online*, September 30, 2002).

To summarize, some of our data, mainly from young club drug users' and Ravers' statements and news accounts, suggest that methamphetamine may be increasing in availability and abuse in the Montgomery County area. However, active users have still not come to the attention of drug abuse treatment providers, except in special cases. We will continue to closely monitor other data sources concerning methamphetamine abuse in the region.

5.2 RITALIN AND ADDERALL

In June 2000, we reported that treatment providers and active users perceived an increase in the non-medical use of methylphenidate (Ritalin) especially among young adults and juveniles. At that time, recreational abuse of Ritalin usually involved crushing the tablets and snorting the powder. In the last 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. Reportedly, 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.

June 2002 – January 2003

In the current reporting period, juvenile probation officers reported that the abuse of Ritalin continues, but it is now less popular and less common than a combination of amphetamine salts (dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate and amphetamine sulfate) used to treat attention deficit hyperactivity disorder (ADHD), marketed under the brand name Adderall. The effects of this drug are said to last longer than Ritalin. One group of young active users (18 to 22 years of age) gave supporting evidence for increases in the abuse of Adderall.

Participant 1: *[I like] Adderalls. I smoke [marijuana, take] Ritalins.*

Participant 2: *I did an Adderall last weekend.*

Participant 3: *See Ritalin don't do nothing to me*

Participant 1: *It doesn't do anything to me, either.*

Participant 4: *Where the Adderalls at? [so I can get some].*

Probation officers stated that they are also seeing juveniles abusing Concerta, a reformulated, time-release form of methylphenidate, but no confirmatory evidence was elicited.

The abuse of stimulant drugs used to treat ADHD is not limited to juveniles. In October, a 32-year-old nurse was sentenced to probation for forging prescriptions for Ritalin. Reportedly, she was consuming 10 to 15 tablets a day when she was caught (*Dayton Daily News Online*, October 16, 2002).

One active user focus group discussed other stimulant drugs such as ephedra-containing products and some pharmaceuticals that may have potential for abuse and thus need careful monitoring. One 22-year-old white female reported enjoying the effects of the drug phentermine hydrochloride (Adipex), an appetite-suppressant drug related to amphetamines. Adipex is available by prescription, but is a schedule IV controlled substance. Other active users reported on occasion taking over-the-counter alertness or weight-loss products containing ephedra. Some of these products are reportedly sold in gas stations and truck-stops as "energy boosters;" this group referred to these products as "gas station crack."

In summary, increases in the abuse of Adderall, particularly among young whites, was observed for the first time. This trend requires further investigation, but is consistent with increases in the abuse of a range of pharmaceutical drugs, particularly among young white people.

6. Depressants

6.1 TRANQUILIZERS

Since its first report in June of 1999, the OSAM Network has reported tranquilizer drugs such as alprazolam (Xanax), diazepam (Valium) and lorazepam (Ativan) were easily accessible and somewhat prevalent among users, especially whites. Between the June 2001 and June 2002 reporting periods, treatment providers did not perceive an

increase in people seeking treatment for abuse of benzodiazepams such as Xanax. Probation officers and drug court personnel perceived a slight increase in Xanax abuse among the juvenile population they served. In the last reporting period, active users perceived Xanax and Valium to be less popular among active users than in the past.

June 2002-January 2003

As we have previously reported, Xanax and similar tranquilizer drugs continue to be very popular and readily available. However, focus group participants reported that cocaine abusers were as likely to use marijuana and/or alcohol to mitigate the stimulating effects of cocaine.

Abuse of Rohypnol (flunitrazepam) remains extremely rare.

Adult treatment providers reported more people entering treatment who had been abusing Xanax, and to a lesser extent, Ativan. Juvenile probation officers reported that if the youth on their case loads are abusing tranquilizers, it is part of a larger pattern of polydrug abuse. A police officer told us that they are seeing more diverted Xanax on the street, but his sense was that law enforcement was only “scratching the surface” of Xanax diversion and abuse. He stated:

Participant: *Exactly, uh the Xanax seems to be the real popular one and we're seeing a lot of, of diversion on that.*

Interviewer: *And any others?*

Participant: *No I'd say probably that's [Xanax] probably the highest one.*

Results of the Dayton Area Drug Survey indicate that the rate of tranquilizer abuse among 12th graders remains a concern. In the 1998 edition of the Survey, 11.9% of high school senior respondents reported abusing tranquilizer drugs at least once in their lifetime (Exhibit 1). In 2000, that percentage had increased to 19.1%, and in 2002, to 19.5% (Exhibit 1). Seventh and ninth grade respondents surveyed indicated decreases in lifetime abuse from 2000 to 2002. The decrease was from 1.2% for ninth graders and 1.5% for seventh graders (Exhibits 2 & 5).

A number of our active user participants reported using benzodiazepines, especially Xanax. One active drug user claimed that some methadone patients are using Xanax to augment any euphoric effects of methadone. All active users reported that Xanax is often used in conjunction with alcohol, as we have reported in the past. However, several active users pointed out that combining alcohol and Xanax can be dangerous and can lead to black outs. One 24-year-old white male said:

People get messed up doing that. I mean, I've heard so many stories of people going to a bar and they pop a couple of Xanaxes and wake up in jail.

An 18-year-old white female offered:

I like Xanaxes every once in a while. Just 'cause it's fun to wake up in the morning, "like what the fuck did I do last night"?

Prevention programs that warn of the dangers of mixing tranquilizers and alcohol are encouraged.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Since June of 1999, gamma-hydroxybutyrate (GHB) abuse in Montgomery County has been reportedly 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. In the last reporting period, treatment providers and most active users continued to report that the use of GHB appeared to be rare in Montgomery County.

June 2002 – January 2003

In the current reporting period, treatment providers and law enforcement participants did not have any significant information on GHB to report. However, we spoke with several young active drug users who frequently attended Raves and dance clubs and were knowledgeable about GHB in the Dayton area. They claimed that the drug was increasing in popularity and availability, particularly in dance clubs and Raves. Without further evidence, we cannot be certain at this time that the abuse of GHB is increasing. One participant reported enjoying the drug and using it with some frequency. He stated: *“You put a little bit in a water bottle, and you drink a little bit of it. And dance all night long.”* The participants of this focus group were fully aware of the danger of mixing alcohol with GHB.

In September, the Dayton Daily News reported that a teacher in another part of the state was arrested for possession of a chemical precursor to GHB. He, along with more than 115 people, had allegedly been buying the substance over the Internet (*Dayton Daily News Online*, September 30, 2002). While this arrest did not occur in our cachement area, the story provides further evidence that the abuse and manufacture of GHB warrants continued monitoring by the OSAM Network.

7. **Hallucinogens**

The abuse of hallucinogenic drugs such as LSD and psilocybin (mushrooms) has remained at relatively low levels in Montgomery County since our first OSAM report in June of 1999. Since our June 1999 OSAM report, the abuse of LSD and psilocybin (mushrooms) has persisted, particularly among white juveniles and young adults. In January of 2001, young active users between the ages of 18 and 25 perceived a slight increase in the abuse of hallucinogens, especially LSD. This increase was reportedly among individuals frequenting Raves and dance clubs. In our June 2001 report, most drug treatment providers and law enforcement personnel reported no change in the prevalence of hallucinogen abuse. In the past few reporting periods, the abuse and availability of these drugs remained steady, but sporadic. In June 2002, an active user knowledgeable about hallucinogenic drugs in Montgomery County reported that LSD and psilocybin mushrooms had become more difficult to find.

June 2002-January 2003

In the current reporting period, abuse of LSD, psilocybin mushrooms, and other hallucinogenic drugs continues at moderate levels. While treatment providers and law enforcement officials report that they do not encounter these drugs frequently, our young active user focus group claimed to be quite knowledgeable about these drugs. These participants stated that LSD continued to be relatively scarce; however, they perceived psilocybin mushrooms to be more plentiful than they had been in the recent past. They

stated that the cost of mushrooms is comparable to marijuana, with a quarter ounce selling for around \$50.

According to data from the 2002 DADS, reported lifetime use of hallucinogens decreased among all respondents of the survey. Among 12th graders, reported lifetime use of these drugs dropped from a high of 21.8% in 2000, to 16.8% in 2002 (Exhibit 1). For 9th grade students, reported lifetime use of hallucinogens dropped from 12.3% in 2000 to 7.9% in 2002 (Exhibit 2). Reported lifetime use of hallucinogens dropped from 3.8% to 1.7% among seventh graders between 2000 and 2002 (Exhibit 5).

For the current reporting period, our participants did not offer any new information on the availability and abuse of phencyclidine (PCP). This may indicate that its abuse is rare.

7.1 2C-B AND AMT

Our young club drug users reported using two new hallucinogenic drugs, 2C-B and AMT (alpha-methyl tryptamine). Both drugs were said to cause hallucinations and euphoria. According to this group, 2C-B is a powerful and expensive substance, selling for \$400/gram. However, the dose required to experience the effects is quite small, only 15-20 milligrams. This group claimed to have tried AMT as a group, but several participants reported having a bad experience with it, possibly because the batch they had was “dirty,” that is, contaminated or “cut” with some other substance. They also claimed that the drug was legal, and could be easily obtained through the Internet. A 21-year-old white male described the effects of AMT:

AMT, after about 2 hours, well after about an hour after you take it, you start getting really sick. So we've been taking Dramamine with it to cancel out the sickness ... And it works. But then like for the first three hours, you feel like you're candy flippin', which is like acid and ecstasy [taken together]. After about 3 hours, the ecstasy [feeling] wears off, but you like trip really hard, for like about 16 hours. Like intense tripping.

This same individual also described the effects of 2C-B:

Like, you're really clear headed ... But your hallucinations are like geometric patterns and shapes and things. It looks like they're breathing, but everything changes color to the beat of the music.

According to an Internet source (www.erowid.org), 2C-B is a synthetic chemical structurally related to mescaline which produces hallucinations and euphoria, and can produce gastrointestinal distress and other bodily discomforts, as well as “bad trips.” The same web site describes AMT as a hallucinogen as well. While our focus group claimed AMT is legal, it may fall under anti-analog laws. AMT is a research chemical, meaning that it is still under scientific study and not much is known or understood about its psychoactive or pharmacological effects, and therefore should be considered very dangerous. Prevention programs that stress the dangers of new, synthetic, or “designer” drugs are strongly recommended.

7.2 MDMA (METHYLENEDIOXYMETHAMPHETAMINE)/ECSTASY

The abuse of MDMA (ecstasy) increased rapidly in the Dayton area since our first report in June 1999. Active users reported a significant increase in availability and abuse, especially among white juveniles and young adults. MDMA/ “Ecstasy” abuse

among African Americans was reportedly uncommon at that time. In January of 2001, treatment providers continued to report significant increases in MDMA/ "Ecstasy" abuse among white juveniles and young adults ages 16-25. Dayton narcotics officers reported a significant increase in both availability and abuse of the drug.

The spread of MDMA/ "Ecstasy" reportedly continued to increase significantly from January 2001 to June 2001. Dayton narcotics officers reported that MDMA/ "Ecstasy" seizures by the narcotics department had risen in 2001. The abuse of MDMA/ "Ecstasy" had reportedly increased in frequency among users and was no longer strictly associated with the Rave scene. MDMA/ "Ecstasy" was used in settings such as "house parties" and other small group settings.

Since June 2001, active users continue to report an increase in MDMA/ "Ecstasy" abuse among the younger population. Previously thought to be popular primarily among young whites, active users reported an increase in MDMA/ "Ecstasy" abuse among young Blacks, especially females.

In the last reporting period, increases in the abuse of MDMA/ "Ecstasy" continued, especially among young adults. While still thought to be used primarily by whites, young African-American active users we spoke with were familiar with MDMA/ "Ecstasy," and knew people in their neighborhoods who used it.

June 2002 – January 2003

Even though two treatment providers perceived a decrease in the abuse of MDMA/ "Ecstasy," most of our data suggest that the drug remains highly available within the Dayton area, and its abuse continues to spread beyond young white ravers and party-goers. Juvenile probation officers perceived a slight increase in MDMA/ "Ecstasy" abuse among the youth they serve, most notably among African-American women, and a law enforcement official reported that the police were seeing more MDMA/ "Ecstasy" on the street in recent months.

One of our focus groups consisted of 6 young white MDMA/ "Ecstasy" users between 18 and 22 years of age. They reported that the drug is more available now than it had been last year. They perceived that the quality of MDMA/ "Ecstasy" varied significantly, but that recently they were finding some "damn good pills." One participant stated:

It can go on, really, really good pills have been going around parties a lot lately, and around clubs. Really, like really good. Especially in Dayton right now. [But] I mean, there's just so many different types of pills, and so many chemists, and so many different batches, you never know [what the quality will be].

This young group estimated that the average cost of an MDMA/ "Ecstasy" tablet is \$20 dollars. Participants reported that users generally swallow the tablets, or grind them up and snort the powder. They further reported that some individuals administer the drug rectally, a practice they referred to as "plugging." They claimed that this is an efficient way to administer the drug because of the high rate of absorption. One 21-year-old white male stated that the effect of "plugging" MDMA/ "Ecstasy" was so powerful it was like the high one feels when one takes MDMA/ "Ecstasy" for the first time.

According to these participants, the age range of MDMA/“Ecstasy” users is typically from 15 to 27, with few people over thirty using the drug. As we have reported in the past, these participants reported seeing all kinds of people “rolling” (being high on MDMA/ “Ecstasy”). A 22-year-old white woman stated:

I know a lot of people out in [a Dayton suburb] that would roll in their house, and they're Asians, and Blacks, and they all get together ... it really doesn't matter anymore. So it's just like, alright.

Another participant, a 20-year-old white man, stated:

[Ecstasy] is turning into a mainstream thing, like your average just high school kid is like, startin' ... doesn't know anything about Raves ... They're doing it, like it's just somethin'; it's getting popular.

This group further reported that the “traditional” venue for MDMA/“Ecstasy” use-- raves-- was alive and well in Dayton and that people were coming to Dayton for raves from all major metropolitan areas in the state, in part because some cities reportedly have anti-Rave laws.

The 2002 DADS survey was the first year that included questions about MDMA/ “Ecstasy” use. Ten percent of 12th grade respondents indicated that they had used MDMA at least once in their lifetimes (Exhibit 1). 5.9% of ninth graders and 1.7% of seventh graders reported lifetime use of the drug (Exhibits 2 & 5).

7.3 KETAMINE

The availability and abuse of ketamine has fluctuated greatly since our first report in June 1999. In January 2000, ketamine was reportedly gaining popularity among youth, and the drug was easily accessible. In June 2000, ketamine abuse was described as rare. However, by January 2001, young active users reported that ketamine was once again gaining popularity among juveniles, but that overall, abuse was low. Although there were two separate thefts of ketamine from veterinary clinics in 2001, active users reported the prevalence of ketamine remained relatively low. Availability of the drug reportedly tends to be fairly restricted to dance clubs or Raves.

