

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

July 2003 – January 2004

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Abstract

For the current reporting period, data were obtained through three focus groups and two individual interviews. Supplemental data sources were provided by the Summit County Alcohol, Drug Addiction and Mental Health Services Board, Summit County Medical Examiner, Summit County Sheriff Department, and the National Drug Intelligence Center Information Bulletin. Crack cocaine continues to be the most problematic drug in these counties, with reported higher quality and decreasing cost due to increased competition in the area. Crack cocaine was described in this round as transcending the inner-city, now being abused throughout the region by all socio-economic strata. Powdered cocaine was reported to be decreasing in availability but still relatively easy to obtain. Heroin was reported to be steadily available in these counties through a Cleveland-Akron/Canton link. OxyContin® continued to be commonly mentioned pharmaceutical analgesic available in the area, with dropping prices. Focus group participants reported an increased concern regarding pharmaceutical analgesic users as young as 13-15 years of age. The use of fentanyl continued to be reported; however, not as a preferred drug among regular users of opioids. Marijuana continued to be the drug being used at the highest level, with continued availability throughout the region. Methamphetamine production and use were reported again in this round of data collection, although still rare as a primary drug of choice.

INTRODUCTION

1. Area Description

Summit County, located in Northeast Ohio, has 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 African American, and other ethnic groups constitute the remaining 3.3 percent. The median household income of Summit County residents is estimated to be \$40,102. Approximately 11% of 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.

Stark County, located in Northeast Ohio, has an estimated 2002 population (based on 2000 census) of 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 African American 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 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 (containing 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

Table 1 and Table 2 present information about focus group participants and individual respondents. Data were collected from June 2003 through January 2004. One focus group was held with treatment professionals who work with substance abusers. Two focus groups were conducted with substance users. Individual interviews were conducted with one treatment professional and one narcotics officer.

Supplemental data were provided by the Summit County Medical Examiner for the time period of June 2003 through December 2003. The Summit County Sheriff Department provided data supporting availability, pricing, and purity estimates for June 2003 through January 2004. The National Drug Intelligence Center Information Bulletin was also obtained which provided drug overdose data. The Summit County Alcohol and Drug Addiction Mental Health Services Board provided treatment admission data for 2003.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Description
12/18/03	5	Detoxification Clients
1/6/04	5	Methadone Maintenance Clients
1/6/04	6	Staff- Counselors, Intake, Certified Addiction Registered Nurses (CARN) personnel methadone maintenance program

Individual Interviews

Date of Interview	Description	Ethnicity	Gender	Age
10/22/03	Narcotics Officer	White	Male	--
11/15/03	Counselor -Residential Treatment Center	White	Male	53

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
3	16	2	18

Table 2: Focus Group/Individual Recruitment Procedures

October 22, 2003: Narcotics Officer

ID Number	Age	Ethnicity	Gender	Experience/Background
1	--	White	Male	Narcotics Officer

Recruitment Procedure: *Recruited a narcotics officer from a local police department for participation in an individual interview.*

November 15, 2003: Residential Treatment Center Counselor

ID Number	Age	Ethnicity	Gender	Experience/Background
1	53	White	Male	Counselor

Recruitment Procedure: *Recruited a counselor from a local residential treatment program for participation in an individual interview.*

December 18, 2003: Detoxification Clients

ID Number	Age	Ethnicity	Gender	Experience/Background
1	43	White	Male	Heroin
2	29	White	Male	Alcohol
3	40	White	Male	Alcohol
4	52	White	Male	Alcohol
5	24	White	Male	Heroin/OxyContin®

Recruitment Procedure: *Clinical staff at the largest area detoxification facility recruited recent users (past 2-5 days) for participation in this focus group.*

January 6, 2004: Methadone Maintenance Program Clients

ID Number	Age	Ethnicity	Gender	Experience/Background
1	40	White	Female	Heroin
2	35	White	Female	Heroin
3	55	African American	Male	Heroin
4	48	African American	Female	Heroin
5	43	African American	Female	Opiates

Recruitment Procedure: *Professional staff from the largest area methadone maintenance facility recruited clients to participate in this focus group.*

January 6, 2004: Treatment Providers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	47	White	Female	Intake/Assessment Specialist
2	47	White	Female	Intake Coordinator
3	38	White	Female	Director of Outpatient Services
4	40	White	Female	Intake Counselor
5	28	White	Female	Counselor
6	40	White	Female	Counselor

Recruitment Procedure: *The Coordinator of Outpatient Services at the facility recruited professional staff members for participation in this focus group.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since the beginning of the OSAM project, crack cocaine has consistently been reported as a problematic drug in the Summit and Stark County areas. Its availability and cost have remained stable since 2001. Participants have consistently reported that all ages, ethnicities, and both genders use crack cocaine. Smoking has remained the primary method of administration, however, beginning in 2002 there were reports of some injection use of crack.

June 2003 – January 2004

In the current reporting period, there was unanimous agreement among respondents that crack cocaine was readily available. According to user-respondents, the increase in use among all socio-economic groups was related to the increase in individuals who were capable of refining crack from the powder form of cocaine. That is, there was less need to look to street dealers for smaller amounts of crack for daily use. The risk of arrest, as well as being “ripped off” by dealers peddling spurious substances (e.g., almonds, soap chips, etc.) created a proliferation of more closed markets and networks, according to law enforcement, treatment providers, and users alike. The number of users who were able to “cook” crack for their own use or for small amounts to sell also increased, according to all respondents. Data from previous reports provided by treatment providers indicated that young adolescents (13-15 years old) told them that they sold crack because of the easy marketability and fast money, although their drug of choice was marijuana.

Quality and purity of the drug varied. Both user and law enforcement respondents believed that competition contributed to lower street prices and higher quality. Law enforcement officers reported that they continued to make weekly arrests of street dealers throughout the area, sometimes leading to the arrest of higher-level dealers. However, users and treatment providers believed that prevention and law enforcement were having minimal effect on the supply and demand of crack cocaine.

Users reported that prices for quantity amounts of crack decreased, and one focus group reported that an “eight-ball” (1/8 ounce) could be purchased for \$140-\$150. Typical amounts

reported by daily users were \$20 “pieces.” Many users reported buying “eight-balls” for themselves because they felt that this enhanced their chances of getting higher quality crack.

Users, treatment providers, and law enforcement personnel agreed that crack cocaine has transcended its status as an inner-city phenomenon, and is now abused throughout the region, and across all socio-economic strata. Furthermore, user groups believed that it is being used by area residents from an increasingly wide variety of backgrounds, occupations, and socio-economic status. Treatment providers tended to see this as something of an overgeneralization; they believed that the professional, upper-middle class individuals who abuse crack were isolated examples, and the majority of users still came from lower to middle-class population segments.

Smoking remained the preferred way to administer crack, although injection drug users in a methadone maintenance program reported that injection of crack appeared to be on the increase.

Crack cocaine continued to be viewed by all respondents interviewed as a major health problem for those who became involved with it. Treatment providers noted the medical issues that arise with the use of crack. Users who were once resistant to seek treatment were now driven to it by physical problems related to crack use, notably cardiovascular and respiratory problems.

Prostitution and “sex for drugs” has become a viable source of income and drug supply among females dependent on crack. Due to this, some treatment providers reported that they believe crack addiction has affected females at a rate rivaling males. This has contributed to medical and social problems such as the spread of STDs and lack of financial independence among female users according to treatment providers. They also made reference to the occurrence of positive urine drug screens among pregnant women despite persistent public health awareness efforts in the area.

Relative to other primary drugs of choice, crack users appeared at some Akron-Canton treatment facilities in increased numbers (see Exhibit 1). Residential treatment programs, in particular, were heavily populated by crack users, who seem to have had a great deal of trouble staying abstinent in less-restricted settings. Many of these individuals lost everything, and actually had few alternatives but to go to treatment. There were several major residential facilities in the Summit-Stark area that accepted indigent clients. There seemed to be a sense among users that brief therapy following detoxification or outpatient treatment was often not sufficient to prevent relapse.

There was a marked difference of opinion between users and providers regarding the motivation to seek treatment for crack addiction. Users often claimed self-motivation to quit and/or a sense of powerlessness as the reason they were in treatment. Treatment providers and law enforcement officials on the other hand, believed legal coercion resulting from criminal justice involvement was the driving force motivating crack users into treatment. Many crack users were diverted to treatment from the City of Akron Drug Court (misdemeanor level) and the newly instituted Summit County Court of Common Pleas Drug Court. Practitioners in women’s treatment programs often cited the intervention of child advocacy agencies as another motivation for female users to seek treatment.

1.2 COCAINE HYDROCHLORIDE (HCL)

Reports of the availability of powder cocaine in Stark and Summit Counties have varied throughout the OSAM project. Since January 2002, the cost of powder cocaine has remained stable. Users have been described as mostly middle class. While snorting has consistently been reported to be the primary method of administration, since June 2002 there has been some mention of injection use.

June 2003 – January 2004

Respondents interviewed for this round of data collection reported a decrease in the availability of powder cocaine, whereas six months ago an increase in the area was reported. During this round of data collection some users believed the powder form of cocaine was readily available, but not necessarily increasing in popularity, with the exception of increased use among high-school individuals who snort the drug.

Users reported that powdered cocaine is almost always cut severely by the time it is marketed in smaller quantities, and was rarely worth the money. According to users and law enforcement respondents, ounces were available in the area for \$1100-\$1300, an "eight-ball" (1/8th ounce) for \$175-\$300, and a gram was reported to sell for \$60-\$125. Increased use and decreased price reported by user respondents in suburban communities was cause for concern.

Cocaine in the powdered form was preferred by injection users for use in speedballs (heroin and cocaine) and also among young urban users for lacing marijuana joints or regular cigarettes.

Treatment staff reported that powdered cocaine was rarely mentioned by incoming clients as a drug of choice. The few users who reported such use were generally early-middle to middle-aged individuals who were generally employed and often came from more affluent (thus, probably more "protected") socio-economic circumstances. The cost of maintaining a daily powder cocaine habit was mentioned as the factor that caused some powder users to seek out the more concentrated crack form.

2. Heroin

In the OSAM reports since June 2000, heroin has generally been available in Stark and Summit Counties; although in June 2002 there were reports of occasional droughts. The price of heroin has consistently been reported to be \$20-\$30 for a bag. Overall use in Stark and Summit counties has reportedly increased, particularly among younger (under 30 years of age) users. Although injection use has been reported as the primary method of administration, younger new users are reportedly snorting and smoking heroin.

June 2003 – January 2004

Heroin was reported as available in both Stark and Summit Counties by all respondents. Reportedly, closed networks of users were the primary distribution channels for heroin, although "street" sales were increasing. All respondents continued to mention a Cleveland-Akron/Canton link with the local heroin supply.

Users reported that the quality of heroin was generally high, especially compared to 5-10 years ago.

The cost of heroin during this round of data collection remained about the same as reported in June 2003. In the Summit-Stark area bags (approximately one dose) were selling for \$15-\$30, while the equivalent could be purchased in Cleveland for \$6-\$15. Bundles (10 bags) were reported to sell for \$50-\$60 in Cleveland, \$100-\$120 in Akron. Bricks (5 bundles/50 bags) were reported to be selling for \$200-\$300 in Akron-Canton, and for half that amount in Cleveland.

Focus group participants confirmed the continued increase in heroin use in the Summit-Stark area. Heroin use increased rapidly among users in the 20-30 year old age group according to respondents. Focus group participants from an area methadone maintenance program reported that they had seen a steady increase in younger clients admitted to the program over the past two years.

Though ethnic divisions were not as marked as with other drugs (e.g., methamphetamine, benzodiazepines), the use of heroin seemed to increase at a faster rate among whites than among other ethnic groups. There was also considerable concern that both older and younger users of pharmaceutical opioids moved to heroin after the availability of prescribed or illegally-distributed opioids declined or after addiction had taken hold. Intravenous users interviewed said that they preferred heroin, but had substituted OxyContin® and Dilaudid®.

During the current round of data collection, new users were introduced to heroin by inhaling and smoking the drug. These new users either stopped using the drug altogether or made the transition to injection use.

Treatment for heroin addiction is available in the Summit/Stark area. While the number of self-admitted heroin users in residential treatment programs remained relatively small, according to practitioners there has been a rise in the number of self-admitted users during the past six months to a year. Treatment providers and users from an area methadone maintenance program reported that treatment for heroin addiction was readily available in the area. Both users and service providers reported high relapse rates among heroin users following detoxification and/or treatment.

