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SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO

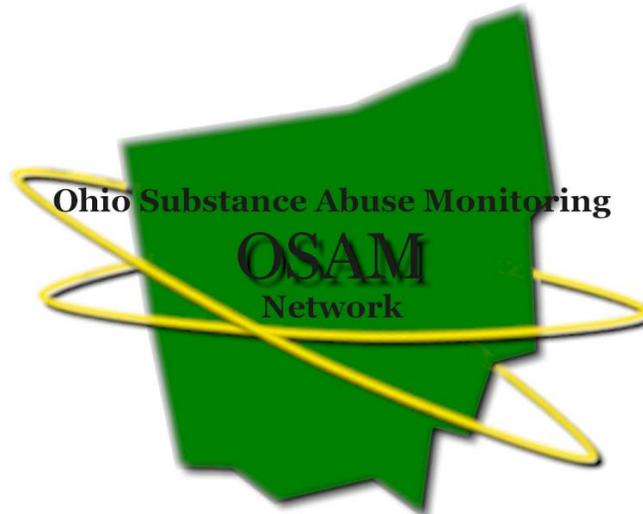


A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services

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

JUNE 2003



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and Drug Addiction Services**

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DRUG TREND REPORTS

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

January 2003 - June 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 prescription analgesics (e.g., OxyContin) transition from the pharmaceutical opioids 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 546,381, according to the estimated July 1, 2002 census data. 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 \$40,102. Approximately 11% of all people of all ages in Summit County are living in poverty, and approximately 17% 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.

The estimated 2002 (based on 2000 census) for Stark County was 377,940. 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 \$39,401 (2000 census). Approximately 10.5% of all people of all ages in Stark County are living in poverty, and approximately 16% 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 focus groups and individual interviews conducted during January-June 2003. Number and type of participants are described in Table 1.
- **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.

- **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 January 2003-June 2003.
- **Data on Deaths** where drug screens were performed in Summit County from June 2002 to May 2003 was obtained from the Summit County Medical Examiner.
- **Information on drug abuse** awareness training for doctors was obtained from an interview with the director of addictions studies, NEOUCOM in May 2003.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Frontline Professionals
6/7/03	5	Drug Treatment Counselors, Administrative Staff
5/20/03	5	Recovering Users

Individual Interviews

Date	Name	Age	Occupation/Connection to Drug Community	Ethnicity	Gender
5/20/03	1	20	Recovering User	White	Female
5/20/03	2	25	Recovering User	Asian	Female
5/20/03	3	26	Recovering User	White	Female
5/20/03	4	29	Recovering User	White	Female
5/20/03	5	43	Recovering User	White	Female
6/2/03	6	NA	Officer, Summit County M.E.	White	Male
6/3/03	7	NA	Educator, NEOUCOM	White	Male
6/19/03	8	51	Recovering User	White	Female
6/2/03	9	51	Recovering User	White	Male

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
2	10	9	19

DRUG TRENDS

1. Cocaine

1.1 CRACK COCAINE

Despite the stigma associated with crack cocaine, its use is widely reported in the Summit-Stark region. Once an urban phenomenon involving "hard-core" minority group users

and lower socio-economic status whites, it now has reached all corners of the region. Its impact is devastating to both middle and upper-class users and those at the lower end of the economic scale. Respondents universally believe that the range of age of users is widening. Crack affects users and the population at large in a variety of ways: physical, psychological, legal, social, and economic factors impact users as well the quality of life throughout the entire area. Some neighborhoods in Akron and Canton are “open-air markets” where the attraction of easy money draws younger and younger profiteers to pursue dealing as a career choice, given the bleak alternatives for economic advancement in some of these neighborhoods.

Treatment providers indicated that young adolescents (13-15 yrs) have told them that their drug of choice was marijuana, but that they sold crack because of the easy marketability and fast money. These providers reported that in marijuana-specific therapy groups, young users came there through the court system after cocaine possession charges, though they denied using crack themselves. Nonetheless, there is genuine concern about the increasing use of crack among young people. Crack use and dealing in these areas appears to be tolerated, or at least understood by many residents who are not involved with the drug itself. Older users from a variety of ethnic and economic backgrounds are appearing in treatment, often ostensibly for alcohol dependence, but increasingly, for concurrent crack “problems.” Some professionals believe that alcohol-dependent individuals are more vulnerable to ending up involved with users of other drugs such as crack. It is reported that white female users (younger *and* older) are steadily becoming involved at an increasing rate. Prostitution and “sex for drugs” become viable sources of income and drug supply among females who become dependent on crack.

Quality and purity of the drug varies, but several respondents believed that competition is contributing to lower street prices and higher quality. Users often reported that they either prepared their own crack, or that they were aware of the best “cooks.” Law enforcement officers reported that they continue to make weekly arrests of street dealers throughout the area, sometimes leading to the arrest of higher-level dealers. However, respondents believed that prevention and law enforcement do little to shut down the demand, and corresponding supply of crack cocaine.

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. Obviously, there is greater potential profit in smaller quantities.

The subgroup of daily users continues to dominate client populations at treatment facilities throughout 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. Many of these individuals have lost everything, and actually have few alternatives but to come to treatment. There are several major residential facilities in the Summit-Stark area that accept indigent clients. There seemed to be a sense among users that brief therapy following detox, or outpatient treatment was often not sufficient to prevent relapse. Managed care is reported to be a difficult route to treatment. Besides, many crack users lack health insurance of any kind.

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.

1.2 COCAINE HYDROCHLORIDE (HCL)

Use of powdered cocaine is reported to be on the increase, after several years of reported decline. Younger users are believed to be using the drug in increasing numbers in a variety of ways. There is an apparent demarcation between crack users and powder users, with the latter group believing that non-based form is more benign. Younger users add powdered cocaine to marijuana joints or regular cigarettes. Many perceive powdered cocaine as being associated with the rich and glamorous, and teenagers looking for peer status are reported to emulate musicians and other role models. Powdered cocaine is the preferred form for IV users.

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, and an "eight-ball" (1/8th ounce) sells 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 rarely 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. The cost of maintaining a daily coke habit is often mentioned as the factor that causes powder users to seek out the more concentrated crack 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. Respondents also believed that dependency on the stimulant effects of cocaine may make the prospect of switching to stronger, longer-lasting methamphetamine an attractive choice.

2. Heroin

Heroin use reportedly continues to grow in the Summit-Stark area. User respondents unanimously agreed upon the existence of an Akron-Cleveland link among local daily users. That is, consensus among respondents was that many heroin users go to Cleveland to purchase better heroin at half the price than heroin in Akron.

In the Summit-Stark area it is reported that "bags" are selling for \$25, while the equivalent can be found in Cleveland for about \$6-15. Bundles are \$50-60 in Cleveland, twice that in Akron. Heroin use is increasing among younger users (under age 30). This is of universal concern to all respondents, including older (40+years) heroin users. New users are introduced to heroin by inhaling and smoking the drug. At this point, some users simply drift away from using heroin altogether. The majority of others move on to injection, 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. Intravenous users who were interviewed about the use of pharmaceutical analgesics said that they prefer heroin, but have substituted OxyContin (oxycodone controlled-release) and Dilaudid (hydromorphone).

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. Recovering user-respondents voiced concerns about methadone maintenance programs that they feel do not do enough to promote abstinence. Some heroin users are critical of the medical profession, which they blamed for their irresponsible “encouragement” to use opioids, which they believe led to their eventual heroin addiction.

The fastest-growing group of heroin users, as reported by professionals and former users, is the 18-25-year-old age group, split fairly evenly between males and females. Though racial 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.

3. Other Opioids

There is a sense among all respondents that the abuse of pharmaceutical analgesics is growing larger, encompassing new user groups, and is not responding very well to efforts to prevent the proliferation of abuse. In the past, users tended to be polydrug users who gradually gravitated toward the use of opioids. The physical and psychological effects of these drugs combine to create a powerful and tenacious addiction. Many users refer to the energy and sense of well-being they derive from using these drugs. Despite the demands of physical addiction, addicted individuals report feeling content and secure in ways that they believe they are not able to achieve for themselves in less harmful ways. A powerful paradox surrounds the great benefit from the appropriate use of pharmaceutical analgesics to relieve pain vs. the potential for abuse. Medical professionals are particularly frustrated by the persistence and audacity used by some to obtain these drugs. A deep concern is the potential for powerful medications such as OxyContin to result in accidental overdose. Yet, respondents indicated that the rash of publicity surrounding these drugs serves to excite those with a potential, or predisposition to drug abuse. The former users who were interviewed represent some hope for treatment of addiction to pharmaceutical analgesics. Unfortunately, most of them believed that new users are constantly appearing to replace those who are able to stop using. The Stark-Summit area has a history of providing numerous treatment alternatives, and users generally believe that sufficient resources exist for those (adults) who seek treatment.

OxyContin (oxycodone controlled-release) continues to be the most frequently-mentioned formulation in this group of drugs. Drug users are aware of the potential for concentrated effect by simply circumventing the time-release factor. Despite efforts to educate the public of the strong addictive potential of OxyContin, Lortab (hydrocodone & acetaminophen), Vicodin (hydrocodone), Percocet (oxycodone & acetaminophen), Demerol (meperidine), Dilaudid (hydromorphone), Darvocet (propoxyphene), codeine and other painkillers, they continue to be abused in large numbers.

The primary ways in which pharmaceutical analgesics are obtained is either through personal prescriptions, or from friends or relatives, either by stealing them, or as part of a close-knit network. Several respondents admitted to manipulating doctors in the past, by not divulging existing prescriptions obtained from other physicians. None of these respondents said that they had ever forged fake prescriptions themselves, but believed that there are individuals who use this method to obtain pharmaceutical analgesics. Employment in healthcare or pharmacy positions creates opportunities for pilferage. When they referred to obtaining these drugs from the "street," it usually meant that they purchased them from individuals whose only connection to each other is for the sale of drugs. They said that there are urban areas where it is possible to purchase from actual street dealers, but they avoided such methods of obtaining because of the risk involved.

Prices for pharmaceutical analgesics were reported to vary somewhat, depending on the type of connection one had with the supplier. Obviously, purchasing them as a legitimate prescription would be the most economical way. Within the past six months, most respondents said that they had paid between \$.50-1.00/mg for OxyContin. This represents an overall reduction from one year ago, when it was typically reported that OxyContin was selling at least \$1/mg. Increasingly, because of popularity and negative publicity, 10 mg and 40 mg dose are predominately available, with the larger doses (i.e., 80mg, 120 mg, 160mg) being harder to obtain. Dilaudid continues to be expensive, with 4 mg tablets going for between \$20-40. Vicodin and Percodan were reported to sell for between \$5-10 per tablet, depending on the dosage. Prices of some of the prescription analgesics that are harder to obtain (Fentanyl, Lortab, etc.) were not given, but respondents said they believe that they would be in the range of such things as Dilaudid. It is difficult to identify the typical daily cost of use among these respondents.

A "typical" daily cost might be between \$50-500. Those who used pharmaceutical analgesics intravenously said that they believed they were getting the most "mileage" out of their daily investment. But all respondents said that they became adept utilizing various strategies to ensure a daily supply. Some women were aware that they had traded sex for drugs, but none of them felt that this was tantamount to prostitution. In the case of one respondent, she felt that her personal access to supplies of pharmaceutical analgesics gave her an elevated status among her using friends. All respondents spoke of being part of using subgroups that "looked out for each other." That is, they might operate a limited barter system, although one respondent added that there is little generosity among users during the height of their addiction.

There were some recent trends identified concerning the use of opioids. First, it was reported that Dilaudid and liquid morphine are making a comeback. It was 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. Other powerful controlled pharmaceutical analgesics, such as fentanyl, Stadol (butarphanol), MSContin (morphine sulfate), and Nubane (nalbuphine) were reported to be illegally obtainable, if one is properly "connected." Fentanyl was a contributing factor to at least 6 investigated deaths in Summit County in the past years. OxyContin was involved in 27 deaths. 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. Damage to the liver and gastro-intestinal tract can be severe. Another opioid mentioned with some concern was methadone. It was reported that methadone is increasingly prescribed for certain types of cancer. It is also reported

to be abused by opioid abusers. Methadone overdose was the cause of two deaths in Summit County this year.

4. Marijuana

After a bit of a slump reported last year, marijuana appears to be increasing in availability. Prices are down somewhat, ranging from \$100-150 per ounce, and for good quality up to \$25 per gram and \$400-500 per ounce. There is general agreement among interviewed participants that marijuana is the primary (illegal) drug of choice for adolescent users. Adolescent treatment providers, as well as those who counsel young adults, continue to voice concerns about learning and emotional development problems among regular users.

Marijuana is used by all age groups, and throughout the area. Treatment providers reported having counseled many individuals who said that they were introduced to marijuana by their parents or other family members. Providers also emphasized 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. User-respondents said they believed that marijuana users do not seem to suffer the consequences experienced by users of other drugs, so they are not inclined or motivated to seek treatment for a "non-addictive" drug.

An area of concern repeated from previous rounds by 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 Adderal (amphetamine & dextroamphetamine), there is very little activity reported in the region with pharmaceutical amphetamines. Adderal seems to be gaining ground as the most frequently-mentioned of these drugs in the area at the present time. 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. The main concern voiced by professionals is the belief that experience with pharmaceutical stimulants creates a desire for the stimulant, euphoric effect that can lead to the use of methamphetamine.

5.2 METHAMPHETAMINE

Methamphetamine is a growing problem in the area. "Meth busts" have replaced crack cocaine in weekly news reports. Law enforcement training in Summit County has resulted in a

relatively high number of lab busts in the area. Methamphetamine labs are generally small operations, and often difficult to detect. Users and law enforcement both indicate that the drug can be produced quickly in hotel rooms, cars, garages, and other places. Users believed that there is much more being produced than is being interdicted by law enforcement. 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 are 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. One area treatment provider said,

I have a client that is of the Amish culture who stated that it was a drug on the rise in that community because they have more accessibility to the chemicals and the tools to make it. Now that was a statement that was made by a client that was of that culture, so in order for me to see him in here it really surprised me and when he told me where he was from and what his background was... this might be something that's getting ready to spring up in a new onset of people coming into the agencies.

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 danger 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.

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.

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. Once in treatment, methamphetamine users experience frequent problems associated with removal of the drug from their metabolism: restlessness, sleep disruption, irritability, concern with weight gain, and feelings of listlessness and longing for excitement are all cited by recovering users.

6. Depressants

Benzodiazepines continue as 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 secondary drugs of choice in assessment and screening data of users seeking treatment. Medical Examiners data from Summit County indicated that these substances were frequently found in deaths involving combined drug

toxicity, suicide, and accidents over the past year. Another drug, Soma, a muscle relaxer, metabolizes into meprobamate, which was widely prescribed in the 50s and 60s as the tranquilizer, Miltown.

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. 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. Former users report that availability and use are sporadic, but GHB continues to be used by polydrug users involved with raves and the dance club scene. PCP is reported by some respondents to be appearing more frequently, and some believed that its use is greatly underestimated. They say that "more will be revealed" in the upcoming year.

7. Hallucinogens

Use of hallucinogens in the Summit-Stark area is relatively stable, and is primarily a phenomenon among the age group of 15-25 year olds. 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. Ecstasy (MDMA) is also a persistent problem, although its popularity seems to have diminished. It is a drug that does not appear to have lingering appeal among drug users, mainly because of the physical toll it has on users. The pleasant euphoria associated with the first hour of intoxication is followed by a longer period of hyperactivity and discomfort.

Treatment providers and law enforcement anticipate another round of problems associated with the abuse of herbal hallucinogens as the summer progresses. Last fall, there was considerable publicity in the Akron area related to ER admissions of adolescents who had used *Datura* (Jimsonweed). 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 stated 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. Alcohol

Alcohol still represents the largest percentage of treatment admissions throughout the region. Alcohol is often listed as a secondary drug of choice to cocaine. Past reports that alcohol abuse/dependence as the primary diagnosis usually occurs in persons over 40 is changing. Younger individuals (18-30) are making up an ever larger portion of treatment admissions. The association of drinking particular brands of alcohol as a connection to the “good life” is a strong attraction to younger users who are already brand-conscious. 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 a general consensus among treatment providers that heroin addicts often run the risk of becoming severely alcoholic, when they quit using heroin. Treatment clients with dual diagnosis, such as bipolar disorder, often admit to being heavy drinkers, using the alcohol as both a stimulant and a depressant.

**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, alcohol, powdered cocaine, and pharmaceutical opioids such as OxyContin®, Vicodin®, and Percocet® are widely available and used frequently. The use of other illicit drugs in southeast Ohio, such as crack cocaine, heroin, methamphetamine, and LSD appears to be reported less frequently. However, it is possible that high levels of stigma associated with crack cocaine and heroin lead to the under-reporting of these drugs and that they may be more prevalent than originally believed. Current and former drug users indicated that many barriers prohibit users from accessing care, primarily the lack of inpatient facilities and high levels of denial in users. Participants also indicated that most drug users do not seek treatment until they are court-ordered to do so, and that this type of mandated treatment is frequently ineffective.

INTRODUCTION

1. Area Descriptions

Athens County

Through 2000, the population of Athens County, Ohio was 62,223. The county seat is Athens, Ohio. (population 21,706). The county is primarily rural and there are no “metropolitan areas” in Athens County. In 2000, there were 122.7 persons per square mile in Athens County; the average rate in the state of Ohio was 277.3 per square mile. Athens County is predominantly White. In 2000, 93.5% of all residents were White, 2.4% were African American, 1.9% were Asian American, 1.5% were Mixed, 0.4% reported being “some other” race, and 0.3% Native American. Fifty-one percent (51%) of the population in Athens County is female.

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

In terms of health status, Athens County evidences mixed results. Relative to national averages, Athens County has lower prevalence rates of lung cancer, stroke, motor vehicle injuries, suicide, and low birth weight; however, the county reports above average rates of infant mortality, White infant mortality, neonate infant mortality, colon cancer, and coronary heart disease. In Athens County, several groups have been identified as “vulnerable populations.” Vulnerable populations confront unique health risks and barriers to care that require enhanced services. According to the Health and Human Services Administration (HRSA), vulnerable populations in Athens County in 2000 were: residents with no high school diploma (8,280); unemployed individuals (1,270); people who were severely work disabled (1,340); those suffering from major depression (3,050); and recent drug users (past month: 3,350).

Hocking County

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

Vinton County

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

2. Data Sources and Time Periods

Qualitative data were collected in four focus groups ($n=5$; $n=11$; $n=8$; $n=10$) for a total sample size of $N=34$ for the period spanning from January 2003 through June 2003. Participant information is summarized in Table 1; more detailed information about focus group participants is shown in Table 2. Some socio-demographic information is presented in Table 3. The majority of the participants were white, and the age ranged from 18 to 50 years old. Participant resided in Athens, Nelsonville, Glouster, Chauncey, Jacksonville, Millfield, and New Marshfield. They reported the following professions or current occupations: factory/construction worker, self-employed (contractor), truck driver, food service industry (cook/waitress), laundry attendant, gas station attendant, gardener, cashier, corrections officer, registered nurse, student, housewife, and unemployed/disabled.

Table 1: Qualitative Data Sources

Focus Group:

Date of Focus Group	Number of Participants	Participant Descriptions
05/07/03	5	Active Users
05/13/03	11	Active Users/Former Users in Recovery ^a
05/14/03	8	Active Users/Former Users in Recovery ^a
06/11/03	10	Active Users/Former Users in Recovery ^a

^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
4	34	0	34

Table 2: Detailed Focus Group/Interview Information

May 7, 2003: Active Users and Former Users in Recovery

Participant	Age	Ethnicity	Gender	Experience/Background
1	22	White	Male	Marijuana, pain pills
2	33	White	Male	Marijuana, alcohol
3	26	White	Female	Marijuana
4	20	White	Female	Marijuana
5	27	White	Male	"Everything but heroin"

Recruitment Procedure: *The above participants were recruited through a recruiting coordinator.*

May 13, 2003: Active Users and Former Users in Recovery

Participant	Age	Ethnicity	Gender	Experience/Background
1	33	White	Female	Marijuana, crack, OxyContin, Valium, Vicodin, alcohol
2	19	White	Male	Alcohol
3	19	White	Male	Alcohol, cocaine
4	28	White	Male	Alcohol
5	39	White	Male	Marijuana, pharmaceutical analgesics
6	33	Latino	Male	Marijuana, powdered cocaine
7	20	White	Male	Alcohol
8	46	White	Male	Alcohol, powdered cocaine
9	40	Latino	Male	Alcohol
10	30	White	Female	Alcohol
11	32	White	Male	Alcohol

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at a local treatment program in Athens, Ohio.*

May 14, 2003: Active Users and Former Users in Recovery

Participant	Age	Ethnicity	Gender	Experience/Background
1	32	White	Female	Marijuana, alcohol
2	22	White	Male	Marijuana, cocaine, "pills on occasion"
3	20	White	Male	Alcohol, marijuana, Ecstasy, mushrooms, cocaine
4	47	White	Male	Alcohol, marijuana, cocaine, valium, Vicodin
5	31	White	Male	Alcohol
6	46	White	Male	Alcohol, marijuana, cocaine
7	19	White	Male	Alcohol
8	21	White	Male	Alcohol, pharmaceuticals, cocaine, Ecstasy

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at a local treatment program in Athens, Ohio.*

June 11, 2003: (Active Users and Former Users in Recovery – All Female Group)

Participant	Age	Ethnicity	Gender	Experience/Background
1	36	White	Female	Alcohol, marijuana
2	50	White	Female	Alcohol
3	26	White	Female	Alcohol, marijuana
4	44	White	Female	Alcohol
5	39	White	Female	Tylenol III
6	32	White	Female	Alcohol, marijuana
7	45	White	Female	Prescription drugs
8	18	White	Female	Klonopin, marijuana, alcohol
9	43	White	Female	Morphine tabs, Demerol, alcohol, marijuana, cocaine
10	35	White	Female	Percocet, marijuana, alcohol, crack

Recruitment Procedure: *The above participants were recruited through a case manager/counselor at a local treatment program in Athens, Ohio.*

Table 3. Socio-Demographic Characteristics of All Participants

Characteristic	No.
Gender	
Male	19
Female	15
Ethnicity	
White	32
Black	0
Latino	2
Age	
25 or less	10
26-35	13
36 or more	11

DRUG ABUSE TRENDS

1. Cocaine

1. 1. COCAINE HYDROCHLORIDE (HCL):

In general, active and former users believed that there had been a “large increase” in the use of powdered cocaine in southeast Ohio. Other participants indicated that there had been “no change” in the availability of powdered cocaine and that it has “*always been available.*” When asked how easily cocaine could be purchased in southeast Ohio, some participants indicated

that they could purchase some in as short as 15 minutes while others indicated that it might take them as long as one hour. One participant indicated that “*My 15-year-old son can get it easily.*”

Participants agreed that most users of powdered cocaine were “snorting.” Others indicated that powdered cocaine was being “cooked” (i.e., into rocks) and then smoked. Some other individuals indicated that powdered cocaine was being mixed into marijuana and smoked through marijuana pipes.

Participants reported that a gram of powdered cocaine sells for about \$50 - \$100 per gram, and about \$100 - \$150 per eightball (1/8th of an ounce). Users believed the powder cocaine purchased in the area was frequently “stepped on” or “cut” with various materials. These materials included flour, aspirin, Orajel®, baking soda, Vitamin B-12, Ritalin® (methyphenidate), and baby laxatives.

Users indicated that powdered cocaine was increasingly being used by adolescents (i.e., adolescents 15 years of age and younger).

1. 2. CRACK COCAINE

Compared to powdered cocaine, focus group participants seemed to have less experience with - and knowledge of--crack cocaine. In terms of the availability of crack cocaine, one participant stated that “*It’s harder, but it’s there.*” When asked how many participants had seen crack cocaine or “*been around it*” in the past six months, only four participants answered in the affirmative.

In terms of the price of crack cocaine in southeast Ohio, one user estimated that it cost approximately \$20 per “rock” or \$200 per eightball (1/8th of an ounce). Most participants seemed to believe that the price of crack cocaine was comparable to the price of powdered cocaine. Smoking was reported as the most common mode of administration of crack cocaine.

In the opinion of this Regional Epidemiologist, self-report data on the use of crack cocaine by individuals in southeast Ohio may suffer from a presentation bias. Very few participants admitted to using crack in the recent past. However, when individual interviews were conducted as part of the Rapid Response data collection process on prescription analgesic abuse, some individuals who had participated in focus group research activities talked more openly about their recent use of crack cocaine. This may suggest that crack-cocaine use in southeast Ohio is highly stigmatized and that crack-cocaine users may be less likely to discuss their use of this type of drug in the presence of others.

2. Heroin

The use of heroin in southeast Ohio still appears to be relatively rare. Participants indicated that drug users in southeast Ohio are more likely to use OxyContin® (oxycodone controlled-release) than heroin. This may suggest that, unlike other regions of the state, individuals may be less likely to transition from OxyContin® to heroin.

Focus group participants had difficulty estimating with certainty the price of heroin in southeast Ohio (one user guessed “\$50 for a vile”) and no participants could speak to the quality of heroin in this area. Participants speculated that individuals who were using heroin in southeast Ohio are “*snorting it more than shooting it.*”

Participants were probed using follow-up questions in an effort to learn more about heroin use in southeast Ohio. It was mentioned to participants that heroin use has increased in other areas of southeast Ohio (e.g., Marietta) and that it was unclear why heroin use was not often seen or reported by focus group participants. Some users indicated that heroin is probably available throughout southeast Ohio but that heroin users are very closeted and unlikely to discuss their use of heroin with others. Similar to crack cocaine, there appears to be a high level of stigma associated with this drug in southeast Ohio.

3. Other Opioids

Most focus group research participants indicated that there had been “large” or “slight” increases in the availability of OxyContin® during the past six months. However, a smaller subset of participants indicated that OxyContin® was harder to obtain because (1) fewer pharmacies were carrying OxyContin®, and (2) physicians were becoming more reluctant to write prescriptions for OxyContin®. Consistent with past focus group research activities, the price of OxyContin® in southeast Ohio appears to be about \$1 per milligram.

Consistent with past reporting periods, individuals obtain OxyContin® through (1) purchasing it from individuals who have OxyContin® prescriptions, (2) going to emergency rooms or local physicians and requesting OxyContin® due to various sources of pain and/or injury (which were almost invariably faked), or (3) family members and friends.

Conversations during the course of focus group research activities centered around the issue of the large number of individuals in southeast Ohio who are apparently overdosing on OxyContin®. One participant stated that *“I know of a 15-year-old girl who died shooting OxyContin in her home”* and another participant indicated that *“My husband’s cousin took 50 Oxys and Od’d.”* However, in the opinion of focus group participants, the southeast Ohio community remains largely unaware of the large number of OxyContin®-related deaths because they are not publicized.

Most focus group participants indicated that use of other pharmaceutical opioids, such as Vicodin® (hydrocodone) and Percocet® (oxycodone & acetaminophen) had increased during the past six months. Participants reported that Vicodin® and Percocet® sell for about \$2 – \$10 per tablet (depending on dosage). Morphine Tabs sell for about \$5 - \$10 per dose.

Participants indicated that, for the most part, other opioids such as Vicodin® and Percocet® were swallowed in tablet form. However, it was also common for users to snort tablets that had been crushed and ground into a fine powder.

4. Marijuana

According to participants, marijuana is extremely available in southeast Ohio. In the previous reporting period, there had been some reports that marijuana had become more difficult to obtain. The perceived shortages at the time were attributed to seasonal variations in harvesting and state-wide elections. Participants indicated that, prior to an election, marijuana is more difficult to purchase. Any shortages in marijuana that may have been in effect in southeast Ohio in late 2002 now appear to have mitigated. In fact, when asked to describe the availability of marijuana, one participant replied, *“Every other door.”*

While marijuana is widely available at the current time, participants indicated that it is more difficult to obtain marijuana of higher quality. “Commercial weed” (defined by one user as “*pressed pot from out-of-state*”) appears to comprise much of the supply, but it is of low quality.