June 2002 – January 2003

Ketamine reportedly continues to be sporadically available in the region, and there is evidence that substances illegally marketed as “Special K” or “cat tranquilizer” may not be ketamine. According to a police incident report, a doorman at a downtown Dayton nightclub found a substance that looked like crack on a patron trying to enter the bar. The police were called, and when they questioned the subject, he said the substance was Special K. When field tested, the substance tested positive for cocaine, and the subject was arrested for cocaine trafficking (Dayton City Police Report, August 2002).

On the other hand, several active users reported that ketamine has become more available in the Dayton area. According to these young active users, ketamine is usually sold in liquid form, and often comes in different colors. Reportedly, the drug is typically cooked down to a powder and snorted or smoked. Participants described intramuscular (muscle-popping) injection as a practice that occurs, but is dangerous and relatively rare.

Interviewer: *When you're saying a lot of people are um, injecting ketamine, is that a change? Is that becoming more a typical thing, or not?*

Participant 1: *Mmm, no.*

Participant 2: *Everyone knows at least one K head who does it.*

Participant 3: *And it's dangerous, too because if you hit a vein, you die.*

Participant 1: *Right.*

Participant 3: *Because if ketamine hits your heart, it stops.*

The cost of a gram of ketamine is approximately \$60. One individual claimed that ketamine, or chemical precursors used to make the drug, can be purchased through the Internet. This claim warrants further investigation to verify its truthfulness.

8. Inhalants

Since our first report in June 1999, inhalant abuse has been limited to primarily young, white individuals. Participants perceived the abuse of inhalants to be experimental or because the user is unable to obtain some other drug.

All participants reported no changes in the abuse of inhalant drugs, and reported that inhalant abuse in Montgomery County continues at very low levels. Most active users spoke of "huffing" with disdain, and identified it with young white males.

The 2002 Dayton Area Drug Survey data shows decreases in reported lifetime use of inhalant drugs. Although the decrease among 9th graders was a modest .2% (Exhibit 2), decreases of 4.1% and 4% were reported by the 7th and 12th graders, respectively, who responded to the survey (Exhibits 5 & 1).

9. Alcohol

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

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

In the current reporting period, alcohol abuse remains the leading cause of drug treatment admissions for adults in Montgomery County. All participants we spoke with perceived no changes in alcohol abuse since our June 2002 report—abuse remains consistent at very high levels.

Both adolescent drug treatment providers and juvenile probation officers reported that alcohol abuse continues to be a problem among youth as well. Results of the 2002

DADS suggest that alcohol abuse is common among adolescents and is a cause for concern. Seventy-nine percent of 12th graders reported using alcohol at least once in their lifetime (Exhibit 1), with 33% of those 12th graders surveyed reporting consuming 5 or more drinks at one occasion (binge drinking) within the two weeks prior to the survey (Exhibit 6). Among 12th grade respondents, white boys had the highest rate of binge drinking, and African-American boys had the lowest (DADS, 2002). On a positive note, the percentage of respondents reporting lifetime use of alcohol dropped between 2000 and 2002 (exhibits 1, 2 & 5). The decrease was most pronounced among 7th graders. In 2000, 38.8% of 7th graders reported lifetime use of alcohol; in 2002, that percentage was 27.3% (Exhibit 5).

Consistent with prior reports, all of our participants report that alcohol is frequently abused with other substances, including marijuana, cocaine, and tranquilizer drugs.

SPECIAL ISSUES AND RECOMMENDATIONS

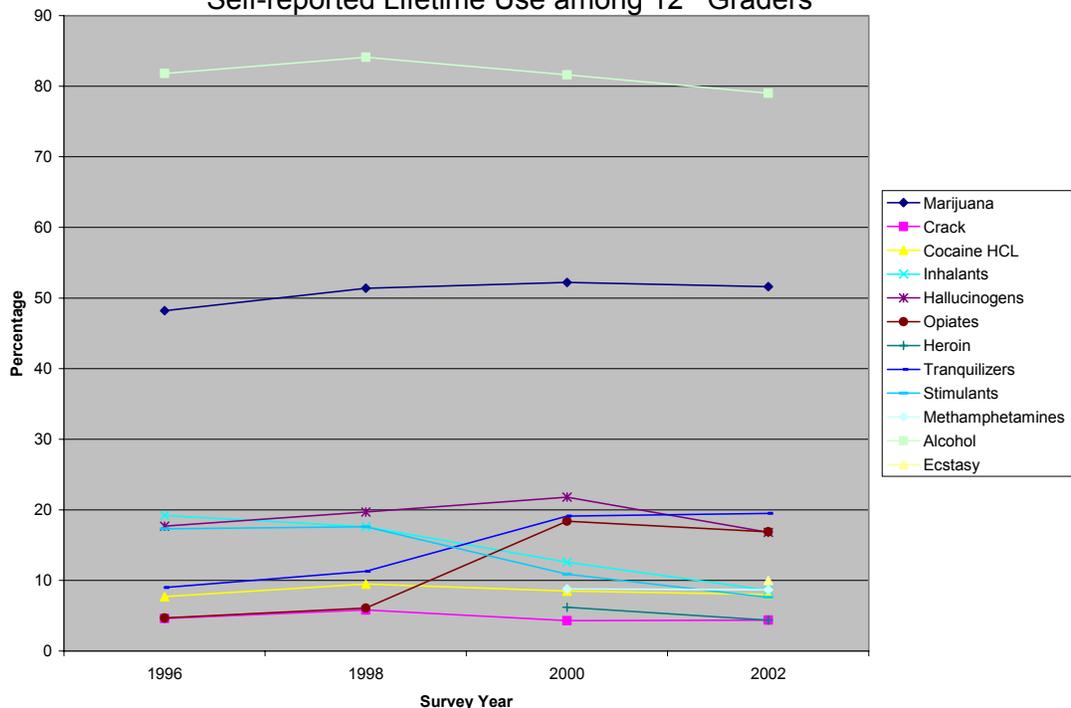
1. Barriers to Drug Treatment

- Drug abuse treatment providers perceive an increase in the numbers of Spanish-speaking clients seeking services. Differences in language and culture create barriers to effective treatment for these clients. These same treatment providers reported that their deaf clients whose native language is American Sign Language (ASL) experience similar difficulties. Culturally sensitive prevention programs targeting these populations are urgently needed. Substance abuse treatment programs that address the special issues presented by non-English speaking clients also need to be developed. Special efforts to recruit Spanish and ASL speaking treatment providers should be made.
- Participants recommended that more drug treatment resources for adolescents be made available. Currently, there are no residential substance abuse treatment programs for youth in Montgomery County, and treatment providers report that outpatient resources for juveniles are over-extended.

2. Other Special Issues.

- Based on reports from active users, a law enforcement official and a drug treatment provider, it appears that methamphetamine abuse and availability may be increasing somewhat in the region. We will continue to monitor this potential trend.
- For some segments of the drug-using population, the Internet appears to play an important role in their substance abuse practices. Young active users we interviewed described using the Internet to find information about the drugs they take, such as expected effects of use and “safe” dosages. The use of the Internet to purchase drugs or the substances to make them was also reported. The use of the Internet may be limited to more affluent drug users, such as suburban teens and young adults with access to computers. Further investigation into the role of the Internet for some drug abusers is needed.
- The continued abuse and high availability of diverted opioid pharmaceuticals warrants continued close monitoring by the OSAM Network. The illegal distribution and non-medical use of fentanyl as described by several participants, news accounts, and coroner toxicology reports, may be an emerging trend, and should be monitored in the future.

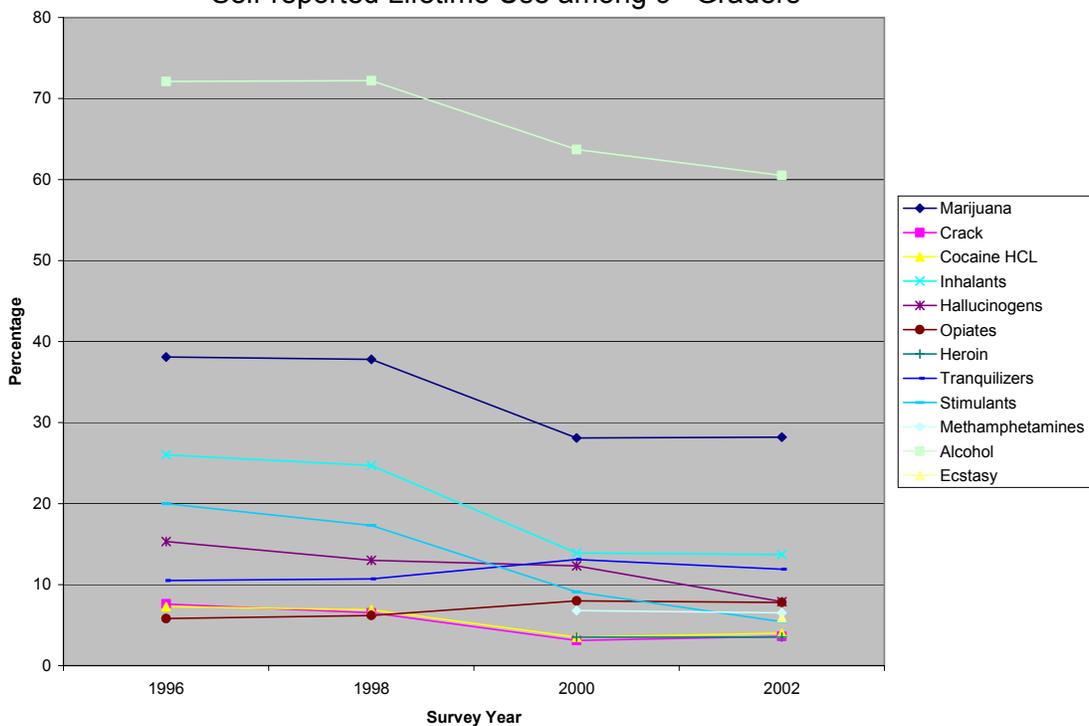
Exhibit 1: Dayton Area Drug Survey
Self-reported Lifetime Use among 12th Graders



*Lifetime use is defined as having abused a drug at least once.

Note: The Dayton Area Drug Survey is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

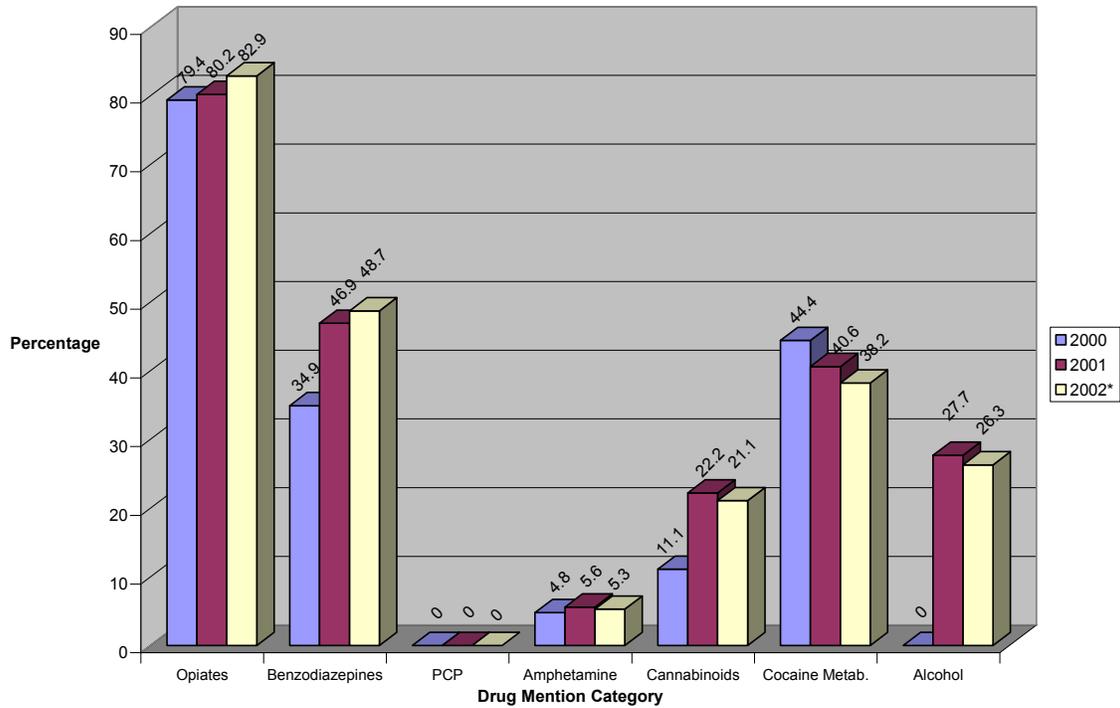
Exhibit 2: Dayton Area Drug Survey
Self-reported Lifetime Use among 9th Graders



*Lifetime use is defined as having abused a drug at least once.

Note: The Dayton Area Drug Survey is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

Exhibit 3: Accidental Drug Overdose
(Montgomery County Coroner's Office)



Note: Data represent percentage of mentions for each drug category.
*Represents data from January 2002 through August 2002.