3. Other Opioids

In the June 2002 and January 2003 reports, opioids such as OxyContin® (oxycodone controlled-release) were available primarily through networks of users. In the June 2003 report, it was stated that there was a sense among all respondents that the abuse of pharmaceutical analgesics was growing larger, encompassing new user groups, and was not responding very well to efforts to prevent the proliferation of abuse.

June 2003 – January 2004

Focus group participants in the Summit-Stark area indicated that OxyContin® (oxycodone controlled-release) continued to be one of the most frequently-abused drugs in this category. Methadone maintenance clinic staff members stated that their clients reported Dilaudid® (hydromorphone) as making something of a “comeback” in the area. Lortab® (hydrocodone), Vicodin® (hydrocodone), Percocet® (oxycodone), Demerol® (meperidine), Darvocet® (propoxyphene), codeine and other painkillers were also being abused in the area. Methadone was also reported as being abused by opioid users. User and treatment provider groups explained the increased availability of pharmaceutical analgesics by a combination of factors.

Diversion from “legitimate” prescriptions, pilferage, “doctor-shopping,” false claims of chronic pain, and unscrupulous or naïve medical professionals were noted as the primary avenues by which these drugs became available to abusers. Recently, it has been reported by users that these drugs are available on the Internet. Prescriptions can be obtained, and the drugs delivered to one’s home, according to one user-respondent.

According to users, prices for pharmaceutical analgesics have dropped during the past two years. In the June 2002 report typical prices for OxyContin® were \$1 per milligram for a 40 milligram tablet. Six months ago in the June 2003 report the price had dropped to between \$.50-\$1.00 per milligram for a 40 milligram tablet. During this round of data collection OxyContin® was reported to be available for less than \$.50 per milligram. Dilaudid® continued to be expensive, with 4 milligram tablets going for between \$20-\$40. Vicodin® and Percodan® were reported to sell for between \$2-\$5 per tablet depending on the dosage which represented a significant drop in price since last year.

Participants reported that fentanyl has caused increased concern in the area. Previous OSAM reports for the Summit and Stark County areas have not included information regarding fentanyl use. Focus group participants believed that the drug was usually diverted by patients of pain management clinics. Under the brand name Duragesic®, respondents reported it being sold in patches containing 100-200 milligrams of gel, with the smaller doses selling for \$50. Treatment providers from a methadone maintenance program reported a very low incidence of reported use of fentanyl among their clients.

Despite the rarity of use reported by both users and treatment providers, fentanyl overdose was the cause of 3 deaths from July 2002 through December 2002 and 4 deaths during the period of July 2003 through December 2003 according to the Summit County Medical Examiner (see Exhibit 2).

Several respondents from user and treatment provider groups described whites as more likely to be involved with pharmaceutical analgesics than African-Americans or other ethnic groups. A disturbing trend noted by users and treatment providers was the sense that individuals as young as 13-15 years of age were abusing these drugs.

Health problems associated with taking large daily quantities (respondents in treatment reported sometimes taking 10-30 tablets per day) of pain medications that contain acetaminophen, aspirin, and other ingredients were reiterated as in previous data collection periods. At least one methadone overdose was reported by the Summit County Medical Examiner during the past six months. The National Drug Intelligence Center (NDIC) overdose data indicated that deaths involving methadone are increasing faster than any other drug (NDIC Information Bulletin).

4. Marijuana

Although marijuana has consistently been reported as the most frequently abused substance in the Summit and Stark County area, there was a drought reported in January 2003. The cost of marijuana has been reported to vary greatly depending on the quality. Marijuana use by all age groups and ethnicities has been reported in all Summit and Stark County OSAM reports.

June 2003 – January 2004

All focus groups reported that marijuana continued to be readily available. Marijuana prices were reported to be somewhat higher than a year ago, ranging from \$150-\$200 per ounce and \$15-\$25 per gram for good quality. High quality hydroponic marijuana may have sold for \$3000-\$5000 per pound.

All participants reported that marijuana is used by all age groups throughout the area. There was general agreement among interview participants that marijuana continued to be the primary (illegal) drug of choice for adolescent users.

Providers emphasized that marijuana users are generally unlikely to come to treatment as a voluntary decision, but end up there as the result of court involvement. When in treatment, users often demonstrated considerable resistance to the notion that marijuana should be treated in the same way as other drugs of abuse. According to treatment providers, users found it difficult to relate to methodologies that they characterized as designed for alcohol and “addictive” drug interventions. User-respondents said they believed that marijuana users do not seem to suffer the consequences experienced by users of other drugs, so they were not inclined or motivated to seek treatment for a “non-addictive” drug.

A continued concern voiced by medical professionals (cited in the June 2003 report) was that employed, medically-insured, marijuana users felt compelled to use other drugs because of random urine drug screens conducted by employers. The inability of the body to excrete THC as readily as other drugs puts the user at longer-term risk for positive urine drug screens.

5. Stimulants

5.1 AMPHETAMINE

Aside from reports in January 2003 of Ritalin® and Adderall® use, there have been limited reports of amphetamine use in Summit and Stark counties.

June 2003 – January 2004

According to focus group participants, Adderall® (amphetamine mixed salts) has become the most popular pharmaceutical amphetamine in the area. Some treatment providers believed that Ritalin® (methylphenidate) has garnered so much negative publicity that it was not being prescribed as widely as in the past. These drugs were predominately obtained by legal prescriptions and appear to be increasingly difficult to find illegally. Drug treatment professionals voiced concern that experience with these drugs serves as a gateway to the use of methamphetamines due to the desire for the euphoric effect.

5.2 METHAMPHETAMINE

Since June 2001, there have consistently been reports of methamphetamine production and use in Summit and Stark Counties. The cost of \$80-\$100 per gram has been reported since June 2002. Focus group participants have historically reported that methamphetamine was used among a tight network of users.

June 2003 – January 2003

While there have been two “sizable” methamphetamine lab busts in the area, the majority of labs have been small; set up in automobiles, garages, hotel rooms, and private homes. According to focus group participants, experienced “cooks” teach others how to manufacture the substance. Larger packaged amounts have arrived from time to time from other parts of the country via long-established distribution networks operated by national motorcycle gangs such as the Hell’s Angels.

Users and law enforcement officials reported the price of methamphetamine as \$80-\$125 per gram. Additionally, law enforcement officials have seen the manufacturing of methamphetamine (and its use) primarily as a “white person’s crime.” An exception was the trafficking by African-American motorcycle gangs. The predominant age of new users was reported to be in the 20-30 year-old range.

Law enforcement officers were particularly concerned about the danger associated with methamphetamine production. The most popular method of production in this region is the ephedrine reduction method. In addition to red phosphorus, a variety of other dangerous and volatile chemicals are used in the production of methamphetamine; these include ether, acetone, and ammonia. Law enforcement often became aware of the existence of labs and their operators because of theft, diversion, or the “legitimate” purchase of precursor materials. The officer interviewed mentioned the theft of ten boxes of flares from a local retail supplier. Grain and feed stores have also reported the theft of such materials. Law enforcement has become more skilled at detecting and dismantling methamphetamine labs as evidenced by the increasing number of lab busts over the last three years (see Exhibit 3).

Although it was rare to see methamphetamine as a primary drug of choice, it has been reported as being abused by individuals seeking treatment (see Exhibit 1). Those who have presented for treatment with a methamphetamine dependence diagnosis reported having had a difficult time, particularly in residential treatment, because of the lethargy and depression that ensued following detoxification.

6. Depressants

Although frequently cited as secondary drugs of choice, depressants such as Valium®, Xanax® and Ativan® were reported as abused substances in the January 2003 report for Summit and Stark County. In both the June 2002 and January 2003 reports, issues of benzodiazepine abuse among mentally ill individuals were discussed by focus group participants.

June 2003 – January 2004

According to focus group participants, benzodiazepines were the most widely abused drugs of the depressant and/or sedative category in the region. Treatment providers stated that Valium® (diazepam), Xanax® (alprazolam), Ativan® (lorazepam), Klonopin® (clonazepam), etc. appeared frequently as secondary drugs of choice in assessment and screening data of users seeking treatment. User respondents noted that they were aware of increased numbers of users who avoided asking doctors for “better-known” drugs such as Valium® and asked for Klonopin® instead. Methadone maintenance clinic workers remarked that they saw “no fewer than 6 ads a day” on the Internet for all sorts of drugs in this category.

GHB (gamma-hydroxybutyrate) and its various analogs have sold for \$600 per gallon in the past six months to one year. Participants reported that GHB was used by a small number of individuals in the region, mostly in college settings, and among subgroups of “ravers.” The Summit County Medical Examiner’s data indicated that these substances were frequently found in deaths which involved combined drug toxicity, suicide, and accidents over the past year.

7. Hallucinogens

Previous OSAM reports have indicated that hallucinogen availability, cost and use have remained stable. Participants in previous rounds of data collection have indicated that adolescents are the typical users.

June 2003 – January 2004

According to treatment professionals in the focus groups, hallucinogens in general were not reported as a significant problem during this round of data collection. Several users interviewed mentioned the seasonal appearance of hallucinogenic mushrooms, but stated that use was not common. However, Ecstasy continued to be a persistent problem.

Focus group participants reported Ecstasy being sold for \$10-\$25 per dose, with “double-stacks” going for \$30-\$40. When available, single doses of LSD were reported to cost between \$5 and \$10. “Blotter acid” sheets (100 doses) may go for \$200.

Hallucinogen usage has been limited predominately to 15-25 year olds according to the focus group participants. Use of these drugs in “raves” has been well-publicized during the past six months. User respondents reported that their teenage children talked about these drugs quite openly, and stated they were easily available. A detoxification client remarked:

They (adolescents) talk so calm about it, like when I was 30 years old and we used to talk about marijuana to our parents, or even alcohol. It is that common that they can talk to their parents about it and the parents don't seem to be that concerned about it.

One white respondent said that he frequented “Black bars” and it was not unusual to see someone on Ecstasy in those settings.

Treatment professionals interviewed were most concerned with the possible effect on underlying mental health conditions, and the immediate physical health risks due to adulterants (e.g., amphetamine) and possible overexertion due to usage of hallucinogenic drugs. According to treatment professionals there are not classic dependence or withdrawal symptoms associated with hallucinogens. However, law enforcement and mental health professionals were concerned with the unpredictability of outcomes when individuals take psychotropic drugs.

8. Inhalants

Throughout the OSAM project there have been limited reports of inhalant use in the Summit and Stark County areas.

June 2003 – January 2004

According to focus groups participants, there was very little reported use of inhalants by adults in the area and virtually no mention of them in treatment settings. In this region, use tended to be concentrated among white, mostly male, adolescents from low socio-economic backgrounds. There were reports of tremendous negative stigma attached to the use of inhalants, particularly within the drug subculture itself. Respondents noted that the exception to this was the use of bulk nitrous oxide and “whippets,” by rave participants.

It was believed by law enforcement and some treatment providers that the use of inhalants may be a concurrent factor in conduct disorder and resulting criminal behavior among adolescents.

9. Alcohol

Throughout the OSAM data collection, alcohol has consistently been reported as the most commonly used substance in the Stark and Summit County area. All age groups and ethnicities have been reported as alcohol users. Alcohol as a factor in polysubstance diagnoses was documented in June 2002 and January 2003.

June 2003 – January 2004

According to treatment professionals interviewed, alcohol represented the largest percentage of treatment admissions for adults throughout the region during the past six months to one year. Younger individuals (age 18-30) were reported as making up a large portion of these recent admissions. Focus group participants believed the association of drinking particular brands of alcohol as a connection to the “good life” served as a strong attraction to younger users who were already brand-conscious.

Users and treatment providers agreed that there was 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. According to treatment professionals alcohol was often listed as a secondary drug of choice to cocaine, or in conjunction with cocaine as a presenting diagnosis. Clients with dual diagnosis, such as bipolar disorder, often admitted to being heavy drinkers, using alcohol as both a stimulant and a depressant. Similarly, there was general consensus among treatment providers that heroin addicts often run the risk of becoming severely alcoholic when they quit using heroin.

SPECIAL ISSUE: HIV and Other Blood-Borne Disease Risk Behaviors

Precautions taken by injection drug users to protect themselves from HIV and other blood-borne infections vary. A focus group of detoxification center clients agreed that as intravenous drug users got further into their addiction, they were less inclined to use precautionary behaviors such as bleaching needles and paraphernalia. Another group of users from an Akron methadone maintenance program responded differently. They believed intravenous drug users in the area were protecting themselves better in the past six months to one year, mainly by avoiding needle-sharing. One area of agreement among all respondents was that there was a very high rate of Hepatitis C infection among all drug users, particularly among injection drug users.