Focus group participants indicated that marijuana is used by people of all ages (i.e., “From 8 to 80”) but that persons of younger age (e.g., early teens) are using marijuana more frequently. Participants indicated that marijuana is now used by children in grade school and middle school.

The price of marijuana varied considerably by quality. Low quality (i.e., “dirt weed” or “commercial”) costs about \$20 - \$25 per 1/8th ounce. Medium quality costs about \$30 per 1/8th or \$60 per 1/4th of an ounce. High quality marijuana sells for about \$35 - \$50 per 1/8th of an ounce or \$80 - \$100 per 1/4th of an ounce.

5. Stimulants

5.1. METHAMPHETAMINE

Most focus group participants were aware of the presence of methamphetamine labs in southeast Ohio. However, few (if any) participants had actively used methamphetamine in the past six months and no participants could speak to the price or quality of methamphetamine in southeast Ohio.

5.1. ADDERALL®

Participants reported increasing abuse of Adderall® (amphetamine mixed salts), especially among college-age youth. Reportedly, Adderall® is used both as a party drug, and as a study aid. Some participants reported Adderall® abuse among individuals in their 30s, who would use it when going to work.

6. Depressants

In the opinion of focus group participants, abuse of depressants, such as Xanax® (alprazolam), Valium® (diazepam), and Klonopin® (clonazepam), is relatively common in the area. One participant indicated that he had recently been approached by a 15-year-old who was trying to buy Xanax®. Another user indicated that he often used Xanax® in conjunction with alcohol because it made him “feel better” and he was also able to “forget things.” Some participants reported that depressant abuse is very common among high-school students. Reportedly, some opioid-dependent individuals use depressants when they can not find prescription analgesics.

7. Hallucinogens

7.1 MDMA (ECSTASY)

A very small number of participants had reported using Ecstasy in the past six months. Users indicated that while the use of Ecstasy was common one or two years ago, use of the drug in southeast Ohio has decreased since then. Some participants thought that if Ecstasy was being used in southeast Ohio, it was being used primarily by students.

One possible explanation cited for the decreased availability and use of Ecstasy in southeast Ohio was cost. One participant indicated that an Ecstasy tablet that two years ago would sell for \$10 or \$12 was now costing approximately \$30.

7.2 LSD & PSILOCYBIN

In the opinion of focus group participants, psilocybin mushrooms are still more preferred by users in southeast Ohio compared to LSD. Most users thought that mushrooms could be purchased for approximately the same price as marijuana (e.g., \$30 per 1/8th of an ounce). While mushrooms were said to be used by students and “old hippies,” LSD was believed to be used primarily by students. One hit of LSD was believed to cost approximately \$5.

8. Alcohol

Alcohol use in southeast Ohio is extremely common and spans all socioeconomic classes, age groups, and ethnic groups. At the beginning of each focus group, almost all participants indicated that alcohol was their “drug of choice”. Participants commented that many communities in southeast Ohio have a very large number of bars and that alcohol use is just a “way of life” in southeast Ohio.

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

January-June 2003

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Abstract

Data from six user focus groups, one provider focus group, and one individual provider interview indicate that younger children are now becoming involved in both using and selling drugs. This is consistent with previous findings. While most street drugs have consistently been reported as readily available there seems to be a clear division in the type of drug available, the quality of the drug and the cost of drugs between the east side and the west side of Cleveland. Pharmaceutical analgesics are more difficult to obtain in comparison to street drugs such as heroin and crack cocaine. Ecstasy, PCP-laced marijuana, and ecstasy in combination with Viagra® appear to currently be the “in” drugs. Access to treatment, which is already difficult, is becoming even more difficult, with the exception of detoxification services for heroin. There are not enough outpatient services available, especially for teenagers, and there is inadequate access to aftercare.

INTRODUCTION

1. Area Description

According to the 2000 Census, Cuyahoga County has almost 1.4 million residents and is the most populous and urban of Ohio's 88 counties. Approximately 67% of the population self-identifies as white. Slightly more than half of the county's population is female and the median age of all residents is 37.3 years. Slightly more than 10% of the population uses a language other than English at home. More than 80% of the population over the age of 25 has a high school diploma or equivalent, but only one-quarter have graduated from college. The median household income for 1999 was \$39,168. Just over 10% of families lived below the poverty level in 1999. Among families with related children under the age of 18, 16% lived under the poverty level. If one considers only those families with related children under the age of 5 years, more than one-fifth of these families lived under the poverty level. Census data for the year 2000 indicate that almost 40% of the county's population was not in the labor force and of those who were over 6% of the civilian labor force was unemployed.

2. Data Sources and Time Periods

Qualitative data were collected in six focus groups and one individual interview between February 1 and June 6, 2003. Tables 1 and 2 provide details about the participants.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users, Users-Dealers or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
2/6/2003	5	Users and dealers
2/14/2003	10	Users
2/28/2003	8	Users and dealers
5/27/2003	5	Users
6/3/2003	7	Users
6/6/2003	9	Professionals

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
5/16/2003	Provider

Totals

Total number of focus groups	Total number of focus group participants	Total number of individual interviews	TOTAL number of participants
6	44	1	45

Table 2: Detailed Focus Group/Interview Information

Focus Groups

February 6, 2003

Age	Ethnicity	Sex	Experience/Background
24	African-American	Male	Marijuana, cocaine; user and dealer
35	White	Male	OxyContin®; user and dealer
38	Biracial	Male	Crack cocaine, heroin; user and dealer
37	White	Male	Cocaine, crack cocaine, speed; user and dealer
32	White	Male	Crack cocaine; user and dealer

Recruitment procedure: *Individuals were recruited by word of mouth.*

February 14, 2003

Age	Ethnicity	Sex	Drug of choice/Background
38	African American	Male	PCP, wet; user
46	White	Male	Cocaine; user
34	African-American/Asian	Male	Crack cocaine; user
44	White	Male	LSD, opioids, cocaine; user
41	White	Male	Heroin; user
40	African-American	Female	Marijuana; user
46	White	Female	Crack cocaine, heroin; user
27	White	Female	Crack cocaine; crystal methamphetamine; user
38	African-American	Male	Cocaine; user
32	White	Male	Cocaine; user

Recruitment procedure: *Individuals were recruited through a social service agency. Because of the specific identifying details provided and the size of the agency clientele, it would be possible to identify specific individuals with these data. Accordingly, we agreed with the participants not to disclose the name of the agency, but to provide instead details about it. The agency is located in central Cleveland and has a multi-ethnic client base and staff. The agency provides a variety of services including, but not limited to, counseling.*

February 28, 2003

Age	Ethnicity	Sex	Experience/Background
55	White	Male	Opioids; user
45	African-American	Female	Cocaine; user
49	White/African-American	Male	Speed; user
40	African-American	Female	Heroin dealer
40	African-American	Female	Crack cocaine; user
43	African-American	Male	Crack cocaine; user
40	African-American	Female	Crack cocaine; user
52	African-American	Female	Crack cocaine, alcohol; user

Recruitment procedure: *Individuals were recruited through a social service agency. Because of the specific identifying details provided and the size of the agency clientele, it would be possible to identify specific individuals with these data. Accordingly, we agreed with the participants not to disclose the name of the agency, but to provide instead details about it. The agency is located in central Cleveland and has a multi-ethnic client base and staff. The agency provides a variety of services including, but not limited to, counseling.*

May 27, 2003

Age	Ethnicity	Sex	Experience/Background
22	Puerto Rican	Female	Marijuana; user
36	Puerto Rican	Male	Heroin; user
35	Puerto Rican	Male	Heroin; user
34	Puerto Rican	Male	Heroin, crack cocaine; user
33	Puerto Rican	Male	Cocaine, crack cocaine; user

Recruitment procedure: *Individuals were recruited through a social service agency. Because of the specific identifying details provided and the size of the agency clientele, it would be possible to identify specific individuals with these data. Accordingly, we agreed with the participants not to disclose the name of the agency, but to provide instead details about it. The agency is located in central Cleveland and has a multi-ethnic client base and staff. The agency provides a variety of services including, but not limited to, counseling.*

June 3, 2003

Age	Ethnicity	Sex	Experience/Background
23	White	Female	Marijuana; user
31	White	Male	Crack cocaine; user
36	Hispanic	Male	Heroin; user
20	Hispanic	Male	Cocaine; user
39	Hispanic	Female	Alcohol, cocaine; user
32	Hispanic	Male	Heroin; user
34	Hispanic	Male	Heroin; user

Recruitment procedure: *Individuals were recruited through a social service agency. Because of the specific identifying details provided and the size of the agency clientele, it would be possible to identify specific individuals with these data. Accordingly, we agreed with the participants not to disclose the name of the agency, but to provide instead details about it. The agency is located in central Cleveland and has a multi-ethnic client base and staff. The agency provides a variety of services including, but not limited to, counseling.*

June 6, 2003

Age	Ethnicity	Sex	Experience/Background
Not given	Hispanic	Female	Counselor
37	Hispanic	Male	Counselor
Not given	Hispanic	Female	Counselor
22	Hispanic	Female	Counselor
Not given	Hispanic	Female	Counselor
Not given	Hispanic	Female	Counselor
Not given	Hispanic	Female	Counselor
Not given	Hispanic	Male	Counselor
Not given	Hispanic	Male	Counselor

Recruitment procedure: *Individuals were recruited through HUMADAOP.*

Individual Interviews

May 16, 2003

Age	Ethnicity	Sex	Experience/Background
Not given	White	Male	Counselor

Recruitment procedure: *The individual was recruited from a listing of substance abuse providers.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Consistent with the January 2003 report, most participants reported that crack cocaine is readily available, although one focus group believed that availability has decreased. The consensus among participants was that the use of crack cocaine has remained stable over the last six months to a year. One individual stated that crack cocaine is available “*at every corner,*” and another said that it is “*like buying cigarettes.*” However, there seems to be some difficulty obtaining crack cocaine in the lower southwest side of Cleveland. A typical size rock of crack cocaine continues to sell for \$20.00 or more and “crumbs” or “shakes” are available for as little as \$5.00. There was general agreement that, although “good stuff” is available, the quality of crack cocaine has generally decreased.

Focus group participants reported that while most users continue to smoke crack cocaine it is also mixed with marijuana in blunts and it is sometimes dissolved into a solution and injected. It was reported that African Americans are more likely to smoke crack cocaine, whereas whites and Hispanics are more likely to smoke or to inject.

Users are becoming younger and younger and many newer users are in high school. The greatest increase reported by participants has been among young girls. One user stated, “*There’s kids comin’ out of high school and these high school teens are smokin’ crack and everything else, takin’ X pills.*” It is believed that crack cocaine is used more often by people of color, particularly African Americans. It is most often sold by young African Americans. When it is bought by whites, it is usually bought in much larger quantities. One dealer-user observed,

Well, you know what I’m going to say, that white people tend to come down in our neighborhood and they spend more money for crack whereas black people are like, it’s a constant ongoing thing with them every day, every five dollars, every ten dollars, all day. White people will make a raw trip and they going to come over until they get what they need. Most dealers are like, they home in on people like that ‘cause that’s a lick to them, that’s what they call a cluck. And they’re looking for “clucks.” And, uh, “clucks” are people who spend a large amount of money, generally Caucasians because they know that when they see a Caucasian person they go right to them and try to get their bid, they’ll pass me by.

1.2 COCAINE HYDROCHLORIDE (HCL)

Findings for the round ending in January 2003 indicated that cocaine HCL (powdered cocaine) was readily available. Findings from this round are, in general, consistent with this previous finding. Members of only one focus group of the six that were conducted disagreed and indicated that the availability of powdered cocaine is decreasing. Participants reported that cocaine HCL is easily obtainable on the east side of Cleveland. There seems to be some consensus, however, that it is more readily available on the west side and may be somewhat less expensive there. Participants in this round indicated that, to a great extent, the cost varies with the customer and the location of sale. On the east side of Cleveland, it is common to find it selling for approximately \$50.00 per gram. Participants also indicated that if a customer appears desperate to the dealer, the price is likely to go up and the quality is likely to go down. High quality powdered cocaine is currently selling for up to \$130 per gram.

Consistent with previous reports, participants stated that the quality of powdered cocaine is decreasing. Many participants reported it is being “stepped on” more than in the past, and that “good stuff” is increasingly rare.

As in the past, most users are snorting or injecting powdered cocaine. Snorting is more common in the clubs. Participants reported that there is an increasing trend towards injecting powdered cocaine or using speedballs (heroin and cocaine mixed). It was also reported that some dealers are now selling cocaine mixed with heroin in order to get people to come back more often. Some participants indicated that whites and Latinos are more likely to inject the drug, whereas African Americans are more likely to smoke it.

Focus group participants indicated that powdered cocaine remains primarily a drug of choice among whites. Younger Puerto Ricans are emerging as new users. Two users commented that people who become dependent on cocaine eventually end up either injecting or freebasing. One stated:

When you first start, like ok, you're on a binge when you first start to take it into your body, you're goin' to snort it but by the time you get really addicted, if you got the quantity of money on you, by the time you finish you going to be injecting it. I've seen it done. Or freebasing it.

Problems related to cocaine use include depression when not high from the drug and difficulty accessing treatment, sometimes due to lack of insurance coverage.

2. **Heroin**

Although heroin was reported to be somewhat difficult to find at the end of summer 2002, focus group participants during this round of data collection reported that the availability of heroin was said to have increased recently. One treatment provider said that there is a “store at every corner” for heroin. It was reported to be somewhat more difficult to find heroin on the east side of Cleveland than on the west side. Participants reported that a dime bag currently sells for approximately \$10.00 on the west side and \$20-25.00 on the east side, whereas a bundle sells for \$75-\$100. There was no general consensus among most participants at this time about the quality of heroin. Some participants reported that the quality is generally good, while others

indicated that in the last 6 months the quality has decreased due to increased mixing and cutting.

Participants reported that users are either snorting or injecting heroin. Hispanics are more likely to inject it alone or mixed with cocaine. Both users and treatment providers felt that younger whites, blacks, and Puerto Ricans between the ages of 18 and 25 are emerging as new users of the drug. There was general consensus that, in particular, heroin is becoming the drug of choice among an increasing number of Latino and white young adults (17-25). Participants indicated that “*more dope boys [dealers] are becoming addicted to their own stuff.*” Users report it is difficult to get into a treatment program for heroin, and there are long waiting lists.

3. Other Opioids

Focus group participants report that the prescription opioids that are most easily available include Percocet® (oxycodone and acetaminophen), Vicodin® (hydrocodone), Percodan® (oxycodone and aspirin), Dilaudid® (hydromorphone), and OxyContin® (oxycodone controlled-release). However, in Cleveland it is extremely difficult to get prescription analgesics, and they are most often available to whites in the suburbs. Participants agreed that you “*need a connection*” to get these drugs, unlike other street drugs that are more readily available. Generally, someone would have to get a prescription from a physician or know someone who has one. Several participants indicated that “*older folks*” are the ones who sell these opioids. Users reported that the “high” off of OxyContin® is excellent and that if dealers could find a way to purchase the drug in large quantities, it would probably become the drug of choice for many people.

There was disagreement among participants regarding the availability of these opioids. Several focus groups indicated that the availability may be increasing, but other focus group members and an individually interviewed treatment provider indicated that the availability is actually decreasing. Participants indicated that it is very rare to see these drugs for sale on the street. One tablet may sell for as little as \$2.00 or as much as \$40.00, but to a large degree it depends on the dealer. Most users try to get the drugs from a physician. Participants reported that doctors are not giving prescriptions for these drugs as easily.

Focus group participants indicated that these drugs are most often used by individuals who are white, older, and who are able to get a legal prescription for them, although an increasing number of youth are using them. One participant stated, “*White people love pills.*” Another indicated that these opioids in tablet form are used primarily by women. Participants indicated that, in general, it is difficult to obtain treatment for addiction to these substances.

4. Marijuana

Consistent with findings since 2000, marijuana is reported to be very available and “*can be found anywhere.*” In general, marijuana is not even considered by users to be a drug. The price for marijuana seems to have decreased since the last reporting period, when participants had indicated that a pound costs between \$1,800 and \$2,000. Participants reported that the quality of the drug is generally good, although this varies somewhat by dealer.

Focus group participants reported that in general the use of marijuana has remained stable but younger and younger children, including those who are only 8 or 9 years old, are reportedly

starting to use marijuana. There were reports that now it is not uncommon for kids to smoke marijuana with their parents. Participants stated that “bowls” are used more frequently by whites and “blunts” by African Americans and that there has been an increase in the use of “wet” (marijuana dipped in PCP) over the last year or so.

Access to treatment for marijuana use is reported to be difficult because of the social acceptance of marijuana use.

5. Other Drugs

We reported in January 2003 that Ecstasy and “wet” (marijuana dipped in PCP) were the “in” drugs, were readily available, and were being used by increasingly younger kids. This continues to be the case. Respondents believe that Ecstasy, in particular, continues to be a club and party drug and is most often available at clubs, rather than on the street. Participants described it as an event-based drug, not a recreational drug, used most often among whites. However, it has “crossed over” into the Latino communities and is becoming part of the hip-hop scene. An increasing number of younger children are reported to be using Ecstasy. Ecstasy is now selling for approximately \$20.00 per tablet, but there has been a noticeable increase in the trading of sex for Ecstasy. Viagra® has become a party drug as well and is often used in combination with Ecstasy, which is now being called “sextasy.”

PCP laced marijuana (“wet”) use is increasing in urban areas. Increasing use of methamphetamine and GHB was also reported, but participants in this round of data collection had little familiarity with these drugs.

6. Alcohol

Focus group participants agreed that alcohol remains relatively easy to get, even if you are under 21 and without an ID. One participant stated, “*Everybody drinks.*” Often, alcohol is obtained through family members. Members of one focus group felt that alcohol is a “trigger” for the use of other drugs. Several participants reported their feeling that alcohol and tobacco are gateway drugs:

I would, I would, I would say somebody that has a alcohol and drug addiction. I mean that is susceptible to alcoholism, you know that is susceptible to that, eventually they're gonna, um, you know, they keep messin' 'round with drugs, they're gonna pick up crack one day.

You know, I think it leads from cigarette smoke into marijuana and then you put the primo in marijuana and then that's the door. And then sometimes the drug dealers be givin' it away free just to pull you in and once that young kid gets that high, I mean, you feel love like you never felt before, that euphoric feeling, you just cannot stop, you want more.

Another participant reported that until he joined the military, he had used only marijuana. Because he was unable to continue smoking marijuana in the military, he started using alcohol and it was while he was in the military that he developed his problem with alcohol use.

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

January 2003 – June 2003

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Abstract

The wide range of problems associated with drug and alcohol abuse in Columbus and Franklin County shows little sign of abating. Crack cocaine continues to remain stable in its availability and its use in Columbus' more economically depressed areas, but it does not appear to be diffusing into more socio-economically privileged areas. On the other hand, we have identified a trend in which a wider acceptance of cocaine hcl as a casually-used support drug seems to be leading to its use on a widening scale, in part because of greater availability and lower prices. Heroin abuse, too, continues to be diffusing out into new populations and areas of Franklin County, and the demand for treatment for opioid addictions has increased 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 heroin's greater availability, higher potency, and ever-dropping price. Still, the abuse of OxyContin® appears to continue unchecked, along with increased availability and slight decreases in cost. The casual abuse of opium by marijuana smokers is a troubling new trend which deserves further attention and prevention/education efforts. Marijuana continues to be the most widely abused illicit drug by many sectors of the population, with reports of "wet weed" (marijuana laced with PCP) increasing. Ketamine abuse continues to be a problem in the "club scene," particularly among white young adults and adolescents. The abuse of MDMA/"Ecstasy" appears to be diffusing into both younger and older populations than that with which it has been traditionally associated, while its use appears to be dropping off slightly in the "rave" and "club scenes." Abuse of GHB and PCP continues to be uncommon in Columbus, but psilocybin continues to be used among middle-class, Caucasian college students. Abuse of LSD also continues at a relatively low level; however, there are reports of its making a resurgence. There are indications that methamphetamine abuse remains steady in specific populations to which it remains generally limited. Prescription amphetamines, such as Ritalin and Adderall, continue to be abused as "study-aids" and "weight-loss aids" by high-school-age and college-age Caucasians. Reports of the availability and use of "Foxy" and other "research drugs" have increased, as have reports of Coricidin® abuse among teenagers. Alcohol use continues to be widespread in Franklin County, particularly on college campuses and among the growing Latino population in the city.

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). An important demographic trend in Columbus—as well as in the nation as a

whole—is the growing Latino population, which increased by 160% in the last decade of the 1990s in Franklin County, according to the “ADAMH System Needs Assessment” (Desai, et al, 2002, p.4). It will be important to pay attention to the drug and alcohol trends in this growing group.

2. Data Sources and Time Periods

Qualitative Data were collected in 7 focus groups and 6 individual interviews between February and June, 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:

- The Columbus Dispatch. Issues from January 2003 through June 2003.
- Columbus Planning Division, “City of Columbus Census 2000.”
- Delaware County Sheriff’s Office website: 2/7/03.
- Desai, A., P.C. Panzano, P. Baird, L. Herman & Y.B. Lee. “Franklin County ADAMH System Needs Assessment.” January 2002.
- Franklin County Coroner’s Office. “Franklin County Death Statistics.” Compiled by the Forensic Toxicology Laboratory (1977-2002).
- The Ohio News Network internet news service.
- 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 office, social worker, etc.)
02/28/03	3	Treatment Providers/Counselors
04/24/03	6	Active Drug Users
05/06/03	6	Active Drug Users
05/15/03	6	Treatment Providers/Administrator/Counselors
05/22/03	2	Active Drug Users
06/09/03	8	Recovering Drug Users
06/10/03	6	Recovering Drug Users

Individual Interviews

Date of Individual Interview	Active Drug Users or Front-Line Professionals (Type: counselor, police officer, social worker, etc.)
05/07/03	Treatment Provider/Counselor
05/14/03	Active Drug User
05/14/03	Active Drug User
06/05/03	Treatment Provider/Counselor
06/17/03	Active Drug User
06/24/03	Active Drug User

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	TOTAL Number of Participants
7	37	6	43

Table 2: Detailed Focus Group and Individual Interview Information

February 28, 2003: Treatment Providers

	Age	Ethnicity	Gender	Experience/Background
1	NA	African American	Female	Serves adolescents as a counselor in a comprehensive drug abuse treatment facility for ~4 months.
2	NA	Caucasian	Male	Licensed Independent Social Worker with 10+ years of experience in the AOD and mental health field. Currently serving adolescents as a director of programs in a comprehensive drug abuse treatment facility.
3	NA	Caucasian	Male	Licensed Social Worker serving adolescents as a counselor in a comprehensive drug abuse treatment facility for nearly 2 years.

Recruitment procedure: *Facilitated by a treatment provider/administrator from a previous treatment provider focus group (November 19, 2002).*

April 24, 2003: Active Drug Users

	Age	Ethnicity	Gender	Reported Drug(s) of Choice
1	23	Caucasian	Male	Alcohol, powdered cocaine, and ecstasy
2	22	Caucasian	Female	Marijuana, heroin, alcohol, and

				powdered cocaine
3	24	Caucasian	Female	Alcohol and methamphetamine
4	19	Caucasian	Male	Marijuana
5	19	Caucasian	Male	Marijuana
6	25	Caucasian	Male	Marijuana

Recruitment procedure: *All are current participants in the MDMA project (Columbus, Ohio).*

May 6, 2003: Active Drug Users

	Age	Ethnicity	Gender	Reported Drug(s) of Choice
1	22	Caucasian	Female	Powdered cocaine
2	21	Caucasian	Male	Powdered cocaine
3	27	Caucasian	Male	Powdered cocaine
4	25	Caucasian	Female	Marijuana
5	20	Caucasian	Female	Marijuana
6	20	Caucasian	Female	Marijuana

Recruitment procedure: *5 current participants and 1 ineligible referral to the MDMA project (Columbus, Ohio).*

May 7, 2003: Treatment Provider

Age	Ethnicity	Gender	Experience/Background
NA	Caucasian	Male	~10+years in the AOD field. Substance Abuse Specialist serving primarily college students and various clients in private practice.

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

May 14, 2003: Active Drug User

Age	Ethnicity	Gender	Reported Drug(s) of Choice
18	Caucasian	Female	Heroin, ketamine, methamphetamine, and marijuana

Recruitment procedure: *A participant in the MDMA project (Columbus, Ohio).*

May 14, 2003: Active Drug User

Age	Ethnicity	Gender	Reported Drug(s) of Choice
21	Caucasian	Male	Alcohol

Recruitment procedure: *Ineligible referral to the MDMA project (Columbus, Ohio).*

May 15, 2003: Treatment Providers

	Age	Ethnicity	Gender	Experience/Background
1	NA	Caucasian	Female	Licensed Independent Social Worker working for 1+ years as an adolescent therapist.
2	NA	Caucasian	Male	Counselor for a variety of people (including a college population) in prevention and treatment of both AOD and psychiatric issues. Has 20+ years of experience in the field.
3	NA	Caucasian	Female	Has worked 13+ years as a Clinical Psychologist in a public health setting.
4	NA	Caucasian	Male	Has 7+ years of experience in the field currently working with the homeless population with concurrent AOD and mental health issues.
5	NA	African American	Female	Student Intern completing practicum at large treatment facility for the indigent.
6	NA	African American	Male	Administrator in the alcohol/drug and mental health field.

Recruitment procedure: 2 referred by a treatment provider in the OSAM project; 2 participated in the community assessment phase of the MDMA project (Columbus, Ohio); 1 referred by a supervisor, whom project director contacted via phone; and 1 referred by colleague whom REPI contacted.

May 22, 2003: Active Drug Users

	Age	Ethnicity	Gender	Reported Drug(s) of Choice
1	19	Caucasian	Male	Marijuana
2	21	Caucasian	Male	Marijuana

Recruitment procedure: 1 is a current participant and 1 is an ineligible referral to the MDMA project (Columbus, Ohio).

June 5, 2003: Treatment Provider

Age	Ethnicity	Gender	Experience/Background
NA	Caucasian	Female	Has 20+ years of experience in the AOD field (primarily working with dual diagnosis) of which 13+ years have been in a clinical setting (with 10 of those serving primarily women in a drug rehabilitation program).

Recruitment procedure: Referred by a treatment provider involved in OSAM.

June 9, 2003: Recovering Drug Users

	Age	Ethnicity	Gender	Reported Drug(s) of Choice
1	42	Caucasian	Female	Crack Cocaine
2	37	Caucasian	Female	Various opioids (i.e., Percocet® and OxyContin®)
3	30	Caucasian	Female	Crack cocaine
4	42	Caucasian	Female	Crack cocaine
5	33	Caucasian	Female	Narcotic analgesics
6		African American	Female	Alcohol
7	40	African American	Female	Alcohol and crack cocaine
8	28	African American	Female	Marijuana

Recruitment procedure: *Facilitated by a treatment provider from an earlier interview.*

June 10, 2003: Recovering Drug Users

	Age	Ethnicity	Gender	Reported Drug(s) of Choice
1	49	African American	Male	Crack cocaine
2	27	Caucasian	Male	Heroin
3	29	Caucasian	Female	Alcohol (methamphetamine –past experience)
4	45	Caucasian	Male	Crack cocaine
5	36	Latino	Male	Alcohol, crack cocaine, and marijuana
6	44	African American	Male	Alcohol and crack cocaine

Recruitment procedure: *Facilitated by a treatment provider/administrator from a previous treatment provider focus group.*

June 17, 2003: Active Drug User

Age	Ethnicity	Gender	Reported Drugs of Choice
23	Caucasian	Male	Cocaine, MDMA, Marijuana

Recruitment procedure: *A participant in the MDMA project (Columbus, Ohio).*

June 24, 2003: Active Drug User

Age	Ethnicity	Gender	Reported Drug of Choice
27	Caucasian	Male	MDMA, GHB, Ketamine

Recruitment Procedure: *A participant in the MDMA project (Columbus, Ohio).*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

From 1999 through mid-2002, crack cocaine was reported as consistent in its ready availability, stable level of use, and price. Its quality was generally described as poor. In the past, new user groups appeared to be developing among adolescent females and individuals over the age of 50.