Exhibit 4: Dayton Area Drug Survey
Self-reported Daily Use of Marijuana & Alcohol among 12th Graders

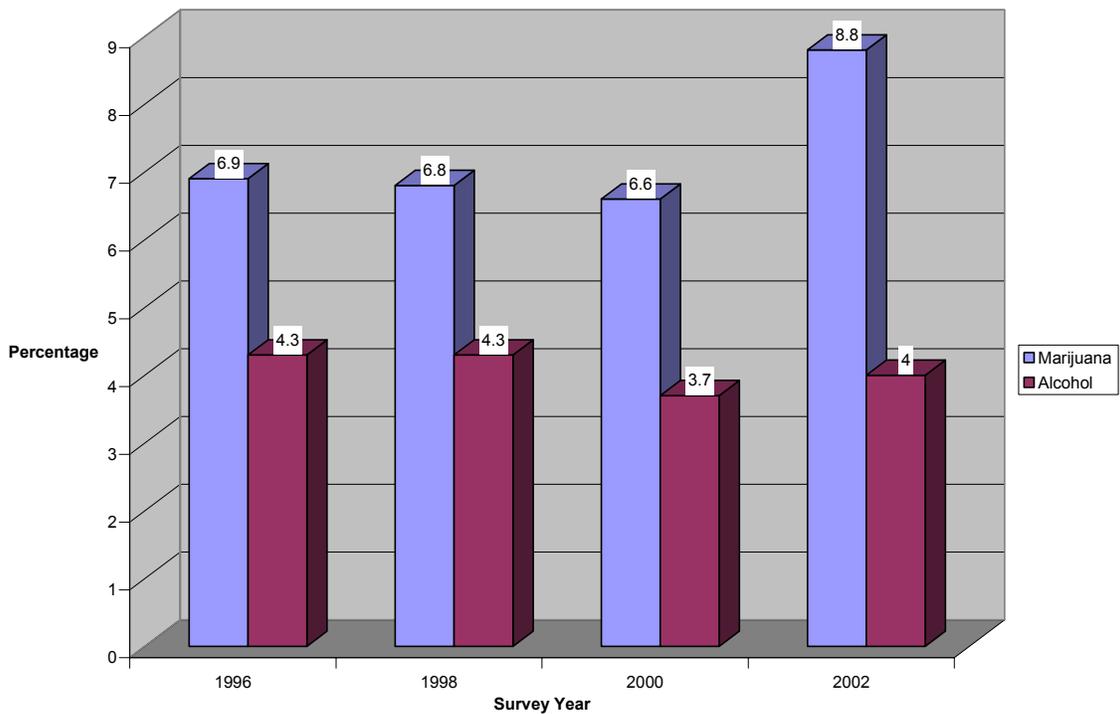
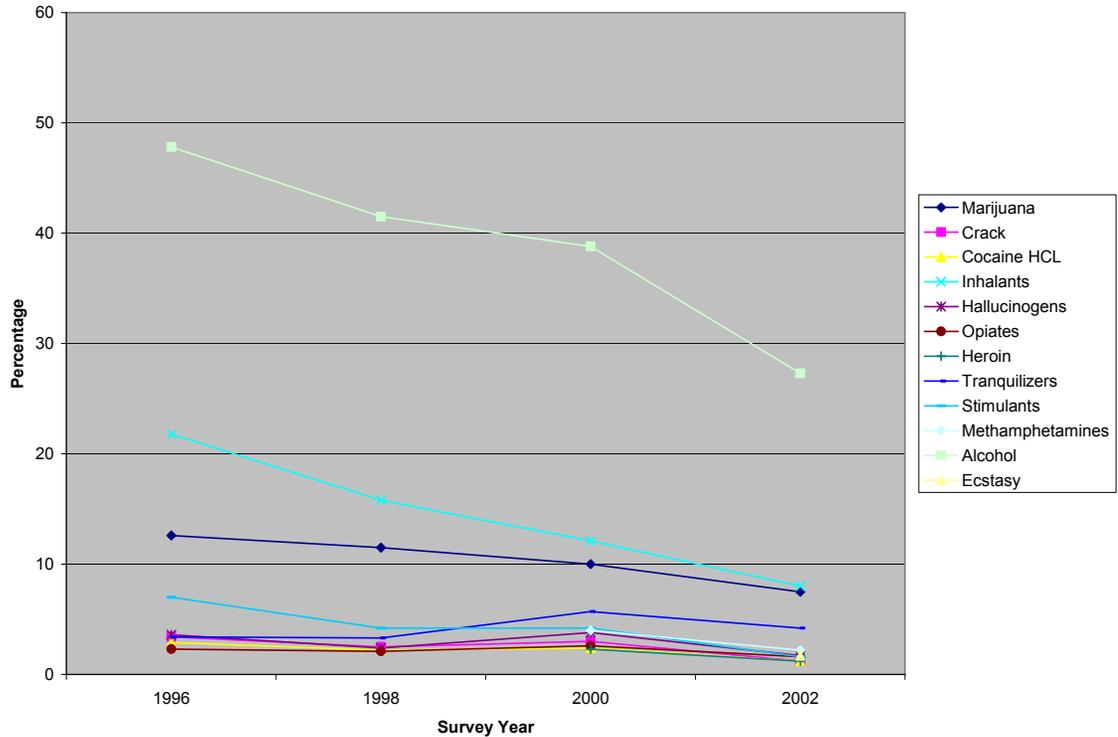


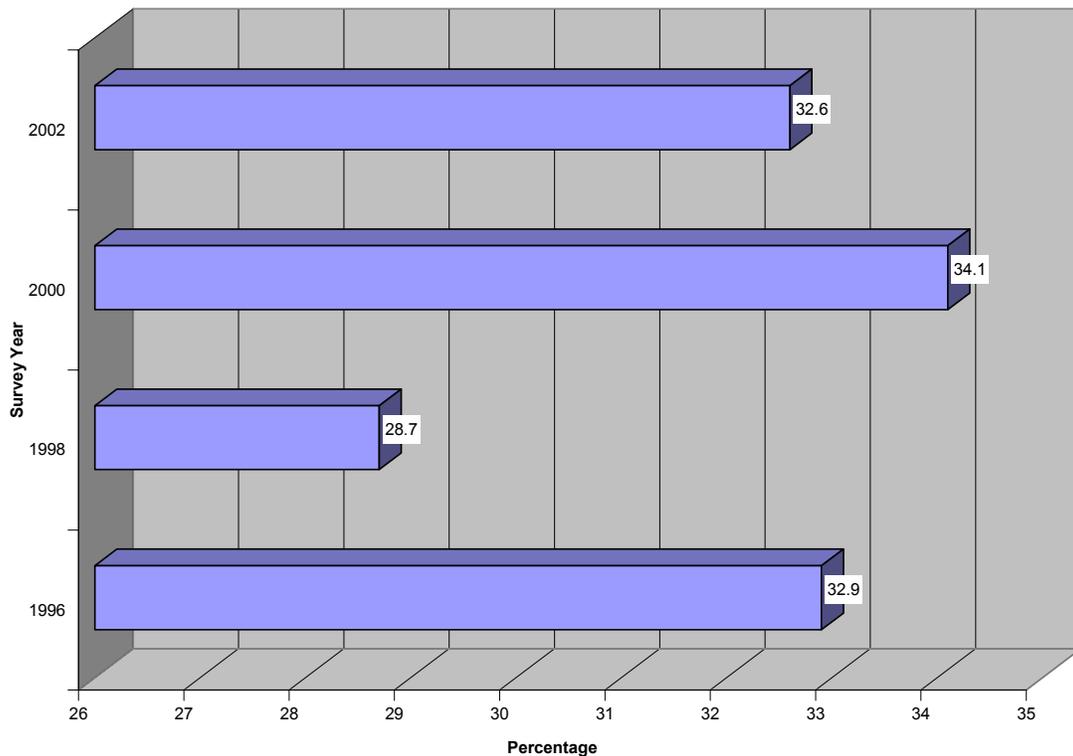
Exhibit 5: Dayton Area Drug Survey
Self-reported Lifetime Use among 7th Graders



*Lifetime use is defined as having abused a drug at least once.

Note: The Dayton Area Drug Survey is a biennial survey of self-reported drug use by area high and middle school students conducted by the Wright State University School of Medicine and United Health Services.

Exhibit 6: Dayton Area Drug Survey
Self-reported Binge Drinking in 2 Weeks Prior to Survey among 12th Graders



Note: Binge drinking is defined as 5 or more drinks in a single occasion.

Exhibit 7: Dayton Area Drug Survey
Self-reported Daily Use of Heroin among 12th Graders

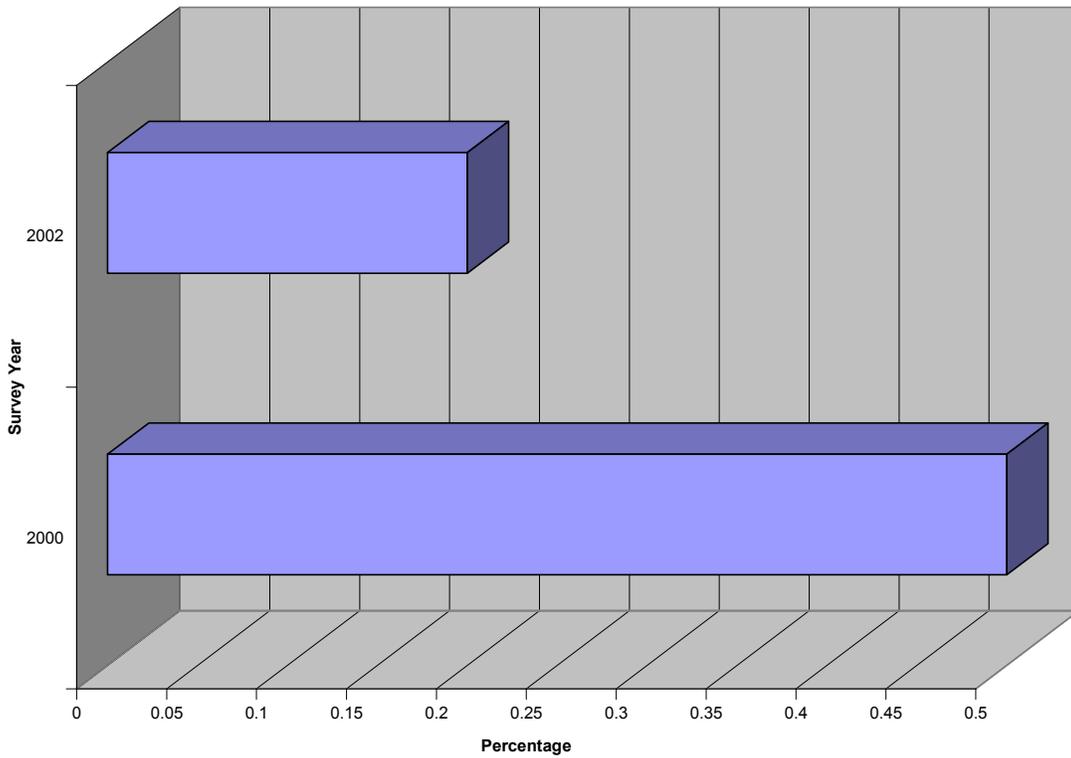
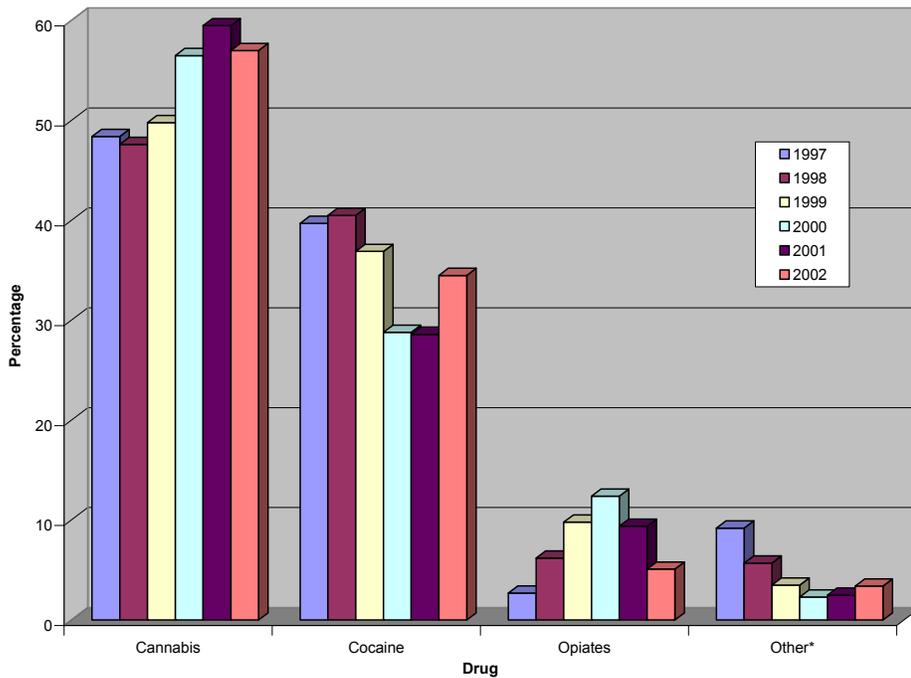


Exhibit 8: Drug Positives
Montgomery County Adult Probation



* Includes amphetamines, barbiturates, benzodiazepines and alcohol.

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

Note: Opiate urine screens no longer routine as of July 2001.

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

June 2002 – January 2003

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Abstract

Crack cocaine and marijuana abuse remain the number one illegal drug abuse problem in the Toledo area (Lucas County). All focus group participants reported an increase in sales of crack cocaine and marijuana among adults and youth. Young individuals, according to treatment reports, continue to use cocaine, alcohol and marijuana. Alcohol dependence and abuse is the primary reason for alcohol and other drug service admissions. Focus group participants reported that crack cocaine accounts for the largest number of drug arrests, primarily in the inner city, and the second largest number of treatment admissions (both suburbs and inner city). Reports indicated that 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 is high and the prices have remained low, which accounts for its constant usage. According to the focus group participants, heroin use continues to be a serious problem in Toledo especially among white youth and older adults who smoke and snort the drug. The number of heroin users entering treatment remains low in comparison to other drugs of choice due to lack of treatment services (methadone clinics). It is reported that OxyContin (oxycodone controlled-release) abuse continues to increase. Dilaudid (hydromorphone) remains popular among drug injectors (old users), and is reportedly on a decline due to debilitating health side effects. Among drug users, Ecstasy (MDMA) was reported to be on a decline, but still remains popular among suburban youth. Two focus group participants reported an increase of Ketamine among college-aged adults (ages 18 to 24). Marijuana reportedly is being used primarily by adults and youth due to its potency. Its use remains very widespread in the Toledo area, especially among youth and young adults in the suburbs and inner city. According to the treatment providers, alcohol abuse remains the most widespread problem that impacts all ages and ethnic groups 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 over 925,903 people living in Northwest Ohio. Forty-seven percent of this population are male, while 53% are female. Approximately 76% (345,800) are White, 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 the 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
9/5/02	4	Users in Recovery
9/17/02	5	Undercover narcotic police officers
12/2/02	4	Treatment Clinicians
12/3/02	4	Users in Recovery
12/17/02	2	Treatment Clinicians
12/18/02	4	Users in Recovery

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
6	23	0	23

Table 2: Detailed Focus Group/Interview Information

September 5, 2002: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	47	Black	Male	In recovery; drugs of choice were Dilaudid, crack, powdered cocaine, marijuana
2	50	Black	Female	In recovery; drugs of choice were Dilaudid, crack, powdered cocaine, marijuana
3	51	Black	Female	In recovery; drugs of choice were crack, powdered cocaine, alcohol and pills
4	45	Black	Male	In Recovery; drugs of choice were alcohol, powdered cocaine, heroin, pills

September 17, 2002: Focus Group with Undercover Narcotics Police Officers

"Name"	Age	Ethnicity	Gender	Experience/Background
1	N/A	Black	Male	2.5 years; Most busts focus on crack cocaine
2	N/A	White	Female	1.5 years; Most busts focus on crack cocaine
3	N/A	White	Male	5 years; Most busts focus on crack cocaine
4	N/A	White	Female	7 months; Most busts focus on crack cocaine
5	N/A	White	Female	Most busts focus on crack cocaine

December 2, 2002: Focus Group with Treatment Clinicians

"Name"	Age	Ethnicity	Gender	Experience/Background
1	N/A	White	Female	1.5 years at current treatment center
2	N/A	Black	Male	12 years at current treatment center
3	N/A	White	Female	9 years at current treatment center
4	N/A	White	Female	5 years at current treatment center

December 3, 2002: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	
1	33	Black	Female	n/a
2	38	White	Male	n/a
3	49	Black	Male	n/a
4	20	Hispanic	Female	n/a

December 17, 2002: Focus Group with Treatment Clinicians

"Name"	Age	Ethnicity	Gender	Experience/Background
1	N/A	White	Male	Been in the treatment field since 1990
2	N/A	White	Female	Been in the treatment field for 26 years

December 18, 2002: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	22	White	Male	In recovery; drug of choice was marijuana
2	21	White	Female	In recovery; drug of choice was heroin
3	25	Black	Male	In recovery; drug of choice was marijuana
4	29	Black	Male	In recovery; drug of choice was cocaine

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack cocaine abuse remains at a steady high level in the Toledo (Lucas County) area. It continues to be readily available at any price one is willing to pay. In the last six months, the usage has increased significantly among White females between the ages of 18 and 22, although the dominant group among those who seek treatment are in 30 to 40-year-old range. One treatment provider stated that she currently has three Vietnamese and one Hispanic individual as a part of her caseload for treatment of crack-cocaine addiction, further stating that "this drug is beginning to destroy lives in all cultures." This emerging trend will be monitored closely in future drug trend reports.