In regards to sexual behavior, drug users reported varying behaviors to protect themselves from HIV and other sexually transmitted diseases. A focus group of methadone maintenance professionals believed that the use of condoms has increased over the past six months to one year. However, a group of male detoxification clients had a generally nonchalant view of using condoms, and indicated they were not inclined to use them. Among user-respondents, there did not seem to be a particular concern about HIV infection. One user-respondent said:

It's not the death sentence that it used to be either. You used to hear, 'oh, he's got it.' A year later he's dead. Now, he lived to be 30-40 more years. So it's really not as scary.

There was a lack of agreement among respondents concerning precautions used to prevent the spread of HIV and other blood-borne diseases among the drug-using population in the region. Treatment providers from a methadone maintenance program in Akron reported they do not believe their clients are as aware as they should be of the need for disease prevention. They also said that they were surprised by the low rate of HIV in this area, despite increased numbers of clients in the methadone maintenance program over the past years.

Exhibit 1

**Summit County ADM Board FY 2002 and FY 2003
Primary AoD Diagnosis**

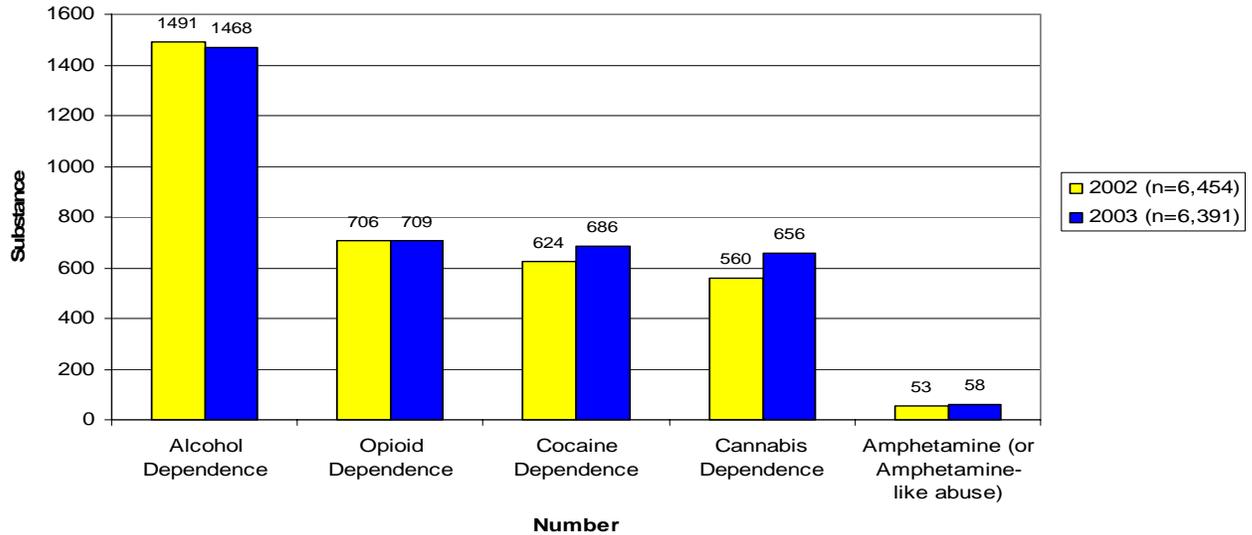


Exhibit 2

**Summit County Medical Examiner
Fentanyl Overdose Deaths
2001 - 2003**

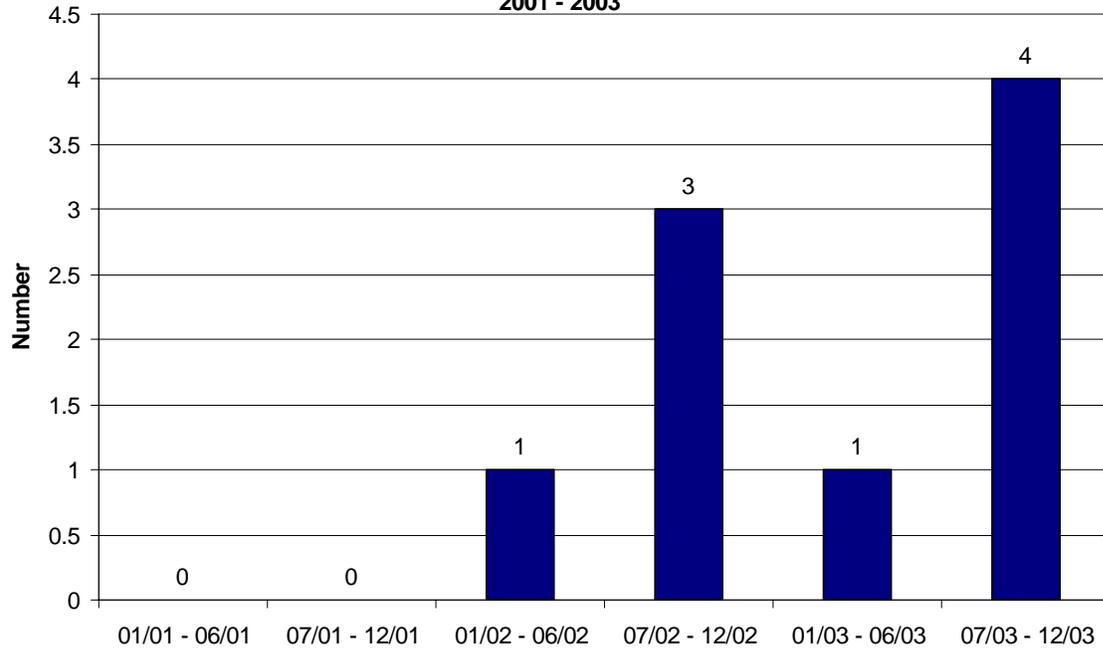
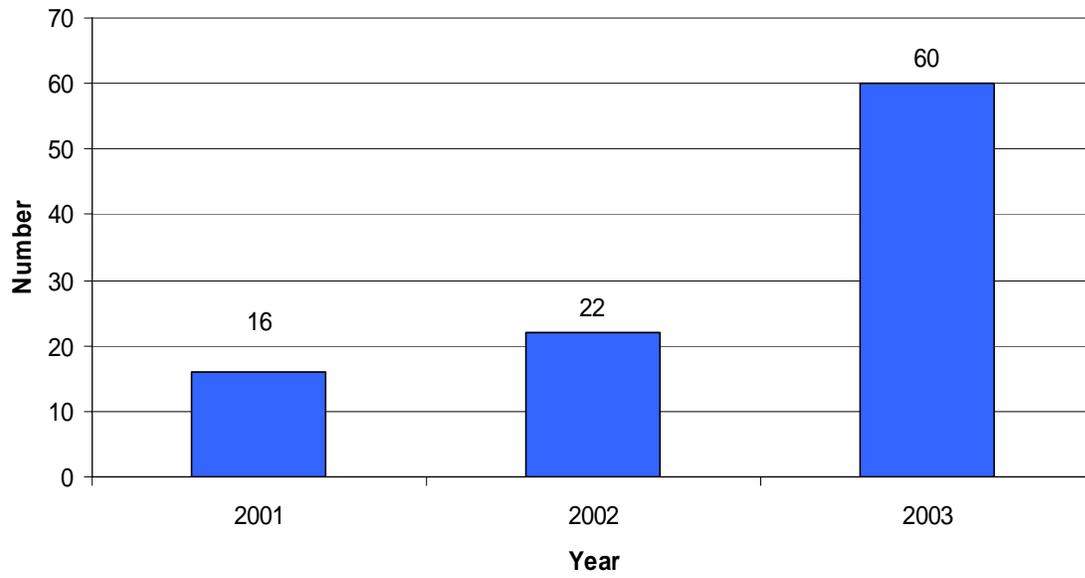


Exhibit 3

**Summit County Drug Unit of the Sheriff Department
Methamphetamine Laboratory Busts**



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

June 2003 – January 2004

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Abstract

In Southeast Ohio, alcohol, marijuana, powdered cocaine, and opioids such as OxyContin®, Vicodin®, and Percocet® are widely available. In fact, both users and practitioners indicated that each of these substances had increased in availability over the past six months. Participant reports suggest that the use of methamphetamine and ecstasy may have decreased over the past six months. Abuse of Adderall® and Ritalin® was reported as increasingly common. For the vast majority of substances assessed (particularly marijuana, cocaine, opioids, and inhalants), users indicated that increased use was especially common among adolescents.

INTRODUCTION

1. Area Descriptions

Athens County

Through 2000, the population of Athens County, OH was 62,223. The county seat is Athens, OH. (population 21,706). The county is primarily rural and there are no “metropolitan areas” in Athens Co. 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 Co. is female.

Athens Co. 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 Co. is 60.5%, which is less than the overall home ownership rate in Ohio (69.1%).

In terms of health status, Athens Co. evidences mixed results. Relative to national averages, Athens Co. 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 ($n=5$; $n=10$; $n=13$; $n=6$) for a total sample size of $N=34$ for the period spanning 7/01/03 – 12/31/03. Information about conducted focus groups is summarized in Table 1, while more detailed information participants is shown in Table 2. Admissions chart data from Health Recovery Services (the primary AODA treatment center in SE Ohio) was used to corroborate qualitative findings. *Athens News* and the *Athens Messenger* were reviewed for the news reports about drug-related criminal activity in the area.

Three focus groups were conducted with recovering users and one focus group with treatment providers. Overall, 16 participants were men, and 18 were women. The majority was white, one was Asian American and one was Hispanic. Among drug users, age ranged from 18 to 62. About 33% of them were younger than 25, about 33% were between age 26 and 35, and about 33% were older than 36. The interviewed drug users reported the following professions: homemakers, cooks and waiters, nurse, cashier, student, unemployed/disabled.

Table 1: Qualitative Data Sources

Focus Group:

Date of Focus Group	Number of Participants	Participant Descriptions
11/4/2003	5	Active Users/ Former Users in Recovery ^a
11/12/2003	10	Active Users/Formers Users in Recovery ^a
11/19/2003	13	Active Users/Formers Users in Recovery ^a
12/16/2003	6	AODA Counselors

^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

November 4, 2003: Active Users (Active Users and Former Users in Recovery)

"Name"	Age	Ethnic Group	Gender	Experience/Background
1	38	White	Male	Alcohol
2	23	White	Male	Alcohol, amphetamines, cocaine
3	21	White	Male	Alcohol, marijuana, cocaine
4	51	White	Male	Alcohol
5	20	White	Male	"Pills"

Recruitment Procedure: The above participants were recruited through a member of administration at Health Recovery Services in Athens, OH

November 12, 2003 (Active Users and Former Users in Recovery)

"Name"	Age	Ethnic Group	Gender	Experience/Background
1	24	White	Female	Marijuana
2	21	White	Male	Alcohol
3	29	White	Male	Marijuana
4	Did not state	White	Female	Marijuana
5	20	White	Male	Alcohol, marijuana
6	27	White	Male	Alcohol, marijuana
7	18	White	Male	Marijuana
8	35	White	Male	Marijuana
9	43	White	Male	Marijuana
10	20	White	Male	Alcohol

Recruitment Procedure: The above participants were recruited through a member of administration at Health Recovery Services in Athens, OH

November 19, 2003: (Active Users and Former Users in Recovery – All Female Group)

"Name"	Age	Ethnic Group	Gender	Experience/Background
1	61	White	Female	Lortab®, Xanax®
2	35	White	Female	Marijuana, alcohol
3	39	White	Female	
4	37	White	Female	Alcohol, marijuana
5	29	White	Female	Cocaine, crack
6	31	White	Female	Alcohol
7	29	White	Female	Alcohol
8	36	White	Female	Alcohol
9	31	White	Female	Marijuana
10	50	White	Female	Alcohol, marijuana
11	42	White	Female	Sedatives
12	31	White	Female	OxyContin®
13	32	Latina	Female	Marijuana, alcohol

Recruitment Procedure: The above participants were recruited through a member of administration at Health Recovery Services in Athens, OH

December 16, 2003: AODA Counselors/Practitioners at Health Recovery Services

"Name"	Age	Ethnic Group	Gender	Experience/Background
1	N/A	White	Female	
2	N/A	White	Female	
3	N/A	Asian American	Male	
4	N/A	White	Female	
5	N/A	White	Female	
6	N/A	White	Male	

Recruitment Procedure: The above participants were recruited through a member of administration at Health Recovery Services in Athens, OH.