In the last reporting period, crack cocaine was reported to be available at stable to increasing levels. Quality continued to be reported as bad. The use of crack varied by population and continued to be stigmatized as a drug of choice among a population of lower socioeconomic status and among African Americans.

January 2003-June 2003

For the current reporting period, the availability of crack cocaine is reportedly “stable” at a “very high level,” according to treatment providers and drug users, particularly those in recovery. According to a 40-year-old African-American woman in treatment who identified crack as her former drug of choice, crack is available “everyday, all day, every corner.” One 49-year-old African-American male in treatment indicated an extremely high availability of crack in his own neighborhood and other areas, saying it’s *“been this way for 5 to 6 years...you ain’t got to do but go out your back door and turn around, and you’ll find some crack somewhere, in any part of this town.”* Many participants in this same focus group--as well as those in another focus group--corroborated this statement.

Despite the concerted efforts by local law enforcement in breaking up crack dealing rings and eliminating some crack houses in the Columbus area--as reported in the local news (see The Columbus Dispatch: 2/5/03, p. 05C; 4/2/03, p. 06B; 4/11/03 p. 01C; NBC-4: 3/14/03)—crack remains highly available. In fact, crack-cocaine use appears to be so accepted in certain areas of the city that drug paraphernalia can easily be obtained at corner stores in many neighborhoods. According to a 28-year-old African-American female in treatment, one can ask for a *“glass stem with a plastic rose in the middle of it. Be right there on the counter. You just ask for a rose...‘Can I have a stem of a rose?’”* Apparently, the rose can easily be converted into a pipe for smoking crack. Some retailers go so far as to provide crack-smoking “kits” to customers who request them. According to the members of a focus group containing a number of recovering female crack addicts, a “kit” consists of the rose “stem,” a piece of Chore Boy scrubber sponge, and a lighter in a paper baggie—everything one would need to smoke crack—except the drug itself.

Perceptions of usage rates differed among drug users and treatment providers. Although drug users reported an increase in the use of crack cocaine, treatment providers either reported a steady or even decreasing trend in the use of crack. As far as new user groups, both treatment providers and drug users reported seeing the use of crack cocaine increase among younger people. As one treatment provider in a clinical setting stated, *“younger [people] are using crack cocaine.”* One 45-year-old Caucasian man in treatment claimed to have *“...smoked*

[crack cocaine] with people as young as 14, 15 years old.” This statement was echoed by a treatment provider who reported seeing “*somewhat younger kids using [crack cocaine],*” referring to adolescents as young as 12 and 13 years old. Not all drug users agreed with this trend, however. For example, a 49-year-old African-American man, a recovering crack user, stated, “*it’s a rarity to see such young kids smoking [crack cocaine].*”

A possible new trend--as reported by a treatment provider--is that “*some very significant crack abuse [is] going on*” in the Latino community. However, crack-cocaine use in this community was described as a “*closed cultural thing right now.*” It remains to be seen if many members of this community will surpass cultural barriers in order to seek treatment. Incidentally, in this round of reporting, we did interview one Latino man of Puerto Rican descent who was recovering from crack-cocaine dependence. He pointed out that crack abuse is increasingly common among local Hispanics, especially Mexican immigrants, the majority of whom are coming from rural areas in Mexico, and at times they may be naïve or ignorant about the dangers of crack cocaine dependence.

Overall, according to participant reports, crack use continues to be equally common among different ethnic groups. However, according to a treatment provider, it is somewhat more prevalent among the “*lower socio-economic status*” population, as previously emphasized, and relatively uncommon among individuals of higher socioeconomic standing. A treatment provider who works on a local university campus corroborated this observation by indicating that he was “*not seeing any [crack usage among his clients] in college.*”

The most common route of administration continues to be smoking; however, both active and recovering drug users stated that some individuals do resort to injecting crack. Treatment providers reported that clients who inject crack cocaine are usually those who inject heroin as well. Furthermore, both treatment providers and some drug users stated that needles are often seen as “*taboo...even amongst drug users, it’s like ‘I’ve already hit bottom if I do that,’*” and so the predominant method of administration for crack cocaine continues to be smoking.

In regard to the quality of crack cocaine, several of the participants in treatment programs agreed that the quality of crack in Columbus is “*garbage.*” They held the opinion that the crack-cocaine available today is cut with almost anything, including rat poison, bleach, and ammonia, so that crack today is “*98% of bulls**t,*” as one 40-year-old African-American woman in treatment phrased it. Most crack dealers, as reported by several recovering drug users, do not actually use crack themselves, preferring instead to use high quality powdered cocaine because of the negative stereotypes associated with crack-cocaine users. As one 49-year-old African-American man who is a recovering crack user described it:

[dealers rock up crack using] Vitamin E, glucose, or fructose. They use a substance called “come back,” and this is where you can take a 16th of powder and blow it up [expand it] and get 2, so what you’re getting is quality and not quantity. See, in the crack game, it’s basically all about money, where in the powder game, people are more apt to want to enjoy.

He viewed “*the middle class [as] the distributors and the dealers, where with crack, we’re the lower; we’re on the lower totem pole.*” 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 cocaine remain steady ranging, from \$0.50 up to \$2.50 for a very small rock, to \$10 for a dime-sized rock, and to \$20 to \$30 for a quarter-sized rock, according to members of a focus group consisting of homeless women in intensive drug treatment. One 28-year-old African-American woman in treatment stated that she could get 3.5 grams of crack for about \$100, and this was confirmed by other participants in that focus group. Finally, women in this focus group pointed to the practice of trading crack for sex as continuing to be widespread. One 40-year-old African-American woman stated: "*I started having sex for crack [at] 12, 13 years old.*" According several other recovering drug users, sex is the easiest way for women to get crack cocaine. There appear to be two basic patterns by which this occurs; a woman may prostitute herself directly to the dealer, accepting crack as payment, or she may work as a prostitute and use the money to then buy crack from a dealer.

In summary, crack-cocaine availability and use in Columbus continues to be rampant despite the numerous media reports of drug-related arrests, drug seizures, and demolished crack houses. However, use appears to be more localized in certain populations, especially among individuals of lower socio-economic status and African-Americans. Furthermore, some neighborhood stores are "supporting" crack use through the surreptitious sale of paraphernalia. The prices of crack cocaine have not changed significantly since the previous reporting period, while quality continues to be reported as poor.

1.2 COCAINE HYDROCHLORIDE (HCl)

From 1999 through 2002, we reported that cocaine HCl had remained steadily available, particularly among groups of a higher socioeconomic status. While the quality varied, its use and price had both increased steadily.

In January 2003, we reported a general increase in both the availability and use of powdered cocaine. While reports of the quality varied, prices were generally perceived as decreasing. New user groups were mentioned, including suburban high school students, older professionals, and individuals in the "rave scene." Inhalation remained the most popular method of administration, but injection was mentioned, particularly among injecting heroin users. It also appeared that the use of powdered cocaine was gaining more social acceptance, as mentioned by active and recovering drug users, as well as by treatment providers.

January 2003-June 2003

In the current reporting period, active and recovering users, as well as treatment providers, reported that the availability of powdered cocaine had increased yet again over the past six months; active users routinely described it as "extremely" available. Some individuals stated that availability depends, to a certain extent, on whom one knows. However, the majority agreed, as succinctly stated by a 44-year-old African-American man, recovering from crack-cocaine dependence, that one "*can get powder anywhere.*" Active users mentioned locations as diverse as the west side of Columbus, Grove City, and downtown as places one could obtain cocaine HCL.

Use was also reported to be increasing by individuals in all areas of the city. Both active drug users and those in treatment, as well as treatment providers, mentioned an increase in the use of powdered cocaine. Several participants in our active drug user focus groups suggested that cocaine use continues to increase particularly among late-junior-high and high-school students in Columbus. This report was corroborated by a treatment provider who works with adolescents. Active users also mentioned that cocaine seems to be increasingly popular among people who were once a part of the “rave scene”--individuals who have “grown out” of the rave scene or who are working more traditional nine-to-five jobs that do not allow for the type of up-all-night lifestyle that the rave scene demands.

Currently, prices in Columbus seem to be consistent with what was reported during the last period. Participants stated that powdered cocaine is currently selling for \$40-60 per gram and \$120-180 per eight-ball (an eighth of an ounce). The price also depends to some extent on the quality of the cocaine being purchased.

There seems to be a continuing trend regarding the social acceptability of powdered cocaine use. A treatment provider at a local college stated that people just do not seem to see it as “a *big problem*,” but rather as a supplementary/support drug. One Latino man, currently in treatment for crack dependency, reported that among younger users he knew, “a lot of young individuals [would] boast about their usage of cocaine.”

There was some disagreement about the quality of the powdered cocaine available on the streets of Columbus. Most of our active drug users complained that the quality has decreased although a few said it had remained about the same. One group of recovering users stated, however, that the quality had increased, attributing this to the fact that the “bad” cocaine was being made into crack, so that the remaining powder was of a better quality.

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. The practice of smoking marijuana (blunts or joints) or tobacco cigarettes laced with powdered cocaine may be gaining popularity, as it was mentioned by both active and recovering drug users as well as treatment providers.

In summary, the use and availability of cocaine HCl in Columbus continues to rise. Prices seem to have largely stabilized at this point, and inhalation continues to be the most popular route of administration, although injection (especially among heroin addicts) and smoking cocaine HCL with marijuana have been mentioned as well. New user groups included high-school students and former members of the rave scene.

2. Heroin

In reports from 1999 through mid-2002, heroin was described as plentiful, easily available and of high quality. Since 2001, suburban youth was described as one of the fastest growing population of new users. .

In January 2003, we reported that heroin use and availability were characterized as rising at considerable rates. Current drug users and treatment providers alike reported that there had been a large increase in the amount of good quality heroin on

the street, as well as in the numbers of heroin users seeking treatment. Again, according to our respondents, younger, college-age Caucasian and African-American men and women made up a growing user group—usually progressing from inhaling heroin to injecting it, while older users were also reported to be continuing to inject heroin. We also reported that another new group of heroin users was comprised of former users of oxycodone time-release (OxyContin®).

January 2003-June 2003

In the current reporting period, the trends which we had identified in earlier periods appear to continue unabated. By all accounts from current and recovering drug users, the availability of heroin is even greater than it has been in the past. A 42-year-old woman in recovery for powdered cocaine dependency stated that *“It’s [heroin] coming a lot more frequently. Heroin is coming in so much more than anything else.”* Or, as one recovering male heroin user stated, *“Anywhere you go, it’s there.”* Yet another recovering heroin user, a 22-year-old Caucasian woman who continues to use other drugs, stated that getting heroin is *“easier than before.”*

Accompanying this heightened availability appears to be an extreme drop in price. In the previous reporting periods, heroin was typically selling for \$170-200 per gram. In the current reporting period, both active and recovering users reported that a gram of heroin was selling for about \$100

Reports as to the quality of the heroin available in Columbus varied substantially, with one recovering heroin user claiming, *“It’s more potent, it seems like to me. It’s a lot stronger to me.”* Conversely, several current drug users stated that the quality varies *“from week to week,”* while another stated that quality is *“down, overall”* in the last six months.

Reportedly, among heroin users, injection is becoming more common than inhalation as younger heroin users seek a faster, cheaper, and more intense high. According to several recovering heroin and crack cocaine users, it appears that “speedballing” (mixing heroin and powdered cocaine for injection) has gained a reputation in Columbus as a popular “sex thing,” leading more injectors to use cocaine along with their heroin. These same participants noted that one could usually purchase both cocaine and heroin from the same dealer. While data is not yet available for the current reporting period, the Franklin County Coroner’s Office reported 28 cases in which both cocaine and morphine/heroin were found in the blood of deceased persons whom they tested. That is a staggering increase from only reported 3 cases in 2001.

According to some treatment providers who work with enrolled college students, the use of heroin appears to remain at a rather low level among their clients. In addition, counselors at a publicly-funded, residential treatment center stated that heroin use among their population—described as adolescents coming from lower socio-economic strata—was “rare.”

However, an adolescent treatment provider at a suburban, privately-funded rehabilitation center stated that she had seen an increase in heroin use among new admissions since last year. Similarly, a clinical psychologist who works exclusively with recovering heroin users stated that she sees a continuation of a trend which began several years ago, that of “young white, suburban kids, 18 and over” who inhale heroin

and don't see that as being a problem. Active and recovering drug users agreed with her assessment, stating that heroin use remains steady, or may be on the increase in that population. One 25-year-old Caucasian woman stated that white, younger college-age individuals are beginning to use more heroin. Her opinion was corroborated by another an 18-year-old Caucasian woman, a heroin user, who stated that heroin use is increasing among white, "18- to 24-year-olds" in both the inner-city and the suburbs. A recovering male heroin user from a smaller city just outside of Columbus reported: "*I have seen a lot of young people sniff heroin...between 15 and 20 [years old].*" Similarly, a drug

and alcohol treatment provider and administrator in Franklin County pointed to increased use of heroin in the rural areas of the county as well. Thus, it appears that the heroin epidemic may be diffusing out from Columbus into the surrounding areas.

The stresses that these increases in use and dependence are placing upon the county's treatment community--and the population it serves--remain unchecked. According to a treatment provider, the waiting list for admission to the heroin treatment center where she works still remains at about 260 persons, and it takes about 18 months to be admitted to the program. Both treatment providers and current drug users pointed to this as a grave problem, and discussed cases of addicts who attempted to maintain or even detoxify themselves of their heroin dependency through the use of non-prescribed, illegally obtained opioids, such as morphine, oxycodone (Percocet®) and hydrocodone (Vicodin®) and benzodiazepines, such as alprazolam (Xanax®) and diazepam (Valium®). Deaths associated with heroin use--sometimes among those on a waiting list for admission to treatment--were also recounted by several drug users as well as treatment providers. While data from 2003 is not yet available, data from the Franklin County Coroner's Office for 2002 suggests the same trend; they reported an increase in toxic levels of "Morphine c Heroin markers" in blood tested from 9 cases in 2001 to 26 cases in 2002.

In the current reporting period, participants continued to report cases where individuals addicted to OxyContin® would transition to heroin abuse. Several treatment providers recounted the experiences of people who were prescribed OxyContin® or other opiates to manage pain after surgery or injury, then at some point became dependent upon these medications, and ultimately succumbed to intravenous heroin usage. As one treatment provider working with homeless women explained:

We have a lot of clientele that come in, and they have gotten addicted because of surgeries and things, and then they move from painkillers to street drugs because, of course, they can't get the quantity they need for their tolerance build-up, and then they end up going to heroin.

She and other treatment providers proposed that doctors should be educated more regarding the possibility of addiction that exists with OxyContin® and similar medications. Perhaps the recently-announced public awareness campaign by Purdue Pharma (ONN, 6/19/03) will serve to educate both doctors and potential patients of the possible risks of dependency related to this product.

In summary, increases in heroin abuse, particularly among young (18- to 25-year-old) Caucasians continues in Columbus and its suburban areas, and it may be

diffusing into the towns and rural areas of the county as well. Increases in heroin abuse are associated with increased availability and dramatic decreases in cost. Among some people, abuse of pharmaceutical opioids, particularly OxyContin®, precedes heroin abuse. Both drug users and treatment providers were concerned about the inaccessibility of treatment for heroin and other opioid addictions in central Ohio. Finally, although many people initiate heroin abuse by snorting the drug, many young heroin users progress to injection as a route of administration, thus increasing their risks for infection with blood-borne pathogens and for overdose.

3. Other Opioids

Data from 1999 through 2002 suggested only some minor increases in OxyContin® (oxycodone controlled-release) availability and abuse in the Columbus area. The use of other prescription opioids has fluctuated over the past reporting periods.

In the last reporting period, we obtained some surprising and at times conflicting findings in relation to opioid abuse. There were some indications that OxyContin® was increasing in availability. Furthermore, we presented strong evidence that OxyContin® dependence was increasingly common. We noted the abuse of various types of prescription opioids, and we also pointed in particular to a need for continued monitoring of tramadol and fentanyl abuse.

January 2003-June 2003

In this current period, data on OxyContin® suggests a continued vigilance is warranted. We were surprised to hear reports of some opioids—mainly opium and methadone—that had not been mentioned in the previous reports from Columbus. On the other hand, tramadol and fentanyl appeared to be less prevalent in this reporting period than as had been suggested by the data collected in our last reporting period.

OXYCONTIN

Reports about the availability and use of OxyContin® were not as mixed as they were in the last reporting period. By all accounts, OxyContin® is widely available and easily obtained by any segment of the drug-using population in Columbus, independent of age or socio-economic status. According to adolescent treatment providers in a focus group at a publicly-funded facility, OxyContin® is more available to the adolescents they treat—and more preferable to them—than are other weaker narcotic analgesics:

Participant 1: *It's, it's amazing um, and they know, well, um, Oxy's stronger than a Vicodin, ya know, so they're gonna go right to [it]...gonna pop the pain pill and get a buzz. They're gonna go for the thing that's gonna give them the most, and so, and so, and I think, what's more available is probably Oxy because it's, it's more the pill du jour.*

Interviewer: *Oh.*

Participant 1: *Uh, and it's, it's ya know, king of the, the hill in terms of the pills.*

Interviewer: *Huh.*

Participant 1: *So, ya know, don't, if they're gonna be trying and popping some pills for that kind of purpose, they'll probably go for that [OxyContin].*

Another treatment provider in the same focus group exclaimed, *“I think they’ve all at least tried it,”* in reference to the level of OxyContin® use among adolescents in residential treatment at that facility. A treatment provider to adolescents at a privately funded center in the suburbs agreed that she had seen an increase in the number of adolescents reporting the use of OxyContin® as well. It may be that a potentially dangerous—and apparently widespread—assumption regarding OxyContin® is at play in these continued high rates of usage. As one treatment provider noted, many of her clients have operated under the assumption that *“It’s [OxyContin] not dangerous because it’s prescribed...because it’s legal.”* It seems as though more of Columbus’ drug-using population should be made aware that, according to the Franklin County Coroner’s Office, *“Narcotic analgesics are the most common lethal prescription drugs. Oxycodone has been on the top ten list since 1996.”*

Among older groups of current and recovering drug users, OxyContin® was portrayed as *“pretty readily available now,”* with one 21-year-old white male stating that he could obtain OxyContin® within a half an hour. A 37-year-old white woman in recovery for OxyContin® addiction corroborated this point: *“OxyContin is up.”* In fact, no respondent stated that OxyContin® is difficult to obtain.

In contrast, there were some variations regarding usage trends for OxyContin® among non-adolescents. Some current drug users felt usage was increasing, while some reported it to be steady. No one reported a decrease in OxyContin®. However, one college treatment provider did state that *“I still have not seen reported OxyContin use....A lot of students don’t know what it is when I check it out with them.”*

In regard to price, it appears that it has remained stable at approximately .50 to \$1.00 per milligram of OxyContin®. Thus, an 80 milligram tablet could “run” anywhere from \$30 to \$80 depending upon whom a buyer knows. While crushing and snorting remains the most commonly reported method of administration, swallowing is also common, and injection also occurs, but it is generally isolated to drug users with an established pattern of injecting drugs.

There were several reports of heroin users switching over to OxyContin® because they liked the effect more or because it was perceived as being *“a lot stronger than heroin”* (25-year-old white female drug user). A 40-year-old African-American woman in recovery noted the same trend: *“That’s what they’re doin’—movin’ from heroin to OxyContin.”* However, the more prevalent trend—from OxyContin use to heroin use—appears to be economically and practically motivated. A 37-year-old recovering OxyContin® user stated, *“If they [her friends] didn’t have that [OxyContin], they would get heroin.”* A 30-year-old woman in the same focus group agreed, recounting the anecdote of her *“23-year-old cousin who was into the pills—Oxys, Vics, and stuff like that.... He went from the pills to the heroin; he said he got the same kind of buzz that he got off of the pills, but it was quicker.”* With the price of heroin dropping so low, it is easy to understand why users would choose that over the much more expensive OxyContin®.

OPIUM, VICODIN®, PERCOCET®, METHADONE, ULTRAM® & FENTAYL®

One interesting trend regards the reappearance of opium in the drug-using culture of Columbus. Both current and recovering drug users reported that opium can be found in Columbus. One 19-year-old white male marijuana smoker stated that it was becoming increasingly easier to get opium over the course of the past two years around

college campuses. He further explained that regular marijuana smokers will sprinkle crumbled “*red rock opium*” on their marijuana for “*variety*.” Recovering drug users also reported seeing opium “*real sparingly on the streets*.” Interestingly, smoking opium use does not appear to carry the same stigma that inhaling or injecting heroin does. This suggests there may be an urgent need to educate marijuana smokers on the relationship between opium and heroin.

Reportedly, Vicodin® (hydrocodone) availability remained very high. Prices ranged from \$3-5 or even \$0.50 per tablet. Percocet® (oxycodone and acetaminophen) generally costs about \$2 per tablet. Current users reported their use by Caucasian college students and young adults in the suburbs. As a college-based treatment provider reported, “*Some [students] will supplement their pot and alcohol use with a Percocet or a Vicodin occasionally*.” Indeed, the abuse of narcotic analgesics knows no boundaries, it seems, as The Columbus Dispatch reported on a Columbus police officer being charged with deception to obtain a dangerous drug (5/8/03, p. 10C). Both current and recovering drug users corroborated the widespread practices of using narcotic analgesics in combination with marijuana and/or alcohol, as well as the practice of using these medications to come down off of a cocaine, crack, or methamphetamine binge.

As in the last reporting period, methadone--both in tablet and liquid form--was mentioned by current and in-treatment users as becoming more available and more frequently abused. Prices listed by current drug users ranged from \$5 to \$20 per 10 milligram tablet of methadone and \$10 for a dose of liquid methadone. Recovering drug users also reported increases in methadone availability “*on the streets*.” One 27-year-old recovering heroin user stated, “*I’ve seen a lot of people take their methadone and sell it for heroin or trade it for heroin, either one*.” The abuse of methadone was brought to public awareness with the recent death of an activist by an overdose on unperceived methadone (The Columbus Dispatch, 6/12/03, p. 01C).

On the other hand, fewer respondents were knowledgeable about the trend of abusing tramadol (Ultram®/Ultracet®) that we encountered in the last reporting period. Most of our current and recovering users had never heard of tramadol/Ultram®/Ultracet®. Those who did have experience with the drug felt that there was no real reason to abuse it. As one 21-year-old current drug user stated, “*they’re worthless*.” Two other respondents who had used non-prescribed Ultram agreed that they did so “*only when there is nothing else around*” because they knew a person who could easily get it. We will continue to monitor trends regarding the abuse of tramadol, particularly among high school and college students. (For a more detailed discussion of tramadol abuse in Columbus, please refer to the Rapid Response report prepared for this same reporting period.)

Because we obtained evidence about fentanyl patch abuse in Columbus in the previous reporting period, we were certain to ask about it in each focus group and interview that we conducted in this round of data collection. Interestingly, only a few recovering female drug users in one focus group reported fentanyl patch abuse. One stated that she had used the patches “*when [she] was withdrawing*” from OxyContin®, stating that “*one patch—the buzz will last for three days*.” She also noted that she had been able to purchase them “*right off the street*” for \$70 per patch, which she considered a very good price for three days worth of drugs. Another woman, 33 years old and in recovery for prescription opioid abuse, reported that, while she had never used fentanyl patches herself, she had known “*a girl who’d suck the medicine out of them*.” Again,

while data is not yet available for 2003, toxicology reports for 2001 and 2002 from the Franklin County Coroner's Office suggest increases in fentanyl abuse, with 2001 presenting only 4 cases where blood tests for fentanyl registered as positive, but 2002 presented 21 cases, 2 of which were considered to be "*lethal*." Thus, we will continue to monitor fentanyl abuse in the future.

4. Marijuana

The availability and use of marijuana has remained widespread in Columbus since reporting began in 1999. Although there have always been different levels of quality available, high quality marijuana has been reported as consistently available to those willing to pay the high price.

In the previous reporting period, we were told that the availability of marijuana is somewhat contingent on the seasons of the year, with the product being more abundant during the spring and summer. Use of marijuana was reported as observing no real social or demographic boundaries, and drug users (in treatment and active) corroborated treatment providers' reports that people ranging from 9 to 65 years and older could be found using marijuana.

January 2003-June 2003

Marijuana continues to be one of the most popular and widely used illicit drugs in this area. In fact, a majority of both active and recovering drug users stated that marijuana is one of--if not their only-- drugs of choice. As the availability of marijuana continues to be prevalent, use also appears to remain relatively stable, as reported by all types of research participants. The range of ages for users, as reported by in-treatment drug users, spans from 9 or 10 years old up to 65 years old and older. A college-based treatment provider commented on the pervasiveness of marijuana use among his clients, while he has noted a decrease in the use of almost every other type of substance abuse: "...*alcohol and pot [usage are] much more homogenous than in any period since I've been working here.*" The numbers he cited back up his claim: forty percent of his intake assessments list marijuana as the drug of choice, while the other sixty percent list alcohol as the drug of choice (of which, twenty to thirty percent report using marijuana as well).

This may be due, in part, to the perception of marijuana as a "*safe drug*," or as not being a drug at all. Indeed, one active drug user exclaimed, "*You might as well legalize [marijuana], everyone has it.*" This was echoed by a 33-year-old Caucasian woman in treatment: "*They should legalize it.*" An adolescent treatment provider further stated, "*They [adolescents] consider marijuana what we would consider cigarettes...it's almost to a point of 'What's wrong with using it? It's not a big deal.'*" Several other recovering drug users in a focus group agreed: "*Everybody has it; everybody smokes it*" (40-year-old African-American woman); "*Teenagers use it*" (28-year-old African-American woman), and "*Older people use it*" (33-year-old Caucasian woman).

The availability of marijuana over the past six months is reported as remaining relatively stable. However, several active drug users perceived a slight decline, possibly due to the recent cold winter. According to a 28-year-old African-American woman in recovery, "There's been a drought." On the other hand, adolescent treatment providers

in one focus group agreed that marijuana is "*easier to get than cigarettes or alcohol*" for the teens whom they serve. Many of the active drug users agreed that marijuana is so easy to obtain, that, as one 25-year-old Caucasian male phrased it, you can get it "*any time of day, any day, Christmas Eve, 10 o'clock at night, you can get marijuana.*"

Prices for marijuana are based on its quality (or grade), and dependent on the level of availability of the drug. Reportedly, they have remained generally stable over the past 6 months. According to active drug users, the price for one-eighth of an ounce of high-grade marijuana is \$50 to \$60. Mid-grade ("*middies*") sells for \$30 to 50 for one-eighth of an ounce, and low-grade ("*schwag*" or "*dirt weed*") was estimated at costing \$20 to \$25 for one-eighth of an ounce. Conversely, a 30-year-old Caucasian female in treatment described only two grades of marijuana: regular ("*reg*") or commercial grade and "*killer bud.*" Price for these grades typically run from \$150 to \$200 for an ounce for regular, and \$200 and up for an ounce for "*killer bud.*" The majority of participants agreed that the quality of the drug has been very good lately, as one recovering user put it, "*there is a lot of good pot going around.*"

In this reporting period, there were significantly more reports of the practice of lacing marijuana joints and blunts with phencyclidine (PCP) or another unknown substance. In-treatment and active users, as well as a treatment provider who works solely with adolescents, were knowledgeable about this practice, with some wondering if the substance were truly embalming fluid or if it were PCP. Slang terms such as "*wetbacking,*" "*wet weed,*" "*wet,*" and "*sherm*" were all mentioned. We will continue to watch for more discussions of this practice.

Several treatment providers shared an opinion that marijuana using individuals are often resistant to treatment because they do not perceive marijuana use as problematic. One college-based treatment provider noted:

The onset of identifying a causal relationship with it [marijuana] really causing problems in people's lives is pretty covert, and people don't really put the two together. ...it's such an ingrained behavioral process that it's just real subtle in the way that it interferes with people's lives.