According to the focus group participants, crack abuse is increasing among younger people. Users stated that younger individuals, ages 15 to 18, continue to smoke crack mixed with marijuana ("cocoa-puffing"). One active user explained:

You don't see many youth that age smoking rocks out of a pipe; at that age they are mostly cocoa-puffing [crack mixed with marijuana].

One clinician stated:

I am receiving more referrals from 16 and 17-year-olds. The 15, 16 and 17-year-olds are getting hooked a lot earlier. It used to be that young people would get hooked on alcohol, then move on. Now they are starting with crack cocaine.

According to the treatment providers, crack-cocaine users experience problems getting into treatment because of the lack of availability of inpatient/outpatient spots at treatment facilities in the Toledo area. There are approximately 50 to 60 inpatient beds in Lucas County for residential treatment. Since crack addiction does not provoke a lot of physical withdrawal symptoms, clients are not eligible for inpatient detoxification programs. As a result, individuals addicted to crack come on an outpatient basis which does not always grab their attention and keep them engaged long enough to make a difference before returning to the drug environment they came from. Despite these barriers, crack-cocaine abusers represent the second largest group (36%) in client admissions and discharges from drug and alcohol abuse treatment agencies in Lucas County receiving public monies under special reporting requirements.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine use continues to show an increase in the Toledo area, especially among youth ages 14 to 18. Focus group participants (users in recovery) stated that crack-cocaine drug dealers in the above mentioned age group prefer powdered cocaine to crack. According to the focus group participants, the quality of powdered cocaine varies. Recovering users reported that the prices range from \$60 to \$100 a gram.

Focus group participants stated that youth as young as age 12 are experimenting with powdered cocaine because it is viewed as a “glamorous” drug, and socially acceptable. Toledo vice officers stated that “a lot of powder cocaine is being sold in bars and clubs.”

Powdered cocaine users don’t view themselves as having a drug problem. For example, one focus group participant explained: “We’re not drug addicts. It’s not like we’re smoking crack or something.”

The most prevalent users of powdered cocaine continue to be white middle-class, 20-to 40-years-old and factory workers who have a lot of money and can afford it. There is less jail time for those caught with powdered cocaine than crack. Although drug users report that a common method of administration is “speed-balling” (mixing heroin and cocaine together), most youth are snorting it; they call it “popping.”

2. Heroin

Treatment providers gave conflicting reports regarding heroin abuse in the Toledo area. One treatment provider reported that heroin abuse has increased among young White females. In contrast, other treatment providers indicated that heroin abuse has been leveling off in the last three months. According to the interview participants, the possible decreases are due in part to the increasing abuse of OxyContin as well as to the fact that heroin quality in the area is very poor. According to clinicians, heroin addicts are turning more to OxyContin because it “takes the guesswork out of what you’re buying.” In a similar manner, one active user explained:

When you're sick, you don't want to spend \$20 for something you hope will be good heroin and it's junk; with OxyContin you don't have to take that chance.

Most heroin users go to Detroit to purchase heroin because of the better quality and cheaper prices. One user stated that what he would pay \$30 for here in Toledo, he could get the same thing in Detroit for \$8 to \$10. If you are not an older user (who has been using for a long time), it is difficult to find good quality heroin in the Toledo area.

Reportedly, treatment opportunities for heroin are very poor in the Toledo – Lucas County area. A treatment clinician stated: “It’s hard to get treatment for a heroin addiction.”

3. Other Opioids

Opioid analgesic abuse continues to rise in the Toledo area. Treatment providers stated that in the past six months to a year, of all clients that sought treatment for heroin and were placed in a methadone program, about 80% were also abusing opioid analgesics such as OxyContin (oxycodone long acting). Opioid analgesic abuse (especially OxyContin) is spreading among long-time heroin users. According to one recurring heroin abuser, the OxyContin “high” lasts longer than heroin, and it is a “higher high.”

Although the primary method of administration continues to be oral or by snorting, some users inject it. OxyContin is a pharmaceutical drug and users don’t have to take a chance on what they’re buying as opposed to buying a bag of heroin and not being sure of its quality.

OxyContin costs \$25 per one 40mg pill and is reportedly readily available.

4. Marijuana

Marijuana abuse continues to rise, especially among the younger population (ages 13 to 17), according to active users. Treatment providers stated that users are adamant about marijuana not being a “big deal” and plan to continue to smoke. According to active users, marijuana is viewed the same as “smoking cigarettes.” One treatment provider explained:

Marijuana use has increased more than any drug in the last three to four years and remains consistent more than any other drug, including alcohol.

Clinicians continue to report a rising trend of smoking marijuana and crack (called “primos”) as common among crack and marijuana smokers. Treatment data shows that over the last six months to a year, marijuana users accounted for the third largest proportion of treatment clients in Lucas County

5. Depressants

Treatment providers reported that in the past six months they have seen clients who used ketamine (“special K”). They were primarily college-aged students. There were no reports about increase in prescription tranquilizer abuse in the Toledo area.

One drug treatment clinician attributed this decline to the fact that physicians give out fewer prescriptions.

6. Hallucinogens

According to the treatment providers, MDMA/"Ecstasy" is still readily available in the Toledo area, but its use has leveled off and is on a current downswing. It still is common to find MDMA/"Ecstasy" in "raves" and it is predominantly used among young (ages 16 to 24) Whites and Asians.

7. Alcohol

Alcohol treatment admissions continue to increase. Alcohol abuse has accounted for the highest percentage of treatment admissions in Lucas County. By comparison, alcohol was the primary drug of choice of more than 45% of treatment admissions. Drug treatment providers see the trend continuing and claim "that alcohol abusers represent their largest caseloads." The prevalence of alcohol abuse over the last six months to a year was reportedly higher among all age groups for the region in which Lucas County is contained as compared to the prevalence of other drugs.

SUMMARY AND RECOMMENDATIONS

Crack cocaine abuse is still at a 'leveling out' point in Toledo. However, it continues to remain the number one problem among active drug users, outreach workers and drug treatment professionals. Reports continue to state "that some users spend thousands of dollars a week to support their addiction." Crack abuse still remains the main focus of drug enforcement efforts in Lucas County.

Heroin use is still increasing in the Toledo area especially among affluent White youth who are reportedly inhaling it in powder form. OxyContin abuse in Toledo area continues to increase. Treatment counselors continue to report seeing a 60% increase of OxyContin abuse among their clients who are addicted to opioids.

Alcohol is still the most abused substance in the Toledo area. Because it is legal for adults, some people in Lucas County continue to believe it is safe. But alcohol – including wine, beer and hard liquor – is a powerful depressant. Furthermore, according to the focus group participants, many addicts are still mixing alcohol and other depressants, along with marijuana and crack.

Treatment providers and drug users in recovery continue to report that marijuana use is still so common that it is not even perceived by many people as a drug.

Focus group participants expressed the following recommendations:

One treatment provider commented:

I know that the Governor [Bob Taft] and his wife are very much into drug prevention and I think more monies need to go into drug prevention. We need to do more in schools to educate children; we need to also do more to educate parents more because the message that some parents are sending is 'don't do as I do, do as I say'. However the youth are doing what they see parents doing.

If funding is not there [for prevention], you're not going to have programs in order to stop the revolving door of clients seeking treatment for drug abuse. Too many people are dying from something that can be prevented, not cured, but prevented and worked with. I don't see our lawmakers doing enough [to send money to needed prevention programs]; there are too many raises for too many other things.

Another treatment provider stated:

I would like to see lawmakers come and spend a day with these clinicians who are on the front-line and try to understand our job and what we're dealing with after funding has been cut so dramatically; until they realize the devastating effects of not having enough qualified staff to work with clients, due to program cuts. A lot of people will continue to go untreated and the problems of drug addiction will continue to steadily increase.

A recovering drug abuser, recommended that there should be more programming in schools:

They should start to know about drugs at a young age. Some kids are going to experiment anyway, but they need to understand how they are not only harming their bodies, but how easy it is to become addicted and how that can ruin your life. It's not fun waking up sick every morning, and all you can think about is how you're going to get that heroin to get you through the day. You don't think about work, about family, about anything but getting that drug. They should make it mandatory that all kids in school have to hear a drug addict speak to the class or school once a quarter or semester and then I think that they will understand that starting off using drugs or something as simple as smoking weed may seem glamorous at first, but sooner or later, it catches up with you and sometimes the price you pay is your life being ruined at an early age.

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

June 2002 – January 2003

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Abstract

Alcohol abuse remains the most prevalent substance abuse problem in Mahoning and Columbiana Counties. Heroin abuse continues to increase in the area, and this trend is likely to be observed in the next six months. Although all heroin users interviewed in this round were somewhere in their forties, they reported that the trend, seen in the last two years, towards younger heroin users, ages 18-25, continues. OxyContin, although still available and problematic, seems to be losing users to heroin, due to higher prices of OxyContin. Detox admission figures in Mahoning County for the six month period between July and December, 2002 show alcohol dependence as number one with 362 people admitted and opioid dependence as number two with 325 people admitted.

Crack-cocaine abuse continues unabated and is still a top concern for the law enforcement. Abuse is common both in the inner city and in the suburbs. The competition for customers is fierce, as illustrated by the law enforcement Pharmaceutical Specialist's indication that Oxycodone, methadone, crack cocaine, and powdered cocaine, are all available now as "part of the package" at drug houses. Fentanyl and cough syrup appear to be new players in the pharmaceutical field. Marijuana continues to be the drug of choice of many adults and teens.

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, which is surrounded by suburban communities such as Austintown, Boardman, Canfield and Poland. Other cities located along the Mahoning River Valley include Struthers, Lowellville and Campbell. Campbell is a typical small town in this county, 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, with young immigrants from many countries pouring into the Mahoning Valley to work in the steel industry. An example of a small city, 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, about 81% of the county's population is white, and about 16% is African American. Persons of Hispanic/Latino origin comprise 3% of the population, with 1% reporting some other ethnic group and 1.4% reporting two or more ethnicities. The median household income is \$31,236 compared with \$36,029 for Ohio. According to the 1997 model-based estimate, about 14% of the general population and about 21% of all children live below the poverty level.

Columbiana County, Ohio has a population of 112,075, which was up in the year 2000 by 3.5% from the 1990 census. The largest communities include East Liverpool, on the Ohio River and Lisbon, which is the County Seat and located in the center of this 2000 square mile, largely rural, county. Lisbon boasts the oldest stone house in Ohio, "said to be built in 1805." Columbiana County is considered to be one of the Ohio Appalachian Counties with Salem, Columbiana and East Palestine located in the extreme northern part of the county on State Route 14, which is the main route to Pittsburgh International Airport. The population is reported to be about 96% white and about 2% African

American. About 1% of the population reports being of Hispanic or Latino origin (2000 U.S. Census Bureau Report on-line). The median household income is \$32,222. About 13% of the population lives in poverty compared to 11% for over-all Ohio. According to the 1997 model-based estimate, about 19% of the children live below the poverty level, compared to 16% for Ohio as a whole.

2. Data Sources and Time Periods

Qualitative data was gathered in seven focus groups and two individual interviews. Table 1 presents information about the focus groups and individual interviews. More detailed information about the study participants is presented in Table 2. In the current reporting period, 31 recovering addicts were interviewed in four focus groups. Their age ranged from 18 to 53, and the median age was 37. The interviews with recovering users were lively and rich in detail and provided information about the “street knowledge” of drug abuse trends.

There were 20 treatment professionals interviewed in three focus groups. They had a median age of 48, and an average age of 45.9. They represented various treatment services, including medical detoxification/inpatient rehabilitation, inpatient residential, outpatient services and dual diagnosis treatment fields. The interviewed professionals worked with a variety of clients from both Mahoning and Columbiana Counties. The Dual Diagnosis Program (Substance Abusing Mentally Ill, SAMI) treatment professionals added an important variety to the voice in these reports. The individual interviews conducted with the a local law enforcement director and law enforcement Pharmaceutical Specialist added the third perspective to the knowledge about drug abuse trends in the area.

Table 1: Qualitative Data Sources

Focus Groups

Date of focus group	Number of Participants	Description
10/30/02	6	Clinical director, counselors, clinical secretary of inpatient treatment facility;
11/05/02	6	Recovering addicts/alcoholics, part of a Women’s Group at an inpatient treatment facility;
11/06/02	8	Recovering addicts/alcoholics, part of a Men’s Group at an inpatient treatment facility;
11/25/02	9	Recovering addicts/alcoholics, part of a Women’s Group at an outpatient treatment facility;
12/20/02	7	Assessment counselor, case-managers, social workers, counselors of outpatient treatment facility and Dual Diagnosis Program;
1/15/03	7	RN/Detox-inpatient-nurses, counselors, case-managers, registered candidate and counseling assistant;
1/17/03	8	Recovering addicts/alcoholics, part of a dual diagnosis group in Columbiana County including East Liverpool and a wide area including Lisbon, Salem, and Alliance.

Individual Interviews

Date of interview	Frontline Professionals
11/7/02	Mahoning County Law Enforcement Official
1/23/03	Mahoning County Law Enforcement Pharmaceutical Specialist

Totals

Total no. of focus groups	Total no. of focus group participants	Total no. of individual interviews	Total number of participants
7	51	2	53

Table 2: Detailed Focus Group/Individual Interview Information

October 30, 2002: Clinical director, counselors & clinical secretary from an inpatient residential treatment facility.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	44	White	Female	Clinical Director
2	47	White	Female	Counselor
3	47	Black	Male	Counselor
4	58	White	Male	Counselor
5	46	White	Female	Clinical Secretary at Inpt. Facility
6	49	Black	Female	Counselor

Recruitment Procedure: Called Program Director and described the project. Requested volunteers to participate in the study.