DRUG ABUSE TRENDS

1. Cocaine

1.1 Powdered Cocaine

Past research indicated that there had been "large increases" in the availability of powdered cocaine in the area, and that "snorting" was the preferred method of administration. Powdered cocaine was thought to be selling for \$50 - \$100 per gram. Focus group participants in the previous data collection cycle indicated that powder cocaine was increasingly being used by young adolescents (i.e., 15 years of age and younger).

June 2003 – January 2004

Participants indicated that powdered cocaine was increasing in availability, characterizing the increase as "big" while others described the increase as "moderate." Consistent with reports of current and/or former users, treatment practitioners indicated that the use of powdered cocaine in SE Ohio was increasing, particularly among young individuals.

Participants indicated that the quality of powdered cocaine in SE Ohio was "good" or "pretty good." However, many participants indicated that powdered cocaine was commonly cut with a variety of substances, including Vitamin B₁₂, Aspirin, and Sweetener (e.g., "Equal"). Almost all participants indicated that powdered cocaine could be purchased for \$50 - \$80 per gram.

According to participant reports, about 50% of powdered cocaine users were snorting the drug, while 50% were injecting. Similar to past data collection cycles, younger individuals (i.e., persons between 18 and 25 years of age) were increasingly using powdered cocaine. Other participants indicated that powdered cocaine is used by individuals between the ages of 20 to 40.

1.2 Crack Cocaine

Participants in past data collection cycles indicated that crack cocaine was available, but at times hard to find. Of the 34 participants interviewed in the last cycle, only three or four participants had "been around" crack cocaine in the past six months. Many participants indicated that the use of crack cocaine in SE Ohio is highly stigmatized which may, in part, result in less use or fewer people admitting that they used crack cocaine.

June 2003 – January 2004

Participants indicated that the availability of crack cocaine had increased in the past six months, with one user describing the increase as “large” and one participant indicating that crack cocaine was now more available than powdered cocaine.

Very few participants could speak to the quality of crack cocaine; however, some indicated that there was great variability in quality depending on how much it had been “stepped on.” While the majority of participants could not speak to the current cost of crack cocaine, one participant indicated that crack cocaine was currently selling for \$100 per gram in SE Ohio.

One participant indicated that crack was increasingly preferred over powdered cocaine, and that crack was being used increasingly by persons between the ages of 25 and 40.

2. Heroin

In the previous periods, the use of heroin in SE Ohio was reported to be rare. Similar to crack cocaine, heroin is highly stigmatized in SE Ohio, and heroin users are likely to be “closeted.”

June 2003 – January 2004

None of the users interviewed admitted heroin use, and very few people could speak to the use of heroin in SE Ohio. Participants indicated that heroin use was limited to persons between the ages of 20 and 30, with users more likely to be males.

No users could speak to the quality of heroin in SE Ohio. One user speculated that heroin was selling for approximately \$20 for 1/10th of a gram.

Most participants believed that heroin was being injected. The focus group with the six AODA practitioners revealed a potentially interesting development regarding heroin use. Health Recovery Services (HRS) indicated that they had experienced an increase in the number of heroin-users they had seen recently. However, unlike many HRS clients who are court-ordered for treatment, the heroin users they treat are “self-referrals.” In the opinions of the treatment providers, heroin users most often seek treatment after a bad experience (e.g., near overdose or when they lose a friend to drugs). However, most heroin users who self-refer visit the program only one or two times and then are not seen again. When asked to describe the “profile” of the average heroin user in SE Ohio, one practitioner indicated that most heroin users he had seen were less than 30 years of age and were likely to be males. He indicated that few users were older because (a) many heroin users stop using before age 30, or (b) some users overdose before reaching an older age. In the opinion of this Regional Epidemiologist, it may be that heroin users are less likely to be sampled through the current main recruiting venue and may need to be identified and assessed using other methods.

3. Other Opioids

3.1 OxyContin®

Most focus group research participants indicated that there had been “large” or “slight” increases in the availability of OxyContin® (oxycodone controlled-release) 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 less willing to write prescriptions for OxyContin®.

June 2003 – January 2004

Both active and former users and AODA practitioners stated that OxyContin® was increasing and described the increase as “large.” One user characterized OxyContin® as “readily available.” Several participants indicated that OxyContin® was highly sought after because the feeling (or “buzz”) was preferable to other less potent opioids.

The current cost of OxyContin® in SE Ohio remains approximately \$1 per milligram. However, larger doses are slightly less expensive (e.g., a 40 mg tablet can be purchased for \$30 or \$35).

Users indicated that OxyContin® is injected, snorted, or eaten. When asked to indicate who was using OxyContin®, several participants indicated “everyone” and one user stated that OxyContin® was used by people 15 and older. In addition, several participants knew family members, friends, or other users who had died of OxyContin® overdoses in the past year, with one person indicating that he knew of five people who recently died in one small town in SE Ohio due to OxyContin® overdoses.

Users and treatment providers described several ways in which OxyContin® was obtained, including doctor shopping, forging prescriptions, and purchasing it from individuals who had OxyContin® prescriptions. In fact, one user indicated that he had a friend who injected water into his spine to elevate levels of pain that would warrant an OxyContin® prescription.

3.2. Vicodin®, Percocet®, etc.

Most focus group participants indicated that use of other prescription analgesics in SE Ohio, such as Vicodin® (hydrocodone) and Percocet® (oxycodone & acetaminophen), had increased during the past six months.

June 2003 – January 2004

Treatment providers indicated that the availability of opioids had increased “in general.” When asked to indicate which opioids were available in SE Ohio, participants listed the following: Vicodin®, Percocet®, Darvocet® (propoxyphene), and Lortab® (hydrocodone). When asked to rank order the availability of various opioids, users provided the following response: (1) Vicodin®, (2) Percocet®, and (3) OxyContin®.

One user stated that she knew of a woman who abused Duragesic® patches (fentanyl transdermal system). Reportedly, she would “*cut the packets open to eat the gel.*” According to some respondent perceptions, fentanyl apparently provides a better high than OxyContin®.

Participants reported the following prices of prescription analgesics:

Vicodin®:	Approximately \$5 for 750mg tablet and \$3 for 500mg tablet
Percocet®:	Approximately \$5 per tablet.

Abusers of opioids typically eat, snort or inject them. Users indicated that opioids other than OxyContin® are used by “everyone” but are very common among younger individuals.

4. Marijuana

In the last reporting period, marijuana was described as being “extremely available” in SE Ohio. However, users indicated that it was difficult to obtain high-quality marijuana. Participants also indicated that marijuana is used by people of all ages but that individuals of younger age (e.g., early teens) were using marijuana more frequently.

June 2003 – January 2004

Consistent with the past reporting period, marijuana was described as being “readily available” and “everywhere.” As one participant indicated, “*Everybody smokes pot.*”

In the past reporting period, users indicated that it had been difficult to obtain high-quality marijuana. However, participants assessed in the current cycle indicated that marijuana in SE Ohio was “good now.”

Participants reported the following prices of marijuana:

High Quality:	from \$50 to \$100 per 1/8 ounce;
Medium Quality:	from \$25 to \$60 per 1/8 ounce;
Low Quality:	from \$15 to \$30 per 1/8 ounce.

Users indicated that marijuana use in SE Ohio was very common and that, in fact, a large number of people who smoke marijuana regularly do not drink alcohol. When asked to describe new users groups, participants quickly focused on youth, suggesting that marijuana is now used (and sold) by very young individuals (e.g., 7th and 8th grade or middle school students). Participants also described situations in which teens as young as 14 were selling marijuana and children as young as 8 were using marijuana. Participants also indicated that marijuana sold to younger individuals is typically low in quality.

5. Stimulants

5.1 Methamphetamine

Most participants assessed in the past reporting period were aware of the presence of methamphetamine labs in SE Ohio. However, few (if any) participants had actively used methamphetamine in the past six months.

June 2003 – January 2004

AODA practitioners also indicated that the number of clients they had treated for methamphetamine abuse had “decreased.”

Participants could not describe the quality of methamphetamine in SE Ohio. One participant guessed that methamphetamine was selling for \$70 to \$100 per gram

During the focus group that involved AODA practitioners, the group was asked to indicate which drugs were decreasing in use. All AODA practitioners agreed that the use of methamphetamine in SE OH had decreased in the past six months.

5.2 Ritalin® and Adderall®

The past reporting period, some participants reported Adderall® abuse among college-age individuals.

June 2003 – January 2004

When asked to discuss amphetamine use in SE Ohio, few (if any) participants had used amphetamines. However, the focus of the discussion frequently shifted to the use of Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts). Both Ritalin® and Adderall® were described by users as being “very available.”

Users indicated that Ritalin® and Adderall® could be purchased for \$3 - \$5 per tablet. One user indicated that Ritalin® could be purchased for “\$5 for a handful.”

Users indicated that the most common method of administration of Ritalin® and Adderall® was “snorting.” Ritalin® and Adderall® were described as being used most often by “young kids” and by students during periods of heavy workloads (e.g., final examinations). Users indicated that it was very easy to identify someone who had a prescription for Ritalin® or Adderall® and purchase pills from this individual. It was also interesting to note that some individuals had prescriptions for Ritalin® or Adderall® that had been written several years ago.

Participants reported that Ritalin® and Adderall® were typically used for two purposes:

- (1) Study Aid: Increases concentration and amount of time one can study.
- (2) Party Purposes: Ritalin® and Adderall® enable one to stay up later and party longer. These drugs are particularly available during festivals and other heavily-attended events in SE Ohio (e.g., Halloween in Athens).

6. Depressants

Some participants reported abuse of depressants, especially Xanax® (alprazolam) and Klonopin® (clonazepam). Reportedly, Klonopin® was selling for \$1 per tablet.

7. Hallucinogens

7.1 LSD and psilocybin mushrooms

Participants in the previous reporting periods indicated that psilocybin mushrooms were preferred over LSD in SE Ohio. Reportedly, the price of mushrooms was similar to that of medium quality marijuana (e.g., \$30 per 1/8th). 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.

June 2003 – January 2004

Participants indicated that the availability of mushrooms was “cyclical.” Specifically, participants indicated that during a certain time period, mushrooms might be readily available but then they

would soon be “used up” and their availability decreased markedly. Mushrooms were also described as a drug that was not actively sought out; instead, mushrooms would be used (primarily by young adults) if they were made available to one (e.g., at a party). Mushrooms still seem to be preferred over LSD in SE Ohio because mushrooms are perceived as being “safer” and as providing “a more natural buzz.”

Participants reported that psilocybin mushrooms typically sell for \$25 - \$30 per 1/8 ounce. LSD typically sells for \$10 per “hit”.

Both LSD and mushrooms were typically administered orally. Both drugs were seen as being used primarily by younger individuals at parties.

7.2 MDMA (Ecstasy)

In the past reporting period, a very small number of participants had used Ecstasy in the past six months and indicated that the use of Ecstasy had decreased over the past one to two years. Participants reported that Ecstasy was used primarily by young individuals (e.g., high school and college students). Participants speculated that one reason for the decrease in Ecstasy use was that the drug had increased in price over the past few years.

June 2003 – January 2004

Ecstasy was said to be available in SE Ohio, and participants indicated that it was especially available in the Nelsonville and Logan areas.

Participants could not speak to the quality of Ecstasy in SE Ohio. They indicated that Ecstasy costs anywhere from \$5 to \$30 per pill.

Participants indicated that Ecstasy was still used primarily by young adults, most typically at parties or clubs.

8. Inhalants

Similar to the last reporting period, no participants reported using inhalants in the past six months. However, many users indicate that inhalants are widely available and come in many different forms.

Participants indicated that inhalants are used primarily by young adults (e.g., junior high or high school students). Inhalants commonly used in SE Ohio include paint thinner, model glue, gasoline, White-Out (also known as liquid paper), nitrous oxide (e.g., from whipping crème cans), and computer keyboard cleaner. All participants also uniformly agreed that the use of inhalants was extremely dangerous, and that youth who use inhalants are unaware of the dangers posed by these substances.

9. Alcohol

In the last reporting period, participants indicated that alcohol use in SE Ohio is extremely common and cuts across all socioeconomic classes, age groups, and ethnic groups.

Participants commented that many communities in SE Ohio have a very large number of bars and that alcohol use is simply “a way of life” in SE Ohio.

June 2003 – January 2004

Alcohol was described as being “extremely available” and “everywhere” in SE Ohio. Many communities have a large number of bars, restaurants with liquor licenses, and “drive-throughs.”