Another treatment provider made a similar comment: "*Marijuana is the hardest drug to deal with. ...because of the perception that it's "just" marijuana.*" A treatment provider at one large facility explained that "*they [marijuana users] don't see the effects that it does to them in learning and emotionally.*"

In the current reporting period, law enforcement has continued its effort to halt marijuana trafficking in the central Ohio area. Within the past 6 months, there have been several reported drug arrests and indictments in Columbus and the vicinity, involving some large-scale marijuana trafficking operations (The Columbus Dispatch: 2/5/03 p. 05C and 4/2/03 p. 06B; NBC-4:3/14/03 and 4/17/03; Delaware County Sheriff's Office press release: 2/7/03). Based on the reports of our respondents, however, these arrests, indictments, and drug seizures have done little to stem the tide of marijuana flowing through Columbus.

In summary, marijuana's popularity appears unabated among populations which vary in terms of ethnicity, age, and socio-economic status. Levels of availability and use

continue to be high despite a few respondents mentioning slight seasonal decreases in availability of the drug.

5. Stimulants

5.1 METHAMPHETAMINE

Data collected between 1999 and 2002 indicated that methamphetamine use had increased to a slight degree, particularly in the gay male club-going population.

In the most recent reporting period, methamphetamine availability and use remained stable at moderate levels, and appeared to be restricted to specific populations. This may have been partially due to increased interdiction activity by the Columbus Police department.

January 2003-June 2003

In the past six months, the availability of methamphetamine to members of particular populations continues to be steady according to several young (18 to 25), Caucasian, active drug users. A 21-year-old man and a 20-year-old in one focus group reported that availability is increasing and that methamphetamine is “*always there*” if one should want it. An 18-year-old woman, who calls heroin her drug of choice, corroborated this point, saying that methamphetamine is “*easy to get*.” Conversely, a 29-year-old woman in drug treatment for methamphetamine and alcohol abuse reiterated what we have heard in past rounds of collecting data—that methamphetamine availability “*goes in cycles*”; sometimes it is easier to find, and sometimes there is none at all. Indeed, active club drug users agreed with this point, stating that it currently takes a phone call or two to obtain methamphetamine--it’s “*not instantly available*,” as are some other drugs, such as cocaine.

Reports regarding the quality and price of methamphetamine in Columbus ranged from “*variable*” to “*increasing*” and even “*a lot more pure, a lot more potent*,” according to current and former users. Current users reported prices for a gram of methamphetamine in the range of \$100 to \$150 per gram, whereas a former user stated that a gram in Columbus could cost \$200. Thus, it is reportedly “*decreasing*” in price in some circles, whereas the price remains about the same in other circles. Inhalation and smoking remain the most common methods of administration, while injecting methamphetamine is uncommon. According to one methamphetamine user in recovery, smoking methamphetamine is becoming more popular than inhaling it, to the point where stores are now offering pipes specifically designed for smoking methamphetamine.

Reports on the current level of use of methamphetamine also vary. Two different treatment providers who work with college students confirmed that use is not increasing, and one even stated that it is decreasing: “*I don’t see it*.” Treatment providers to adolescents in both publicly- and privately-funded centers also reported that methamphetamine abuse among their clients is rare to non-existent. On the other hand, current and recovering methamphetamine users reported that the population of methamphetamine users appears to be increasing, mentioning the traditional user groups of “*third shift workers*” and “*kids in the rave scene*”--“*mainly kids who have*

money.” However, one currently-using, 18-year-old woman described methamphetamine users simply as “white teenagers. Not necessarily a certain group. [They are] all different with different backgrounds.” One recovering methamphetamine user also stated that her use had led her to seek out suppliers in the gay club scene, where she characterized methamphetamine use as “big,” a statement that recalls earlier reports of this drug’s usage in the Columbus area. Indeed, according to one gay man active in Columbus’ club scene, the use of methamphetamine, or “tina,” has completely supplanted the use of MDMA “Ecstasy” and GHB, changing the atmosphere of gay nightclubs to one which is much more “charged with energy” than in the past.

One important report of a possible new user group surfaced during a focus group with recovering drug users. Both African-American and Latino participants agreed that methamphetamine use appears to be spreading into the large community of lower income Mexican immigrants in Columbus. While the typical “menu” of drugs of choice among Mexican immigrants in Columbus appears to be dominated by marijuana and alcohol, methamphetamine may also be gaining popularity there:

Participant 1: *They doin’ a lot of meth, too.*

Participant 2: *They do that. They do it when somebody gets to them because, when they come to this country, they don’t know the real city, what the city has to offer for them.*

With methamphetamine’s reputation as a drug that facilitates one’s working long hours, it is possible to see why members of the class of working poor would find methamphetamine use tempting. Increasing efforts towards educating Columbus’ working population—particularly in immigrant communities—regarding the dangers of methamphetamine use could potentially prevent some of this usage by naïve individuals. We hope to continue monitoring this situation for changes.

5.2 RITALIN®, ADDERALL®, DEXEDRINE®

During the later half of 2002, we found that the use of methylphenidate (Ritalin®) and amphetamine mixed salts (Adderall®) were on the rise. The drugs are particularly popular among high-school and college students, who appear to be using them as a part of their study “rituals.” At the time, inhalation was mentioned as the most popular means of administration, but injection and oral ingestion were mentioned as well. We also noted a troubling trend of parents and children diverting valid prescriptions for illicit use.

January 2003-June 2003

In regard to amphetamines, the two drugs which were mentioned in this round of reporting were Ritalin® (methylphenidate), Adderall® (amphetamine mixed salts) and Dexedrine® (dextroamphetamine), which are widely prescribed for ADHD in children and adults. Abuse of these substances appears to continue mainly among high-school- and college-age Caucasians who take these prescription stimulants as study “aids.” Current drug users confirmed this trend, adding that third-shift workers or “all-day” workers also use them for alertness and energy. An 18-year-old active drug user and an adolescent treatment provider independently reported a trend among young Caucasian women (ages 18 to 20) of using either Dexedrine or Adderall for weight loss. The active drug

user added that these young women “use it [Adderall] to get [messed] up and lose weight.”

The reported prices for Ritalin®, Adderall® and Dexedrine® ranged from \$2 to \$5 per pill, depending on availability. Universally, participants stated that levels of availability depended on one’s personal connection to a prescription holder. Routes of administration mentioned in this round were limited to inhalation (mainly Adderall®) and oral ingestion (mainly Ritalin® and Dexedrine®).

Treatment providers discussed concerns regarding the diversion of ADHD medication prescriptions both by the adolescents to whom they were originally prescribed, as well as by their parents. Additionally, The Columbus Dispatch (5/15/03, p. 4C) reported that a Columbus doctor was being reviewed by the State Medical Board for improperly prescribing Ritalin and an unspecified weight-loss drug to a relative. Thus, 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

In the previous reporting period, khat did not appear to have made any in-roads into any drug-using populations beyond the Somali community in Columbus, which is relatively large. While we reported that knowledge of the drug remained limited, the Columbus Police Department Narcotic Interdiction Unit had seized increasing amounts of khat in the past year, up from 2001.

In January of 2003, we reported that the use of khat remained isolated within the Somali community in Columbus. While some seizures had been made, there were no reports regarding its use or availability outside that community.

January 2003-June 2003

In the current reporting period, we heard reports suggesting any knowledge of khat from only two individuals. One 49-year-old African-American man in recovery pointed to the closed nature of Somali society, stating that “*Somalis drink Coronas and chew khat, and they keep to themselves.*” He knew little more than that, despite stating that many Somalis lived in his own neighborhood. The other respondent who mentioned any knowledge of khat was a 23-year-old Caucasian man who has a long history of experimentation with various substances and who considers himself part of “the rave scene.” He stated that he had recently made arrangements with a friend to obtain some khat “*just to see what it’s like.*” While this report of an attempt by a non-Somali to obtain khat is isolated, it may point up the beginning of the drug’s diffusion into the wider community, a possibility which warrants continued monitoring of the substance in Columbus.

6. Depressants

Diverted prescriptions for tranquilizers and other depressants have been readily available on a consistent basis since OSAM began epidemiological reporting in Columbus. 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.

In the most recent reporting period, we reported that benzodiazepines had remained widely available to many different drug-using populations. GHB, on the other hand, appeared to be losing popularity, even among groups traditionally associated with its use.

6.1 TRANQUILIZERS

January 2003-June 2003

In the current reporting period, benzodiazepines, and alprazolam (Xanax®) in particular, were not reported as being as available or as popular as they had been in the previous period. Those current drug users who claimed any knowledge of the abuse of tranquilizers characterized them as “*not very available*” and their use as “*uncommon*.” As one 21-year-old Caucasian man stated, “*occasionally, somebody might happen to have one*,” but in general, no great popularity or demand for these substances was reported. Rather, a number of current users--and treatment providers alike--pointed to the practice of heroin addicts self-medicating their withdrawal symptoms with alprazolam (Xanax®) and lorazepam (Ativan®) because admission to a treatment center in Columbus is such a lengthy process. Still, some current drug users were able to report prices for Xanax® “*bars*” as ranging from \$4 to \$5 each. Reportedly, benzodiazepines continue to be often used with other substances. For example, one 21-year-old active drug user explained that he did a couple of Xanax® tablets with “*drinking and smoking marijuana*,” a practice which can be life-threatening.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

January 2003-June 2003

In the current reporting period, the trend towards the disappearance of GHB from the Columbus drug market appears to be continuing. Treatment providers working with adults heard of no reports of GHB use among their clients. Those serving college populations corroborated this trend. In fact, he reported that in general, “*The designer drugs seem to be taking a little bit of a dip. That’s a good thing*.” Among adolescents in treatment, GHB use is considered “*rare*,” with counselors stating that per year only 2 to 3 admitted individuals would mention GHB use, and then only as something they might have used experimentally. Among current club drug users, GHB continues to carry a negative stereotype, as both a “*date-rape drug*” and as a substance which can easily lead to accidental death. One 27-year-old man explained, “*I’ve heard bad things. You lose breath, I guess—lose oxygen to your brain real quick—and you’re dead*.” A 21-year-old man agreed, stating that he heard of “*people dying at parties*.” While GHB enjoyed a high level of popularity among gay club-going men in the past, one gay man reported that he does not hear about the use of that substance anymore in his community; rather, the use of methamphetamine appears to have supplanted it. We will continue to monitor GHB usage in the future to determine whether this trend towards the disappearance of GHB continues.

7. Hallucinogens

In past reporting periods, both LSD and psilocybin mushrooms have often been associated with college students. In earlier reporting periods, LSD was reported as costing between \$5 and \$10 per “hit.” In later reporting periods, these hallucinogens were associated with both straight and gay club-going populations.

In the past 6 months to a year, there have been some reports of both LSD and psilocybin increasing in use, especially among Caucasian college students.

January 2003-June 2003

In the current reporting period, it appears that phencyclidine (PCP) availability and use are almost nonexistent, with the possible exception of its use in preparing “wet” marijuana. Virtually no one with whom we spoke had seen or heard of PCP recent use as a discrete substance. In fact, one treatment provider noted that he had “never seen PCP.” LSD, on the other hand, seems to have become somewhat more prevalent within the past 6 months, particularly in terms of its availability and use relative to PCP. According to one 20-year-old active female drug user, the recent availability of LSD in Columbus was unexpected:

I heard, it used to be around in high school, like rained from the high sky, and I didn't see it for two years, and just like a couple weeks ago, I saw it for the first time in like two or three years, and it's like the biggest news to hit my group of friends.

According to several active drug users, LSD is particularly common at summer festivals. Overall, our ability to confirm the increased availability of LSD is confounded by conflicting reports, with some respondents reporting an increase, some reporting a level of stability, and still others a decrease. One treatment provider to adolescents noted that she does not see LSD listed in intake summaries very much. And, according to one recovering drug user, “*another thing that's really declined is LSD*”; however, an active drug user stated that, although one “*has to search for it [LSD], there's been a big increase,*” a statement which was corroborated by the comments of several active drug users in a different focus group.

Psilocybin (mushrooms) has reportedly become more available within the past 6 months, with use also reportedly increasing. As one adolescent treatment provider noted, “*They [mushrooms] are pretty big among young people.*” Along with adolescents, active drug users also pointed to “*new-age hippies*” as being a primary group of mushroom users. These have been described generally as a certain group of predominantly Caucasian college students. A college-based treatment provider made a linkage between the use of marijuana and that of mushrooms: “*I don't know of a regular pot smoker that's never used mushrooms. That just kinda has to do with the natural concept, a cultural type, kind of earthy.*” Yet even among this group, mushrooms continue to be described as a peripheral drug, taking a definite backseat to marijuana.

The quality of mushrooms is consistently reported as “*good*” whereas the quality of LSD reportedly “*varies by batch.*” Still, the quality of LSD is regularly described as “*generally not as good as in the past*” or even “*dirty,*” while the reported cost for LSD

remains stable at \$5 to \$10 per hit. The reported cost of an eighth of an ounce of mushrooms remains stable at \$25 to \$35.

7.2 MDMA /“ECSTASY”

The reported use of MDMA/“Ecstasy” increased consistently between 2000 and 2002, while the price generally remained stable at \$20-30 per tablet. More recent reports suggested an increase in the use of “Ecstasy” at “*rolling parties*,” and usage was reported as increasing among adolescents of high-school age.

During the previous reporting period, users characterized MDMA/“Ecstasy” as “*easy to get*.” While both quality and price were described as stable, several sources claimed that its use was increasing. MDMA/“Ecstasy” remained extremely popular among those groups who had been associated with it in the past, and its use appeared to be spreading into new groups, including younger, less economically-advantaged populations, African-American men, and younger suburban adolescents. The attention focused upon MDMA/“Ecstasy” by law enforcement agencies did not appear to be having much of an effect on its availability, quality, or price. Many current drug users with whom we spoke with in the context of other research claimed that the unwelcome media attention to the “*rave scene*” and club drugs in general was actually responsible for the spread in the popularity of “Ecstasy.” While some of the reported dangers of “Ecstasy” were becoming “common knowledge” among its users in Columbus, they generally considered it to be a more benign drug than others, such as heroin, crack, cocaine

HCL, or ketamine. In some respects, drug users’ attitudes towards “Ecstasy” were reminiscent of those towards marijuana; many tended to believe that, as long as one is careful with the drug, there was nothing to fear from “Ecstasy.”

January 2003-June 2003

For the current reporting period, active drug users reported that MDMA/“Ecstasy” is not as readily available as it has been in the past. One 20-year-old active drug user characterized its availability as “*sporadic*,” and another 19-year-old current drug user said he has personally seen availability levels decline because some of the people he knew were arrested for selling it.

There have been a number of developments in usage levels for MDMA/“Ecstasy,” which appear to be drawn along cultural and age-related lines. First, the use of MDMA/“Ecstasy” appears to have continued somewhat steadily in groups which have been historically linked to club drugs. One active drug user in the rave scene said he could find it “*any weekend at a rave*,” but he also admitted raves are not nearly as common in Columbus these days due to the effective enforcement of decades-old laws which prohibit dancing after 2:30 a.m. A 21-year-old active drug user familiar with the rave scene confirmed this, saying, “*There’s not really a [rave] scene in Columbus anymore*.” Indeed, another 21-year-old in the “rave scene” reported that use is “declining” in that subculture.

However, in the general population of young adults in Columbus, regardless of socio-economic status, educational level, or ethnicity, MDMA/"Ecstasy" has clearly lost some of its recent widespread appeal. Active drug users agreed that in general, the use of "Ecstasy" has lessened. Similarly, a 49-year-old African-American male in recovery, who demonstrated a strong social connection with younger African Americans in his community, stated, "*I think it's kind of on the decline. Last year, everybody I seen was kickin' it, but here lately, it's not nearly so popular as it was.*"

A variety of treatment providers independently offered what we take to be a recent development of stratification by age regarding "Ecstasy" use in Columbus. Treatment providers to adolescents from both urban and suburban areas noted a definite acceleration in "Ecstasy" use among their clients, with one reporting that "ninety percent [of admits] have at least tried it." Interestingly, treatment providers to students on two separate college campuses reported considerable decreases in use by their clients. One noted that the decrease in "Ecstasy" had been accompanied by similar decreases in a number of "designer drugs," with alcohol, marijuana, and powdered cocaine usage filling the void. It seems that as college-age use decreases, high-school-age use is increasing.

As MDMA/"Ecstasy" reportedly becomes more popular with high-school-age teens in Columbus, it appears that the Franklin County Sheriff's office is providing a valuable educational service to parents. A four-hour workshop, "Operation Street Smart," informs parents, teachers, and others about warning signs, the language, and paraphernalia associated with the use of "Ecstasy" (The Columbus Dispatch (4/12/03, p. 1B).

As the use of MDMA/"Ecstasy" appears to be moving into younger groups, so too, does it appear to be diffusing into older populations. The data collected in this round of reporting presents several indications that "older" individuals were sampling MDMA/"Ecstasy." In three discrete focus groups and interviews with active drug users, respondents emphasized that people in their mid-30s and 40s seem to be indulging their curiosity regarding the effects of this substance. On two occasions, respondents claimed that their parents had expressed interest in—and subsequently had used—the drug. One 25-year-old active drug user offered an explanation:

They [older adults] grew up...in the, late sixties, early seventies, where, 'Ecstasy' wasn't [around] when they were kids, so... they feel like they've been skipped out of a loop, and per se. Now, they'd kinda like to catch up.

Additional data collected in this reporting period helps to clarify some of forces which may be at play regarding these reports of decreases in use in some groups and increases of usage levels in others. More so than in the previous reporting period, the subject of Ecstasy's negative effects surfaced quite often in interviews and focus groups. One college-based treatment provider noted that his clients expressed more awareness, stating that he was routinely hears "*comments from clients about its ['Ecstasy's'] dangers.*" One 29-year-old Caucasian woman, in recovery explained the changes by saying:

I think it's probably because people are more wary of what's in it. Because, I mean, that'll fry your insides. Dateline's ruined everything for us.

Other individuals also reported that information regarding the alleged “contaminants” in MDMA/“Ecstasy” tablets has affected their usage patterns. One recovering user in the African-American community explained it quite clearly:

People started talking about it, telling them that it was heroin and cocaine and all this, everything mixing in the ‘Ecstasy,’ and I’ve seen it [usage] decline shortly afterward.

This sentiment was echoed by another former drug user (a Caucasian man in his late twenties), who said, “I’ve seen a lot of people who had done it and won’t do it no more because they hear about all this stuff being in it.”

The majority of participants reported a perceived decline in the quality of “MDMA/“Ecstasy” tablets available in Columbus. One 25-year-old Caucasian user complained that dealers were “*smashing it with too much junk.*” Others described pills that crumble easily due to being mixed with other substances. Most frequently, we heard descriptions of pills being “*too smacky*” or “*too speedy.*” These descriptions were accompanied by explanations that echo our earlier discussion of “*contaminants.*” According to the oft-repeated lore, tablets which contain too much heroin will give users a “*smacky*” feeling, whereas tablets containing too much methamphetamine (or cocaine) will give a user a “*speedy*” feeling. Many respondents actually explained their personal decreases in use by pointing to these issues of contaminants and quality. And, despite these reports of lower quality, there has been no decrease in price, with pills still costing \$20-25 each. In fact, one active female user, age 24, claimed she had sold pills for \$30-40 each at a rave.

As reported by the local news media, Columbus has seen some drug interdiction activities involving the distribution and sale of MDMA/“Ecstasy” (and other drugs) in the last six months. A cocaine and “Ecstasy” dealing operation based in a strip club in the northern part of the city was reportedly disrupted in March (The Columbus Dispatch, 3/16/03, p. 9B). In early April, a sweep of an East Side precinct netted several arrests, as well as quantities of crack cocaine, marijuana, and “Ecstasy” (The Columbus Dispatch, 4/2/03, 6B). And, later that month, another cocaine and “Ecstasy” operation was shut down in Delaware County (www.nbc4columbus.com, 4/9/03).

In summary, MDMA/“Ecstasy” remains popular among those in the rave/club scene, but its use appears to be declining somewhat among most young adults. Its use appears to be spreading among adolescents, and is possibly diffusing into older “*circles*” as well. Law enforcement efforts at interdiction and education appear to be having some effect on usage and availability, and it appears that media reports on the dangers of using “Ecstasy” may also be affecting usage rates among the targeted population.

7.3 KETAMINE

While the availability of ketamine has surfaced in reports over the course of 1999-2002, flux always seems to have characterized its use, availability, and price.

In January 2003, we reported that individuals described ketamine as readily available, while its use, quality, and price had remained “stable” for the previous six months or so—generally regarded as being a relatively new development.

January 2003-June 2003

In the current reporting period, active drug users stated that the availability of ketamine has either remained consistent at a low level or it has decreased to some degree. Treatment providers had little to say regarding ketamine, other than that they hear reports of its use quite infrequently, usually those few coming from individuals who are “*experimenting*.” Active drug users agreed that usage levels remain steady in their circles: “*club-type kids*,” ages “*17 to 29*,” with the demographics being similar to users of MDMA/ “*Ecstasy*.”

The reported price for ketamine appears to have risen slightly to \$60-70 per gram from the \$50 per gram reported six months ago. One can also buy a vial of liquid ketamine, which tends to cost between \$60 and \$80 dollars. Users then usually cook the liquid down themselves. Active drug users stated that inhaling crystallized ketamine remains the most common method of administering the drug; however, there continue to be reports of some users injecting the solution intramuscularly, a practice which users call “*skin-popping*” or “*muscle-popping*.” Reports of the quality remain stable.

In summary, the use of ketamine appears to remain stable among its traditional users, generally people in the “*rave scene*” or “*club kids*.” It does not seem to be an overly popular substance beyond the confines of this group.

7.4 CORICIDIN & DEXTROMETHORPHAN

January 2003-June 2003

Within the past 6 months to a year, we have become aware of a number of reports detailing the abuse of an over-the-counter dextromethorphan preparation, Coricidin®. Recent media reports have presented Coricidin® as a drug being abused by teenagers. According to one report (NBC-4: 4/28/03), “*These days, teenagers...are using Coricidin to get high [and]...it’s much easier to access*.” According to some adolescent treatment providers, Coricidin® is readily available to those who want it: “*easy to steal, easy to get*.” Along the same lines, a treatment provider who works with adolescents stated that cough syrup dextromethorphan (DXM) appears to be increasing among younger people as well, and there have been some reports of overdoses.

7.5 “RESEARCH DRUGS”

January 2003 – June 2003

Although reports of the usage of the so-called “*research drugs*” are not numerous, it is interesting to note that various respondents have sampled them, and they do appear to be gaining in recognition. Such research drugs include 5-MeO-DiPT (“*foxy methoxy*” or just “*foxy*”), AMT, and 2-CB, among others. A 20-year-old Caucasian female active drug user stated that she has “*...seen a lot of it [“foxy”] since January 2003*.” However, another active drug user (a 21-year-old Caucasian male) disagreed, stating that, “*foxy*” in particular, is “*uncommon*.” A college-based treatment provider has heard of “*foxy*” use by only one client. He further commented, “*It seems like some of these new drugs or compounds like ‘foxy,’ or AMT, or 2-CB, that students just classify them in with ‘Ecstasy,’ just feel that it’s the same thing*.” This was further noted by a 21-

year-old active drug use, who noted that “foxy” is most commonly used by those who have used “Ecstasy.” Prices for “foxy” were reported to be between \$10 and \$20 per pill, and 2-CB was to cost between \$7 and \$20 per pill. While these so-called “research drugs” were only briefly mentioned in this reporting period, we will continue to monitor this trend in the future.

8. Inhalants

In reports dating from 1999 to 2002, the only inhalant mentioned specifically was amyl nitrite, or “poppers,” which was described as popular among the gay male club-going population.

The second half of 2002 saw little change in the use of inhalants. Nitrous oxide (“whippets” or “nitrous”) was mentioned, as well as were a few common household substances. Their abuse was largely associated with minors, with usage at a relatively low level.

January 2003-June 2003

In the current reporting period, some inhalant use was described. Both active and recovering drug users as well as treatment providers ascribed inhalant use primarily to minors. A director of programs for adolescents at a treatment facility mentioned consistent—but low—levels of use, perhaps ten percent of their clients, who will use them “if they can’t get anything else.” Active drug users characterized these users as teenagers who were experimenting or had little money. A treatment provider at an adult facility stated that among her clients, the use of inhalants is “very rare,” and that inhalants were not even listed on the drug assessments they administer. However, nitrous oxide was also discussed by adult active drug users in conjunction with raves or parties that our participants attended, so the abuse of inhalants is not exclusively limited to a minor population.

9. Alcohol

In our last report, we noted that alcohol abuse continued to be widespread in Columbus and the surrounding areas, with respondents aged 18 to 20 reporting that they had easy access to alcohol. Binge drinking on college campuses and attendant riots were particularly notable, despite crackdowns on underage drinking.

January 2003-June 2003

According to all reports, alcohol abuse remains unchecked in Columbus, with no respondents reporting any decrease in the prevalence of underage drinking and binge drinking among adolescents and college-age adults. Yet, the consequences of abusing alcohol for college students—among others—are far-reaching, as one college-based treatment provider commented:

Nothing real new with it. Just students identifying behaviors that they’re doing under the influence of alcohol that they wouldn’t do, and they feel shameful, legal consequences, out of control use, impairment in school functioning...drinking too much, partying too much, drinking every night of the week, where it used to be just on Friday and Saturday night.

Indeed, among her clients who suffer from heroin and crack cocaine dependency, one treatment provider to homeless women stated that it was rare that the clients recognized alcohol abuse as being a related issue: “...*the clients don’t identify it as a problem in the majority of cases; yet, it’s a trigger for the other drugs to be used, but the clients don’t see this.*”

The growing Latino population in Columbus presents an additional population in which efforts towards prevention and treatment of alcohol abuse—and education regarding other drugs of abuse—appear to be needed. As one recovering drug user, a 36-year-old Latino man, stated:

The Latino population faces pretty much the same issues that any other minority group that’s out there [does], probably even more because Latinos have a background of, history of alcoholics anyway because, as you know, Puerto Rico and Columbia, that we know how to party. We have a lot of celebrations. We have celebrations for everything, but the new Mexicans that are moving here, migrating here, I talk to a lot of them, and the main thing is their alcohol and their marijuana. Every few do stray away when they hang out with the bad company. And they stray away, and that’s very common because they’re very naïve when it comes to the streets of Columbus. Because the streets of Columbus can be hard.

Treatment providers also acknowledged that the growing Latino community most likely require more culturally informed alcohol and drug addiction services in the near future.

A final area of concern is the continuing practice of abusing depressant pharmaceuticals in conjunction with alcohol, which appears to be most prevalent among those who suffer from dual diagnoses, victims of trauma, and young people in general—both adolescents and college-age adults.

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

January 2003 – June 2003

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Abstract

Crack cocaine remains the area's most devastating illicit drug problem and its abuse is affecting very diverse segments of the population. Powdered cocaine continues to be highly available and relatively cheap if compared to about 2 years ago. Its abuse is gaining popularity among inner city and suburban youth who usually snort it and among heroin injectors who learn to speedball. Heroin continues to be plentiful both in the inner-city communities and in the rural areas and its abuse is increasingly common among white suburban youth. Inner city youth also become involved in heroin addiction in increasing numbers. Demand for OxyContin® remains very high, but its availability has been leveling off. Other pharmaceutical opioids, especially Vicodin®, are plentiful but they are usually used when OxyContin® is not available. Reportedly, the availability of high grade marijuana has increased in the recent months, and more individuals, including adolescents, are becoming heavy, chronic marijuana users. Both active users and front-line professionals reported increases in methamphetamine availability and abuse in the area. Methamphetamine abuse is increasing among poor white males and among suburban white youth who get initiated to the drug at rave-type parties. MDMA (Ecstasy) abuse remains very common among white youth, but many users are concerned about the quality of the drug. Ketamine abuse might be on the increase, especially among juveniles and young adults who frequent rave-style parties. Availability of hallucinogenic drugs, especially LSD has been low, but the demand remains consistent.