November 5, 2002: Recently recovering addicts/alcoholics, part of a residential long-term inpatient, recovery treatment facility program for women.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	43	Black	Female	Worked in the trades as a Presser; Federal Court Parole violation with recurrent use of Marijuana
2	45	Black	Female	Worked as a Nurses Aide; Cocaine
3	43	African	Female	Crack Cocaine
4	20	White	Female	Alcohol
5	47	White/Indian	Female	Heroin
6	37	White	Female	Opioids (OxyContin)

Recruitment Procedure: Contact made with a counselor at the first interview who facilitates group for women and requested that she recruit participants for the focus group.

November 6, 2002: Recently recovering addicts/alcoholics, part of a residential long-term inpatient, recovery treatment facility program for men.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	53	White	Male	Worked as a hairstylist; Alcohol
2	33	Black	Male	Worked as a roofer; Cocaine
3	37	White	Male	Worked as a Laborer; Alcohol & crack
4	18	White	Male	Worked as a Laborer; Alcohol
5	47	White	Male	Worked as a Laborer; Heroin
6	40	White	Male	Worker as a Warehouse Worker; Heroin & Alcohol
7	22	White	Male	Crystal Meth
8	42	Black	Male	SSI/Alcohol

Recruitment Procedure: Contact made with counselor at initial interview who facilitates group for men and requested that he recruit participants for focus group.

November 7, 2002: Mahoning County Law Enforcement Official Individual Interview

Age	Ethnicity	Gender	Experience/Background
N/A	White	Male	30+ years experience in Law Enforcement

Recruitment Procedure: Call to Mahoning County Law Enforcement Office, requested interview and scheduled time to meet.

November 25, 2002: Recently recovering addicts/alcoholics, part of a women's group at an outpatient recovery treatment facility.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	30	White	Female	Crack
2	43	White	Female	Heroin; other opioids
3	22	White	Female	Cocaine
4	40	Black	Female	Crack
5	37	White	Female	Opioids
6	33	Black	Female	Cocaine
7	30	White	Female	Opioids
8	36	White	Female	Crack
9	24	White	Female	Opioids

Recruitment Procedure: Called Program Director and described the project. Requested volunteers to participate in the study.

December 20, 2002: Assessment counselor, social workers, counselors, and case-managers at an outpatient recovery treatment facility/methadone clinic and dual diagnosis program.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	65	Black	Female	Social Worker/Assessment Counselor
2	36	White	Female	Social Worker
3	47	White	Female	Counselor
4	55	White	Male	Counselor
5	50	White	Male	Case-manager, Counselor/Dual Diagnosis Program
6	31	Black	Male	Social Worker/ Dual Diagnosis Program
7	49	Black	Female	Case-manager/Dual Diagnosis Program

Recruitment Procedure: Call to Agency Director. Given names of Program Directors to call to arrange appropriate time and schedule for volunteers for focus group.

January 15, 2003: RNs/detox-inpatient nurses, counselors, case-managers, registered candidate and counseling assistant.

Name	Age	Ethnicity	Gender	Experience/Background
1	55	White	Female	Registered Nurse/Detox and Inpatient Facility
2	49	White	Male	CCDCI, /Counseling Assistant Supervisor of Detox/Inpatient
3	41	White	Female	AA, CCDCI, Case-manager at Detox/Inpatient Facility
4	50	White	Male	Counseling Assistant, RC at Detox/Inpatient Facility
5	43	White	Female	Registered Nurse/NPNP/Detox and Inpatient Facility
6	48	White	Female	LPCC, Counseling Supervisor at Outpatient Treatment Facility
7	54	White	Female	CCDCI, Counselor, Women's Program at Outpt. Treatment Fac.

Recruitment Procedure: Clinical Director of Detox/Inpatient was asked to recruit staff to participate in a focus group.

January 17, 2003: Recently recovering addicts/alcoholics who are part of a dual diagnosis group in Columbiana County including East Liverpool and a wide area part of the "Ohio Valley" including Lisbon, Salem, Alliance area, along with one CSN Worker and one Case-manager.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	41	White	Male	SSI, Alcohol /Marijuana
2	?	White	Male	SSDI, Crack
3	18	White	Female	Homeless, currently in Kendall House, Marijuana/Inhalants
4	41	White	Male	SSI, Marijuana
5	?	White	Male	Path House, Drink
6	53	White	Male	SSDI, Path House Manager, Drink/Drugs
7	34	White	Female	Community Center/ Heroin
8	47	White	Male	SSI, Heroin/Methadone/All other drugs

Recruitment Procedure: Calls to Columbiana County Drug & Alcohol Board, director of adult services, and coordinator. Coordinator recruited participants for dual diagnosis group.

January 23, 2003: Mahoning County Law Enforcement Pharmaceutical Specialist/Police Officer /Individual Interview

Age	Ethnicity	Gender	Experience/Background
N/A	White	Male	13 years experience in Pharmaceutical Division plus previous experience in Law Enforcement

Recruitment Procedure: Call to Mahoning County Law Enforcement Office, requested interview and scheduled time to meet.

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

All participants indicated increases in the use of crack cocaine for this reporting period. According to the statements made in the 2001 and 2002 reports, crack was available on every "street corner" in the Mahoning/Columbiana areas. Similar opinions were shared in the current reporting period and participants agreed that crack could be found on "any corner, any house," and that one could "pull over any child (and find crack)". Some said that in the city of Youngstown, on "every other street there is a drug house." Another evocative example was made by an African American dual diagnosis case-manager:

... just like the mailbox, a 'crack stand' is available at every other corner... that's why we say, it's all a jungle out there, the whole area from Youngstown to Canfield is all a jungle, and you swing from any tree and you're gon'na get a deposit.

Also commenting on crack availability, another professional reported that crack abuse is spreading into suburban communities:

... it's in Austintown, Poland, Boardman, just as much as in Youngstown, 'cuz everybody from there is coming into Youngstown to get it and go back there to use.

The same phenomenon was described by another participant:

... suburbans come to buy, so they won't tarnish their communities... partying, using it, and going back to their clean neighborhoods.

The law enforcement official reported a similar observation:

...in our surveillance, 60% of the plates are from the suburbs, on crack houses.

Although most participants reported increases in crack-cocaine abuse, there were some individuals who indicated that there had been some "droughts" in the area, mostly due to "checking local Airports and some big drug busts." Nevertheless, the majority agreed that if you knew where to get it, crack remained highly available during this reporting period.

Only one respondent, a professional, still reported the use of the terminology "kibbles and bits" for the small amounts of crumbled pieces in the bottom of the bag, going for \$2 and \$3. The majority of other participants called those small amounts "shake." In Columbiana County, however, this was called a "crumb-bag" and it was reported that one got "pretty much" for \$30. A "hit" was considered \$2 to \$5, with one assessment professional describing a \$5 rock as about the size of ½ an aspirin. A gram was stated to cost \$50 (called a "Boula Blast"), with one user/dealer stating "... if you knew who to get it from... you could get 3 grams for \$100." When one user stated that she could get a gram for \$40 or \$45, another woman, recovering addict, pointed out that they are selling smaller amounts than a gram, insinuating that people are being cheated. Several dealers interviewed agreed that the price depends on multiple factors besides "who you know." Users reported that on the pay days, larger pieces of crack are available because there is a lot of competition for customers. One dealer stated that later at night, from 2 to 4 in the morning, the pieces get smaller because there is not as much competition. One female user reported that asking for some "hard" would get the user crack. Another user from Columbiana County described the way dealers sometimes switch good and bad quality crack to cheat their unwary customers:

They give you the 'good stuff,' for a bit, until you get to the major money, then they set you up and give you the 'crap'.

Another participant in response said, "They know what they're doing, they're business men and women." During this reporting period, an ounce was reported to sell for \$1,100-\$1,200.

The law enforcement official stated that most inner-city dealers are cooking 1 kg of powder into 2½ kg of crack. He reported gang battles are not over the turf per-say, but "they don't want each other...making money, off what they used to make." He reported additives being used to make the rocks bigger, with former users calling this "blown-up more." Recovering crack users stated that most crack in this area was "crap" or "garbage." Since Youngstown is a small town, they estimated that coming in from California, Florida or New York, it had been "stepped on" six to seven times. Users also reported that current crack is not like the "crystal heart" crack that was available in the past. For example, one 42-year-old African American recovering user recalled that

before there used to be crack that was called “crystal.” It was shaped like a diamond. Users reported that crack that is available today, gives you a headache and may be cut with Vitamin B12 or baby laxative. One recovering user, a 25-year-old African American female, reported that sometimes crack is “blown up” with Orajel (dental anesthetic) and it “gets you numb.” According to her, when crack is cut in this way, a “dime” looks like a “thirty.” These current reports about the poor quality of available crack contrast sharply with the information recorded in the 2000 Mahoning/Columbiana report. According to the previous reports, participants would typically express an attitude: “Well, it’s crack, of course it’s pure.”

Smoking the rock on “straight shooters” (glass pipes) remains the primary method of administration of crack cocaine. Several participants mentioned that lacing marijuana or tobacco cigarettes with crack cocaine was another common mode of administration. Finally, a couple of participants reported the practice of crack cocaine injection. For example, one male respondent acknowledged that he knew a colleague who “mills it down in a spoon to shoot,” calling it a “jail brick.” According to him, crack produced more of a “rush” when taken intravenously. One female participant also described that she would slice it right in the spoon, put a little vinegar and shoot it up. Other focus group participants reported that people also use lemon juice to prepare crack for injection. Several female respondents also described “skin popping” crack-cocaine solution and using a cigarette filter as a screen.

As in the previous reporting periods, participants consistently reported that they see “people from the suburbs” coming into the city (Youngstown) to get crack. These individuals are the “ones that’s scared...try to hurry up and get back to the suburbs.” The Drug Force Official indicated there is a large Black population in the city of Youngstown that uses crack cocaine. However, he stated “because of the unemployment rate in the city, the people in the city can’t afford as much as the people in the suburbs.” Several groups mentioned the Trumbull County drug trade, (from Liberty and Girard) coming to Youngstown to purchase. Similar to the previous reports, participants mentioned that they see more young users of crack cocaine, some in their later teens, but some as young as 13. One counselor described a typical pattern of substance abuse among young users. They would start with marijuana at an early age, progress to powdered cocaine and then to crack. However, there are reports that some teens go straight to using crack. For example, one woman reported that her 13-year-old son started using crack that his friend supplied for him without introductory drug experience. Several groups also reported newly “turned out” middle-aged crack users, people in their 40s, who are being introduced to crack as a recreational drug, but have reportedly never used drugs before. These individuals often become “crack users on a regular basis.” One assessment counselor stated that these people in their 40s are from “all walks, all jobs, and suffer devastating consequences.” She and several other counselors mentioned that there are “a lot of professionals” among them, including doctors, attorneys, nurses, and accountants. Several groups mentioned that they see older people in their 50s to 80s smoking crack, some of them are old users, but others are just starting to smoke crack. One 43-year-old African-American female described her 86-year-old grandmother who, she states, “is still smoking crack.”

Many of the problems related to crack-cocaine abuse that were discussed by the participants in the current reporting period, are similar to the ones reported over the last several years. These included homelessness, indigence, bed availability for treatment and heavy psychological craving experienced by crack users trying to recover. Other problems described were embarrassment and fear of seeking treatment, as well as being afraid that people will find out about their addiction. Some participants discussed that some crack users may be worried about losing custody of children, due to abuse

and neglect and “boosting” (stealing as a means to obtain more crack). Similarly to previous reports, participants discussed medical problems associated with crack abuse and potential damage to the heart. For example, one nurse expressed an opinion that figures on the relationship between cocaine abuse and myocardial infarction may be skewed because people tend to underreport cocaine abuse as a reason for going to the hospital (ER). The law enforcement official discussed another continuing problem--the practice of trading sex for drugs. He explained:

at that point ...the crack consumes everything you have, and you're going to do anything you can to get it... (these women are) selling their bodies in a heart beat.

He further indicated that street-prostitutes work for the crack, not to live, “...it's just to buy the dope.” As also reported in January 2002, methadone users are currently reported, by some, to be supplementing their methadone treatment with illicit crack-cocaine use.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine reportedly continues to be as readily available in the Youngstown and Mahoning/Columbiana County areas, as it has been since the OSAM Network began monitoring the area in 2000. The residential treatment providers felt that with the advent of crack cocaine there was more emphasis on the “instant high” of crack. However, the users interviewed expressed opinions that powdered cocaine is available if it is “your drug of choice” and then users know the “bars” or areas where powder is available.

According to the reports from recent users, the current prices of powdered cocaine were consistently lower than in the past. Past reports indicated fluctuating prices from \$80 to \$100 per gram in June 2000, \$70 per gram in June 2001, and peaking at \$100 to \$120 per gram in January 2002. In June 2002, prices reportedly dropped to \$60-\$80 per gram. In the current reporting period, the prices dropped to \$50 per gram, with one regular user reporting \$45 per gram. One participant indicated that in nearby Beaver County, Pennsylvania an 8-ball (1/8th- ounce) was recently selling for \$75. Participants from Columbiana County reported slightly higher prices at \$60-80 per gram. Past reports of prices ranged from \$24 to \$33 thousand per kilo in 2000, \$24 to \$32 thousand per kilo in 2001. The law enforcement informant in this round quoted \$26 thousand per kilo as the price for powdered cocaine in the period of the last six months to a year.

As in the previous Mahoning/Columbiana reports, users indicated that powdered cocaine is being cut with various adulterant substances, including Vitamin B and Manitol. A Columbiana County resident mentioned powdered cocaine being cut with Niacin. Another recovering user, a 22-year-old female, indicated that she had regularly sold powdered cocaine cutting it with Anestadol (reported in the June 2002 report as a diet food substance). This same young dealer also reported using both Procaine and a substance called Bolivian...“that you can buy at local head shop,” which she reports “is not just sitting out,” indicating that if the dealer knows the shop owner the dealer can get it. Another respondent, a 40-year-old African American self-reported dealer of powdered cocaine, also discussed using Bolivian as a cutting agent. They both reported that Bolivian is like Novocain, in that it numbs you, and it is available in assorted colors of yellow or white to match the color of the batch of cocaine.

Similar to the previous reporting periods, participants indicated that “snorting” was still very prevalent, but shooting (injecting IV) has been on the increase in this area.

The law enforcement official indicated that snorting is more popular in the suburbs. The above mentioned African American dealer also stated that her customers were white and they were “weekenders” or “pay-day users.” Another participant, a Columbiana County resident, also stated that many people from Columbiana County are driving to Youngstown for powdered cocaine. Several counselors reported an increase in “speed-balling” (cocaine and heroin mixed together).