Consistent with past reporting period, alcohol was described as being “everywhere” in SE Ohio. One participant noted that an alcohol-related fad that is currently occurring is the use of alcoholic beverages that are also energy drinks. One brand mentioned by participants was “Sparks,” which was described as “an energy drink with alcohol” and that the beverage might contain as much as 6% alcohol. It is also worth noting that many colleges and universities in SE Ohio appear to be recognizing the importance of binge and underage drinking and are calling for the development of programs to reduce drinking (especially on college campuses).

HIV and Other Blood-Borne Disease Risk Factors

Most users indicated that they were concerned about HIV infection. Across the three focus groups of users, approximately 50% of participants knew someone who was living with HIV infection. It was also apparent that focus group participants who were sexually active were personally sensitized to the fact that many of their sex partners were “high risk.” Similar to patterns found in the HIV literature, most users used condoms when they had sex with casual partners, but were less likely to use condoms with their main partners (e.g., spouse, boyfriend or girlfriend). Participants also indicated that high-risk sex was probably most common in persons who used cocaine or crack.

Participants noted that exchanging sex for drugs was very common in SE Ohio. Participants also indicated that exchanging sex for drugs was not limited to persons who were of lower socioeconomic status. In fact, participants indicated that they knew of people (primarily females) who were from very wealthy families but who regularly exchanged sex for drugs. One example of exchanging sex for drugs was described by a participant who indicated that he had a male friend who would drive his “girlfriend” from one house to the next where she would exchange sex for drugs. When she returned, they would use the drugs. Soon after, he would take her to a new house where this pattern would repeat itself.

Finally, although no participants indicated that they injected drugs, several participants indicated that they thought it was common for injection drug users in SE Ohio to engage in poor needle hygiene behaviors when using. For example, one participant indicated that he had a friend who recently shot up with six other users and they all used the same needle (without cleaning it after each use). In summary, participants indicated that high risk sexual behaviors and risky needle use was common among drug users in SE Ohio.

**PATTERNS AND TRENDS OF DRUG ABUSE IN
CINCINNATI (HAMILTON COUNTY), SOUTHWEST OHIO:
A REPORT PREPARED FOR THE
OHIO SUBSTANCE ABUSE MONITORING (OSAM) NETWORK**

June 2003 - January 2004

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Abstract

The diversion and abuse of OxyContin® continues to be an issue throughout the city of Cincinnati. Reportedly, more OxyContin® abusers are turning to heroin as the price of the Oxycontin® rises across the area. Abuse of other pharmaceutical opioids, including Vicodin®, Percocet®, and Lortab® continues to be reported as common. According to the participants, abuse of heroin has been increasing as well, especially among younger individuals. Reportedly, availability of powdered cocaine continues to increase, and abuse is reportedly common among adolescents and young adults. Ecstasy abuse continues to be reported among adolescents and young adults. In the current reporting period, some reports about methamphetamine availability in the area have been obtained.

INTRODUCTION

Area Description

Hamilton County is home to 835,362 people (2001 Census estimate), of whom 73% are white, 23% black or African American, and the remaining 4% are comprised of other ethnic groups. The city of Cincinnati, by comparison, houses 314,000 of these people, with a distribution of 55% white, 42% black or African American, and 3% other ethnic groups. While 69% of African Americans in Hamilton County live in the city of Cincinnati, only 28% of whites live within the city limits. The Hispanic/Latino population is a small, but significantly growing part of the overall population.

Data Sources and Time Periods

Qualitative data were collected through 2 focus groups conducted in December 2003 and January 2004. The number and type of participants are described in Table 1. Detailed information about the participants is reported in Table 2.

Table 1: Qualitative Data Sources
Focus Groups

Date of Focus Group	Number of Participants	Active Drug Users or Frontline Professionals
12/23/03	9	Drug abusers in treatment program
01/08/04	12	Former Drug Abusers, in Recovery

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
2	21	0	21

Table 2: Detailed Focus Group/Interview Information

December 23, 2003: Former Drug Users in Treatment Program

"Name"	Age	Gender	Ethnic Group	Primary drug(s) of abuse leading to treatment
1	47	M	W	Heroin
2	58	M	W	Heroin
3	56	M	W	Heroin
4	45	M	W	Heroin/Cocaine
5	56	M	AA	Heroin
6	45	M	AA	Pills/Cocaine
7	21	M	AA	Marijuana
8	20	M	W	Pills
9	25	F	W	Pain pills

M: male, F: female, W: White (Caucasian), AA: African American (Black)

Recruitment procedure: Consulted local methadone clinic in Hamilton County for support and recruitment of individuals entered into various treatment programs at clinic. Designed and posted "Advertising" flyer in prominent area to recruit actual participants.

January 8, 2004: Not in Treatment, Claiming to be in Recovery

"Name Used"	Age	Gender	Ethnic Group	Occupation	Primary Drug(s) of abuse leading to tx/recovery
1	40	M	AA	-	Crack
2	44	M	AA	Cosmetologist	Crack
3	53	M	AA	-	Crack
4	50	F	AA	Educator	Marijuana
5	42	F	AA	Health Educator	Heroin
6	32	M	AA	Construction	Acid
7	53	M	AA	-	Crack/heroin
8	48	M	AA	Educator	Alcohol
9	37	M	AA	-	Crack
10	47	M	AA	-	Crack
11	47	M	AA	-	Crack
12	50	F	AA	-	Everything but heroin

M: male, F: female, AA: African American (Black)

Recruitment Procedure: Elicited support through Early Prevention and Intervention Project (EPIP) outreach group in Hamilton County. Director recruited participants by telephone, confirming commitment prior to attendance.

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

While crack cocaine is reportedly readily available in Hamilton County, some geographical differences were reported. Availability in the inner city and economically challenged neighborhoods remains relatively high, but a recent decrease was described in the area surrounding the University of Cincinnati. This slight decrease was attributed to the beginning of classes for University students and increased police presence.

According to two former crack users, one of the more noticeable trends in the last 6 months was a change in the way crack cocaine was packaged for street sale.

A 47-year-old African-American male, recovering crack abuser, commented,

The one thing I've noticed lately is that they don't have it packed up, so if they get caught by the police it don't look like they're trafficin', but they in fact are.

A 50-year-old African-American female, recovering crack abuser, described it in the following way:

Crack cocaine is very easy to find on every corner, two out a three of 'em has crack on 'em, or it's somewhere around on a wall or somewhere.

Overall, participants reported a decrease in the quality of the crack cocaine on the streets of Cincinnati. Reported additives included Vitamin B12, baking soda, and baker's yeast. Selling counterfeit crack cocaine, or "fleece", was reportedly common, especially among younger dealers.

Cost for crack on the streets can be as little as \$2 a hit, with many users purchasing by price tag, not quantity of the drug. A 47-year-old recovering crack abuser described the cost of crack this way: *"Typical to get \$20's, 30's, 50's, stuff like that, you ain't getting' no whole bunch when you goin' on the street"*.

One gram of crack cocaine on average sells for \$35-50, 3 grams for \$100, and an ounce commanding in the range of \$600-800. According to the active users, the larger the purchase, the lower the price, with discounts given to buyers willing to travel out of state to Kentucky, West Virginia, or Indiana pick up their purchase and transport it back across state lines.

Smoking continues to be the most common method of administration. Several participants described lacing tobacco cigarettes and marijuana joints with crack cocaine, but this was not perceived as a new trend. Crack injections were also reported, although they occur less frequently. One participant described melting crack down, mixing powdered heroin with it, "re-rocking" it and smoking it in order to obtain a similar effect as "speedballing." This last observation needs further confirmation.

Reportedly, the population of new users of crack cocaine consists of predominantly younger (13-25 years of age) African-American individuals, more commonly female than male. A 42-year-old African-American woman, recovering heroin abuser, doing outreach in high-risk areas of the city described these new users:

When I was out on the streets...I was seein' school-age girls smokin' crack, strung-out on crack, strippin', doing whatever they had to do for crack downtown.

1.2 COCAINE HYDROCHLORIDE (HCl)

Reportedly, the availability of powdered cocaine has increased over the last 6 months. The availability was described as *"like alcohol"*. According to some participants, the increased availability of heroin caused some decreases in cocaine availability in areas like Clifton. However, in the downtown and Over-the-Rhine areas, powdered cocaine availability is reportedly high, equal to heroin. Participants reported that powdered cocaine is sometimes easier to obtain than crack, and many crack-cocaine abusers would be buying powder to "rock-up" their own crack, thereby ensuring the quality of the crack produced.

Participants believed that the quality of powder cocaine available on the street overall has increased over the last 6 months, and was described as "extremely high". Some believed that powdered cocaine purchased "off the block" was 85-95% pure. According to participant reports, a "mother-of-pearl" or "fish-scale" appearance also indicated pure powdered cocaine.

The cost of cocaine ranged from \$35-40 for a gram, and \$90-120 for an eight-ball (1/8 ounce). An ounce of powdered cocaine sells for \$650-800. For a kilo of cocaine, the "delivered" price ranges from \$22,000-25,000, with a "discounted" price ranging from \$11,500-15,000 if the buyer travels out-of-state and makes his/her own "delivery". The "discounted" price also comes with the responsibility to "deliver" additional orders of cocaine along the travel route. Reportedly, interstate-75 has been known as "cocaine lane" as it comprises a major route for transport of the drug.

Snorting continues to be the most common method of administration. Participants in each focus group described the increasing practice of smoking tobacco and marijuana cigarettes laced with powdered cocaine ("candy sticks"). Mixing and injecting powdered cocaine with heroin (speedballing) is still practiced by users.

New users of powder cocaine include younger individuals, some as young as 13-14 years of age, and up to 25 years of age. Increases in powdered cocaine abuse among white gay men were also reported.

Although treatment for cocaine dependence is available, abusers typically share a perception that powdered cocaine is a "rich man's drug" that is socially acceptable, which may present a barrier to seeking out those available resources.

2. HEROIN

According to participants, the availability of heroin has noticeably increased over the last 6-month period. One of the reasons cited for the rise was an increase in illegal aliens from Mexico bringing "black tar" heroin with them to the community. The quality of heroin available was reported as very high, with a noticeable increase in quality around August of 2003.

The cost for heroin has decreased over the last 6 months, presumably due to large supplies of the drug available. As little as \$5-10 will buy a bag of heroin, and many dealers have labels on

the bags depending on what the user is seeking. The term “shaker bag”, used by someone who snorts heroin, sells for \$5-10. One African-American outreach worker described it this way: *“They got like labels on the bags, like if you’re “dope sick” there’s a certain amount for it, like \$10-15... They got a “day pack” that might get you 3-4 shots”.*

A small pea-sized balloon of heroin runs for \$50, and a gram of heroin on average sells for \$130-\$200. Mexican black tar heroin was reported to sell for \$130 a gram.

The primary route of administration of heroin remains intravenous injection, but snorting and smoking is also common. Some participants reported an increasing practice of “skin-popping” among younger users.

One of the most noticeable populations of new users consists of young white suburban individuals between ages 14 and 24. Some participants reported an increase in heroin abuse among the local college students. The new users typically start out snorting heroin, often believing that risk of dependence is lower if they inhale heroin and avoid injection. There appears to be no noticeable difference in gender, with equal numbers of males and females using heroin. Overdose of heroin continues to be a problem, especially among younger less experienced users.

Concerns over needle sharing and the increased risk of Hepatitis and HIV were raised with heroin addiction. The decline in personal hygiene was noted among young heroin abusers as well. A 42-year-old African-American female, former drug user, who is now doing outreach as a health educator noted:

People are dirtier, they don’t care about their appearance, you see the greasy hair, more apt to get abscesses, boils, and walk around that way.

3. OTHER OPIOIDS

OxyContin[®] (oxycodone controlled-release) availability is quoted as *“like water”* in the Cincinnati region. As far as pharmaceutical diversion to the streets, OxyContin[®] leads the other opioids in both desirability and availability. Over the last 6 months, there has been a noted increase in older male heroin drug abusers using OxyContin[®] as well as younger white males who chew the tablets, compromising the integrity of the matrix, resulting in immediate release of the sustained release properties of the oxycodone.