INTRODUCTION

1. Area Description

Montgomery County, located in southwest Ohio, is home to 559,062 residents. Of these, about 78% are white, 20% are black and about 3% are of other ethnicity. The median household income is estimated to be \$37,174. Approximately 11% of people of all ages are living in poverty, and approximately 17% of all children under age of 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, about 43% are black and more than 3% are of other ethnicity. Montgomery County contains several other incorporated towns around Dayton. The largest of these towns are Kettering, Huber Heights, Centerville, and Miamisburg. 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 five focus groups and one individual interview between January and June 2003. Three focus groups were conducted with active drug users, one focus group with treatment providers and one with probation officers. An individual interview was conducted with one Montgomery county crime lab professional (Table 1). Total, 33 individuals participated in the interviews. Detailed information about focus group participants is presented in Table 2. Dayton Daily News reports were used as a supplementary data source.

Table 1. Qualitative Data Sources.

Focus Groups

Date of focus group	Number of participants	Type of participants
02/25/2003	6	Active drug users
03/20/2003	7	Substance abuse treatment providers
03/20/2003	6	Active drug users
03/29/2003	6	Active drug users
04/30/2003	7	Adult probation officers

Individual interviews

Date of individual interview	Type of participants
04/24/2003	Montgomery county crime lab professional

Totals

Total number of focus groups	Total number of focus group participants	Total number of individual interviews	TOTAL number of participants
6	32	1	33

Table 2. Detailed information about focus group/individual interview participants.

February 25, 2003: Active Drug Users

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	34	Black	Female	At the age of 30 started using heroin, then learned speedballing; hasn't used heroin for a couple of weeks; current drug of choice is crack.
2	47	Black	Male	"Drug of choice" is heroin which he started using at the age of 13; also uses opioid tablets and crack; has been in jail several times, did not use drugs at the time.
3	53	Black	Male	Started using heroin in his teen years; about 5 years ago started speedballing.
4	26	Black	Female	Started using marijuana at the age of 16; in her early 20s started snorting powdered cocaine, about 6 months ago started using crack.
5	34	Black	Male	Current drug of choice is heroin; also uses crack, OxyContin® and other opioid tablets.
6	42	Black	Female	Current drug of choice is crack cocaine; started using alcohol at the age of 6; later started using marijuana, inhalants; was heroin user for some time.

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

March 20, 2003. Substance abuse treatment providers

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	N/A	White	Male	Alcohol and drug counselor (15 years experience in the field); access to care department (initial assessment and referral).
2	N/A	White?	Male	Alcohol and drug therapist (18 years in the field), juvenile treatment services.
3	N/A	White	Male	Alcohol and drug counselor (more than 20 years experience), adult residential treatment center.
4	N/A	Black	Female	Clinical director (more than 20 years experience), adult residential treatment center.
5	N/A	Black	Female	Supervisor, methadone maintenance program.
6	N/A	Black	Male	Operations manager, juvenile treatment services.
7	N/A	Black	Female	Alcohol and drug counselor, methadone maintenance 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.*

March 20, 2003. Active drug users

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	37	Black	Female	Current drug of choice is crack; before got into crack, was heavy marijuana and powdered cocaine user.
2	42	Black	Female	Current drug of choice is crack; started using marijuana and alcohol in her teen years; used heroin for some time.
3	33	Black	Female	Drug of choice crack and alcohol, but currently abstains from use because of her pregnancy.
4	45	White	Female	Drug of choice is OxyContin® and other opioid tablets.
5	22	Black	Female	Drug of choice is marijuana and alcohol.
6	59	Black	Male	Current drug of choice is crack cocaine and alcohol; has used crack for a long period of time.

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

March 29, 2003: Active drug users

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	20	White	Male	Experience with various club drugs, including Ecstasy, LSD, ketamine, mushrooms, methamphetamine, etc.; has tried almost "everything."
2	18	White	Female	Experience with Ecstasy and other club drugs; has tried everything except heroin, crack and PCP.
3	23	White	Male	Has tried all drugs, "with no exception"; current drug of choice is methamphetamine; goes to NA classes.
4	23	White	Female	Various club drugs; daily use of marijuana; went through a period of daily methamphetamine use.
5	20	White	Female	Various club drugs; has tried almost everything except heroin; uses marijuana almost on a daily bases; went through a period of methamphetamine use.
6	20	White	Male	Various club drugs; has done excessive amounts of almost everything, except heroin; went through a period of daily methamphetamine use; currently uses marijuana almost on a daily basis, some other club drugs, like Ecstasy, on special occasions.

Recruitment procedures: *Participants were recruiting by contacting one active user and asking to find a group of young individuals who would have experience with various club drugs.*

April 30, 2003: Adult probation officers

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	N/A	White	Male	Supervisor of the adult probation department (10 years experience in the field).
2	N/A	White	Male	Probation officer for chemical abuse; mental health specialist (about 14 years of experience in the field).
3	N/A	White	Male	Chemical abuse and mental health specialist (about 8 years in the field).
4	N/A	White	Female	Chemical dependency counselor (4 years in the field). Before worked as a counselor in women's residential treatment center.
5	N/A	White	Female	Chemical abuse and mental health specialist (about 6 years in the department). Before worked in a juvenile treatment center.
6	N/A	White	Male	Chemical abuse and mental health specialist (about 5 years in the field).
7	N/A	White	Male	Unit manager; chemical abuse and mental health specialists (about 15 years experience in the field).
8	N/A	Black	Male	Probation officer, Drug Court Program (less than 1 year experience in the field).

Recruitment procedure: *Participants were recruited by contacting the Montgomery county probation department and asking for officers knowledgeable about drug trends in the area.*

April 24, 2003: Crime lab professional

"Name"	Ethnicity	Gender	Experience/ background
1	White	Male	Crime lab professional, has worked in the field over 20 years.

Recruitment procedure: *Participant was recruited by directly contacting the crime lab.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Crack-cocaine abuse in the Dayton area has remained at relatively high, steady levels since January 1999 when the OSAM Network first began monitoring drug trends in the state. In January 2000, participants reported an emerging population of working-class and professionals abusing the drug. In January 2001, an increase in juveniles and young

adults abusing crack cocaine was reported. In January 2003, an emerging trend of crack-cocaine abuse was identified among the local Hispanic residents.

January 2003 – June 2003

According to the reports from active users, crack continues to be highly available and very easy to obtain. A 33-year-old black woman who was currently abstaining from crack because of her pregnancy, explained:

It's more people doing it, selling.... I just moved to a new area, and in one alley, houses next door to each other.... it was three, four dope houses, right in a row, ya know, with two or more people in the house, in each of the houses, selling crack and that's crazy....

All active crack users indicated that in the inner-city neighborhoods they see increasing numbers of young children, some in their early teens, selling crack cocaine, which is perceived as a very lucrative business. One active user, a 59-year-old black man, explained:

I guess uh, young people see other young people making money off of it, and they want some of the money too. It's a quick and easy way to make money so more people get off into it.

Active users reported that a ¼ ounce of crack cocaine currently sells for \$225-275, and a ½ ounce for about \$450-550. Among active users, the quality of crack cocaine was perceived as decreasing. A 42-year-old black woman, crack user, pointed out:

Awful, it's been cut up so many times that by the time it gets to the dope man, he's cutting it up again, so what you get is like 98% cut....

A crime lab professional, on the other hand, reported that the purity of street-level crack cocaine is usually very high.

Active users and front-line professionals shared the opinion that crack-cocaine abuse is widely distributed across different age, socioeconomic and ethnic groups. As an adult probation officer put it,

It's all walks of life really, it affects everyone.... I can't say that if it's a socio-economical thing.... I mean you've got all walks of, literally, all walks of life....

Nevertheless, active users discussed that they started seeing more “atypical” crack users, such as “old people” or “crippled people” using crack cocaine. A 42-year-old black woman, crack-cocaine user, indicated:

But you got a lot of old people too.... real old people, crippled people, I've seen people with cerebral palsy, ya know, riding in a wheel chair to the blue house [crack house]....

Active users believed that this growing diversity of the user population is related to the fact that “dope boys” will try to expand their business by targeting more people. As one crack user put it, “*somebody turns them on to it because they know they can get their little check, ya know....*”

Reportedly, juveniles and young adults are another growing user group in the inner-city communities. For example, a 26-year-old black woman who got into crack about six months ago reported that she sees more people her age who start smoking crack. Other active users pointed out that they see even younger individuals, some in their teens, who start experimenting with crack cocaine. For example, one 42-year-old black woman indicated that she found her young son and his friends smoking crack: *“My son he, ya know, he's in school, and he's got a lot of little friends, not friends but he know a lot a little boy in the school that smokes crack.”*

In contrast, among white suburban youth, crack is perceived as a very humiliating and low-prestige drug, and its use is generally avoided. For example, a 23-year-old white man explained it in the following way:

It's not looked at as the “hip” thing. You can't go up to your friends, be like “Hey, I smoked some crack last night.” They'll be like “whoa?!” ya know, you go right back “[I've] got rolls [Ecstasy tablets],” They're like “Really? What kind of pill'd you eat?”.... More like that...you don't go up and tell people yea, I smoked this big rock last night...no one, no one, that's not acceptable in our crowd....

A juvenile treatment provider corroborated active user reports explaining that among his clients, most of whom come from suburban families, crack use is considered very shameful and degrading.

However, probation officer and active user reports suggest that, despite this negative attitude and stigma, crack-cocaine abuse among juveniles and young adults is an increasingly common phenomenon, both in the inner-city and in the suburban areas. In some cases, these young individuals would start smoking “primos” (marijuana laced with crack) and then make a transition to crack. A 34-year-old black woman, active crack user, explained:

I just watched a 14-year-old boy last night. Well, he didn't hit, ya know, he didn't smoke it off of the stem.... he primo'd it, he rolled it and mixed it with marijuana.... you know, and from my understanding, that's how a lot of people started to move on to the stem [crack pipe].

In other cases, these young people might first become involved in drug sales and then at some point might begin using crack. A 20-year-old white man, club drug user, explained that this is what happened to some of his friends:

See, I know two kids that just started like messing with that [crack].... but I think it's just like they started, just from selling drugs so much.... They had so much going through them, ya know, “I'm selling this, I'm selling that....” and then, ya know, they got crack coming into town, they're like, “well, let's try it” and then I think they just started doing it....

According to active users and probation officers, middle-aged or older individuals from affluent suburban communities are another noticeably increasing user group. Active crack-cocaine users, most of whom could hardly make ends meet because of their crack habit, were “eager” to tell stories about professionals with real prestigious jobs smoking crack as well. On the other hand, probation officers also indicated that they have seen

older middle-class men who became dependent on crack cocaine. They were typically introduced to the drug at social settings, sometimes by prostitutes:

...a lot of older guys I've seen are involved um, with the prostitutes, um they'll have crack for the service and then they'll try it themselves....

Treatment providers and probation officers confirmed that crack-cocaine abuse may be on the increase in the local Hispanic community, which presents an additional challenge to the local human service organizations. Treatment providers shared an opinion that Hispanic immigrants tend to avoid professional services and rely on informal networks. Furthermore, some of the treatment services may not be available to the illegal immigrants. To date, we have been unable to identify Hispanics who use crack to learn more about the phenomenon among this population.

Local news reports concerning crack use in the Dayton and surrounding areas continues to corroborate high levels of abuse. In February, Dayton Daily News (DDN) reported high crack cocaine trafficking activity at several apartment homes in downtown Lebanon. Two individuals, 39 and 40 years of age were arrested for trafficking crack cocaine and permitting its abuse. An infant and a 3-year-old girl were removed from their parents (DDN, 02/05/2003). In late February, two Dayton men ages 20 and 29 were charged with using a gun while conspiring to distribute crack cocaine (DDN, 02/28/2003). In March, two Dayton men and a woman were arrested and charged for trafficking and possession of crack cocaine after the law enforcement executed a search warrant on what they are calling a "drug house" (DDN, 03/11/2003). In April, a 25-year-old man was arrested for possession of 3.2 ounces of crack cocaine (DDN, 04/11/2003). In May, three Piqua residents in their 30s and 40s were arrested and accused of dealing and using crack cocaine (DDN, 05/12/2003).

In summary, crack cocaine continues to be highly available and its abuse is spreading among very diverse segments of the population. Despite the fact that crack cocaine is perceived as a humiliating and low-status drug among some youth, crack abuse among juveniles and young adults appears to be an increasingly common phenomenon.

1.2 COCAINE HYDROCHLORIDE (HCL)

Since June 2000, the OSAM Network began reporting steady increases in powdered cocaine abuse, especially among suburban youth, in their late teens and 20s. In 2002 the OSAM Network reported significant decreases in price and increasing availability of powdered cocaine in the area.

January 2003 – June 2003

According to active drug users, powdered cocaine continues to be highly available in the area. A 23-year-old white man, who had experience with various club drugs, explained it in the following way: *"It's easy, I can get it in ten minutes... it's about as available as pot, almost."* A crime lab professional corroborated active user reports, indicating that they started seeing powdered cocaine flooding the streets about a year ago.

Local news reports provide further evidence about the increasing trafficking of powdered cocaine in the area. In February, 11 individuals from Dayton and Xenia areas were arrested for their involvement in the trafficking of cocaine, heroin and OxyContin® (DDN,

02/26/2003). In April, two men traveling on Interstate 70 east in Preble county were arrested after 22 pounds of cocaine were found in their vehicle (DDN, 04/10/2003). In May, another two men were arrested after a trooper stopped their vehicle on interstate 70 east in Preble county and found more than 30 pounds of cocaine hidden in the car (DDN, 05/13/03).

Reportedly, the prices for powdered cocaine continue to be very low compared to about two years ago. Both young club drug users from suburban areas and active users residing in the inner city communities reported similar prices, ranging from \$40 to \$60 per gram. According to active users, powdered cocaine now is not only less expensive, but it is also sold in smaller quantities, which makes it even more accessible to people of lower economic means. These days one can get powder for \$5, even \$3 or \$2. Previously it was sold only in larger quantities, and one had to have at least \$20-25 in order to get some powdered cocaine. For example, a 34-year-old black woman, active crack user, explained:

They probably used to sell it a whole lot different long time ago, but now you can get it with five dollars, you get a three dollar capsule, you know, it's just too easy to get, that's what I think...

Participants reported conflicting opinions about the quality of powdered cocaine. Crime lab professionals suggested that in most cases the quality of powdered cocaine confiscated from the "street-level" drug dealers is very high. According to their estimation, ounce-level purity sometimes reaches 80%. In contrast, all active users interviewed in the focus groups complained about the decreasing quality and purity of powdered cocaine. For example, a 23-year-old white man, who had experience with various club drugs, explained that he is no longer interested in powdered cocaine. He pointed out, "I say like two years ago when I first tried it, it was a hell of a lot better than it is now...."

None of the active users who complained about the decreasing quality of powdered cocaine were novices in the drug field. Some of them were long-term crack users, while others had a lot of experience with methamphetamine. As a result, user reports about decreasing quality of powdered cocaine have to be taken cautiously, keeping in mind increasing tolerance to the drug. Furthermore, some active users based their judgment about the quality of the drug on the fact that it became very inexpensive (decreasing value means decreasing quality). For example, a 53-year-old black man, long-term heroin user, put it in the following words:

It's diluted, it's cut so bad, ya know, and I see from my experience, it's got to the point where if I spend 20-30 dollars on heroin, I get thrown a free bag of cocaine. So, you know it's no good!

Finally, crime lab professionals had information about ounce-level purity, while most of the active users were referring to the powdered cocaine sold in much smaller quantities.

Treatment providers and probation officers working with adults did not consider powdered cocaine to be a serious problem among their clients. It was believed that powdered cocaine is still a "rich man's" drug and its use is more common, as one adult probation officer put it, "among the people with means that can afford it... more towards maybe middle class or folks with decent jobs."

However, interviews with active drug users suggested that powdered cocaine is becoming increasingly popular among the youth in the inner-city neighborhoods. A 34-year-old Black woman, who used heroin and crack, explained:

I'm seeing a lot of younger people using it... uh like 12, 13, you know... And basically most of the younger people, you know, teenagers that I've seen, they do use it, it's because they think it's a fad. Now, you know, they think it's "in."

Among these young inner city users, snorting powdered cocaine is perceived as an indication of high material and social standing. As one crack user put it, these juveniles are *"trying to imitate the guy with the big bank roll."* As a result, powdered cocaine would often be used in the public scene, in a club or a bar. One 42-year-old black woman, whose drug of choice was crack cocaine, described typical powder users in the following way: *"the younger dope boys, most of the ones... the ones that club and dress."* Another crack-cocaine user, a 59-year-old black man, added:

That's uh... mostly for show, you see, they be out with their women, and they take a blow and they pass their women a blow. It's mostly for. to them it's a prestige thing.

Focus group interviews with club drug users and treatment providers suggested that powdered cocaine is also increasingly common among white suburban youth. For example, one 23-year-old white woman who used marijuana, Ecstasy and other club drugs, explained:

The club that I go to, they'd rather snort coke off the bathroom stall than like do anything else; it's the main thing that sells in there...

Powdered cocaine also seems to be very popular at the rave-type parties. A 20-year-old white woman explained:

I've been at a lot of parties [raves] and a lot of clubs where there's been coke and it's been offered to me several, several times.... I think it's becoming more popular... Maybe it was different for everybody else, but for me, my main source of cocaine was through parties, through the raves.

All of the young club drug users who participated in the focus group have used powdered cocaine, but none of them considered it their "favorite" drug. They described situations, where cocaine users would seek a more powerful experience and switch to methamphetamine. A 20-year-old white woman who among other drugs, used cocaine and methamphetamine, explained *"coke is like your pacifier and meth is like your hand or something,"* meaning that cocaine is good enough to calm you down (balance you out), but methamphetamine is the drug that can really lift you up and produce the desired high. In other words, among these young but "experienced" club drug users, cocaine was perceived as a "kid's" drug, more appropriate for the novices, but not "exciting" enough for the more experienced users. According to them, powdered cocaine is a drug that they would use when nothing else is available. For example, a 20-year-old white man, who has used Ecstasy and various other club drugs, explained:

Coke is one of the drugs that people use to fall back on, 'cause they can't find nothing else, they're like aaah, I'll get some coke then....

In other words, among young white club drug users, who usually come from suburban families, powdered cocaine does not seem to have the same significance of social status and prestige that it might have among the inner-city youth.

Local news accounts provide additional evidence about the popularity of powdered cocaine among suburban youth. In February, four juveniles between ages 16 and 17 were arrested for selling drugs, including powdered cocaine from their home in an upper-class Lebanon neighborhood (DDN, 02/15/2003; DDN, 04/08/2003). In the same month, another five people between the ages of 23 and 28 were arrested for possession of powdered cocaine, Ecstasy and ketamine after a deputy responded to a suicide threat (DDN, 02/22/2003).

Snorting remains the most common method of administration, especially among young users. Injection occurs more often among older users who first started injecting heroin and then learned to “speed-ball” (inject heroin and cocaine mixed). For example, a 34-year-old black woman, whose drug of choice was heroin, put it in the following words:

I didn't start using cocaine, I didn't even care for it, ya know, until... one day I mixed it with heroin and speed-balled with it... That's when it really just, ya know, grabbed me, because I liked, I did like that feeling...

According to the focus group participants, an increasing number of heroin users switch to speedballing. Some active users believed that very small \$5 “capsules” of powdered cocaine that are commonly sold on the streets these days are not for snorting, but for speedballing, because such a small amount of powder would not do anything if taken intranasally. Furthermore, several active heroin users reported that heroin dealers now often have powdered cocaine for sale and they would use various “marketing” means to increase speedballing. In some cases they might give a small bag of powdered cocaine for free if one purchases heroin from them. In other cases they might add some powdered cocaine to heroin and sell it as “pure” heroin. A 33-year-old black man whose drug of choice was heroin explained,

I know I was using heroin every day, my urine came up negative for opiates.... That tell you, ya know, that it's garbage. The cocaine showed up but I was negative for opiates, and I know I hadn't missed a day of using the dope, ya know.

However, we cannot corroborate this observation at this time.

Active user reports about the increasing popularity of speedballing among heroin addicts were corroborated by probation officers who also reported seeing an increase in the number of clients who test positive for cocaine and heroin. A crime lab professional also reported seeing a slight increase in cases of mixing heroin and cocaine for injection.

In summary, powdered cocaine continues to be highly available and its abuse is increasingly common among both suburban and inner-city youth who usually snort the drug. It is also reportedly gaining popularity among older users addicted to heroin who

begin injecting speedball. Due to its decreasing value, and increasing accessibility to very diverse user groups, powdered cocaine is losing its image as a “rich man’s high.”

2. Heroin

In June 2000, the OSAM Network started reporting increasing heroin availability and abuse in the Dayton area. The fastest growing population of heroin users was described as white suburban youth in their late teens and early 20s.

January 2003 – June 2003

According to user reports, heroin continues to be highly available, and the number of people involved in heroin sales has been increasing. Treatment providers corroborated user reports indicating that the number of people who require treatment for heroin addiction has been increasing. Active users and front-line professionals agreed that heroin is extremely plentiful, both in the inner-city neighborhoods and small rural towns.

According to some user reports, heroin usually sells in small capsules or bags that are worth \$10 or \$20. One gram of heroin sells for about \$125-180.

The majority of heroin users agreed that heroin quality has been decreasing. A 34-year-old black woman, who has been trying to quit using heroin because of its poor quality, explained it in the following terms:

It’s not even heroin!... They got a few chemists in here, in Dayton, and they’re taking pills, ya know, like Oxycontins and, ya know, taking pills and sleeping powder and maybe a little bit of so called heroin and they just mixing it all up....

Some heroin users were convinced that due to the various adulterants that are added to heroin, they started experiencing much more serious and devastating withdrawal symptoms. For example, a 34-year-old black woman, who started using heroin about four years ago, explained:

The illness, the withdrawals is not the same anymore, you know. It used to be, ya know, you might vomit and have diarrhea and sweat and be cold and be chilly and then... three days and you’re feeling much better.... And [now] I can’t stand to have withdrawals because it would be too much on my body, like I said, and I start to have seizures and I’m not saying just one, they come back, to back, to back..

These withdrawal symptoms are probably due to increases in the purity of the drug reaching the streets. In support of this increased purity, a crime lab professional described a very different situation. According to his knowledge, heroin that is available today from small street-level drug dealers is of extremely high purity, sometimes reaching 80-90%.

Reportedly, one of the fastest growing populations of heroin users continues to be white youth. They may first start snorting heroin and then switch to injection. In other cases, they may start with pharmaceutical opioids and then, as tolerance increases and the habit becomes too expensive, they would switch to heroin as a cheaper and more

available alternative. This transition, however, is never easy. Heroin abuse is perceived as a more serious and degrading addiction than pharmaceutical opioid abuse.

Treatment providers emphasized seeing a new and unexpected trend—heroin addiction in young white rural America. Interviews with young club drug users corroborated treatment provider observations. They reported that heroin is becoming increasingly popular among high school youth, especially in smaller rural towns where life is “boring” and offers little excitement.

According to young club drug users, heroin is very uncommon at rave parties. Heroin users were described as “regular” high school youth who start to experiment with heroin at beer-type parties. An 18-year-old white woman described it in the following way:

Like people I used to hang out with, we'd go like drink, [now] I'd go over there and everyone's shooting up, so I just avoid all that because that's what they do, they don't drink anymore, they just do heroin...

Active users reported that heroin abuse is increasing among inner-city black youth. Treatment providers corroborated active user reports, indicating that they have started to see more black youth using heroin. Differently from white youth who may get into heroin through pharmaceutical opioids, black youth reportedly go straight to heroin because it is so plentiful in their communities. These young heroin users are described as “dope boys” who usually start inhaling heroin, sometimes together with powdered cocaine, which is perceived as a “hip” thing. According to user reports, these youth might not be fully aware about the addictive potential of inhaled heroin. A 59-year-old black man, long-term crack user, put it in the following words:

They, like they take a blow of the coke, they'll take a blow of the boy [heroin], and then they'll get... they done did it so often they get sick... and they think it's just something, some kind of ailment that they got... but really what it is, they giving themselves, it's the beginning of a habit and they don't even know it...

Local news accounts reported several cases of criminal activity related to heroin abuse in Dayton and surrounding communities, thereby supporting indications of continuing increases in abuse. In February, a 54-year-old man was arrested and charged with theft and possession of heroin and drug paraphernalia (DDN, 02/11/2003). In the same month, 11 individuals from Dayton and Xenia were arrested for trafficking various drugs, including heroin (DDN, 02/28/2003). In March, a Dayton woman was arrested for trying to smuggle marijuana, heroin and painkillers into the Lebanon Correctional institution (DDN, 03/14/2003). In mid-April, a 17-year-old boy shot himself and an 18-year-old man was taken into custody for drug possession. The two were taking heroin in a park in one of the Dayton's suburban neighborhoods (DDN, 04/16/2003; 04/18/2003).

In summary, heroin remains very available in the area. Its abuse continues to increase among white youth from rural and suburban areas. Active user and treatment provider reports suggest that heroin is increasingly popular among inner-city youth who usually start off by inhaling the drug.

3. Other Opioids

Since June 2000, the OSAM Network in the Dayton area started to report increasing diversion and abuse of OxyContin® (oxycodone controlled release) and other pharmaceutical opioids. The fastest growing user group was described as white youth and young adults.

January 2003 – June 2003

Reportedly, OxyContin® continues to have the highest demand among all other synthetic opioids. According to active users, OxyContin® is still very easy to find, but some front-line professionals reported slight decreases in its availability in the recent months.

Differently from heroin, OxyContin® is not typically sold on the streets. Usually, one has to know a network of people and go directly to their houses in order to obtain it. Some active users involved in drugs other than opioids reported that typical price is \$1 per milligram. However, actual opioid users reported lower prices, for example, \$20 per 40mg tablet and \$40 per 80mg tablet.

According to treatment providers and probation officers, typical OxyContin® users are white middle-class youth. Young club drug users also corroborated these observations indicating that OxyContin® is real “big” among high school youth, who would use them even during “their lunch breaks.” Some of the active club drug users admitted having tried OxyContin® a couple of times when they were in high school, but then quit once they learned about its dangers. They have seen, however, many young people, between ages 14-20 who are dependent on OxyContin®. They pointed out that OxyContin® is not common at rave-type parties. Typical OxyContin® users, according to their experience, are “average” high school youth who do not have much knowledge and access to rave-type drugs and get into OxyContin® because it is easily available. According to treatment providers, OxyContin® abusing youth are often in denial that they have an addiction and consider themselves “superior” to heroin addicts.

Among some active heroin users, OxyContin® is considered a safer and better alternative to street heroin. Occasionally, older heroin users would buy some OxyContin® for themselves, as a special “treat,” and as a harm-reduction strategy.

In contrast, some of the individuals who become dependent on OxyContin®, would switch to heroin once their OxyContin® habit becomes too expensive to maintain. For example, a 34-year-old black woman who abused heroin and recently got into crack, shared the following story:

Earlier today I was, ya know, in a dope house and a guy came in, it was a white guy... and he has a father that takes Oxycontins, and he said his father loved them. But his son used heroin, and he was just telling me that, “man, I finally got my dad off those Oxys.” I said “how’d you do that so quick?” “I showed him how to shoot heroin, you know.” And he acted like that was something really, really [good], ya know, he said it was much cheaper...

According to the treatment providers, dependence on OxyContin® continues to be one of the important pathways for young white youth to get introduced to heroin. This

transition, however, is never easy. Usually, as tolerance increases and OxyContin® habit becomes too expensive, young people will try to “self-medicate” themselves with various cheaper opioid tablets, or street methadone, and only then would step down into “heroin territory.”

According to the front-line professionals and active users, other pharmaceutical opioids, such as Percodan® (oxycodone and aspirin), Percocet® (oxycodone and acetaminophen), and especially Vicodin® (hydrocodone and acetaminophen), are also highly available, but they have much less value and demand than OxyContin®. The value of these pills has also decreased.