Younger clients are still mixing powdered cocaine with tobacco or marijuana to make “woolies.” As reported in June 2002, younger juveniles, some as young as 14, but most around the age of 16-17 are experimenting with and using powdered cocaine. Several dealers reported teens driving up in new cars, or wanting to rent cars and “stay the weekend.” One female participant who had just gotten out of the Mahoning County Jail, reported most of the 18 to 25 year-olds she had met there told her that they “did a lot of powder.” Younger users who follow a pattern of progressing from powder to rock (crack cocaine) were mentioned in Columbiana County.

One treatment professional discussed those who consider themselves “social” or “recreational users” and who “still think they’re managing it.” Another professional case manager described a client who would insist, “I’m not like them” (other addicts) because I “had money and a good job,” despite the fact that the job is no longer there. This kind of thinking (denial) was said to result in “court involvement” and “burning many bridges,” before accepting that powdered cocaine was a problem. These profiles of denial and belief that powdered cocaine is “more accepted in society” were reported in 2001 and they continue today. Other issues of concern also reported in the past include lack of physical detoxification facilities, need of “mental detox” and bed availability.

2. Heroin

All participants reported a large increase in the abuse of heroin in the Mahoning Valley area over the last year. The law enforcement official stated that heroin use has “made a big comeback,” and he further recalled his previous statement (first reported in 2000) that he would estimate the increase at about 1000%, and he stands by that statement. He further indicated continuing increases over the last six months.

One treatment provider indicated that the availability of heroin in the Mahoning County area seems to “ebb and flow.” He surmised this by the fact that more “methadone folks” come up with “dirty” urine for a week or two, with resultant probation to be able to stay in the group, “then it (the heroin influx) dries up and they’re clean again.” He did add though that it was not possible to tell if it was another opioid that caused the “dirty” urine, but according to his educated guess, it most likely was heroin.

Local prices reportedly held steady at a “dime” (little square cut piece of paper) and \$20 (piece of foil with a little powder) being common and very similar to past reports for this area. Some participants reported “twists” of paper holding the heroin, and some reported double seals, like cocaine. One Columbiana County user reported the need to “come up to Youngstown” or even to New Castle, Pennsylvania to buy heroin. One local dealer, a 22-year-old white female, reported buying good quality heroin by the brick in Pittsburgh, Pennsylvania for \$700 “for a good deal,” up to \$1,000 per “brick.” She was not sure of the weight of a brick, but stated it would make 45 little “25” bags. It was also reported that younger, former crack dealers are now going for the “monetary value” and are getting into heroin sales as well. Some focus group participants believed that this heroin comeback was due, for the main part, to the fact that heroin is assigned an “elite” status in the drug subculture. Furthermore, the drop to “dime” bags over the last several

years was said to compete with the “dime” rocks of the crack cocaine. Reportedly, heroin was selling for cheaper prices than cocaine at this time.

One 47-year-old white male, who described himself as a 20-year user of heroin, stated that the quality depends on where it comes from, whether from New York or Philadelphia. He stated “each crew has a different stamp, and that it is stamped in a wax paper bag, inside of another bag, which is then stamped again.” He estimated that what he pays \$20 for here, would sell for \$5-\$7 in New York. One female heroin user from Columbiana County reported about “Jersey” heroin from the Pittsburgh/Allegheny area, with stamp bags costing \$12 and a “bundle” of 10 bags about \$110. Female users and dealers reported B-12 and Niacin being used to cut heroin, with skin rashes and itchiness resulting with the Niacin. In the Youngstown area, one treatment professional reported some new Hispanic dealers, associated with the “Latin Kings,” who are reportedly running heroin and guns from Chicago to this area. Another professional noted that according to her knowledge, New York heroin is considered better and more pure. Other locally obtainable heroin is believed to be cut with “baby laxative,” which is said to be recognizable for the nearly instant diarrhea it produces.

The law enforcement official reported current quantity prices of upwards of \$7,000 for an ounce and a high of \$300,000 for a kilo. He described a clear picture of Dominican traffickers from New York City coming down here, “...buying a home and setting up shop,” with trips back every week or so to pick up supplies of heroin and to bring it back to the area. This Official also reported on a large raid approximately one year ago, in which they were “doing \$500,000 per month in the Mahoning Valley,” in heroin sales, and “...they all came from New York City and they were all Dominicans.”

According to the law enforcement officer’s interview, there were three or four deaths in the Youngstown/Cleveland area due to heroin overdoses, which spurred local law enforcement to find that batch of heroin within three days. He indicated that due to the quantity of cases handled, quality analysis is not routinely performed on the breakdown of purity. However, in the case of the previously mentioned overdose deaths, heroin was confiscated on the “South Side,” and its purity was reported about 50%. Typically, heroin that is found in the area is 10-20% pure. One counselor remembered two female clients in the past year, who reported using the black tar form of heroin, which they described as the “purest form.” In addition, some participants reported that they see special batches of heroin prepared for methadone clients that contain stimulating substances, such as cocaine or amphetamines, so that the methadone client would get the “kick.” One counselor commented that the dealers know this “ready population.”

As in past reports, the increase in white heroin users was noted. These users reportedly start by snorting the drug. Participants believed that these young individuals, between the ages of 16 and 20, often have an attitude: “I’ll never shoot...just want to try.” However, snorting often progresses to injection. For example, one heroin addict explained:

Once you get addicted to heroin, you want the quickest way possible to get ‘the sick’ off your back. So, they inject it, and you see that, but if you snort, it will take 10-15 minutes to get off... and when they find that out...(those watching go on to shooting IV).

Again, focus group participants and the law enforcement Pharmaceutical Specialist shared an opinion that, the connection between the initial abuse of OxyContin (oxycodone controlled release) and the subsequent move to heroin abuse, because of

high OxyContin prices and low availability, is commonly observed. The focus group of female drug users discussed that sometimes a person starts with Vicodin abuse, then “moves up” to OxyContin. Eventually, because of the difficulty to obtain OxyContin from doctors or on the street, a person may move on to heroin. A case of people starting with legitimate pain issues was again discussed. For example, one nurse reported seeing large numbers of back surgery patients who followed a pain medication cycle to the end and then ended up using heroin.

Although users might be across all ethnic groups, participants shared an opinion that intravenous use was more common among whites and Hispanics, and snorting occurred more frequently among some young Black males. Just like cocaine snorters, heroin snorting individuals were in denial that their drug use was problematic: “...I’m not as bad as them...I only snort.” However, they ignored the fact that many people who start by snorting, would end up injecting the drug. Only one participant, a nurse, reported recent treatment of several Hispanic injection users. Using heroin was reportedly called “playing with the ‘boy’ (a term for heroin).” Female users and dealers reported that there is a growing number of individuals from all ethnic and socioeconomic groups who “speed-ball,” (heroin mixed with cocaine) which they also called “Belushi.”

The problems that were discussed in the current reporting period are similar to previous reports. There are problems with bed availability, especially considering the fact that heroin addicts often fail to follow up with treatment if help is not available immediately. Three users reported they had to lie and say they were suicidal to be taken into the mental health system. Such tactics may tax the mental health system with detox patients.

A lack of funding for methadone treatment was also indicated. Approximately 70-80 current methadone clients are enrolled with some form of daily treatment at the local outpatient clinic. The biggest issue reported was that people are not able to afford the treatment, as at “one point the state kicked in a big chunk to support methadone treatment,” but does not any more. Reportedly, most people seeking methadone treatment do not have jobs or insurance. Current treatment is described as costing approximately \$85 per week, with counseling and urinalysis on top of that. Lack of outreach services for HIV, AIDS, Hepatitis C and all sexually transmitted diseases was discussed as another issue of concern. The heroin group facilitator described losing up to 3 patients this year “to complete liver failure,” due to Hepatitis C. He saw a need for more comprehensive services for physical health along with mental health needs.

3. Other Opioids

3.1 OXYCONTIN

OxyContin (oxycodone time-release) continued to be the most frequently mentioned opioid drug. Vicodin (hydrocodone), Tylenol III (codeine), Vicoprofen (hydrocodone), Percodan (oxycodone), Percocet (oxycodone), and Dilaudid (hydromorphone) were also mentioned, but to a lesser extent. It was indicated that OxyContin was usually the first choice, and other opioids were used if “Oxys” were unavailable. At the beginning of the interview period, most groups were still reporting an increase in the abuse of OxyContin. However, later in the reporting period, participants reported that OxyContin abuse was stabilizing or even decreasing. One user emphasized that OxyContin “was” the new drug of choice (but not anymore). The law enforcement Pharmaceutical Specialist indicated that OxyContin had totally taken over the “pill scene” around here a few years ago, and it is still mostly OxyContin that is seen.

One Columbiana County resident did indicate that you are still able to get “Oxys” “delivered to your door.”

The law enforcement Pharmaceutical Specialist indicated that it was not hard for “the dealers” to get pharmaceutical drugs. He stated they may buy people’s prescriptions or write bad prescriptions, but they are also going to the doctors themselves for pills and are using their Medicaid cards to pay for them.

One recovering addict reported that many people who use crack, go to the doctor and get “scripts” for OxyContin. They then sell the OxyContin to the drug dealers, who use the “Oxys” themselves and sell them at the same time. Another participant talked of a sign that appeared last year in his doctor’s office stating, “Do Not Even Ask for Vicodin.” He said his doctor told him, “I can’t prescribe them anymore, ‘cause they’re watching us.” Another user reported that because doctors are “getting busted” and the popularity of OxyContin is increasing, people are going to Pain Clinics to get OxyContin. One user described taking her 13-year-old daughter to the dentist to have her daughter complain of pain and to secure the pain medications for herself (the mother). According to one counselor, dentists are giving them out like they’re “M & M’s.” Nevertheless, the consensus seemed to be that doctors are becoming more concerned about writing prescriptions for OxyContin.

Participants reported that due to the continuing increases in OxyContin abuse among 18-25-year-olds, the area experienced a “price war.” One counselor described it as a “pharmaceutical Wall Street.” In the previous reporting periods, OxyContin was reportedly selling for \$1 per milligram. In the interviews that were conducted at the beginning of the reporting period, participants reported that a 40mg tablet was selling for \$40-50, and up to \$60-\$80 in the suburban areas. According to the most recent reports, the prices have dropped significantly, to as low as \$20 per 80 mg. Users reported that with so many individuals “strung out” on “Oxys” and with the prices as high as they had been, people have been turning to the more abundant and inexpensive heroin. The law enforcement Pharmaceutical Specialist noted that most people who abuse heroin will also use OxyContin or Dilaudid (not commonly available in recent years), and may prefer them because they are pure and not cut, and so they will go to the doctor to seek prescriptions.

One counselor reported that he had seen some people of the older generation, who were prescribed OxyContin for legitimate pain conditions, turning to street “Oxys,” and from there going on to crack cocaine rather than to heroin. Another counselor reported that in recent years he has worked with children (housed at a juvenile facility in the area but originally from the Cleveland and Columbus areas) who started using OxyContin as young as age 12.

Although in the initial five interviews, all participants reported that tablets available on the streets were of pharmaceutical grade, participants in the two most recent interviews reported that “fake” or “bootlegged” pills now are being seen in both Mahoning and Columbiana County. One participant believed that these “dealer made” pills were being imported from Chicago or New York. The law enforcement Specialist on Pharmaceuticals, however, stated he had not seen the “fakes” come through his office yet. Administration routes continue to be swallowing, chewing, and snorting. Intravenous use is reportedly still on the increase. Similar to previous reports, more Whites than Blacks are reported using OxyContin, which is considered to be mostly due to the financial consideration rather than “race.” The law enforcement Specialist indicated that OxyContin abuse crosses all boundaries of ethnicity, gender, socioeconomic and professional groups.

Detoxification continues to be reported as very problematic. Many are struggling to make it past the third day. One user described the intensity of the detox as “neck and neck” with heroin. Young clients, about 18 years old, who have never been in treatment before, were described as “strung out.” There is an increasing need for detox for these youth. Concern for suburban high school students abusing pharmaceutical analgesic opioids such as oxycodone, hydrocodone, and hydromorphone continues to be indicated. Participants discussed the problem of bed availability for treatment. However, it was also indicated that users through their “underground network” know that if they go into the psychiatric ward with suicidal ideation they will be detoxed with methadone, and would get a typical stay of 10 days long.

The law enforcement official indicated he believes that over the last year the death count in our area, related to OxyContin, is a lot higher than reported. He explained that if there were multiple drugs in the person’s system, OxyContin would not been indicated as the cause of death as reported by the coroner. The law enforcement Pharmaceutical Specialist discussed the issues of tolerance for the drug, for example a non-user might die from three OxyContin tablets, while daily users may take five or six tablets just to function normally. The law enforcement Specialist also indicated that the statistics for deaths are also confounded by the fact that in some cases family doctors who sign off on death certificates do not indicate drugs as the cause of death.

3.2 FENTANYL

In the interview that was conducted in late October, two participants reported knowledge about fentanyl abuse in the area. In the first case a counselor reported the overdose death of a recent client—a white female nurse in her 30s. The woman combined a variety of pills and “other stuff” including a Duragesic patch (fentanyl transdermal system). The counselor believed that the gel was scraped off and injected. The second incident discussed by the participants related to a current client, a White male in his 30s. He was described as very knowledgeable about all pharmaceuticals. In one treatment group, the client discussed his experience with fentanyl patches. He remembered waking up violent, swinging and punching. He further indicated that he had almost died, even though he did not seek medical help for this incident.

In the second interview conducted in November, one 47-year-old female nurse, recovering heroin user, reported knowledge of fentanyl patches being available. However, she indicated that she had never used them. Another recovering opioid addict, a pregnant 37-year-old white female, did not recognize the name fentanyl, but did recognize “Duragesic,” which was the name used when she was introduced to it. She reported one-time use of this drug prior to her recent treatment. She paid \$20 per 75/mg. patch. She stated she cut it open and ate the gel. She indicated a lot of people are now trying to sell patches for \$20-30 each. Both participants indicated that “Oxy users” are the main consumers of fentanyl. They pointed out that, to their knowledge, fentanyl patches are just starting to show up in the area, they had seemed “very” available recently.

Three male clients at the third focus group knew of fentanyl. One 47-year-old participant, who indicated that heroin was his drug of choice, reported that fentanyl was being used to cut heroin and it was distinguishable because it produced a “different kind of sickness.” This participant also stated that he had been told this was a dangerous replacement added to “light grade” heroin and he was told to “watch out for that stuff.” He indicated some people have used it, thinking they were using heroin. Three other respondents indicated they knew of heroin being cut with fentanyl. One 18-year-old

stated that he had heard it produced a “stronger buzz” and lasted longer. He indicated that in Pittsburgh, “all you can find is fentanyl.” One participant knew of people “squeezing the gel out” and ingesting it. Two other participants quoted above, knew of people injecting fentanyl.