Increased use has pushed up the price of OxyContin[®], with the cost moving upwards to \$1.00 per milligram. For example, whereas a 40 mg tablet would sell for \$20-25 about six months ago, that same tablet now costs \$30-50. An 80 mg tablet of OxyContin[®] may now be obtained for \$100. The cost of immediate release oxycodone tablets (5mg) ranges from \$2.50-4.00. While oxycodone, either immediate or sustained release may be swallowed whole, it is also crushed and snorted, chewed, or injected by users. OxyContin[®] remains the prescription analgesic of choice on the streets. Reportedly, it is abused by heroin users. Some participants reported seeing individuals dependent on OxyContin[®] switching over to heroin due to comparably lower prices.

An increase in the use of methadone tablets was also noted to have occurred over the last six months. Methadone diversion from the methadone clinic in Cincinnati was not sited as a source

for the extra methadone on the street where pain clinics or other private methadone maintenance programs are accessible. Methadone wafers, in quadrisection doses of 40 mg were sited as readily available, as well as 5 mg and 10 mg tablets, and in some cases, liquid methadone. The tablets are sold for \$0.50 per milligram, and the liquid sells for \$0.50 - \$1 per milligram.

Other opioids frequently encountered as a result of pharmaceutical diversion include Vicodin[®] and Lortab[®], products containing varying amounts of hydrocodone and acetaminophen. In fact, Vicodin[®] was noted to be one of the easiest pharmaceutical agents to get from an emergency room physician, making this avenue the primary source.

When Vicodin[®] is purchased on the street, the tablets are priced according to the amount of hydrocodone in the tablet, with little regard or comprehension of the consequence of abuse of the acetaminophen in the product. Prices (based on hydrocodone content) vary from \$2-4 for a 5 mg tablet, to \$5 for a 7.5 mg and \$7 for a 10 mg tablet. Lortab[®] tablets are more highly sought after than Vicodin[®], and on average sells for \$7 per 10 mg tablet. Vicodin[®] manufactured as a cough syrup is also popular among users, and is sold by the tablespoon for \$10 in "dose cups." Reportedly, a 4 ounce bottle of the Vicodin[®] syrup can be purchased for \$25.

Percocet[®] tablets, a combination of oxycodone and acetaminophen, can be found on the streets as well, but not in any great quantity, since, according to the participants, these too are easily obtained in hospital emergency rooms. When sold on the streets (sold by oxycodone content), a 5 mg tablet costs \$5, while a 7.5 mg tablet costs between \$6-6.50.

Other opioids reported as available on the street in smaller numbers include Dilaudid[®] (hydromorphone) tablets that on average sell for \$30- \$50 for a 4mg tablet. Fentanyl, an opioid with 50-100 times the potency of morphine, and sold as a transdermal patch under the brand name Duragesic[®], is reportedly available as well. The patches are primarily diverted from terminally ill patients receiving them legitimately for pain control. The patch is designed for transdermal administration of Fentanyl over a 72-hour period, and may contain up to 10 mg of fentanyl per patch depending on the strength. Fentanyl patches with 50mcg/hr strength (5mg) are sold for \$15, 2 for \$25, and 100 mcg/hr (10mg) patches cost \$25.

4. MARIJUANA

A slight decrease in availability of marijuana was noted to occur over the last 6 months, but use remains at a high level. The summer months were noted to be "lean" months. A quarter ounce of low quality "brown" marijuana costs \$35. Current prices for a quarter-ounce of medium grade marijuana range from \$50-75. Flavoring of marijuana, to taste like blueberries or strawberries, was noted as popular with the higher-grade marijuana available. The dipping of marijuana joints in embalming fluid and/or PCP was noted as occurring (wets), but was not considered to be an emerging trend. A trend that was noted among participants in both focus groups was an increase use of "blunts", especially among new, younger users. One former user now working as an outreach worker commented: *"I seen a boy get busted the other day for stealing a car, only 9 years old, and the police pulled him out of the car, and it wasn't nothin' but a puff of smoke...little boy was smokin' a blunt, and he was 9 years old, and I went over there to find out what was really goin' on".*

According to the focus group participants, many users share a perception that marijuana is no more harmful than smoking a tobacco cigarette, and that it doesn't lead to addiction. As a result, relatively few people seek treatment for addiction to marijuana. Some reported that abuse is common among school-age kids.

5. METHAMPHETAMINE

The availability of methamphetamine (meth) in the city is variable, with regional differences reported. The perception of an increase in the downtown area was tempered with the observation that it had not really been used much in the recent past. The prevalence is still noted to be primarily in the suburbs, with availability slowly increasing within the city limits.

The number of methamphetamine labs being discovered and dismantled is growing in epidemic proportions in the state of Ohio, and Southwest Ohio in particular. The majority of these labs are still being found in the rural and suburb areas, but several recent busts in and around the city indicate that the labs are moving closer to the inner city.

The cost of methamphetamine on the street is reportedly variable, with discounts given if the seller knows the buyer. Reportedly, a gram of meth sells for \$100. An 8-ball of meth (1/8 ounce) may cost \$350.

Methamphetamine is typically abused by snorting or smoking the drug. Some cases of injection were also reported. Several focus group participants indicated that older abusers typically stay away from methamphetamine because of its reputation as a drug that will cause a similar devastation as crack-cocaine dependence.

The new users of methamphetamine are young, between 17 and 25 years of age. Reportedly, more whites than African Americans use methamphetamine, presumably as a result of the drug predominating in the suburbs of the city.

6. HALLUCINOGENS

6.1 MDMA/ECSTASY (3,4-METHYLENEDIOXYMETHAMPHETAMINE)

A large increase in the availability of ecstasy was reported to occur over the last 6-month period. Ecstasy is typically available at the clubs and raves where dances take place; increases in availability were reported around the local university areas.

The cost of ecstasy reportedly increased over the last 6 months from \$8-9 per tablet to \$20-35 per tablet. No noticeable differences between male and female users were cited. Typical users continue to be younger white individuals.

6.2 LSD (D-LYSERGIC ACID DIETHYLAMIDE), PSILOCYBIN MUSHROOMS, PCP (PHENCYCLIDINE).

Some participants reported decreases in abuse of LSD, which they thought was due to the increased use of ecstasy. The one area cited by both focus groups as the most likely place where LSD could be found was in and around the college campus. The cost of LSD gel caps averages \$10, whereas 6 paper hits of LSD cost \$20.

One participant reported that psilocybin mushrooms were making a comeback to the area, and he knew of individuals who were growing their own mushrooms. However, other participants of either focus group did not verify this observation. The cost for psilocybin mushrooms was reported to be \$35 per 1/8 ounce.

PCP use is rare, but is making a noticeable impact on the city, as evidenced by the recent death of an African American male who, after a series of bizarre behaviors, was subdued by law enforcement officers, but then experienced cardiopulmonary death. Discovery of PCP, marijuana, and methanol in the bloodstream of the individual upon autopsy led to a conclusion that he had indulged in smoking marijuana cigarettes laced with PCP and dipped in embalming fluid, which often contains methanol.

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

June 2003 – January 2004

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Abstract

Crack cocaine continues to be reported as the primary drug problem for adults, with varying quality and decreasing prices. The reported increase of crack-cocaine use in the previous round of data collection appears to have stabilized. Powdered cocaine continues to be reported as available in closed networks but not as available as crack cocaine on city streets. Whereas the prices of crack cocaine are reported to be decreasing, powdered cocaine prices are reported to be increasing. Heroin was reported to be stable in use, increasing in purity and availability while decreasing in cost. Other opioids such as OxyContin® were reported as in use but with decreasing availability. Marijuana was reported as being as available “as cigarettes” with varying quality and prices, and the primary drug being used by juvenile arrestees in the county. Methamphetamine use does not appear to be a serious concern although it is available in nearby Stark and Summit counties. Ecstasy use continued in the area, primarily amongst younger user groups. An increase of Khat use in the area was reported by law enforcement personnel.

INTRODUCTION

1. Area Description

Cuyahoga County, Ohio according to the 2000 Census, has almost 1.4 million residents and is the most populous and urban of Ohio’s 88 counties. Approximately 67% of the population self-identify as white. More than half of the county’s population is female and the median age of all residents is 37.5 based on the American Community Survey Profile 2002. Slightly more than 10% 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 2002 was \$40,726. Just over 10% of families lived below the poverty level in 2002. In 2002 of families living below the poverty level, more than 80% had related children under the age of 18 and approximately 19% had related children under the age of 5. Based on the 2002 American Community Survey approximately 35% of the county’s population was not in the labor force and of those who were, 9% of the civilian labor force was unemployed.

2. Data Sources and Time Periods

Qualitative data were collected in six focus groups between December 12, 2003 and January 22, 2004. Table 1 and Table 2 provide detailed information about the participants.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Description
12/12/2003	10	Professionals: case managers, educators
12/16/2003	4	Professionals: treatment providers
12/19/2003	5	Professionals: case managers
1/14/2004	9	Male drug users
1/21/2004	10	Female drug users
1/22/2004	11	Law Enforcement: DEA, HIDTA, Cleveland Police Department, Immigration

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
6	49	0	49

Table 2: Focus Group/Interview Recruitment Procedures

December 12, 2003: Case Managers, Educators

ID Number	Age	Ethnicity	Gender	Experience/Background
1	N/A	African-American	Female	Case manager
2	N/A	African-American	Female	Case manager
3	N/A	White	Female	Case manager
4	32	White	Female	Case manager
5	57	White	Male	Case manager
6	N/A	African-American	Female	Case manager
7	25	African-American	Male	Educator
8	42	White	Male	Case Manager
9	26	White	Male	Case manager
10	52	White	Male	Case manager

Recruitment procedure: *Individuals were recruited by phone from known substance abuse professionals.*

December 16, 2003: Treatment Providers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	N/A	Hispanic	Female	Provider
2	N/A	African-American	Male	Provider
3	N/A	African-American	Male	Provider
4	N/A	Hispanic	Female	Provider

Recruitment procedure: *Individuals were recruited by phone from known substance abuse professionals.*

December 19, 2003: Case Managers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	N/A	White	Male	Case manager
2	N/A	White	Female	Case manager
3	N/A	White	Male	Case manager
4	N/A	White	Male	Case manager
5	N/A	African-American	Female	Case manager

Recruitment procedure: *Individuals were recruited by phone from known substance abuse and HIV/AIDS professionals.*

January 14, 2004: Male Drug Users

ID Number	Age	Ethnicity	Gender	Experience/Background
1	44	African-American	Male	Alcohol/crack
2	39	African-American	Male	Crack user
3	45	African-American	Male	Alcohol/crack
4	46	African-American	Male	Alcohol/crack
5	26	African-American	Male	Cocaine
6	20	African-American	Male	PCP (water)
7	57	African-American	Male	Alcohol/crack
8	45	African-American	Male	Crack
9	34	White	Male	Heroin

Recruitment procedure: *These individuals were recruited for participation by a counselor at a residential treatment program.*

January 21, 2004: Female Drug Users

ID Number	Age	Ethnicity	Gender	Experience/Background
1	38	African-American	Female	Crack
2	46	African-American	Female	Heroin
3	37	African-American	Female	Crack
4	51	African-American	Female	Heroin
5	33	White	Female	Crack/marijuana/alcohol
6	31	White	Female	Crack/marijuana
7	39	African-American	Female	Crack
8	49	African-American	Female	Crack/heroin/alcohol
9	31	African-American	Female	Crack/alcohol
10	21	White	Female	Crack/alcohol

Recruitment procedure: *These individuals were recruited for participation by a counselor at a residential treatment program.*

January 22, 2004: Law Enforcement

ID Number	Gender	Ethnicity	Law Enforcement Agency	Years with Agency
1	Female	African-American	DEA	2.5
2	Male	White	Immigration	14
3	Male	White	HIDTA	3
4	Male	White	FBI	30
5	Male	White	DEA	N/A
6	Male	White	DEA	6
7	Male	White	CPD	15
8	Male	White	CPD	29
9	Male	White	HIDTA	<1
10	Male	White	CPD	23

Recruitment procedure: *Contacted HIDTA official who recruited participants from law enforcement agencies housed at the HIDTA facility.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since the beginning of the Ohio Substance Abuse Monitoring (OSAM) project crack cocaine has consistently been reported to be the primary drug problem in the Cuyahoga County area. Crack cocaine has been reported to be readily available and the cost has decreased slightly. While smoking has been the commonly reported method of administration there have been reports since January 2002 of some injection use. Since June 2002, two groups, younger users (teens) and older people (65 years and older) emerged as new users of crack cocaine.

June 2003 – January 2004

According to most drug user groups and law enforcement, the availability of crack cocaine in the area remains stable. Crack in the city is sold on street corners, in crack houses and in some store-fronts. In the suburbs, crack can be purchased only at houses or bars where there is a known market.