A crime lab professional reported an increasing availability of fentanyl patches (Duragesic®) and suckers. Neither probation officers, nor treatment providers reported increases in fentanyl abuse among their clients. However, some active users corroborated crime lab professional reports and indicated that fentanyl patches are appearing on the streets more frequently and are in demand among older heroin addicts.

Most of the pharmaceutical opioids are snorted or taken orally. According to treatment providers, some users may inject OxyContin® solution, although this occurs less frequently.

In summary, demand for OxyContin® remains very high, but front-line professionals reported some slight decreases in its availability. Other opioid tablets are plentiful, but they are typically used when OxyContin® is not available. Pharmaceutical opioid abuse is reportedly common among white youth and remains a serious problem in the region.

4. Marijuana

Since June 1999 when the OSAM Network first began monitoring drug trends in the state, the abuse of marijuana has been consistently reported as very high. Marijuana use continued to be viewed as safe and socially acceptable. It remained the primary drug of choice among adolescents admitted to drug abuse treatment programs in the area.

January 2003 - June 2003

All focus group participants agreed that marijuana is highly available and very easy to obtain. A 34-year old black woman living in the inner-city indicated,

Marijuana is so easy to find... I'm surprised they don't even sell it next to the cigarettes in the stores, you know...

According to active users, there are many venues to obtain marijuana. Most people rely on local dealers who in some cases might deliver marijuana to their house. An 18-year old white woman pointed out, “*I can have it here in two minutes delivered, and tied and wrapped...*” Some young users indicated that one can make a contact on Internet and get a shipment of good quality marijuana from Canada, although we cannot corroborate this report.

Reportedly, the prices for marijuana have decreased somewhat compared to the previous reporting period. An ounce of low grade marijuana sells for about \$125. An

ounce of high grade potent marijuana sells for about \$175 -200. The quality was described as being better than about two years ago. Active users agreed that they can find more potent high grade marijuana these days.

Marijuana continues to be perceived as a safe and even beneficial substance. According to the treatment providers, it is often believed among their clients that marijuana does not have any adverse effects on health. For example, one treatment provider described it in the following way:

There is a very strong perception that marijuana is either totally benign, not dangerous in any way... many people are just utterly shocked that there are any um health problems that would result from smoking that...

Furthermore, some treatment providers indicated that they see an inclination among their clients to consider tobacco cigarettes more harmful to health than marijuana smoking. These reports might be corroborated by the data from Dayton Area Drug Survey which demonstrated that among high school seniors there was a significant decrease in daily use of tobacco cigarettes over the past two years (from 24.5% in 2000 to 18.9% in 2002), but daily use of marijuana has increased (from 6.6% in 2000 to 8.8% in 2002).

Active users and front-line professionals reported that they see an increasing number of very adolescents starting to smoke marijuana, some as young as 13-15 years old. Furthermore, active users and treatment providers report seeing more people, including adolescents, who are heavy chronic marijuana users. Some focus group participants pointed out that most people these days smoke blunts, not joints. Furthermore, for some people marijuana use develops into a daily habit. For example, a treatment provider working with adolescents, indicated:

Oh my, youth love their weed! Right from couple times a week to, I think the most, the biggest I've had is five blunts a day. So... they just love their weed and, and "it's not a problem, it's not a drug."

Some active users and treatment providers reported seeing more people who display signs of physical addiction to marijuana. Several active users described it in the following way:

Participant 1: *Most of the drug dealers that I've seen smoke it, they have to have it... they treat it like heroin....*

Participant 2: *Like crack cocaine....*

Participant 1: *They treat it like it's a physical addiction....*

Participant 3: *That's right, that's right they're worse than a person that's on crack cocaine. When they can't have it, they will have temper tantrum*

Some young club drug users criticized current anti-marijuana campaigns on TV that emphasized adverse consequences of marijuana use. They perceived these ads as inaccurate exaggerations that do not confirm their own personal experience with the drug. These young club drug users related marijuana and other drug use to boredom and lack of excitement in their daily life. They were deeply convinced that marijuana and other anti-drug campaigns should emphasize that there are better ways to make daily life more exciting and fun, and should focus on developing hobbies, and supporting extra

curricular activities at schools. A 23-year-old white woman explained it in the following way:

Like in schools right now, ya know, they're cutting funding for music programs, art programs, club programs, whatever... What they don't understand is cutting all those programs is increasing people's boredom, therefore increasing people's, ya know, usage... When they cut my art classes and stuff, I had nothing to do, I sit there and look at my computer all day, if I don't, if I'm not sitting there, ya know, doing something productive I sit there and I'm like alright, light it up, and type on the computer and then I get bored and then I light it up and type on the computer, that's all I do because I have nothing else to do...

From January to June, 2003, Dayton Daily News reported 10 new cases of criminal activity related to marijuana trafficking or abuse (DDN, 02/11/2003; 02/27/03; 03/02/2003; 03/14/2003; 03/29/2003 (2); 04/19/2003; 04/25/2003; 05/03/2003; 06/11/2003). The biggest marijuana trafficking case involved several Dayton area men who within past several months conspired to distribute over 2,200 pounds of marijuana shipped from Arizona (DDN, 02/27/2003; 02/28/2003).

In summary, marijuana continues to be highly available and extremely popular among very diverse user groups. Active users reported some recent decreases in prices and increases in the quality of the drug. Reportedly, more individuals are developing a chronic, daily habit of marijuana use.

5. Stimulants

5.1 METHAMPHETAMINE

In January 2001, law enforcement personnel reported significant increases in methamphetamine availability and abuse. In June 2001, treatment providers and active users also reported a slight increase in methamphetamine availability. However, in the end of 2001 and beginning of 2002, methamphetamine availability appears to have diminished somewhat. In the last reporting period, active user statements and news accounts suggested that methamphetamine availability and abuse might be increasing in the area.

January, 2003 – June, 2003

Interviews with front-line professionals and active users provide evidence about recent increases in methamphetamine abuse in the Dayton area. Treatment providers indicated that they have seen more people being admitted for methamphetamine addiction. Probation officers and crime lab professionals also reported increases in criminal activities related to methamphetamine production and abuse. Interviews with club drug users corroborated these observations, suggesting that in the recent months methamphetamine became more available and its abuse is increasingly common.

Even though the drug was perceived as fairly available, young club drug users described its quality as poor. A 23-year-old white man, whose drug of choice was methamphetamine, indicated: *"It's getting a lot weaker now; people are cutting and it's starting to suck..."* According to the young club drug users, methamphetamine sells for about \$400 per 1/8 ounce, \$130 - \$200 per gram, and \$20 per 100mg.

According to the focus group participants, most of the methamphetamine that is available in the area is produced locally, in small home-based labs. Reportedly, local producers use the “Nazi” method that is less elaborate and produces less odor than the “red-phosphorus” method. A crime lab professional indicated that manufacturing methamphetamine has started moving into the urban areas, while in the past most of the lab busts typically occurred in the rural areas.

Dayton Daily News reported three methamphetamine lab busts in the area. In January, two men age 26- and 23-years-old were arrested in nearby Miami County for having materials for a methamphetamine lab (DDN, 02/02/2003). In April 2003, a 41-year old man was arrested for manufacturing methamphetamine in Salem Twp., Warren County (DDN, 05/01/2003). In June, two Fairborn men were arrested for manufacturing methamphetamine (DDN, 06/17/2003).

According to active users and a crime lab professional, in addition to the locally produced methamphetamine, some of the local methamphetamine market is supplied by traffickers who transport methamphetamine produced in California that is cooked using the red-phosphorus method. In January-June, 2003, two methamphetamine trafficking cases were reported in Dayton Daily News. In May, a 39-year-old man residing in Union (Montgomery County) was arrested for possession of 16 ounces of crystal methamphetamine. Reportedly, he was buying the drug from California (DDN, 05/31/2003). Another methamphetamine trafficking case involved Outlaws Motorcycle gang members. In April, nine local men in their 40s and 50s, were arrested and charged for conspiring to distribute large quantities of various drugs, including methamphetamine (DDN, 04/16/2003).

Methamphetamine abuse continues to be characterized as a predominantly “white-end thing.” Focus group participants described two main types of methamphetamine users. One user group was described as poor white men who usually reside on the “east-side” of Dayton. For example, adult probation officers explained it in the following way:

Probation officer 1: *That's definitely over here, East-end...*

Probation officer 2: *Yes... I think there's a definite geographical uh, socioeconomic... yea, it seems to be in the East-side.*

This group of users usually gets into attention of the criminal justice system for drug manufacturing. A crime lab professional described them as apparently long-term users, who try to produce the drug for their personal use. Probation officers and treatment providers have seen more young white men, typically in their 20s, addicted to methamphetamine.

Another growing group of methamphetamine users consists of white high school youth and young adults, both male and female, who typically come from middle-class families, and usually get introduced to the drug at rave-type parties. For example, a 20-year-old white woman described it in the following words:

I started using at parties... at raves... like I didn't know what it [methamphetamine] was basically until then, and I went from parties to using it on everyday basis... I would use it before going to work...

All six young club drug users who participated in the focus group have used methamphetamine at least once in their lifetime, and even four of them, two men and two women, were heavy methamphetamine users for some time. They explained that they had a group of about ten people who did the drug together.

According to the club drug users, it is fairly common to see adolescents and young adults who start off experimenting with powdered cocaine transition to methamphetamine because the effects last longer.

Participant 1: *Most of people doing like powdered cocaine as you were talking about earlier, when they discover meth, that's their new thing....*

All participants: *yep... yea*

Participant 6: *Coke is totally out, meth is in....*

In some cases, this transition from cocaine to methamphetamine might be encouraged by the drug dealers. As a 23-year-old white woman who became a heavy methamphetamine user indicated, *"I did it, 'cause my coke dealer ran out and he told me it was the next best thing."*

Reportedly, among the rave-type users, methamphetamine is snorted, smoked, put in capsules and eaten, and even injected. As a young white man in his early 20s indicated, *"I've, I've smoked it, ate it, shot it, snorted it..."*

In summary, active user and front-line professional reports suggest increases in methamphetamine availability and abuse in the area. Reportedly, one group of typical users consists of poor white men who are also often involved in manufacturing the drug. Another growing group of methamphetamine users consists of white suburban youth who get introduced to the drug at rave-type parties.

5.2 RITALIN® AND ADDERALL®

Since 1999, when the OSAM Network began monitoring the drug trends in the area, Ritalin® (methylphenidate) abuse was reportedly common among juveniles and young adults. In January 2003, Adderall® (amphetamine mixed salts) abuse was identified as an emerging trend among juveniles.

January 2003 – June 2003

In the current reporting period, prescription stimulant abuse continues to be reported among juveniles and young adults. Ritalin® abuse is believed to be decreasing. Instead, many young users prefer Adderall® which is considered a more potent drug. Reportedly, Adderall® is often sold in schools, sometimes by individuals who have prescriptions for them.

Active users explained that Adderall® abuse is especially common among younger white high school youth and young adults who would use it for several different reasons. Youth who attend rave-type parties would take Adderall® to stay up and dance the whole night. One young club drug user, a 20-year-old man, admitted that he was into Adderall® when he was younger and would take 8-9 tablets at a time. Some other high school youth might take Adderall® tablets with other substances, especially alcohol. The third group of Adderall® users was described as high school or college students who would use

Adderall® to stay up late at night and study for their exams. A 20-year-old white man, who had experimented with various club drugs, explained:

There are high school kids... "I'm gonna go drinking this weekend or whatever, but I want to stay up with my friends," which is kinda, it's pretty dangerous to take like a speedy with alcohol but they stay up and drink all night, ya know, whatever.... And then there's some high school kids, ya know, the kids that you'd never ever expect to do any kind of drug, they're just buying it to stay up and do their homework, finish a report... There's a lot of different types of people that take it for different reasons...

Active users further explained that Adderall® abuse is more common among younger, less experienced users. Individuals who are looking for a more powerful high would eventually switch to methamphetamine. A 20-year-old white man, who used various drugs, including Adderall®, cocaine and methamphetamine, pointed out, "People like in the club and the rave scene these days are going for the more powerful drugs..."

In summary, Adderall® abuse continues to be increasingly common among juveniles and young adults who may abuse it both as a party drug and as a study "aid."

6. Depressants

6.1 TRANQUILIZERS

Since its first report in June of 1999, the OSAM Network has reported that benzodiazepines were easily accessible and commonly abused among various users, especially whites. In June 2002, increases in Valium® (diazepam) and Xanax® (alprazolam) abuse were reported among juveniles.

January 2003 – June 2003

According to treatment providers and active users, Valium® and Xanax® abuse continues at relatively high levels among very diverse segments of the population. Crime lab professionals corroborated these statements, indicating that Xanax® and Valium® availability hasn't decreased.

Treatment providers working with adults reported that illegal benzodiazepine use among their clients is a very common phenomenon. People may use these "nerve pills," as they often call them, for self-medication purposes. Others use it in combination with other substances to enhance or modify their effects. Many dual diagnosis patients have prescriptions for benzodiazepines, and might start using them in larger quantities than they are actually prescribed.

A juvenile treatment provider indicated that illegal use of Xanax® and Valium® among his clients is fairly common, although he saw much higher increases about a year ago. Active users also reported that abuse of benzodiazepines is very common among high school youth who typically take Xanax® or Valium® with alcohol and other substances. For example, 23-year-old white women, club drug user, shared the following story:

Participant 4: *I've talked to kids on the internet and they talk to me about it all the time, talk to me about how they went to school and got a huge bag of like all*

these different pharmaceuticals and it's just incredible... This one girl went into a stupor. She called me the other day and she's like "I just woke up from like a twelve hour like coma," she said she took all these pills and just laid there...

Interviewer: *What kind of pills?*

Participant 4: *She said she took "Xanaxes" and she had an Oxycontin in there, she had Adderalls, she had, she bought a whole bunch at school one day...*

Dayton Daily News reported a couple of cases of benzodiazepine abuse and trafficking in the area. In January two local men, both in their 40s, were found dead in their van. Reportedly, they passed out after a party, were left in a van and froze to death. One man's blood showed signs of Xanax® (DDN, 03/27/2003). In April, several local men, members of Outlaws Motorcycle gang, were arrested for conspiring to distribute large quantities of Valium® and other drugs (04/16/2003).

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

Since June 1999, GHB abuse has been reportedly rare in the Dayton area. In June 2001, young active users perceived a slight increase especially among youth who attend rave-type parties. In January 2003, focus group participants reported that GHB use was decreasing.

January 2003 – June 2003

In the current reporting period, active users continue to report that GHB abuse and availability have been decreasing. Young club drug users pointed out that about a year ago GHB was more available, but currently it is so rare that they would not know where to get it anymore. A crime lab professional corroborated these observations by pointing out that GHB cases are very rare.

Young club drug users further discussed that among ravers the popularity of the drug has been decreasing, because many people had bad experiences with the drug and would advocate against its use. Young club drug users believed that its use might be more common among body builders than among club drug users.

7. Hallucinogens

7.1 LSD and psilocybin mushrooms

In January 2001, young active drug users perceived a slight increase in the abuse of hallucinogenic drugs, especially LSD. In June 2002, active users reported that LSD and psilocybin mushrooms had become more difficult to find. In January 2003, a slight increase in psilocybin mushroom availability was reported.

January 2003 – June 2003

In the current reporting period, active users reported that LSD is very hard to find, even harder than in the last reporting period. According to young active users, there would be a high demand for it, but the drug is very scarce. A crime lab professional corroborated active user reports indicating that LSD cases have been extremely rare in the recent months.

Reportedly, the prices for LSD also have increased somewhat. Now the expected price would be about \$10 per hit, while in the past, when it was somewhat more available, they used to get it for \$5 per hit.

Psilocybin mushrooms, on the other hand, have been much more available. A 23-year-old white woman, club drug user, explained: *“Last night I had two people that had them, that I ran into at the bar that had them, um...”* Active users pointed out that psilocybin mushroom availability fluctuates and depends on the season. Current prices for mushrooms are around \$35 for an eight-ball (1/8 ounce).

Dayton Daily News reported a couple of cases of hallucinogenic abuse and trafficking. In February, four juveniles from an upper-class suburban neighborhood were arrested and accused of selling psilocybin mushrooms, marijuana and other drugs (DDN, 02/11/2003). In June, a juvenile was arrested for possession of LSD and cultivation of marijuana; a 20-year-old man was charged with drug trafficking (DDN, 06/11/2003)

In summary, hallucinogenic abuse has remained at relatively low levels in the Dayton area. LSD availability has been very low, while psilocybin mushrooms were perceived as somewhat more available, but availability of both drugs remains sporadic. At the same time, these hallucinogenic drugs continue to have high demand among juveniles and young adults who frequent rave-type parties.

7. 2. MDMA (METHYLENEDIOXYMETHAMPHETAMINE)/ECSTASY

The abuse of MDMA (Ecstasy) increased rapidly in the Dayton area since our first report in 1999. Typical Ecstasy users were described as white youth who attend rave-type parties and dance clubs. Since 2001, active users began reporting that Ecstasy is no longer strictly associated with rave scene. It was being used by “mainstream” youth at small “house” parties. Since June 2001, active users began reporting cases of Ecstasy abuse among black youth.

January, 2003 – June, 2003

According to active drug users, Ecstasy continues to be highly available in the area. For example, a 23-year-old white woman, club drug user, explained it in the following way: *“We had a kid that had a bag of it last night... right in front of us...”* Young club drug users further explained that usually availability and demand for the drug increases in the summer time. According to a crime lab professional, Ecstasy availability has decreased somewhat in the past six months, but may be seasonal.

Reportedly, Ecstasy prices have stayed the same. “Club price” is usually \$20 per one tablet. If you know the “right” person, the price might be as low as \$12-15 per one tablet.

Young club drug users believed that the quality of most of the Ecstasy tablets is very poor. According to their statements, getting Ecstasy is always a gamble because they never know what they are going to get. Active users expressed an opinion that many Ecstasy tablets may contain cocaine or even heroin. A 20-year-old white man, who was into club drugs and marijuana, but recently began limiting his Ecstasy use, explained:

That's why I don't even do them [Ecstasy] anymore cause you just you don't know what you're getting these days. I'm not gonna spend my money on crap that I don't know what's in...

Crime lab professionals, however, reported that most of the Ecstasy tablet test out as MDMA. In the past six months, they have seen an increase of tablets that were actually methamphetamine, and a couple of cases that had methamphetamine, ketamine and MDMA.

Ecstasy use continues to be popular among white youth. Juvenile treatment providers indicated that they had some clients who used Ecstasy on everyday basis. Probation officers also pointed out that it is fairly common for younger clients to admit that they have used Ecstasy.

Typical Ecstasy users continue to be white youth who get initiated to the drug at rave-type parties, dance clubs, and other venues, including typical house parties. Reportedly, they take Ecstasy to experience a feeling of closeness, connectedness and unity with other human beings. However, focus group participants confirmed that some black youth may also experiment with Ecstasy tablets, but its use would have a different meaning and purpose. According to young club drug users, among black youth Ecstasy is often used to enhance sexual experiences. This observation was corroborated by inner-city users who indicated that Ecstasy is called a "sex drug."

Active users reported that most often Ecstasy is taken orally or snorted intranasally. Some individuals would inject Ecstasy or would take it rectally, but the latter practice is relatively rare.

From January to June, 2003, Dayton Daily News reported three cases of Ecstasy trafficking and one case of Ecstasy possession and abuse. In February, five people between the ages of 23 and 28, residents of Springfield and Englewood, were arrested for possession of Ecstasy, powdered cocaine and ketamine after a deputy responded to a suicide threat (DDN, 02/22/2003). In April, nine Dayton men from the Outlaws Motorcycle gang were arrested and charged with conspiring to distribute large quantities of Ecstasy and other drugs (DDN, 04/16/2003). In May, two local men were charged with stealing 205 firearms from three gun shops and selling them in New York to obtain Ecstasy. Reportedly, the guns were exchanged at the rate of 30 guns for 1,000 pills (DDN, 05/01/2003). In the same month, two Canadian men, traveling on interstate 70, were arrested after a Montgomery County sheriff's deputy found 3,000 Ecstasy pills in their car (DDN, 05/08/2003; 05/09/2003).

In summary, Ecstasy continues to be highly available in the area. Active users believed that its quality was very poor. White young individuals continue to be typical Ecstasy users. Ecstasy use outside its traditional venues (rave-style parties) may have different meanings attached to it.

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 available. In June 2000, participants started reporting that ketamine availability was decreasing.

January 2003 – June 2003

According to active users, ketamine availability has been increasing in the area. A crime lab professional corroborated these observations indicating a slight increase in cases related to ketamine possession. Reportedly, ketamine is gaining more popularity among youth who attend rave-type parties. A 20-year-old white man who was into various club drugs, pointed out, "*Ketamine... is something that it's in such demand that you can make so much money off it...*"

Reportedly, there are several ways to obtain ketamine. It can be purchased at rave parties; it is sold by local dealers and one can go to their house to obtain it, or it can be purchased via the Internet. The quality of ketamine is not always predictable. Active users reported having heard increases in cases where PCP would be sold as ketamine.

In the current period, Dayton Daily News reported on one criminal case of ketamine possession. In February, five individuals from Englewood and Springboro, all in their 20s, were arrested and charged with possession of ketamine, Ecstasy and powdered cocaine (DDN 02/22/2003).

In summary, ketamine availability and abuse might be on the increase in the area especially among white youth who attend rave-type parties.

8. Inhalants

Since our first report in June 1999, inhalant abuse has been limited to primarily young, white individuals. In the current reporting period, front-line professionals reported that inhalant abuse continues in the area, but at relatively low levels. A crime lab professional reported that they continue seeing abuse of such substances as butyl nitrate and toluene. A crime lab professional and probation officers reported seeing older long-time users and some very young adolescents who get into abuse of these easily available and cheap substances.

9. Alcohol

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

In the current reporting period, alcohol abuse remains consistent at very high levels. Probation officers working with adult population indicated "*everybody drinks [alcohol], like water.*" A juvenile treatment provider further pointed that he observed an increase in alcohol dependence cases among juveniles.

Young club drug users reported that alcohol abuse is extremely common among their peers, but they perceived alcohol as a far more dangerous drug than some illegal substances, such as marijuana, for example. Alcohol is often abused in combination with other substances.

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

January 2003 - June 2003

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Abstract

According to participant reports, crack-cocaine abuse continues to increase in the Toledo area. Older men, in their 50s and 60s, as well as young individuals in their late teens and 20s, were described as emerging user groups. Participants expressed conflicting opinions about powdered cocaine availability and abuse in the area. Younger white users, typically, believed that high quality powdered cocaine has been increasing in availability. Reportedly, a gram of powdered cocaine sells for about \$50-\$80. The majority of recovering and active users reported increases in heroin availability and abuse in the area. White youth, between ages 16 and 25, were considered to be the fastest growing group of heroin users. Prescription analgesic abuse continues to increase, especially among white suburban youth in their late teens and early 20s. Reportedly, OxyContin® (oxycodone controlled-release) continues to have the highest demand, and sells for about \$0.50 per mg. High levels of marijuana abuse continue to be reported in the area. According to users, the availability of high potency marijuana has been steadily increasing. Methamphetamine availability and abuse was reportedly increasing in the "White" neighborhoods in Toledo, as well as neighboring rural communities. Reportedly, some white crack users were switching to methamphetamine because of perceived "benefits." According to some user reports, Ecstasy abuse may be leveling off among white suburban youth. Cases of Ecstasy abuse among inner-city black youth continue to be reported. Some increases in ketamine abuse among white adolescents and young adults who frequent dance clubs were indicated in the current reporting period.

INTRODUCTION

1. Area Description

Lucas County has a population of over 455,000. According to the 2000 Census figure, this represents about half of the over 925,903 people living in Northwest Ohio. About 47% of this population are male, while 53% are female. Approximately 76% (345,800) are Caucasian, 17% (77,350) are Black and 5% (22,750) are Latino/Hispanic [U.S. Census S.M.S.A.]. Toledo is the largest city in Lucas County with a population of 312,000 [1999 Census]. The remainder of Lucas County's population resides in Oregon, Sylvania, Maumee, smaller towns, unincorporated villages, and rural areas. Approximately 15% of all people are living in poverty. The median household income is estimated at \$37,000. Approximately 65% of the people in Lucas County reside in Toledo. According to Toledo economic indicators, 70% of Lucas County's poor live in Toledo.

2. Data Sources and Time Periods

Table 1. Qualitative Data Sources

Date of Focus Group	Number of Participants	Description
5/13/03	4	Active Users
5/16/03	4	Treatment Clinicians
5/16/03	4	Users in Recovery
5/23/03	4	Users in Recovery
5/28/03	2	Users in Recovery
5/29/03	5	Users in Recovery

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants
6	23

Table 2: Detailed Focus Group Information

May 13, 2003: Focus Group with Active Users

ID	Age	Ethnicity	Gender	Experience/Background
1	24	African-American	Female	Active User; drug of choice is Alcohol
2	40	African-American	Male	Active User; Drugs of choice are Marijuana & Crack
3	42	African-American	Male	Active User; drugs of choice are Opiates, Heroin, Dilaudid & Crack
4	47	African-American	Female	Active User; drugs of choice are Dilaudid & Alcohol

May 16, 2003: Focus Group with Treatment Clinicians

ID	Age	Ethnicity	Gender	Experience/Background
1	31	Caucasian	Female	Treatment Clinician
2	48	African-American	Male	Treatment Clinician
3	49	African-American	Male	Treatment Clinician
4	66	African-American	Male	Treatment Clinician

May 16, 2003: Focus Group with Users in Recover

ID	Age	Ethnicity	Gender	Experience/Background
1	40	Caucasian	Female	Out-patient, in recovery, drug of choice was Crack
2	42	Latina	Female	In-patient, in recovery, bi-polar, drug of choice was Crack
3	30	Caucasian	Female	Out-patient, in recovery, drugs of choice were Marijuana & Pharmaceuticals
4	22	Caucasian	Male	Out-patient, in recovery, drug of choice was Crack

May 28, 2003: Focus Group with Users in Recovery

ID	Age	Ethnicity	Gender	Experience/Background
1	43	Caucasian	Male	In recovery; drugs of choice were OxyContin, Crack, heroin & Dilaudid
2	32	Caucasian	Female	In recovery; drug of choice was heroin; has abused powdered cocaine, etc.

May 28, 2003: Focus Group with Users in Recovery

ID	Age	Ethnicity	Gender	Experience/Background
1	39	African-American	Female	In recovery, drug of choice was Crack
2	48	African-American	Male	In recovery, drug of choice was Crack
3	39	African-American	Male	In recovery, drug of choice was Alcohol
4	41	African-American	Male	In recovery, drug of choice was Alcohol

May 29, 2003: Focus Group with Users in Recovery

ID	Age	Ethnicity	Gender	Experience/Background
1	52	African-American	Male	6 months in recovery; drugs of choice were heroin & Dilaudid
2	28	Caucasian	Male	1 year in recovery; drug of choice was heroin
3	45	African-American	Male	In recovery since December 2002; drug of choice was heroin
4	48	Latino	Male	7 months in recovery; drug of choice was Heroin
5	40	Caucasian	Female	3 months in recovery; drug of choice was Heroin

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Similar to previous reporting periods, crack-cocaine abuse continues at relatively high levels in the Toledo area. Active and recovering users and treatment providers reported that crack-cocaine can be found in most parts of the city. Nevertheless crack dealing and consumption continue to be concentrated in the inner-city. Typical crack-cocaine dealers in these areas are described as African-American youth, in their late teens and early 20s, who often sell crack as a means of a primary income. According to some user reports, crack-cocaine has become an important part of the inner-city economy. Focus group participants discussed that some individuals “hire” crack users and use crack as a form of currency to pay them for their work. For example, a 52-year-old African-American man, recovering from heroin dependence, commented:

Crack cocaine is also used as money, guys that have their own houses, they pay people with crack cocaine rocks to cut grass, to paint their houses, to remodel their houses, to wash their cars, to fix their cars, it is used as money, crack cocaine is very powerful here on the streets....