One 43 year-old white female, recovering heroin user, reported “cooking up fentanyl” and shooting it intravenously. She indicated that if “cooked right, it kept you fixed for three days.” She reported getting patches from a friend who was receiving prescriptions for 75 mg patches for an old injury.

Outpatient treatment professionals indicated that they had three clients who tested positive for opioids from Duragesic patches. All of them were nurses by profession, two white females and one white male, in their 40s and 50s. They all reportedly got fentanyl from the hospitals where they worked. One had been using it as a patch and one had indicated “eating” the gel. The heroin group facilitator indicated that over the last couple of years, among his long-term heroin clients, there had been a lot of talk about their belief they were not getting “real” heroin, but fentanyl cut with baking soda. They indicated they “didn’t like it” and drug dealers were “making out” financially by selling this combo. According to the facilitator, the clients discussed their fear and believed that since fentanyl is so much stronger, a lot of people overdosed because they did not know what they were using.

Another participant told of a nurse (where she worked per diem) stealing fentanyl from a nursing home and selling it on the street. She reported that these patches are prescribed regularly for elderly patients. The nurse reportedly would chart that she had put the patch on the patient, but instead was stealing the patches. As a result, stricter charting practices were implemented in the nursing home. She also stated that law enforcement was involved with this effort. Another nurse in this focus group reported general awareness of a high incidence of fentanyl abuse among physicians and other medical professionals. She knew cases where fentanyl was used intravenously by medical personnel.

Only one participant in the Columbiana dual diagnosis group knew about fentanyl. This white, 34-year-old woman, originally from the Beaver/Allegheny area, reported having used fentanyl by injection. She also reported that she came across “stamp bags” of heroin cut with fentanyl. She indicated she had paid \$75 for a 100mg patch on the street and used them in addition to the patches that had been prescribed to her for back pain. She had gotten them from a pain clinic doctor, and she reported she had also written her own prescriptions illegally.

The law enforcement Specialist stated he had not heard of fentanyl being mixed with heroin, and he believed it would make the heroin too strong. He described fentanyl as 1000 times more potent than morphine. He did indicate that from the Ohio Pharmacy Board he has heard about recent arrests at local hospitals for theft of fentanyl. He mentioned that the users may be physicians, nurses and police, saying fentanyl abuse “crosses all lines.” He indicated that most users of fentanyl end up in the Emergency Room (ER) with respiratory depression, stating most “...hit the floor and we’re trying to save their lives,” when they quit breathing. He indicated that they didn’t see much fentanyl until a year ago, stating that some agents have bought some on the street in the last six months. He further added that most users were in their 30s.

3.3 COUGH SYRUP WITH HYDROCODONE

Several focus groups discussed abuse of Tussionex (hydrocodone extended-release suspension) and Hycodan (hydrocodone) cough syrup. In Columbiana County young individuals, around age 19, were reportedly abusing these substances, while in Mahoning it was women in treatment, who had used syrup over a period of time. Cough syrup abuse was mentioned only in the June 2002 report. It was described as occurring in the Black community. The law enforcement Pharmaceutical Specialist stated that there was a “large” problem in this area with cough syrups named Tussionex and Hycodan. Both, he stated, have hydrocodone as the active ingredient. He indicated, as was reported previously, that mostly Blacks in their 20s and up to 40s and 50s, are misusing these substances. He reported that people like the syrup because it absorbs quicker than the tablets.

The law enforcement Pharmaceutical Specialist further indicated that most users seeking syrup go to multiple physicians trying to get prescriptions. For example, they go down to East Liverpool and all the way to Michigan. He reported that the syrup sells for up to \$125 per ounce. He stated that while this used to be a small sector, it is a currently a growing problem. He indicated that while people are still drinking the syrup, he had also heard of the method of freezing the syrup with the intent to scrape off the concentrated drug, which supposedly rises to the top.

In the focus group with male users, several reported an increase in syrup use among young black men whom they knew well. They described the effect as “they can’t move...they be stuck...slow.” Another stated that “motor skills are slowed down.” They further reported users can get “knocked out at the wheel...so high they can barely see.” They indicated they do not drive, but pull over and “do it” (use the syrup) in the car.

4. Marijuana

As in previous reporting periods, marijuana continues to be a highly available drug of choice for large numbers of people. Participants commented that marijuana is available at “every corner, every other house,” and “every kid, and every other adult” is using the drug. The law enforcement official indicated his concerns, “that we’re leaning towards the way some of the states are,” with the legalization of marijuana.

It was reported that there was a wide range of types of marijuana available in this area. These included “hydro” and “chronic” with the more deluxe types of “purple haze,” “chocolate Thai,” and “Christmas Red Bud” (with the fine red hairs), reportedly coming in from Pittsburgh, New York and Detroit. A report was made that hashish has returned to this area in the Hispanic population. It is usually brought from Puerto Rico. Prices reportedly ranged from \$150-\$180 per ounce. Hydro was reported at \$300 per ounce, or \$45 per 1/8th. Sinsemilla was reported at \$100 per 1/4th. In Columbiana County an 18-year-old reported mixing embalming fluid with weed to smoke with “water bong.” She also reported friends smoking weed laced with PCP and “watching them hallucinate a lot and get violent.”

The law enforcement official reported that they were seeing a lot of marijuana from Jamaica and the Bahamas sold through record shops and clothing stores in the Youngstown area. He reported the dealers know that if they are caught with 2-3 ounces they will only get a ticket, and with the punishments so low, it is worth the chance for them. He reported law enforcement only takes on a marijuana case if it is over 40 lbs.

Both counties continue to report that younger users, some in their early teens, and some as young as eight or nine are smoking marijuana. One participant talked about 7-8th grade “preppy kids,” friends of her son, smoking it every day. Participants indicated that marijuana is used by people of various backgrounds and all ethnic groups. One treatment professional also reported an increase of 14-25 year-olds lacing joints with embalming fluid, called “wet” or “monkey paw.” Several counselors and users reported an increase in people in their 60s to 80s who start using marijuana. In addition there is a big group of older long-term users. One treatment professional reported they had seen three marijuana users in their 70s in treatment. One recovering female interviewee reported that her uncle still brings her grandmother “joints” several times a week. Another suggested that marijuana was cheaper than alcohol, so more affordable for older people, and with less perceived health risks.

Problems with marijuana continue unabated. They include often-heard denial, such as, “I can stop anytime,” or “It’s just an herb.” One African American treatment professional explained it in the following way:

It has never been seen as a drug in the inner city. You need to know that when crack cocaine came out, the older people gave a mixed message to our younger people. You would have the ‘toothpicks,’ the people who were on crack, walking around all skinny and you’d hear a momma say, ‘at least my child ain’t on crack, he just smoke weed.’ Forties came out and the weed came out ‘cause we did not want our children smoking crack.

Other professionals mentioned the court sending people to treatment due to “dirty” urine screens and the fact that small business owners cannot find qualified employees due to “dirty urines.” Two male users described how it deteriorates the brain, makes you forget, and is hard on your heart and lungs. One female user reported friends who smoke 8-10 blunts per day and experience extreme mood swings and the “need” for weed.

5. Stimulants

5.1 AMPHETAMINE

In the current reporting period, all participants indicated little to no availability of amphetamines in the area. However, one participant reported that some 12-year-olds in Columbiana County were selling Mini-Thins and Vivarin (Caffeine pills) and telling others it was “speed.” Mini-Thins are reported to be frequently abused by 16-18-year-olds in Columbiana County.

The law enforcement Pharmaceutical Specialist reported problems with adults taking their children’s Adderall (amphetamine and dextroamphetamine) and Ritalin (methylphenidate). A law enforcement officer reported that doctors are very leery about giving Dexedrine (dextroamphetamine) out at this time and are typically only prescribing that for narcolepsy. He reported seeing a large increase at this time in people going to multiple physicians with the intent to abuse the diet pill Adipex-P (phentermine), a schedule IV drug.

5.2 METHAMPHETAMINE

Five of the seven reporting groups indicated no current knowledge of methamphetamine in the reporting area at this time. However, a law enforcement official

discussed his concern that methamphetamine may be the next scourge to hit the area, citing its flow up from West Virginia in through the Athens, Ohio, area. He mentioned large raids, which have taken place in Akron as an indicator of its reach into this area, along with reports that Ashtabula County is “inundated with methamphetamine.” He reported they are moving into this area because of the so-called “Nazi labs” or “mom and pop labs” preferring rural areas for setting up manufacture of the drug. He stated they are trying to educate all the police in the county. He also indicated, “we’re trying to educate the cops that all these ‘blister packs’ that you’re finding on the floors of cars you stop out there in the county is not because they have a severe cold or allergies, it’s because they have a small meth lab somewhere.” Posters and brochures describe the strong, highly noticeable “cat urine-like” smell of methamphetamine production.

Farmers have been alerted that lab operators will steal propane tanks from outdoor grills, empty them and hook onto the Anhydrous Ammonia tanks in the farm fields. He indicated the telltale sign is the fitting and the whole end of the propane tank turns “blue.” Education has also been provided to small rural stores and gas stations, with the request for cooperation in providing license plate numbers and call officials if someone is buying up all the cold medicine or other signs of methamphetamine production.

This heightened sense of awareness and preparedness is significantly different from the Mahoning/Columbiana area in the 2000 and 2001 reports, where methamphetamine was not an issue. A law enforcement official further indicated he is starting to see some action (regarding methamphetamine production) in the Smith Township, Sebring, Goshen and Green rural areas. He indicated his belief that these are the areas where there is the start of real problems with methamphetamine in the county. He also discussed the problems anticipated with “little townships” out on the outskirts of the county who might have a total operating budget of \$100,000, and the possibility of costs up to \$50,000, half of their budget, to clean up a methamphetamine lab operation. He indicated extreme concern for the typical “I don’t care” attitude of “trunk lab” operators, who discard hazardous materials in dumpsters near schools and churches, with no regard for innocent civilians. He relayed the need to have the Drug Enforcement Agency involved from the very beginning. The law enforcement officer reported recent discussions with other officials across the state of Ohio, regarding the state of mind of lab operators, who are often also users, who are “so wired,” paranoid, and “carrying automatic weapons.” He believes that with the anticipation of methamphetamine coming into the Mahoning County outskirts, as other counties have experienced, “we’ll probably wish that residents were back on crack...it’s just (that) treacherous.”

One Counselor and one assessment professional reported recently seeing in treatment several 18-21-year-olds from Columbiana County who reported experimenting with crystal meth, adding that the users indicated the dealers had brought it in from California.

A 22-year-old male who reported “crystal meth” as his drug of choice, currently receiving treatment in Mahoning County but originally from Ashtabula County, reported on his experience. He indicated that methamphetamine is a little more available currently in Mahoning County, but still not nearly as available as OxyContin or crack cocaine, with users mostly being white males from ages 18 to 50. He mentioned labs “in the trunks of their cars” and the availability depending on how much they (the operators) had to move their “lab.” He quoted prices of \$250 per eight ball and \$80 to \$100 per gram. He reported that there are not many “meth” users in treatment, stating that he “caught a case” to get to

treatment. He stated he had overdosed two times requiring hospitalization. He reported that at that time he still did not see it as a problem, although everybody around him saw it as a problem. Seeing things a little differently now, he responds to questions about methamphetamine with, "It's the Devil."

6. Depressants

There have been reports of sedative abuse including, diazepam (Valium), lorazepam (Ativan) and alprazolam (Xanax), among others, in the previous Mahoning/Columbiana reports. In the current reporting period, users and professionals report these anti-anxiety agents are readily available on the street.

One user interviewed indicated he knows many young men, who on the street corner, daily drop up to 30 tablets of Valium into a "40" of beer and shake and chug. A counselor who works mostly with women's groups indicated that both Xanax and Ativan were plentiful. She also reported that women go to their doctors with actual symptoms of craving and withdrawal, describing shaking and anxiety, and their doctor assumes it is simply anxiety and automatically gives them Xanax. Another nurse added that she has seen many doctors offer anti-anxiety agents to women with no symptoms other than PMS or menopause. A second nurse added she had seen many elderly women on both Ativan and Xanax.

A treatment provider discussed the problems of long-term psychiatric patients who are on substances like Xanax and then come into the methadone program. She used one woman as an example to illustrate a current problem. She stated that the treatment agency doctor wanted to be able to talk to the patient's doctor about the issue of "too much medication." The woman refused to sign releases for them to talk, being very clear she did not want her "source" of medication (Xanax) to be interrupted. All other professional staff in this group indicated they had experienced the same problem with clients protecting their medical "drug" source.

With dual diagnosis clients in detox treatment, another concern was expressed by a detox nurse about the anti-anxiety medications. Many, she explained, are on Ativan. To just take them off for the detox period could put them at risk for seizure. She indicated she believed a regiment of phenobarbital and Librium (chlordiazepoxide) would help them to detox safely without jeopardy from going off the Ativan too quickly.

Another benzodiazepine, clonazepam (Klonopin), was mentioned as readily available by an 18-year-old user. This young man stated "every one he 'hung out' with took them." He reported being admitted at the ER for an overdose of Klonopin. He reported the price at \$1 for 2 milligrams. Two users indicated using Valium while drinking, which made them feel invincible. However... "the next morning, you don't remember anything" and "have aches and cuts and bruises" or would "wake up in jail." Both reported that later, after blackouts (that sometimes last days) they would learn that they acted violent under the influence of alcohol combined with Valium. The 18-year-old participant indicated that he often combined drugs and would add methadone to the mix of benzodiazepines.

7. Hallucinogens

7.1 LSD & MUSHROOMS

As in the last report, LSD was still being seen in Columbiana County. However, one 18-year-old user stated that locally made LSD was on a decline. Most groups agreed they have heard of recent LSD use among teenagers, some saying in the suburbs, but no clear information was made available during these interviews. Most often when asked about hallucinogens, reporters seemed to skip straight to MDMA/"Ecstasy."

One 22-year-old crystal meth user reported extensive experience with frozen mushrooms, stating that they were "big," reporting a current price of \$25 per 1/8th ounce.

7.2 MDMA (ECSTASY)

The inpatient residential professionals reported treating several male 20-23-year-olds in the last six months who reported extensive combined LSD/Acid and MDMA/"Ecstasy" use, using 3-4 times per week, multiple doses. They also reported another client who regularly used MDMA/"Ecstasy," Rohypnol and marijuana, and who was from a white affluent family and when arrested was carrying a 9mm gun. There was a reported increase in the adult population (18 years and older) using these drugs.