Crack cocaine runs the gamut from being of poor quality to being of good quality and varies from dealer to dealer and neighborhood to neighborhood. The providers disagreed about the quality of crack cocaine, with some indicating that the quality is very good, and others reporting that the quality is worse than it has ever been.

Provider groups reported that the cost of a rock appears to have decreased. The previous report indicated that typical size rocks were selling for \$20 or more and “crumbs” or “shakes” were available for as little as \$5. This cost for “crumbs” held true during this round of data collection and the cost of a typical rock as documented by the Ohio High Intensity Drug Trafficking Area (HIDTA) now ranges from \$10 to \$25. The male user group indicated that crack is often sold by young gang members who may not use the drug but are selling it to older users.

Examining urine data of adult arrestees as obtained through the NIJ/ADAM program, there was a slight increase in Cuyahoga County arrestees testing positive for cocaine during the second quarter of 2003. This was consistent with the previous OSAM round in which a possible cocaine use increase was reported. In this round, this appears to have stabilized back to the expected level. In Cuyahoga County, 35% of adult male arrestees (see Exhibit 1) and 52% of female adult arrestees (see Exhibit 2) tested positive for cocaine use during this OSAM round.

An NIJ/ADAM Supplemental study of 311 adult arrestees (66% male and 34% female) in Cuyahoga County found that cocaine use was a strong predictor of being at risk for dual diagnosis (severe mental disorder and mental illness). For those testing positive for cocaine use, 23% were at risk for dual diagnosis, with an additional 15% in need of mental health services only and 27% in need of substance abuse services. This compared to only 6% in the no cocaine use group who were at risk for dual diagnosis, 10% in need of mental services and 11% in need of substance abuse services. Comparing all drug use groups, the association of cocaine use with the need for mental health services and substance abuse services was considerable.

Examining juvenile arrestees within Cuyahoga County, of 256 adolescents, 10% reported having ever used cocaine and 4% reported use of cocaine within the past month. Adolescent males were as likely to have experimented with or have recently used cocaine in comparison to adolescent girls.

Providers reported that treatment needed to be supported with the provision of other services, such as transportation and baby-sitting, particularly if it is outpatient treatment. Individuals were reportedly reluctant to present for crack-cocaine treatment because they were embarrassed and were afraid of being judged.

While smoking remains the primary way of using crack, there were reports by user groups during this round of individuals breaking down crack cocaine for injection use.

1.2 COCAINE HYDROCHLORIDE (HCL)

Powdered cocaine has consistently been reported to be less available than crack cocaine. Since June 2002, the cost has remained stable and the quality has not changed. Snorting remains the most common method of administration although increased injection use has been reported. Use of powdered cocaine has been described as a suburban rather than an inner city occurrence.

June 2003 – January 2004

Consistent with previous reports, powdered cocaine was reported to be available in both the city and the suburbs according to the user groups and law enforcement. Focus group participants cited the source of the powdered cocaine in this area as Miami, Florida. The availability was reported as being within networks only and not on street corners or other open markets as is the case with crack cocaine. Law enforcement focus group participants reported that powdered cocaine availability has remained stable over the past year and is more readily available in the suburbs than in Cleveland.

Provider groups reported an increase in the price of a gram of powdered cocaine within the past six months from \$20-\$50 to \$50-\$80. This cost was confirmed in a price list provided by the HIDTA. This price list indicated the cost for a gram could be as high as \$200. The HIDTA price list also documented the cost of an ounce of powdered cocaine at \$800-\$1,500 and a kilogram at \$14,000-\$31,000. According to the Drug Enforcement Agency the average purity level for powdered cocaine was 56%.

All focus groups agreed that powdered cocaine users tend to be those who have more to spend. Law enforcement further reported that powdered cocaine tends to be supplied and used by middle class white users, but sold by African-American dealers.

All focus group participants indicated that the route of administration for powdered cocaine remains primarily snorting although some users reported injection use or smoking powdered cocaine primarily when mixed with marijuana. Since the availability of powdered cocaine was not as high, user groups reported hearing of individuals who will break down crack with white vinegar in order to inject it.

The Cuyahoga County Alcohol and Drug Addiction Services Board treatment admission data indicated that cocaine dependence was the primary diagnosis for 18.6% of the first assessments across all diagnoses in fiscal year 2003 (see Exhibit 11). Provider groups and user groups reported a concern that Cleveland high school youth, both girls and boys, are using powdered cocaine mixed with marijuana, especially in clubs. Law enforcement confirmed the availability of powdered cocaine for purchase within high schools.

2. Heroin

Since June 2002, participants have consistently reported an increase in availability, greater purity and lower cost of heroin. Although intravenous use remained the most common method of administration, young people who began by snorting heroin have emerged as new users.

June 2003 – January 2004

Consistent with previous reports, heroin continued to be readily available, particularly on the west side of Cleveland as reported by all focus groups. Availability was usually through networks, although in some neighborhoods heroin was available on street corners or in high schools. All groups reported that there has been an increase in availability and purity although this was dependent on the neighborhood. User groups and law enforcement reported a coinciding decrease in cost. The cost of heroin, according to users was \$20 a bag on the east side of Cleveland and \$10-\$15 on the west side. This range of prices was confirmed by the Ohio HIDTA street drug price list. According to users, the “better” heroin was on the east side. Provider groups reported that Black tar heroin from Mexico is now more available. The Drug Enforcement Agency lab reported the average purity level for heroin was 56%.

Most people were reported to be either snorting or injecting heroin. Treatment providers reported that the use of heroin via injection appeared to be increasing, particularly in the Latino community. Users reported Puerto Rican dealers who were using fentanyl to cut heroin. Treatment providers reported the use of heroin-laced marijuana as more common now. Younger, white suburban teenagers were emerging as new users of the drug, which was reported in the last OSAM round report. Providers reported that younger users begin by snorting and then move to injecting.

The Cuyahoga County Alcohol and Drug Addiction Services Board treatment admission data indicated that opioid dependence was the primary diagnosis for 8.48% of the first assessments across all diagnoses in fiscal year 2003 (see Exhibit 11).

3. Other Opioids

Previous reports indicated that prescription opioids were extremely difficult to get in Cleveland suggesting that you “need a connection” to get these drugs. Typical users were described as white women living in suburbs. According to previous reports, it is “older folks” that sell these opioids.

June 2003 – January 2004

Most of the providers did not have knowledge of other opioid usage. Those that did have knowledge commented that OxyContin® (oxycodone long-acting) was available, but availability has decreased slightly because physicians were not giving prescriptions for these drugs as easily as before. Users reported decreasing availability of OxyContin®, Percocet® (oxycodone & acetaminophen), Vicodin® (hydrocodone) and Darvocet® (propoxyphene & acetaminophen). These were available, according to law enforcement, primarily by theft, doctor shopping, or via the Internet.

Users typically report the cost of OxyContin® to be between \$.50 and \$1.00 per milligram. This cost was confirmed by the Ohio HIDTA which reported the cost of OxyContin® at \$5-\$35 for 10 milligrams, \$10-\$20 for 20 milligrams, \$20-\$40 for 40 milligrams, and \$40-\$80 for 80 milligrams. The cost of prescription analgesic abuse can be very high which eventually may lead abuse of heroin, a more available and less expensive alternative.

Law enforcement officials reported that prescription analgesics tended to be used primarily by females of all ethnic groups. Participants reported these drugs were taken by swallowing them, but some individuals were breaking them down and injecting them. There have been no changes noted in the profiles of users or methods of use during the last 6 months.

Examination of the Cuyahoga County NIJ/ADAM data suggests that there has been no change in the percentage of arrestees testing positive for opiates in the past two years (see Exhibit 3 and Exhibit 4). Juvenile arrestees in general were not reporting opiate use, with only 1% reporting having ever tried heroin.

4. Marijuana

From the beginning of the OSAM project, marijuana has been reported as readily available. Prices varied widely for marijuana depending on the quality. Participants consistently reported that “everyone,” i.e. white, African American, Hispanic, young, old, wealthy and poor, used the drug.

June 2003 – January 2004

All groups reported that marijuana continued to be readily available throughout Cuyahoga County. Users reported that marijuana was sold by all ages and races and was “as available as cigarettes.” Law enforcement reported “occasional droughts” during times of large seizures, for example during a recent time when eleven tons were seized. Law enforcement reported that very high quality marijuana was grown in southern Ohio.

The quality of marijuana varied with the dealer. Users reported quality going up and prices coming down in the past six months. Current focus group participants indicated that the cost of 1/8 ounce of marijuana could range between \$35 and \$50. The Ohio HIDTA reported commercial grade marijuana cost between \$80-\$200 per ounce and \$600-\$2,000 per pound. Users reported that hydroponic marijuana was available for \$100 per ¼ ounce.

Law enforcement reported an emerging user group of second generation Arab-Americans. Officers reported that in routine traffic stops, dogs have sniffed out marijuana in increasing numbers of young Arab-American drivers. Law enforcement focus group participants also voiced a concern that marijuana use was so common it was being overlooked by law enforcement in general.

User groups and treatment providers reported a continued concern about the decreasing age of first use of marijuana. User groups reported younger users were mixing marijuana with other drugs. Gangs were reported to be selling marijuana blunts dipped in PCP known as “wet,” “water,” or “bare naked” at a cost of \$25 per stick. The law enforcement focus group reported the cost of a dipped blunt at \$20 per cigarette. This group also reported the availability of “primo,” marijuana laced with crack.

During this OSAM round, the NIJ/ADAM data reflected an increase from the last time period in adult male arrestees testing positive for marijuana (see Exhibit 5). This could reflect either increased use due to dropping prices or increased potency of marijuana in the area. About half of the adult male arrestees in Cuyahoga County tested positive for marijuana use at the time of arrest. Rates this high have not been seen since early in 2002. Rates for females in Cuyahoga County that tested positive for marijuana over the last two years have been variable (see Exhibit 6).

This high use of marijuana was also seen in juvenile arrestees in Cuyahoga County. When completing the juvenile jail screen almost half of the adolescents self-reported the use of marijuana in the past thirty days (44%). The majority of adolescents (72%) reported that they had tried marijuana. Both male and female juveniles reported using marijuana at high levels with 46% of juvenile females and 42% of juvenile males reporting recent marijuana use.

All groups reported that treatment does not seem to be demanded for marijuana. Participants reported that marijuana users were not entering treatment unless it was for the PCP or crack that was used with marijuana. Generally, marijuana users entered treatment only when forced to do so by the criminal justice system. The Cuyahoga County Alcohol and Drug Addiction Services Board treatment admission data indicated that cannabis dependence was the primary diagnosis for 18.3% of the first assessments across all diagnoses in fiscal year 2003 (see Exhibit 11).

5. Stimulants

5.1 METHAMPHETAMINE

Law enforcement focus group participants reported that methamphetamine is primarily being produced in Summit and Ashtabula counties, and getting methamphetamine requires a connection. This is supported by NIJ/ADAM local arrestee data. While in the third quarter of 2002 some arrestees (less than 2%) tested positive for methamphetamine, the rate since that time has dropped to zero (see Exhibit 7 and Exhibit 8). User groups reported that the labs are located far outside the city. User groups felt that methamphetamine is used primarily by young users who already have an injection drug problem or by young users who are already smoking crack cocaine. The focus group of female users reported that they have seen truck drivers who use methamphetamine.

6. Hallucinogens

6.1 MDMA (ECSTASY)

Previous reports suggest that ecstasy is a party drug most often available at clubs rather than on the street. While previous reports indicated Ecstasy was used mostly by whites, focus groups also reported that it had “crossed over” into the Latino communities and was now part of the hip-hop scene.

June 2003 – January 2004

Ecstasy in this round of data collection was reported as available and still most frequently used by young, white club-goers. Users reported that ecstasy was available for \$20-\$30 per tablet. Provider focus groups reported that Ecstasy is being used in gay clubs and in bathhouses. The most common way to use Ecstasy is by swallowing the drug.

The June 2003 OSAM report indicated that Viagra® was sometimes used with Ecstasy, and the combination was being called “sextasy.” In the current reporting period, continuing increases in this practice have been reported. Viagra® tablets were obtainable at a cost of \$5-\$10.

6.2 PCP

The June 2003 report indicated that PCP laced marijuana (“wet”) use was increasing in urban areas.

June 2003 – January 2004

PCP remained available in Cuyahoga County. NIJ/ADAM data indicated that adult arrestees use was at 5-8% during this round of OSAM. According to the Ohio HIDTA, one PCP “dipped” cigarette costs approximately \$20. One ounce of powdered PCP was reported at \$1,200 and one ounce of liquid PCP at \$1,500.