Reportedly, the quality of crack cocaine continues to be unpredictable. Some users believed that soap, rat poison, and various other chemicals may be used by drug dealers to “cut” crack cocaine. Smoking continues to be the most common mode of administration, although some users reported they have injected crack cocaine dissolved with vinegar. The latter form of administration has been less common in recent years.

The majority of the participants believed that crack cocaine did not discriminate against any age group, ethnicity or socioeconomic status. Nevertheless, participants discussed what appeared to be two new emerging groups of crack-cocaine users. One group was described as older men, in their 50s and 60s who are initiated to crack at social situations, sometimes by prostitutes. For example, a 40-year-old white woman, who was recovering from heroin dependence, but reported abuse of powdered cocaine and crack, commented, “*I am seeing a lot of older people who never did it, start doing it now... a lot with prostitutes... they [prostitutes] are turning their tricks that way....*”

Another emerging group of crack-cocaine users was described as young individuals in their late teens and early twenties. Even though some users pointed out that crack use is typically stigmatized among youth, they see more and more young individuals getting into crack cocaine. For example, a 28-year-old white man, recovering from heroin dependence, described it in the following way:

I used to kick it with my cousin every once in a while. He is only like 19-20-years-old. And I was at a party with him one time, and there are all these kids hanging, whatever. And they talk about smoking, I thought they were talking about smoking weed or something, cause I did not think all these, you know, little suburb kids are... I figured they were smoking weed, and see another whole room of these kids smoking crack, I was like damn... 18, 19, 17, 20 [years old], you know.

In a similar way, another 43-year-old white man, recovering from heroin dependence, reported that many of his 21-year-old daughter's friends, some as young as 18, are getting into crack cocaine. He commented:

Before, it was late 20s is about as early as they would start smoking [crack cocaine], and now I see a lot of younger, early 20s, teens... I see that in my side of town... a lot younger than I used to see....

Cases of crack-cocaine abuse were reportedly more common among white youth both from working and more affluent middle-class families. Reports about crack-cocaine abuse among adolescents in the inner-city neighborhoods were less typical. For example, a 45-year-old African-American man, recovering from heroin dependence, pointed out: *"In the hood, younger people are not using it, younger people sell it, and they think that is the way to make quick money...."*

In summary, participants reported continuing increases in crack-cocaine abuse in the Toledo area. Older men in their 50s and 60s, and younger individuals in their late teens and 20s, typically from white neighborhoods, were described as emerging crack-cocaine user groups.

1.2 COCAINE HYDROCHLORIDE (HCL)

Participants expressed conflicting opinions about current availability and abuse of powdered cocaine in the area. Typically, older crack users believed that most of the powdered cocaine that gets into the area is immediately converted into crack, and they did not see much powdered cocaine being sold on the streets. For example, a 42-year-old African-American man, active crack-cocaine user, commented, *"It is difficult for a crack user to obtain powder."* Younger white individuals, however, reported that powdered cocaine continues to be plentiful, fairly easy to obtain, and of relatively good quality. For example, a 28-year-old white man who has abused various drugs including powdered cocaine, crack cocaine, hallucinogens, and has been recovering from heroin dependence, commented, *"It is out there, and it is good."* Another participant, a 30-year-old white woman, who was in treatment for marijuana abuse, reported, *"I have friends who sell that [powdered cocaine], and they get it from California, and it is really good stuff right now."*

Participants reported that a gram of powdered cocaine sells for about \$50-\$80, and an eight-ball (1/8th of an ounce) for about \$130-\$150.

It was reported that in the inner-city neighborhoods, powdered cocaine is typically abused among young individuals in their late teens and early 20s who sell crack but avoid using it themselves. For example, a 24-year-old African-American woman, who considered alcohol her drug of choice, reported: *"Most of drug dealers, they are actually, they are snorting, they are not smoking crack, mainly drug dealers are using."* According to the active users, powdered cocaine is also commonly abused in bars and dance clubs by individuals between ages 15-30.

Treatment providers stated that there have not been any treatment admissions for powdered cocaine dependence within the last six months, although the majority of those who sought treatment prior to these six months were in their early twenties.

In summary, increases in availability of good quality powdered cocaine were reported by younger white users. Reportedly, abuse is common among individuals in their late teens and 20s who typically use powdered cocaine recreationally at clubs.

2. Heroin

According to participants, heroin availability has been increasing during the past six months. The majority of active users agreed that in the previous years, heroin distribution was concentrated in the hands of a few local Hispanic families that typically sold Mexican “black tar” heroin. Some heroin users were accustomed to making regular trips to Detroit where heroin was much more plentiful and less expensive. However, in recent months, patterns of heroin distribution have reportedly changed. According to active users, “Detroit people” started coming down to the Toledo area to sell heroin, and more Black dealers became involved in heroin sales. As a result, heroin has become much more plentiful and easier to obtain.

Some participants believed that heroin that was brought from Detroit was of fairly good quality, and far more potent than “black tar” heroin that has been traditionally available in the area. These observations were supported by treatment providers working with heroin-dependent individuals. As one treatment provider pointed out, *“It used to be that you would keep clients in detox for only 3 to 4 days....now we have some clients that stay in detox for 10 days.”*

Injection continues to be reported as the most common method of administration, especially among long-term users. However, some young individuals start off snorting heroin. Some users pointed out that a *new* type of heroin that is sold on Toledo streets these days is referred to as “blow heroin,” because it can be snorted. Smoking was reported as less common.

Reportedly, more white youth between the ages of 16 and 25 are beginning to use heroin. According to participants, this currently is the fastest growing heroin user group in the area. Some of these individuals initially may have abused prescription analgesics, and later turned to heroin as a less expensive alternative. Heroin use among Black youth was reported as less frequent. For example, a 42-year-old white man recovering from heroin dependence, pointed out:

White middle class, high school kids trying heroin now, snorting... Now it is becoming kind of a “thing” for kids to try heroin. Black folks they seem already be “hit”... I don’t see any young black folks using.

Active and recovering user reports about increasing heroin abuse were corroborated by treatment clinicians, who pointed out that heroin admissions have almost doubled in comparison to the same period last year. One treatment provider further explained: *“Many treatment clients have been White suburban high school youth.”*

In summary, availability of heroin has reportedly been increasing in the Toledo area. The fastest growing user group was described as white suburban youth in their late teens and twenties.

3. Other Opioids

The majority of participants reported that prescription analgesics, especially OxyContin® (oxycodone controlled-release), Vicodin® (hydrocodone), Percocet® (oxycodone & acetaminophen), and Dilaudid® (hydromorphone), remain available and continue to have fairly high demand among very diverse user groups. According to recovering users, OxyContin® sells for about \$0.50 per mg, and the prices for Dilaudid® have been decreasing because of increasing availability of other prescription opioids and heroin.

OxyContin® continues to be reported as the most popular prescription analgesic, and it is abused by very diverse populations of users. A 43-year-old white man, recovering from heroin dependence, pointed out:

It [OxyContin] is probably the hottest thing out there. If you're looking for pure numbers and a wide range, you got people from 15 to 70 taking it... if you're talking number of new people doing it, OxyContin has it down.

Previously, it was believed that OxyContin® and other prescription analgesic abuse was more common among white users. In the current reporting period, increases in abuse were reported in the Black community.

Nevertheless, participants considered that one of the most prevalent user groups consists of white youth between the ages of 16 and 25. A 43-year-old white man, living on the East side of town, commented: *"In our neighborhood, it [OxyContin] just took off, probably 16-25 [years old], that group of kids, they just went nuts... all of them."* Many of these young individuals who started off using OxyContin® and other prescription analgesics, eventually turned to heroin, as a more plentiful and less expensive alternative. For example, a 40-year-old white woman recovering from prescription analgesic and heroin dependence, commented: *"I have a daughter-in-law, 18-years-old, who started off on OxyContin, now shooting heroin..."*

OxyContin® abuse is also common among long-term heroin users, who would occasionally substitute heroin with OxyContin®. Reportedly, in the African-American community, long-term heroin users sometimes substitute heroin with Dilaudid®, which has shown some recent increases in availability.

In summary, prescription analgesic abuse continues to be relatively common, especially among white youth between ages 16 and 25. OxyContin® reportedly continues to have the highest demand among all prescription analgesics. Cases of transition from prescription analgesic abuse to abuse of heroin continue to be reported in the area.

4. Marijuana

Participants perceived marijuana to be very easy to obtain. As a 32-year-old woman pointed out, *"supply [of marijuana] is pretty regular and steady."* The majority of individuals considered the quality of marijuana as very high. A few participants reported experiencing unpleasant and unexpected side effects from smoking marijuana which they associated with its high potency. A 42-year-old woman of Hispanic descent, who was recovering from crack-cocaine dependence, pointed out: *"Some of the weed out there is getting really strong, and that kind of worries me..."*

An article in the Toledo Blade reported that there was a large marijuana bust off the Ohio Turnpike in which a vehicle was seized with 350 pounds of marijuana. Two Hispanic women were arrested. (*Toledo Blade, June 19, 2003*).

The population of marijuana users continues to be very diverse, and abuse is reportedly increasing among adolescents. Users typically share a perception that marijuana is a “harmless” substance. For example, a 30-year-old woman, recovering from marijuana dependence, commented: “*Everybody does it, so you don’t think it is a drug.*” According to user reports, more individuals are becoming heavy, daily marijuana users. Some may display signs of physical addiction to the drug. For example, a 32-year-old white woman commented:

My brother-in-law smoked it for years, when he does not have it... it might not be a complete physical withdrawal, like you have with heroin, but he does go through a withdrawal, by all means....

In summary, according to participant reports, marijuana abuse continues to increase among very diverse segments of the population. The majority believed that the potency of the marijuana available in the area is very high.

5. Methamphetamine

Several recovering users reported increasing availability and abuse of methamphetamine in the area, especially on the “white side of town,” as well as in some surrounding rural areas. For example, a 43-year-old white man, recovering from heroin dependence, pointed out:

I have just been hearing here and there, and I know in the country it is a really big drug, and I think it is because it is cooked out in the country... Methamphetamine is becoming available, where up to a few years ago I did not hear anything about methamphetamine around here.

Reportedly, some crack-cocaine users may be turning to “crank” because of perceived “benefits” of use. For example, a 40-year-old white woman, recovering from opioid dependence, commented:

It is last year I started seeing, it is really people that are doing crack are turning into crank, ‘cause it lasts longer... ‘cause where if you do one rock of crack, you want another one within 20 minutes, if you do crank, you don’t get that geeky feeling, and you would be up for days....

6. Hallucinogens

6.1 ECSTASY (MDMA)

According to some participant reports, Ecstasy abuse continues, especially among white adolescents and young adults. Recovering user reports were corroborated by school counselors who also reported cases of Ecstasy abuse among suburban junior and senior high school students. However, some individuals believed that Ecstasy abuse among white suburban youth may be leveling off. For example, a 43-year-old white man, recovering from heroin dependence, who had a couple of teenage daughters heavily

involved with drugs, commented: *"It [Ecstasy] is probably on its way down; I don't even hear about it as much as I used to..."*

However, according to other participants, Ecstasy abuse among inner-city Black youth, between the ages of 16 and 30, may be on the increase. For example, a 24-year-old Black woman, who considered alcohol her drug of choice, reported that she was offered Ecstasy on several different occasions, typically at dance clubs. She further commented: *"Cause it is the 'thing' now, it is a cool thing, if you wanna get high, you need an X...especially like in a club..."* Another 45-year-old Black man, recovering from heroin dependence, pointed out: *"Ecstasy is mainly a Caucasian drug, every now and then you get a young brother doing it to go to the clubs... it makes them dance fast and crazy..."*

6.2 KETAMINE (SPECIAL K)

Several recovering users reported seeing a slight increase in ketamine abuse among white youth in their late teens and early 20s, who frequent dance clubs. For example, a 32-year-old white woman, recovering from heroin abuse, commented: *"I am hearing some in the younger, early 20s group, about 'special K,' the tranquilizer... it is primarily younger club crowd."* Another participant, a 22-year-old white man recovering from crack-cocaine dependence, pointed out: *"A lot younger people like it, especially people that are into techno music."*

According to recovering user reports, ketamine is typically snorted, and prices are similar to powdered cocaine (powdered cocaine sells for about \$50-\$80 per gram), although, according to user reports, typically one needs a smaller amount of ketamine to get high.

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

January 2003 – June 2003

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Abstract

Data obtained from five focus groups and eight individual interviews indicate that crack cocaine abuse continues both in urban and suburban areas. Also during this round of data collection heroin abuse among young users ages 18-25 was reported by both users and providers. Participants reported a continuing trend that narcotic analgesics, especially OxyContin®, are a major problem in these two counties. Reports of alcohol and marijuana abuse remain constant in Mahoning and Columbiana Counties. A recent revival is being seen in the availability and use of powdered cocaine, especially in Mahoning County. Reported for the first time we are seeing what appears to be the beginning of methamphetamine production in Mahoning County.

INTRODUCTION

1. Area Description

Mahoning County, Ohio has a population of 257,555 (2000 Census), which is down 2.7% from the 1990 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. The remainder of Mahoning County's population lives in smaller towns and rural areas. The county is located in Northeastern Ohio and its eastern boundary meets the western Pennsylvania border near the city of Campbell. 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% reporting two or more ethnic backgrounds. 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 (2000 Census), which increased 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. 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 Census). The median household income is \$32,222. About 13% of the population lives in poverty, compared to 11% for over-all Ohio.

2. Data Sources and Time Periods

Table 1 presents information about the focus group participants and individual respondents. Four focus groups plus one individual interview were conducted with treatment professionals from both Mahoning and Columbiana Counties who work with a

variety of clients. The individual interview was conducted with an outpatient assessment counselor and focused on pharmaceutical drug abuse issues among adolescents. A fifth focus group concerning pharmacy diversion and compliance specific to Mahoning and Columbiana Counties was conducted with a local and a state professional.

Seven individual interviews were conducted with pharmaceutical analgesic abusers. Their ages ranged from 21 to 40 with a median age of 23. Six of the substance abusers were in early recovery and one was still an active user.

The Mahoning County Misdemeanor Drug Court representative sent communication via e-mail that matched the time period reviewed in newspaper data, as further collateral information. Local newspaper sources were reviewed to provide a picture of the view the public was exposed to in the last 5 months, January to May 2003.

Table 1: Qualitative Data Sources

Focus Groups

Date of focus group	Number of Participants	Description
5/09/03	4	Clinical supervisor, psychotherapist/nurse, caseworker/therapist, counselor at outpatient treatment facility;
5/15/03	7	RNC/detox-inpatient-nurse, RN/assessment counselor, RN/night nurse, case-manager, case-manager/detox counselor and counseling assistants;
5/29/03	10	Clinical director, assessment counselor, clinical secretary, and counselors at residential treatment program;
6/02/03	2	Compliance Specialist/OH State Board of Pharmacy, Regional Agent/OH State Board of Pharmacy;
6/06/03	8	Methadone nurse, methadone counselors, assessment counselors, RN, and other counselors at out-patient treatment facility;

Individual Interviews

Date of interview	Ethnicity	Gender	Individual Interviews
4/21/03	White	Male	Substance abuser, in early recovery
4/23/03	White	Female	Substance abuser, in early recovery
5/07/03	White	Female	Substance abuser
5/09/03	White	Female	Substance abuser, in early recovery
5/19/03	White	Female	Substance abuser, in early recovery
5/30/03	White	Female	Substance abuser, in early recovery
5/30/03	White	Male	Substance abuser, in early recovery
5/13/03	White	Female	Assessment Counselor, MS/Counseling with one year as assessment counselor at outpatient/inpatient/detox facility.

Totals

Total no. of focus groups	Total no. of focus group participants	Total no. of individual interviews	Total number of participants
5	31	8	39

Table 2: Detailed Focus Group Information

May 9 2003: Treatment providers.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	Not given	White	Female	Psychotherapist/Nurse
2	Not given	White	Female	Counselor/Therapist
3	Not given	White	Female	Clinical Supervisor
4	Not given	White	Female	Counselor

Recruitment Procedure: *Called Clinical Supervisor. Respondents recruited by clinical supervisor.*

May 15, 2003: Treatment providers.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	Not given	White	Female	Case-manager
2	41	White	Female	Detox counselor/case-manager
3	50	Black	Female	RN
4	Not given	White	Female	RN/assessment counselor
5	Not given	White	Male	Counseling assistant
6	30	Black	Female	Counseling assistant
7	Not given	White	Female	RNC

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

May 29, 2003: Treatment providers.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	Not given	White	Male	CCDCIII, Counselor
2	40	Black	Male	CCDCI, Counselor
3	41	White	Female	CCDCI, Counselor
4	68	White	Male	CCDCIII-E, Counselor
5	Not given	Black	Male	RC, Counselor
6	Not given	White	Male	CCDCIII-E, Counselor
7	Not given	White	Female	CCDCI, Counselor
8	45	White	Female	LSW, CCDCIII-E, Clinical Director
9	28	Black	Male	Student Intern, assessments
10	46	White	Female	Clinical secretary/admitting

Recruitment Procedure: *Contacted Clinical Director who recruited staff for interview.*

June 2, 2003: Pharmacy Board Specialists.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	Not given	White	Female	12 years experience with state pharmacy board, 26 years as a pharmacist
2	Not given	White	Male	17 years experience with state pharmacy board, 10 years prior as police officer

Recruitment Procedure: *Call to Assistant Executive Director of Ohio State Pharmacy Board for permission to interview agents. Call to regional agent who arranged time, place and facility with other official of the Board.*

June 6, 2003: Treatment providers.

"Name"	Age	Ethnicity	Gender	Experience/Background
1	40	White	Female	Drug Court Counselor
2	55	White	Female	Methadone Nurse
3	55	White	Male	Methadone Program Counselor, Male Specific
4	54	White	Female	Female Specific Counselor, Drug Court Program
5	60	White	Female	RN, detox/inpatient facility
6	52	White	Female	Female Specific Counselor, Methadone Program
7	29	White	Female	RC, Assessment counselor
8	65	Black	Female	Assessment Counselor

Recruitment Procedure: *Call to Methadone Counselor. He recruited staff for this interview. RN from detox facility included in this interview, as only time she could attend due to work schedule.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

During this round of data collection, participants reported that crack cocaine use in Mahoning and Columbiana counties appears to remain at the high level reported in January 2003. Participants indicated increased use among two groups, younger teens and senior citizens. The link between crack cocaine as a part of exchanges between older males and prostitutes was also discussed.

Consistent with previous reports, users indicated that crack cocaine in this region is very poor quality. As in the January 2003 report there was some discussion of injection use of crack cocaine. However, smoking the drug on "straight shooters" is still by far the preferred method of administration.

January 2003 – June 2003

Participants reported that the high level of crack cocaine use reported in 2001-2002 and in the last round of data collection appears to have remained stable. Although one treatment professional indicated crack cocaine was "too available," there have been times of "droughts" in supply. Participants who reside in Columbiana County indicated Youngstown was still a source of crack cocaine, but distributors are also now driving to Columbus and bringing back quantity. Prices reported were about the same as previous reports with \$10 to \$20 crack cocaine rocks and \$2 bags of crumbs or "shake" still being available. Average use per day was noted at about \$100 worth, with "trading sex for drugs" still being very common as previously reported. Some users described a process of trading drugs using their prescription insurance coverage or Ohio Medicaid card to procure OxyContin® (oxycodone controlled-release) then exchanging with dealers for a

larger amount of crack cocaine, their drug of choice. Reporting drug and alcohol issues for a five month period of January to May 2003, the Youngstown Vindicator newspaper indicated crack or cocaine (not distinguished as to the form) as the highest area of offense in each month reported.

As reported in January of 2003, crack-cocaine users continued to state that most crack cocaine in this area is “garbage,” with one professional believing it is only 2% to 5% pure. The trend for young dealers who reportedly get involved with crack cocaine, at first “just to supply their own weed,” and then “end up using it” continues. Smoking crack cocaine, typically on glass pipes called “straight shooters,” remains the primary method of administration (see Youngstown Vindicator reports, March 2003). Only one provider group reported occasionally hearing in the last 6 months of the practice of crack cocaine being broken down for injection.

A continued increase in both male and female use of crack cocaine was reported, with new user groups emerging. From a women’s group, a treatment professional reported that females who have been prostituting for drugs report that there are “sugar daddies” 65 years and older who smoke crack cocaine with them in exchange for sex. Another treatment provider indicated she had heard of crack cocaine use in a senior citizen’s low-income housing unit, where most residents were on some form of disability. As in the last report, participants reported seeing new middle-aged users, as well as some individuals 50 years of age with long, successful work histories, as well as those near retirement, beginning crack cocaine use. One participant, who indicated he was a regular attendee at community recovery meetings, noted an increase in the last six months to a year of many more “*Hispanic crack users*” at local self-help recovery meetings. As in past reports, young users of crack cocaine, some in their later teenage years, are being seen but what seems to be different is that they are “*now admitting to smoking crack.*” One residential counselor stated that she has been seeing a “*high increase*” of teens starting crack-cocaine use by “*getting it (crack) from their parents.*” Another provider reported receiving calls from parents asking “what to look for,” and how to know if a child is using crack cocaine. It was also reported by an outpatient treatment professional that “*second generation crack users,*” children or young adults using crack cocaine, whose parents are or were users, are now being seen in treatment groups in Mahoning County.

As in previous reports, treatment providers described a lack of long-term residential treatment space for crack cocaine users as a continuing concern. One facility in Mahoning County was said to have had a “*full house for the last year.*” Treatment professionals discussed ideas such as adult “*safe houses*” for clients who complete a stabilization program (2 days), so they do not have to return to their environment while they await residential placement.

1.2 COCAINE HYDROCHLORIDE (HCL)

In previous drug trend reports, participants have described powdered cocaine as available. During this data collection period an increase in both availability and use was reported. Although snorting is still the most frequently reported route of administration there were some reports of injection use of powdered cocaine.

January 2003 – June 2003

During this round of data collection, powdered cocaine was reported to be on the increase; reports ranged from slight to large in three of the five treatment provider focus groups in the Mahoning/Columbiana County areas. In the *Vindicator* reports (Tables 3 and 4) for January to May 2003, only one incident specifically noted the cocaine as being in powder form. One residential treatment provider reported commented:

Participant: *in all neighborhoods in the city...readily available on street-corners, gas stations...I've seen drug deals in stores, people get in front of you, they flag you down.*

Interviewer: *With powder?*

Participant: *Yes.*

Similar to the January 2002 report, prices were reported at \$100 to \$120 per gram. The low prices of June 2002, from \$60-\$80 per gram, were not reported in this round. However, in the current reporting period the major sources of information about powdered cocaine prices were treatment providers who might have had less accurate "street" knowledge than active drug users. The only quantity price available from participants at this time was \$1,200 per ounce.

Not much "shooting" (intravenous use) of powdered cocaine was reported during this period, as opposed to the increase indicated in the January 2003 report. Lacing blunts with powdered cocaine was reported to be occurring among the 20-38 year-old African American population in Columbiana County. "Weekend warriors," described as consisting of mostly upper-middle class males who are employed in local plants, are rolling the powdered cocaine into cigarettes or joints. Increases in this type of binge use were reported at assessment by residential treatment providers. A distinction was made that an abuser that is "primarily an alcohol user" will typically snort cocaine, but a "heroin user" will typically also inject powdered cocaine. Compared to the previous reporting periods, an increase in "speed-balling" (powdered cocaine and heroin injected together) was reported.

Consistent with previous reports, adolescents who snort powdered cocaine were reported by both treatment providers and user groups. As in the last report (January 2003) younger users who follow a pattern of progression from powdered cocaine to crack cocaine were reported again. One counselor indicated that "*...more and more younger kids getting on these pharmaceuticals, like OxyContin®, and then the OxyContin® goes away ...and now they're speed balling.*"

Again during this round of data collection the idea of powdered cocaine as merely a "recreational drug" was indicated. The profile of being "better" than other drug users, due to still having a job, car, and property was noted as a barrier, part of the denial about the problems of use of this drug. Court involvement, rather than voluntary seeking of treatment continues to be the main route of entry to treatment for powdered cocaine users.

3. Heroin

Since June 2000, participants have consistently reported that heroin use is on the increase in both Mahoning and Columbiana counties. The cost and purity of heroin have

remained consistent over the last several interview time periods and the strong link between OxyContin® use and heroin use was reiterated. Participants have consistently reported that injection use throughout the counties has increased. However, younger users continue to prefer snorting heroin.

January 2003 – June 2003

Large increases in the use of heroin in the Mahoning Valley area continue to be reported as in January 2003. One respondent stated that it seems to come in waves, but overall there was consensus opinion that the amount of use has continued to climb with one counselor stating “*much more than 6 months ago, a lot more.*” Most participants mentioned the connection to OxyContin® as a primary factor in this increase. One counselor stated that the dealers say “*take this bag of heroin*” when their drug clientele cannot afford the OxyContin®.

As in past reports “dime bags” (1/8 ounce) are common amounts of purchase on the street. One methadone counselor discussed a \$10 “Youngstown bag” and the \$20 “New York bag,” the cost difference being quality, saying the New York bags are easier to get than ever. One counselor described a 21 year-old who reported he was up to 25 \$10 bags per day, so he was “*going for whatever he could get.*” Most users were reported to be using up to 8-12 bags per day.

Most groups reported they had heard no complaints about heroin quality recently, some stating that it is better and stronger than ever. One group reported the quality of heroin as “garbage,” with the color being yellow, not brown. Several participants reported they had not heard of recent deaths which in the past have indicated that the purity was up significantly. However, one assessment counselor working with young adults reported that in the last 6 months 3-4 of her heroin using clients had friends who had overdosed.

As in the last round of reports, focus group participants were clear that OxyContin® continues to be an important pathway to heroin abuse. One counselor stated: “*it started with the Oxy craze and when they couldn’t afford it anymore, they switched to the heroin.*” She further described a current female client, age 20 who started with “Oxy’s,” then began snorting heroin, and within 2 months was injecting heroin. This detoxification-inpatient counselor reported that she has recently been seeing this trend of progression repeatedly. As told to her, someone offering IV heroin in words to entice says “*try this, it is better, faster and lasts longer.*”

Although all ethnic groups were reported as users of heroin, some participants indicated more Whites in the range of 20 to 30 years of age than other ethnicities. Snorting among the 19-28 year-olds who still “live with mom and dad” and “don’t work” was reported. Some younger users prefer snorting, partly due to the fact that they do not want to have “tracks” and “abscesses” and try to maintain their “body image.” It was also indicated that the younger crowd was afraid of HIV and Hepatitis C. One counselor believed that about 60% of this new user group has been in college and they often obtain their drugs by theft and forgery. Not being able to see the connection between their drug use and their legal problems, as well as a general disconnection from legal issues such as, “*I was just in the wrong place at the wrong time,*” was discussed as typical of this new group of young heroin users.

Methadone treatment professionals stated that in the past six months they have seen a “huge” increase in younger people coming for methadone treatment, stating the increase was at least 50%, and up to 100% more. One counselor stated that ten years ago the average age of a client was 40-50 years old but that this year it has dropped to the age range of 25-35 years old. The methadone clinic participants reported several 17 year-olds presenting for treatment who were not accepted into their services. The methadone clinic requests prior treatment efforts for clients to apply to the methadone program. The 20-25 year-olds have not had this prerequisite but still want to go straight to methadone treatment.

As indicated in previous reports (June 2002 and January 2003) an effective medical detoxification regimen for the treatment of symptoms of withdrawal continues to be problematic. One nurse, who works in a detoxification facility, reported that detox clients are not satisfied with the medications that they get and that it does not work with heroin withdrawal like it does with alcohol. Again, as in the last report, it was indicated that a six to ten-day detox might be more appropriate. Methadone clinical staff stated that when they get heroin users after only five days of detox, “...we can't teach them anything...they are still rocking and rolling in their shoes... agitation, diarrhea, cramps, sweating, they are still dope sick.”