One 20-year-old female in residential treatment, who was from Columbiana County, reported that MDMA/"Ecstasy" and Special K (ketamine) were very popular among people her age. She reported an increase in availability, stating she "could walk out and get it easy." She reported the price as about \$20 per tablet for MDMA/"Ecstasy" (also known as "X" or "E") and about the same price, depending on where you get it from, for Special K ("K"), with snorting the route of administration for "K." All users were reported to be white, high school age or in the early 20s. She reported no knowledge of Rohypnol or GHB (gamma-hydroxybutyrate) in Columbiana County. She stated that "treatment ain't big out there" and that she "had" to come to treatment (forced by the courts). She reported it is more "hush, hush" and people are in the closet there concerning their use. She reported young people in their 20's are more carefree and "really don't care," as she states, thinking..."I'm going through a phase."

Two female Mahoning County recent users currently in inpatient treatment, ages 22 and 24 reported a large increase in MDMA/"Ecstasy" in this area, with young drug dealers supplying it. They reported prices at \$25-30 per tablet depending if the buyer had the "Porsches, Convertibles, or Royces." One, who had identified herself as a dealer earlier in the interview, indicated supplies coming from New York and Pittsburgh. She reported she believed there were two kinds of E, "uppers" with the usual speed effect and "downers" which were mixed with heroin and were the slower ones and able to "bring you down." Both users reported many more white users, with only a few Black "ravers." Most of them were in the age range of 19-20. Treatment providers reported that there were few club drug users in treatment, and even though there were some who were daily users, the majority did not use MDMA/"Ecstasy" on a daily basis because of the "come down...your body goes through a lot the next couple days." Both reported they considered this a very dangerous drug, "especially if using while drinking alcohol, you can dehydrate and die."

A law enforcement officer stated MDMA/"Ecstasy" has "polluted our suburban schools." He recalled a raid on the Poland area, where a local man was arrested, who had been making trips to Pittsburgh and had been supplying the kids at Poland and

Boardman High Schools. He asserted that the MDMA/"Ecstasy" in our area mainly comes in from the Pittsburgh International Airport and through Columbus, originating from the Netherlands. The officer reported only one "attempted rave" in the downtown area, but it was stopped. He reported most young people are traveling to Cleveland, Akron and Canton for raves. He recalled discussions with other officials about how to address a rave party with 5000 kids. When asked if he thought we had local deaths from MDMA/"Ecstasy," he indicated we might have had deaths up in the other areas and would not know. One counselor who has some contact with adolescents reported they had told him they found the flyers about raves on the Internet.

7.3 PCP

As the "Vaults of Erowid" indicate (a drug information web site), there seems to be a trend to use the names "embalming fluid" or "formaldehyde," when what really seems to be described is phencyclidine (PCP). NIDA InfoFacts (www.drugabuse.gov) describes PCP as having been originally developed as an intravenous anesthetic, but currently being illegally manufactured in street labs. The Reality Check web-site (www.health.org/reality) indicates that formaldehyde and ethyl alcohol (the main ingredients of embalming fluid) are combined with PCP in current street use.

The confusion about these substances was apparent when a focus group of respondents struggled with trying to describe what they knew. When a group of males was asked about PCP, at first they said "no" it was not seen in this area. Then they questioned if what was meant was "embalming fluid" or "formaldehyde." With these names used, they indicated that many young Black males are "dipping" (dipping marijuana cigarettes or blunts into the fluid and then smoking it). They indicated an increase over the last six months. Only a few were familiar with the term "wet" (another name for "dipping").

8. Inhalants

A counselor from the male residential facility reported having had a client from Cleveland, who was white, age 45, who had been regularly inhaling both glue and spray paint as drugs of choice. The counselor reported that although this man would discuss addiction in general, he would not discuss his inhaling. It was agreed upon in this focus group that his age was unusual, since "huffing" is more common among the teens. One counselor, who also works with adults, reported three adolescents in treatment over the last year with inhalant dependence.

The two female reporters who were knowledgeable about "Club Drugs" also reported availability of nitrous oxide (Whippets), stating younger kids ages 10 -12 were buying them at "porn stores" for about \$8.95 per box. Several males in the residential focus group were aware of huffing with Dust-Off and computer spray. Another indicated an increase of stolen propane tanks from trailers being used for "huffing" at parties. One 22-year-old male in this group also was very familiar with Whippets, indicating an increase in use, especially at places where young people gather.

One 18-year-old Columbiana County residential client, who considered herself homeless, indicated that inhalants were her primary drug of choice. She stated she primarily used End-Dust, with a bag over her head, or spray paint as a second choice. She reported many young people she knows in Columbiana County ages 13-20 use inhalants. She reported she had heard of two "kids" dying in the Salem area, huffing,

during the last two years. She reported she had also tried gasoline “huffing”, and she and others would primarily steal the “duster” or butane from local stores.

9. Alcohol

All participants agreed that alcohol continues to be highly available everywhere. One stated, “At the end of your arm, it’s there.” A Columbiana County resident stated that there are “more bars than churches” in their county. One 53-year-old self-reported alcoholic stated, “I heard it referred to as the most potent drug known to mankind.” He continued, “It (alcohol) makes people love each other and it makes people kill each other.” An 18-year-old self-reported alcoholic followed up with, “yeah, it’s one of the only drugs besides sedatives that can kill you in withdrawal.” The law enforcement official called alcohol, “the worse drug in the world.” He further stated, “You can’t find any of these kids that didn’t start on alcohol.”

Some women at the recovering user focus groups felt the age at which people were starting to drink was getting younger. One female who came from a rural area in Mahoning County stated that younger children, around 7th grade were drinking “the hard stuff”—liquor (e.g. 151 Rum). Others, who grew up in the city of Youngstown, stated that was not different for them, indicating they had “snuck” into bars or passed for age 20 when they were only 14. It was agreed that there seems to be a shift in the more outlying areas to younger ages of alcohol consumption. One Columbiana County dual diagnosis client, who listed alcohol as his drug of choice, reported, “older guys who bought it for the younger guys,” and being in a “rock-and-roll band” had both been parts of his pathway to alcohol addiction.

It was discussed that since alcohol is not available in some “dry” townships, one could see people coming into the city to buy two boxes full of liquor at a time, in other words, “...coming to get their supplies.” Although in the more rural areas, there may not be corner stores selling liquor, it was pointed out that in most communities there is now a fully stocked alcohol/liquor department available at most large chain grocery stores. In Columbiana County, residents again reported, as in the June 2002 report, that there are gambling sites, including one reported in the news “2-3 weeks ago,” where “shine” is sold. However, in the past June report, “dog-fights” were reported, whereas the current report is of “cock fighting” involving illegal sales of alcohol.

The men’s group held November 16, 2002 also indicated an increase in more young people drinking. They cited new products like “R. Kelley Beer” and “Smirnoff Coolers,” stating “they come up with something new every 3 months.” Another group named “Hard Lemonade” and “Hard Cola” as “pitched to kids.” They indicated that with pretty girls shown and the alcohol “glamorized,” it makes younger people want it. They also indicated ages 11-14 as typical onset age of drinking.

A 42-year-old African American male, who considered alcohol his drug-of-choice, stated that he “started drinking at age 7, hiding in a closet.” He reported alcohol was very available in his home when he was growing up. Several women who reported various other drugs as their primary problem, indicated they “started out drinking,” and their “momma’s had started out drinking.” An 18-year-old user stated it is easier to get alcohol than marijuana and even “11-year-olds can get somebody to buy you alcohol.”

Users reported that you can get immediate help at the ER, because “alcohol is one of the drugs that can kill you,” and if you are willing to “tell them how much you drink the night or day before,” you can get into detox. One stated, heroin withdrawal “won’t kill

you, it will drive you crazy... but with alcohol withdrawal you can die.” Another white 40-year-old user who listed heroin and alcohol as his primary addictions stated, “I took a lot of drugs, but alcohol’s the hardest to come off,” he continued, “I couldn’t quit on my own.”

One group of treatment professionals indicated “pure alcoholics” were rare. One facilitator from a women’s group stated she had several upper-middle class white females over the last year, who indicated being alcoholics only, and who were “average little housewives.” Another counselor reported an “alcohol only” client in the dual diagnosis group was “like she was from another planet.” Yet another counselor told the other side, that some alcohol-only clients struggle with “sitting with, what they look at as, junkies.”

Recovering alcohol abusers expressed their concern with limited bed availability for detox and acute physical damage from alcohol. One 41-year-old Columbiana resident stated that “alcohol ruined my kidneys.” In Columbiana County, boredom and high unemployment rates were cited as reasons for both “kids and adults” having high incidence of alcohol related problems.

10. New Drugs, Other Uses

One counselor, who works with both adult heroin populations and others, reported clients telling him they take promethazine hydrochloride (Phenergan) antihistamine pills and suppositories for intensifying their “high” without resorting to drinking “sickening” syrup. Two counselors expressed concern about the abuse of carisoprodol (Soma) by heroin addicts when they are on methadone treatment. He stated they “get in accidents, are ‘konking’ out, and acting weird.” He stated they are not getting them from the streets, but usually from doctors as muscle relaxants.

One nurse reported that some clients have told her that they even crush up antidepressants and try to snort them, with no reported positive effect.

11. Special Populations and Issues

11.1 DUAL DIAGNOSIS

Counselors at the Mahoning County outpatient recovery treatment facility estimated that at least 50% of the people being treated there have mild to severe mental health problems. Along with the assessment counselor at this same facility and the dual diagnosis case-manager, they noted high numbers of people suffering from depression and bipolar disorder, as indicated in their SASSI and SAMI profiles. These reportedly included high use, high symptoms and high problematic behavior. The 10-year veteran employee, who has been facilitating heroin treatment groups, outlined a survey that revealed about 65-70% of their current female clients reporting sexual abuse histories. He expressed an opinion that men avoid talking about these issues, but there is a high percentage of men with sexual abuse histories and other childhood issues. One of the dual diagnosis case-managers reported high numbers of clients reporting a history of sexual abuse, stating that “their addiction began as a way of suppressing the pain.” Client’s impulsivity and anger management difficulties were pointed out as two particularly problematic issues. Although for many of the substance abusing mentally ill, heroin seems to be the drug of choice, one counselor stated, “it doesn’t have to stay the drug of choice,” indicating they sometimes switch drugs.

CONCLUSIONS AND RECOMMENDATIONS

- Individuals who abuse alcohol and opioids, especially heroin and OxyContin, are the two largest populations in need of detox in the Mahoning/Columbiana area. The detox process continues to be reported as problematic for both alcohol and opioid withdrawal.
- Marijuana abuse continues to be very common and widespread. Although suburban use of all drugs has reportedly increased, Youngstown continues to be the hub of most of the drug activity for Mahoning and Columbiana Counties.
- Crack cocaine users continue to report devastation of their lives as the availability of crack continues unabated.
- There is relatively little activity with amphetamines at this time, but a palpable edginess lurks with regard to the possibilities of methamphetamine hitting the area. Abuse of fentanyl transdermal patches in the white population and cough syrups in the Black population seem to be new drug trends on the horizon.
- Drug Courts were seen as the “best thing to help people.” One recovering person called it a “blessing,” stating “it works for people.” A law enforcement official stated that Drug Courts “really work, really succeed.” He went on to say that education is the only way to solve the drug problem and that you’ve “got to have law enforcement and prevention on the same page.”

The following recommendations were suggested by the participants:

- Education for the young through intervention in the public school systems and youth programs was requested by recovering users, both in the hopes of helping their children or family members and saving the young ones from the heartaches which they have had to live through because of their own substance abuse.
- Transportation to access treatment was again indicated as needed both in Mahoning and Columbiana Counties.
- Continuing education for counselors on new treatment methods, along with more public awareness of addiction and of how to request treatment, was sought by recovering users. Development of programs designed to help “recovering parents” with parenting issues was also expressed as a need.
- Single parent men in recovery, raising their children, need case-management services and housing (which is often reserved for women).
- Special units for teen clients in detox for opioids is a newly expressed need. Seeking better methods of managing the medical needs of opioid users in withdrawal is an ongoing need.
- More beds, more $\frac{3}{4}$ way houses, more long-term treatment, more money for schooling, funding for child-care, and adequate funds to pay for qualified treatment professionals were all named on the list of “wishes.”

- The Dual Diagnosis clients interviewed expressed a desire for opportunities for recreation and places to socialize where they will feel safe.

EXHIBITS

Exhibit 1: Figures Reported by Outpatient Treatment Facility

<i>Primary Diagnosis of Dependence</i>	<i>Total number treated from 1/1/02 to 1/15/03</i>	<i>Number of males treated</i>	<i>Number of females treated</i>	<i>Percentage of the total reported during this period</i>
Powdered Cocaine	30	15	15	4.9
Crack Cocaine	94	55	39	15.4
Heroin	47	23	24	7.7
Other Opioids	21	15	10	3.4
Other Narcotics (Fentanyl)	4	1	3	Less than .01
Marijuana	227	194	33	37.1
Methamphetamine	3	2	1	Less than .01
LSD	2	1	1	Less than .01
Other Hallucinogens	6	5	1	1
PCP	1	1	0	Less than .01
Inhalants	1	1	0	Less than .01
Alcohol	175	131	44	29
TOTALS	611	440	171	

APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	¹ / ₈ ounce	Ounce
Columbus		\$120-125	\$800-900
Dayton	\$35-50	\$200	
Youngstown	\$40-50		\$1100-1200

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	¹ / ₈ ounce	Ounce	¹ / ₄ ounce
Akron	\$75-100	\$250-350	\$1100-1300	
Columbus	\$40-50	\$120		\$250
Dayton	\$35-60	\$90-180	\$900-1100	
Rural Southeast	\$60-100	\$150-250		
Toledo	\$60-100			
Youngstown	\$50-80			

DRUG PRICE TABLE 3: HEROIN

	Gram	Ounce
Columbus	\$170-200	\$4000
Dayton	\$125-150	
Youngstown		\$7000

DRUG PRICE TABLE 4: MARIJUANA

	¹ / ₄ ounce	Ounce
Akron		\$150-200 (good qual.)
Columbus		\$350-400 (high qual.) \$200 (mid-qual.)
Dayton	\$50	
Rural Southeast	\$60-80	\$80-100 (poor qual.) \$400 (high qual.)
Youngstown		\$150-180

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Vicodin	Darvocet	Valium	Oxycontin
Akron		\$7	\$4-5		\$1/mg
Columbus	\$3-4	\$3-4		\$1-1.50	\$.50/mg
Dayton					\$.50-.75/mg
Rural Southeast	\$5	\$2-6			

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Ecstasy	LSD	GHB	Mushrooms	Ketamine	2C-B	Methamph.
Akron	\$10-25/tablet	\$5-10/hit	\$600/gal				\$80-100/g
Columbus	\$20-30/tablet	\$5-10/hit		\$30/oz	\$50/g		\$150/g
Dayton	\$20/tablet			\$50/quarter oz	\$60/g	\$400/g	\$130-180/g
Rural Southeast		\$5/hit		\$25/ ¹ / ₈ oz			
Youngstown	\$20-30/tablet			\$25/ ¹ / ₈ oz			\$80-100/g