Clients who have been treating their own heroin addiction with street methadone have been using higher levels than those available at the methadone clinic. One assessment counselor indicated that heroin users who she interviews for treatment placement ask a lot of questions about what medications they will get for treatment, often requesting methadone, as they express their concerns about experiencing the anxiety and physical pain associated with heroin withdrawal.

Lack of funds to adequately finance methadone needs is reported as a major continuing issue among treatment providers. It was reported that methadone clients are not welcome at many local NA and AA meetings because they are using methadone. A constant concern related to heroin use, Hepatitis C was reported to be of “epidemic proportions” in Mahoning County by the methadone treatment team. Methadone clients receiving methadone while in jail, much as mental health clients receive their medications while incarcerated, was advocated by the methadone treatment providers.

3. Other Opioids

3.1 OXYCONTIN

In focus groups and individual interviews, OxyContin® (oxycodone controlled-release) continues to be the most frequently mentioned opioid pharmaceutical being abused in Mahoning and Columbiana counties. As with the January 2003 report, OxyContin® is still showing an increase in some areas, particularly Columbiana County and the more suburban areas of Mahoning County. Participants report that the cost of OxyContin® has remained stable at between \$.50 and \$1 per milligram. As reported over previous rounds of data collection the progression from snorting OxyContin® to intravenous use of OxyContin® to heroin use was confirmed during this data collection period.

January 2003 – June 2003

Participants reported that OxyContin® remains in high demand in the Youngstown area. During this reporting period OxyContin® was described by the Pharmacy specialists as “everywhere,” “totally out of control” and the “Number 1’ sought after product.” The officers reported that Purdue Pharma, a producer of OxyContin®, is assisting law enforcement with money for education through brochures, paying for undercover buys, and replacing OxyContin® when stolen.

A street diversion of OxyContin® was detailed by one agent, where 726 doses of 80 mg tablets were bought and flown in from California to the Youngstown area. The shipment was delivered by a “mule” who originally wanted \$23 per tablet with the final purchase price of \$18, due to the quantity bought. Another 600 doses were reported as being “rolled off” prior to the diversion buy with the person delivering “only here (in town) 2 days...that’s how fast it went.” The diversion agent reported current typical street prices were \$40 for an 80 mg. tablet.

Treatment providers continued to indicate, as reported in January 2003, that typical OxyContin® users both males and females are between ages 18 and 25, are predominantly Caucasian, with a similar profile to that reported in the heroin section--educated and often “middle class.” Participants reported that some users obtain the drug from doctors and dentists who are still prescribing it, some sell their own prescriptions, go doctor shopping, and use SSI benefits to purchase the drug. In addition to one counselor who reported 3 clients who told him of friends dying from OxyContin® during this period, several also reported resuscitating friends who had overdosed on combinations of OxyContin® and heroin. Unchanged from previous reports, difficult withdrawal symptoms during detox and a high rate of relapse were reported.

3.2 OTHER PHARMACEUTICAL ANALGESICS

Over the past couple of years, focus group participants in the Mahoning/Columbiana area have reported a steady increase in the abuse of non-prescribed pharmaceutical analgesics. Consistent with the June 2002 and January 2003 report use of cough syrups, particularly in the Black community, was confirmed by the Ohio Pharmacy Board representatives.

January 2003 – June 2003

The Ohio Pharmacy Board representatives reported on two sectors of drug problems including medical facilities and the retail sector. In the compliance arena, it was reported that a variety of prescription analgesics are stolen from nursing homes. All pharmaceutical analgesics seen in Mahoning/Columbiana counties were reported as being of pharmaceutical quality with no fakes or look-a-likes seen.

As per the Ohio Pharmacy Board representatives, Darvocet® (propoxyphene & acetaminophen) use has remained “stable” with a street price of \$3 per 100 mg. dose, but is considered “not really a sought after drug.” Darvon®, (propoxyphene) and generic propoxyphene (a chemical derivative of Methadone) are seen only in the long-term care sector due to the acetaminophen levels. These are more easily stolen because they are

written PRN (to be given as needed) and when prescriptions are written in institutions as PRN one representative stated, "...*nobody tracks them or pays attention...as opposed to when a drug is scheduled to be given every four hours with closer record keeping.*"

Demerol® (meperidine), a Schedule II drug, is not easily available but "*for those who can get it, it is a desirable drug.*" It was further indicated that in the past couple of years abuse of OxyContin® has superseded Demerol® abuse. Most of the long-term care Demerol® was reported to be injectible, and one Ohio Pharmacy Board Representative reported that the amount diverted has remained the same for that form, with no abuse of the tablet form of Demerol® seen. Dilaudid® was reported to have "*fallen off the market*" compared to the time when it was a "*major problem*" about 8-10 years ago. One participant suggested, "*now I hardly see it anymore, because of the Oxy.*"

Abuse of fentanyl (Duragesic® patches) was reported by the Ohio Pharmacy Board Representative to have increased in every sector including "*retail, hospital, [and] all health care.*" Problems with reporting through the emergency room DAWN network exist because "*...most of these people don't end up in an emergency room with a duragesic patch or if they do they are poly-drug abusers.*" One representative reported a current typical story:

Two months ago... at a nursing home... a respiratory therapist who would go in, with a patient who was bedridden and would work their patch off and put adhesive in place of it...a bandaid and then adhesive tape, so that they would still feel something...was taking their patches dipping them in alcohol, dissolving them, taking the solution and then shooting it for himself.

Other routes reportedly used with patches also included health care personnel taking patches off, draining them and putting them back on or the method of the user "*collecting a bag full of used patches*" then taking the new patch off and putting a used one back on the patient. Eating the contents of the patch, a procedure described in January 2003, was not considered by the pharmacist being interviewed as an effective route of administration. "*If that drug goes down your throat it isn't going to be activated...you would get only a little buzz;*" however, by holding it inside of the mouth, like chew, or under your tongue using "*first order kinetics*" it becomes "*like an IV.*" It was further reported that as the abuse and illegal diversion of OxyContin® increased in nursing homes, providers cut down on prescribing OxyContin® by switching to the Duragesic® patch for patients' long-term pain control, thus increasing the availability of fentanyl patches to be stolen.

Fentanyl injection was reported as being seen with Anesthesiologists and Certified Registered Nurse Anesthetists (CRNA) with the liquid form of the Schedule II drug reportedly being very powerful. The representatives stated that national estimates are reported at 4% of anesthesiologists/ CRNA's having abused fentanyl. The representatives reported that if the criminal aspect can be proven it is taken to court as a felony, if proof is inadequate it becomes an administrative case sent to the Board. Cases seen for seven counties in Ohio, including Ashtabula, Lake, Geauga, Portage, Mahoning and Trumbull and ½ of Cuyahoga County, were reported as at least 2-3 calls per week on problems with fentanyl patches. So many problems are being seen with fentanyl injection that operating rooms are doing special studies to try and track down

some of the problems. According to the compliance officer it is seen as...*"a great short-acting drug...you use it, knock yourself out...wake up... and go back to do your surgery.*

The Schedule II drug Methadone was reported as not being used in the long-term care arena. Mostly used for outpatient pain management, some pain management doctors reportedly assume *"it's a less desirable street drug."* However, low-income individuals without Medicaid or insurance programs reportedly *"ask for methadone... it still has its street value."* The wafer form currently seen on the street was reported to be coming from pain management sources.

Lorcet®, Lortab®, and Vicodin® (hydrocodone & acetaminophen) were reported as the most sought after street drugs in the schedule III category, with approximately 25 diversion cases reported to the Ohio Pharmacy Board per month. No current drugstore thefts were reported, since *"Oxy's overpowered everything."* Pharmacy Board Representatives reported that attempts are made to divert these at the pharmacy, *"it's a call-in, as street people know that they can call in and fake that they're the doctor or nurse..."* adding that with these drugs they typically add 3-4 refills. Street value was reported at \$5-\$8, up to \$10 per tablet in some areas. Approximately one-third of all prescriptions "are called in" with the impossibility to track every called-in prescription reported. In long-term care where these particular drugs are given PRN nurses are able to "pretend" that the patient requested dosing, falsify the record, and steal the drugs. The compliance officer reported typically receiving two calls per week on diversion of Vicodin.

Use of injectable morphine, which most typically is abused by nurses according to Board sources, was reported as remaining the same, with very little seen "in the street." Hospice nurses who do not destroy the drug and divert it were one user group reported. One case was described as a health professional who tried last year to commit suicide by drinking 685 mg. of injectable morphine. This person did not succeed, and now has been reported to the Board with a case for diverting Dilaudid®, Methadone and OxyContin®. The officers reported very little MS Contin® abuse being seen.

Percocet® (oxycodone & acetaminophen), Tylox® (Oxycodone & acetaminophen) and Percodan® (oxycodone & aspirin) were reported as having fallen off with the advent of OxyContin®. Talwin Nx® (pentazocine with naloxone) was reported as not having been abused in the last 20 years, since the antagonist was put in so that it can no longer be used intravenously.

Tylenol® 2, 3, 4 (codeine) were reported as taken from nursing homes at the same rate as Darvocet®, as the drug is not used much for chronic pain. The abuse of Ultracet® (tramadol & acetaminophen) and Ultram® (tramadol) were also seen as decreasing after the advent of OxyContin®. The compliance officer stated that just like the fentanyl it does not show up on the DAWN network, so there is no national data that says it is a drug of abuse. However, citing the number of cases of theft seen by the officers of the Pharmacy Board in nursing homes they have "made it" a controlled substance *"on their own record-keeping."* One officer reported they used the same method with Ultracet® and in the past with Soma® (carisoprodol) as a way to control the amount of looting. Both representatives reported that Ultram® and Soma® are often used to "enhance" the effects of other drugs.

Treatment providers reported that clients occasionally mixed other tablets in with their primary drugs of choice. Currently, participants indicate that Darvocet® or Percocet® are only used if the user cannot get the other drugs they want. Percocet® were reported as “cheap” and very common at \$5-6 per tablet. Vicodin® was also considered by treatment professionals as a “biggie” ranging in price from \$4 to \$10 per tablet. Although some “fake” tablets were reported last round, at this time in Mahoning and Columbiana County providers reported all as pharmaceutical grade.

In the June 2002 and January 2003 reports, several groups discussed abuse of Tussionex® (hydrocodone extended-release suspension) and Hycodan® (hydrocodone) cough syrup, both in Columbiana County and in the “Black Community” in Mahoning County. The Pharmacy Board representatives confirmed that Tussionex® is the “*primary #1 diverted drug...liquid, also called the “Golden Syrup.”*” They confirmed that it is an “ethnic centered” drug, seen predominantly in the Black community. The compliance officer explained that if you spin the bottle physically “*it breaks the hydrocodone*” out of the resin and produces pure hydrocodone. She was not sure if the “freezing” method reported last round would work, but speculated that it might.

Roxynol® (morphine), a liquid used for tube feedings for “little kids” in severe pain cases, as well as all other liquid pain medications being used in nursing homes, were reported by the compliance officer as regularly illegally diverted.

4. Marijuana

During previous reporting periods, participants in Mahoning and Columbiana counties have indicated that marijuana is a highly available drug of choice. This remains unchanged. Historically there has been a wide range in the quality of readily available marijuana. Consistent with previous reports participants indicate that marijuana is used by a wide age range and all ethnic groups.

January 2002 – June 2003

Focus groups during this round of data collection reported marijuana being as common as cigarettes with kids openly “*walking down the street smoking*” marijuana. Participants stated that the quality of marijuana varies with everything from “dirt weed” locally grown for “*a users own supply*” and a suburban potent variety known as “Kime (sic) weed” reported this round. A recent cultivation and trafficking bust in suburban Boardman, as reported in the Youngstown Vindicator 6/7/03, revealed two brothers, ages 18 and 19, whose list of paraphernalia included, “*grow lights, fertilizer, compressed carbon dioxide, solar tracking devises and irrigation equipment.*” This arrest was reportedly made as part of a new “Streets Crime Unit” implemented in May 2003.

Marijuana continues to be used by very diverse age groups, including young users 10-18 years of age as well as people in their 60s. More schools are reportedly referring 14-15 year-olds for the “smell of marijuana” and paraphernalia in school. Treatment professionals reported some parents who use marijuana are not willing to maintain abstinence when their own children are in treatment. In some estimates students are reporting more use before school and after school than in the past, with additional reports of some parents laughing about their “*child’s short -term memory loss and inability to take tests.*” Use continues to be reported across the board for all ethnic and

socioeconomic groups with Columbiana County reporting bankers, lawyers, and college students smoking marijuana. There are currently only occasional reports of lacing joints with PCP, embalming fluid, or other substances.

Courts, probation officers, employers or employee assistance programs continue to be the primary routes of referral for marijuana abuse. Users continue to deny problems with marijuana as they are *“not hurting anybody else”* and as there is often great difficulty in seeing the consequences. Legalization of marijuana continues to be mentioned among user groups as an important topic.

According to the Adult Misdemeanor Drug Court representative (communication of 6/11/03), out of 21 drug charge cases from January to May, 2003 the following included marijuana:

Marijuana Possession: 12
Marijuana and Alcohol: 1
Marijuana & Vicodin: 1
Marijuana & Cocaine: 1
Marijuana, Cocaine & Alcohol: 1
Marijuana Paraphernalia: 1

5. Stimulants

During this round of data collection participants reported a lack of stimulant availability and use as has been described in previous Ohio Substance Abuse Monitoring reports. While this remains generally true, there were some reports during this round of data collection that some experimentation with methamphetamine and its production may be taking place. This change will be monitored during future data collection.

5.1 AMPHETAMINE

In the January 2003 reporting period all participants indicated little to no availability of amphetamines in the Mahoning and Columbiana County areas. During this period this was again true with one group reporting that they had seen a few clients who reported past use, but none currently using. One counselor reported she had been alerted to look for adult Attention Deficit Disorder (ADD) clients abusing their Ritalin® (methylphenidate), but that she had *“not seen any.”* In the last report the Task Force Pharmaceutical Specialist reported children’s stimulant drugs Adderall (amphetamine mixed salts) and Ritalin being used by parents. The Ohio Pharmacy Board compliance confirmed that continuing trend of prescription stimulant abuse, citing recent cases like *“family ADD, where you have all 5 people on ‘scripts.”* She reported that since the adult ADD became an “indication,” there is more abuse of prescriptions.

5.2 METHAMPHETAMINE

In the last reporting period the majority of groups indicated no current knowledge of methamphetamine in the Mahoning/Columbiana reporting area. Some felt this was still true, with one treatment provider speculating that those making money in the area (on crack cocaine and heroin) are keeping drugs like “meth” out. During the January to May reporting period reviewed in the Youngstown Vindicator, no arrests for

methamphetamine production or consumption appeared. However, three important findings may point to the beginning of the influx into the Mahoning Valley area of methamphetamine.

Columbiana County professionals reported hearing of users, in their late teen years up to 25-years-old, who reported some experimentation with “meth,” but similar to Ecstasy abuse, they have not seen clients coming in for methamphetamine dependence. One Columbiana area female client reportedly used it once and was “disinterested” since she did not like the effects of the drug. She indicated, however, that those who do like it “*talk about it like it was a person*” and that others she had seen who like it, “*really like it.*”

One assessment counselor/nurse at a Mahoning County detox-inpatient facility reported a recent 23 year-old-male client who had revealed using pseudoephedrine and red phosphorous to produce his own “crank.” When the counselor asked for more details, he directed her to a web-site, where he had gotten the directions for crank production. Indeed, at www.rhodium.ws/chemistry/popeye.cranksynth.txt details of “freebase extraction for chemhacks” are revealed with other links on this same site giving directions for “extracting red phosphorous from matchbooks” as well as methamphetamine synthesis from ephedrine via reduction with hydriodic acid and red phosphorous.

In another report, a residential treatment counselor stated that she had heard from clients that there are three so called, “*doctors’ out there,*” who produce methamphetamine. She further stated “*there is a lot of home chemistry going on out there.*” Reportedly, individuals in their late teens and early 20s are “educating each other” on methamphetamine production. The individuals, mostly males, who are involved in methamphetamine production are in their 30s and older, and are often using methamphetamine to bring in younger females for sex. One counselor reported working recently with several young women who told her that they watched the methamphetamine production and later began experimenting with making it themselves. These young women reported no black outs or negative incidents. Another counselor stated that he had been working recently with a woman who reported “black-outs” from methamphetamine. During one such “black-out,” this client reported *having “sex with different people (who were a part of the meth ‘scene’)” and she did not know who.*”

6. Depressants

Respondents in the Mahoning/Columbiana area consistently report that the most commonly used depressants are Valium®, Ativan® and Xanax®. Reports of use of a variety of other depressants occur on occasion but overall there has not been a change in the use of depressants.

January 2003 – June 2003

Some reports of Valium® (diazepam), Ativan® (lorazepam), and Xanax® (alprazolam) abuse continue as in the previous Mahoning/Columbiana reports. Consistent with the last six-month report (January 2003) treatment professionals reported some street availability of these drugs. One assessment counselor stated that the abuse of Xanax® was steady, not changing in the last six months. One assessment counselor reported that some clients are coming in with a diagnosis of “Anxiety” or “Post Traumatic Stress

Disorder” and are on prescription Xanax® or Ativan®, but that they often have a history of taking “*more and more,*” often along with other drugs. Another assessment counselor echoed similar situations, naming Xanax® as prescribed for “abuse.” Often these clients cannot get off these medications and need to come for detox with “*pretty bad withdrawal.*” Professionals at the residential center stated that younger people are taking Xanax® out of people’s medicine cabinets, selling it, with a current price of \$3 per tablet or sometimes just trading it for “weed.” Another counselor who was working mainly with Drug Court clients indicated that Xanax® abuse has been an issue seen over the last year.

The Pharmacy Board Compliance officer stated that in the health care arena pilfering and abusing Xanax® and all the “benzos” often occurs in conjunction with OxyContin® in order to take away the “jitters.” Approximately a 10% increase in Benzodiazepine theft in nursing homes was reported, stating that when called in for an investigation the officer knows to “*also look for*” theft of clonazepam (Klonopin®) which is used with the elderly. Klonopin® which was mentioned as readily available in the last report was not indicated by any of the treatment professionals as being used frequently during this six-month period.

GHB (gamma-hydroxybutyrate) was reported by residential facility professionals as having been used during this reporting period by several users who also reported Ecstasy use. The providers indicated that the GHB users were Caucasian, male, in their early 20s and living in the Mahoning County area. At the inpatient facility, another counselor reported a recent case of GHB use with a 35 year-old male.

In January 2003, treatment professionals were reporting that some of their clients were using Phenergan® (promethazine) which is commonly prescribed to relieve upper-respiratory symptoms and also has sedative effects. Typically, the clients reported using Phenergan® in combination with other substances to enhance their drug “effects.” In the current reporting period, the pharmacy representative confirmed this trend stating “*people are getting smarter with drugs...like the Phenergan®...using those along with other drugs.*”

7. Hallucinogens

Occasional reports of hallucinogen use have been presented by participants throughout previous reports in the Mahoning/Columbiana counties. Throughout the year 2002 Ecstasy use seemed to be on the rise; however, this increase in use seems to have leveled off.

7.1 LSD & MUSHROOMS

As in the last several reports, LSD was still occasionally being seen in Columbiana County. Psilocybin mushrooms were not reported in either the Mahoning or Columbiana provider focus groups. In addition, our findings this round are limited because no young polysubstance users who are most often reporters of these substances were interviewed this period. One counselor stated that she “rarely” hears of these hallucinogens and that young people do not typically stay users of these drugs for long. They seem to “either stop” or “graduate on” to other drugs.

7.2 MDMA (Ecstasy)

In the previous reporting period increases in use of Ecstasy in the young adult and adult population were reported. However, there were few reports of Ecstasy use in this set of interviews, especially considering the targeted rapid response abuser base. Columbiana County young adults interviewed for the January 2003 report indicated that Ecstasy and Ketamine were very available and popular at that time. Treatment providers interviewed during May and June 2003 stated that they had treated a few clients who reported snorting Ecstasy in the past, but that basically their clients “*don’t come in for those drugs,*” and they had not had a client admitting to use of them in a while. Columbiana County workers did report knowing of a Veterinarian’s office that was broken into recently, speculating that stealing Ketamine might have been the goal.

One Mahoning County assessment counselor indicated that some clients who were in their 20s were reporting a history of use of “E,” but that the drug was not currently being used. She did indicate that she suspected that the use of Ecstasy in suburban settings among White teenagers was “steady.” This supports the Drug Task Force report last round that Ecstasy has been available in some area high schools. The adult counselors at the detox facility also stated they believed teenagers were using Ecstasy, but had not had direct contact with these adolescents. An assessment counselor reported that she has recently had “panicky” calls from teenagers after they had used the night before worried about the “bad” side effects of taking Ecstasy. An assessment counselor stated she thought Ecstasy users were seeking mental health treatment for “depression” rather than substance abuse treatment.

7.3 PCP

In the January 2003 report there was some indication of increased use of “wet” or “dip” (marijuana possibly laced with PCP or other unknown substances). In this round of data collection three focus groups reported no current knowledge of PCP use at this time in the Mahoning and Columbiana County areas. Counselors at the residential facility reported some clients coming out of the Cleveland and Akron areas using “wet” and dipping menthol cigarettes in “formaldehyde” and calling it “sherm.” One treatment counselor reported a recent male client who sought treatment due to “*aggressive episodes*” while using PCP. Counselors at another focus group had some knowledge of PCP being used as an “extra boost” laced on marijuana. The “dipped” or “wet” was reported as “*not embalming fluid,*” with another counselor adding that amyl nitrate was also being used as “dip.”

8. Inhalants

An assessment counselor stated that although in her experience in Mahoning County inhalant abuse is rare she has over the last year seen several younger students ages 13-14 who abused inhalants. She noted that parents report that the kids will not admit to use of inhalants, and perhaps embarrassed that they cannot get anything else, the kids resort to the use of household products. Another Mahoning County assessment counselor stated that she had also seen a “couple” of adolescents for inhalant abuse in this recent period. Additionally, one nurse indicated that recently a 21 year-old heroin user, in a detox program, was caught in the “children’s room,” attempting to sniff the dry

erase board cleaner just to “*get something.*” All others interviewed in Mahoning County reported no knowledge of inhalant abuse at this time.

Extensive teen inhalant abuse was reported for Columbiana County in January 2003. However, the counselors interviewed for this report stated, although they believe there is inhalant abuse in their county, that these clients are served by a different facility (interviewed in January 2003) so they had no first hand knowledge of current use. Counselors from that facility were contacted but were not available for interview during the June 2003 reporting period.

9. Alcohol

Treatment providers report that alcohol abuse continues as a significant problem in the Mahoning/Columbiana County areas. Polysubstance abusers are reported to often use alcohol in combination with other drugs. The trend as previously reported for individuals to begin alcohol abuse at a young age has continued.

January 2003 – June 2003

As in past reports focus group participants agreed that alcohol continues to be “very popular” and “socially accepted.” In Mahoning County the trend by clients to “*down-play alcohol use at assessment*” was characterized. The extent of alcohol use then comes out later as treatment progresses. In this round, one Mahoning County outpatient treatment provider expressed the opinion that alcohol is not the “*drug of choice among many young people because they are aware of the consequences of DUI, disorderly conduct and open container, and so are choosing other substances.*” Another Mahoning County adolescent assessor saw it differently stating she was seeing inner city kids start with marijuana and try alcohol later, but those in the suburbs seemed to try alcohol before the marijuana.

During the last report, younger users were again reported in the outlying areas, and in Columbiana County, this time, alcohol use at ages 10-12 was reported, with some older youth possessing “fake ID’s.” Columbiana reported 7 deaths related to alcohol in the last six months. Treatment professionals also reported that when they send middle-aged adults with alcohol as their primary drug for detox they have often been using “*for years.*” A similar statement made in Mahoning County was that the mid-age adults sent for detox have been drinking “*daily for years.*” In Columbiana County 300-400 DUI clients per year were reported with most under the age of 30. The connection to marijuana was stated in Columbiana County as: “*often when they get a DUI, they are referred for a drug test, and marijuana is there.*” Also the connection with alcohol abuse and domestic violence was again made, with the notation that both parties are “*throwing punches*” but it is the men who generally get the legal charges. Forty-two alcohol related incidents were reported in the Youngstown Vindicator (January -May 2003); of these, 67% had some violent aspect.

One Mahoning County assessment counselor described an increase in alcohol abusers in their 30s both Black and White, but not Hispanic. Another trend included middle-aged males, in advanced stages of alcoholism drinking “large bottles of Scope,” available for \$1.50, with resultant stomach problems, hallucinations, and blackouts. Similarly, one of the women’s counselors from the methadone program had a female client who was “*drinking 5 bottles of Nyquil a night*” and not understanding the alcohol problems related

to this practice. One residential counselor reported a local recent suicide that involved components of alcohol abuse and depression.

As indicated by treatment professionals in January 2003, "pure alcoholics" are unusual, with several interviewees this time stating many users see the alcohol as just something to "*wash the other things down with.*" Regular drinking was often seen as normal, with the detox-inpatient facility reporting younger repeaters, with mental health issues in treatment, who reported alcohol as their only substance of abuse. One residential counselor reported that many in treatment report a past suicide attempt related to alcohol abuse and depression.

10. Other Issues

The pharmacy representative indicated that "*kids are swallowing*" multiple doses of pseudoephedrine and other related antihistamine/ephedrine medications with an upswing seen in the last year. Drug stores in response currently "*only allow the sale of minimal packets at a time*" and some pharmacies have "*set their registers*" so that purchase of multiple amounts will not ring up. Reportedly packets of these medications have been moved behind the counters due to increases of theft.

Treatment professionals report a significant increase in the number of young pregnant women using a variety of illicit drugs that are in need of stabilization in lieu of detoxification. A need for Obstetric/Gynecological consultations and transportation for other hospital services needed was reported.

APPENDIX A: Drug Price Tables

DRUG PRICE TABLE 1: CRACK COCAINE

	Gram	1/16 ounce	1/8 ounce	1/4 ounce	Ounce	Kilogram
Athens			\$200			
Dayton				\$225-275		
Toledo	\$50-80		\$150			

DRUG PRICE TABLE 2: COCAINE HYDROCHLORIDE

	Gram	1/8 ounce	Ounce
Athens	\$50-100	\$100-150	
Akron	\$75-100	\$250-350	\$1100-1300
Columbus	\$40-60	\$120-180	
Cleveland	\$50-130		
Dayton	\$40-60		
Youngstown			\$1200

DRUG PRICE TABLE 3: HEROIN

	Gram
Columbus	\$100
Dayton	\$125-180
Toledo	\$150-180

DRUG PRICE TABLE 4: MARIJUANA

	Pound	1/4 ounce	Ounce	Gram
Athens		\$60; \$80-100 (h.qual)		
Akron			\$100-150; \$400-500 (h.qual)	\$25
Cleveland	\$400-500		\$40-45	
Columbus			\$150-200	
Dayton			\$125-200	

DRUG PRICE TABLE 5: PRESCRIPTION MEDICATIONS

	Percocet	Vicodin	Dilaudid	OxyContin	Fentanyl Patch	Xanax
Athens	\$2-10	\$2-10		\$1/mg		
Akron	\$5-10	\$5-10	\$20-40/4mg	\$.50-1/mg		
Columbus	\$2	\$3-5		\$.50-1/mg	\$70	
Dayton				\$.50-1/mg		
Toledo			\$10-15	\$1/mg		
Youngstown	\$5-6	\$4-10		\$.50-1/mg		\$3

DRUG PRICE TABLE 6: MISCELLANEOUS DRUGS

	Ecstasy	LSD	Ketamine	GHB	Psilocybin	Methamph.
Athens	\$30/tablet	\$5/hit			\$30/1/8oz.	
Akron		\$5-10/hit		\$600/gal		\$80-100/gm
Cleveland	\$20/tablet					
Columbus	\$20-30/tablet	\$5-10/hit	\$60-70			\$100-150/gm
Dayton	\$20/tablet	\$10/hit			\$35/1/8oz	\$130-200/gm