Based on NIJ/ADAM data, the increase in adult arrestee PCP use that was seen in late 2002 appears to have stabilized by the end of 2003 (see Exhibit 9 and Exhibit 10). Although PCP is perceived as a drug being used primarily by juveniles, juvenile self-reported use of PCP is low.

Less than 1% of juvenile arrestees in Cuyahoga County indicate recent use of PCP. User groups in this round reported that they only know of juveniles who used PCP.

7. Khat

Law enforcement officials reported an increase in Khat use in the area. Use was appearing among Somalian cab drivers. This supports previous Columbus OSAM reports that have described Khat use among Somalians. Law enforcement officials reported seizing three or four parcels of Khat in the last six months containing 25-50 pounds of the drug.

SPECIAL ISSUE: HIV and Other Blood-Borne Disease Risk Behaviors

User focus groups reported that drug injectors use needle exchange programs, such as the Free Clinic, and sharing of needles is not common. Users reported that most individuals are bleaching their syringes and are educated about the process:

"...people ain't sharing needles like the used to."

"...people are going to McDonalds shootin' so they know their water is clean."

Some users described that they generally do not share needles, but have done so with their husbands or steady partners, knowing that the partners may not be "clean." These users also described reusing needles about 3-4 times and using bleach to clean them.

User focus groups reported that most people use condoms to protect themselves from HIV and other sexually transmitted diseases. However, hard core users were described as being much less concerned with safe sex, particularly those who are trading sex for drugs. These individuals were reported to be primarily crack users who trade or sell sex, primarily females ("strawberries"). Fewer males ("raspberries") were reported as engaging in sex sale or trade. Females who engage in sex trade were reported as increasingly younger, such as 17- or 18-year-old females. All ethnic backgrounds were reported as being involved in sex trade. "Raspberries" who dress as women were reported as very common on the eastside of Cleveland. Female drug users who engage in sex trade reported that it was often necessary to "give in" and put yourself at risk because people out on the street do not want to use protection.

Sex trade transactions were reported as being primarily cash transactions out on the street, although "dope boys" were described as trading drugs in exchange for sex. Females who engage in sex trade described a preference for cash:

When I was out there, I got stung a couple of times. I was given dope and it wasn't dope and I could've died. Luckily I didn't even get it in me because it wasn't heroin. So I stopped doing that. If you couldn't give money, we didn't do anything.

Me, myself, I've had sex for drugs plenty of times. I've had sex for cash. In my neighborhood where I'm from there is a lot of women who do sleep with the guys who are selling drugs and get the drugs instead of cash. Dope boys I know won't give you cash but if you're sleeping with them, they'll give you dope.

Provider focus group participants reported that many clients are not very concerned with HIV infection because they are either already infected or feel that there are now drugs to treat the infection so it is no longer a real problem. Some users reported that they are fully aware of the risks, but they will not let the transaction go by if they do not have a condom: *"I'm going to get that money and get high."*

User groups reported that heroin users are more concerned with HIV and are more careful. On the eastside of Cleveland, crack users were reported as historically and currently not being very concerned about HIV. Users reported that education programs need to start earlier, and that education in the schools in 10th or 11th grade is too late.

Exhibit 1

Cuyahoga County ADAM

Male Arrestees - Cocaine

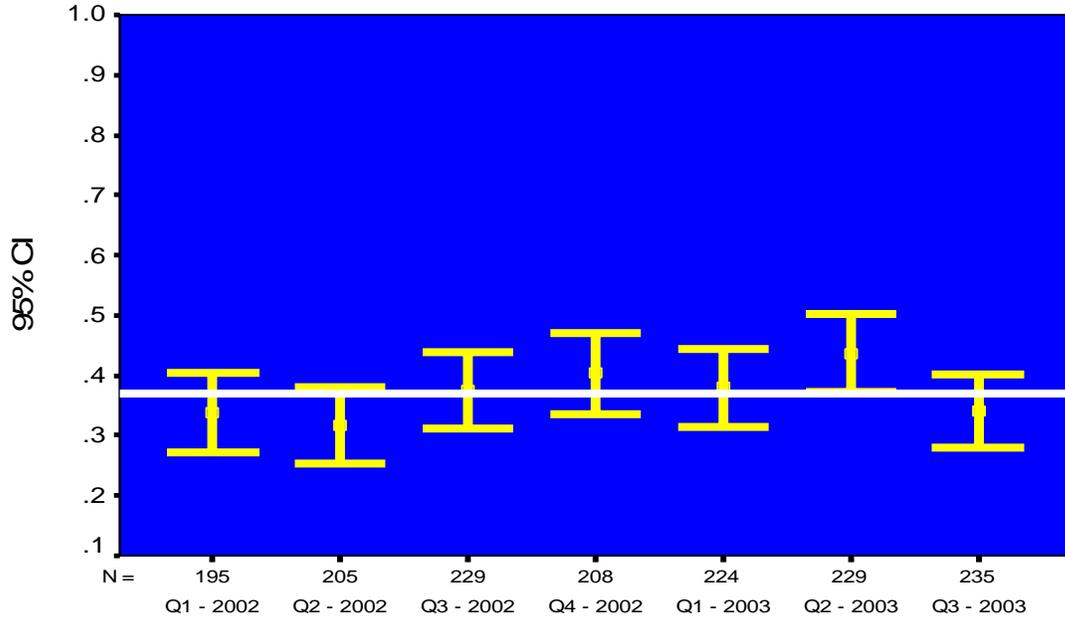
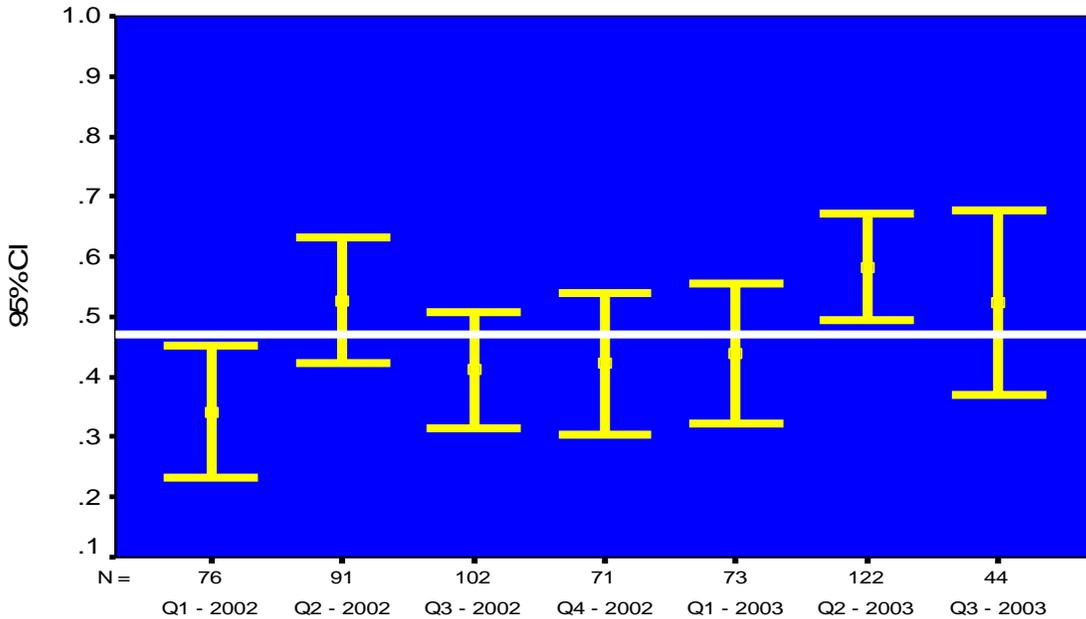


Exhibit 2

Cuyahoga County ADAM

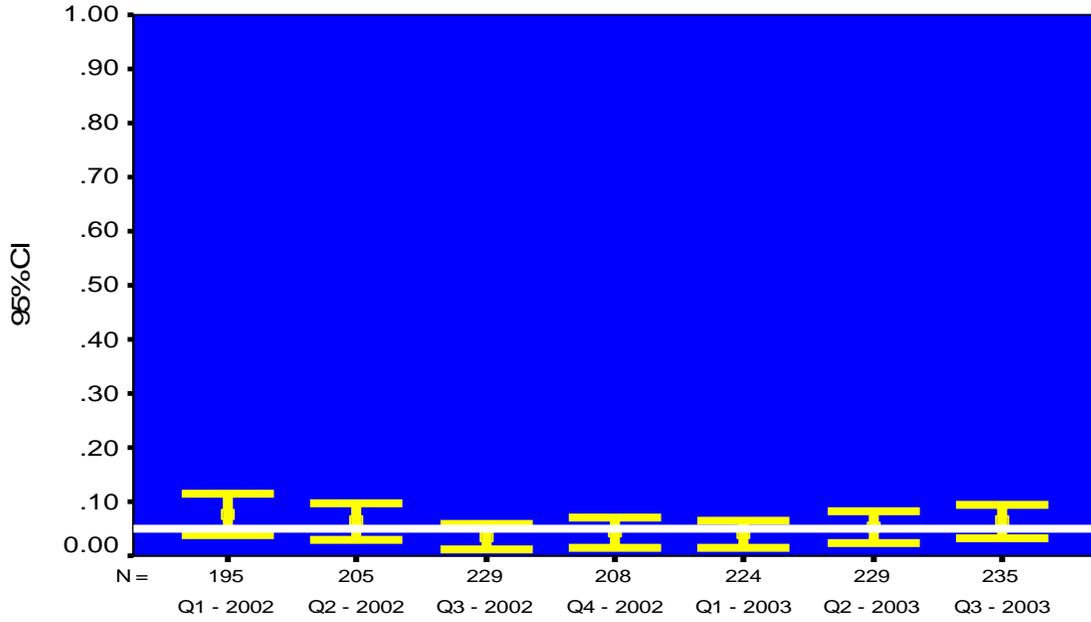
Female Arrestees - Cocaine



Cuyahoga County ADAM

Exhibit 3

Male Arrestees - Opiates



Cuyahoga County ADAM

Exhibit 4

Female Arrestees - Opiates

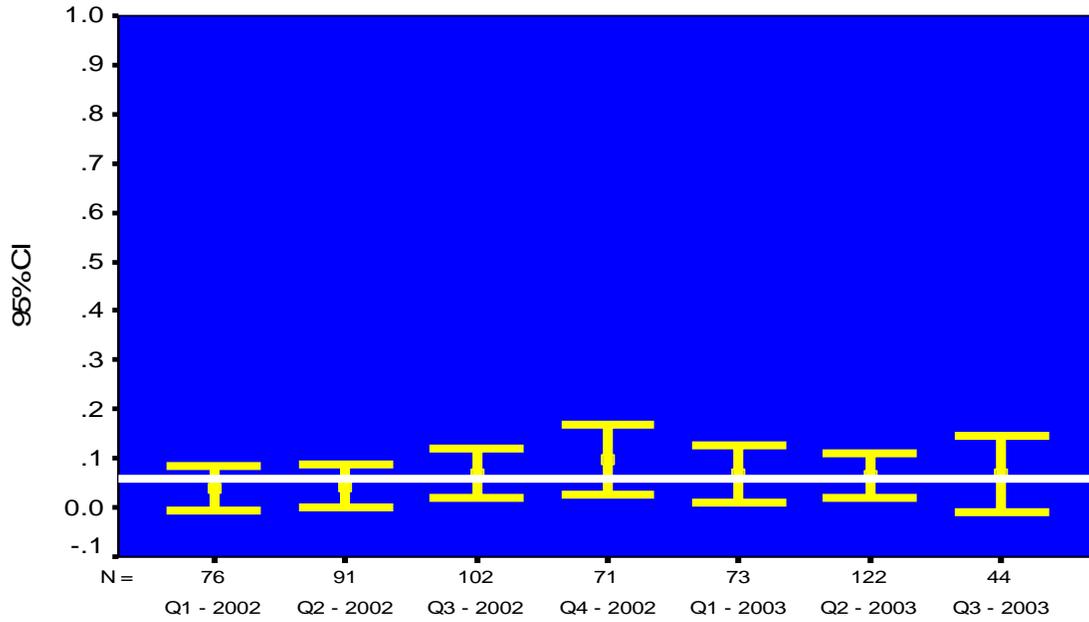


Exhibit 5 Cuyahoga County ADAM
Male Arrestees - Marijuana

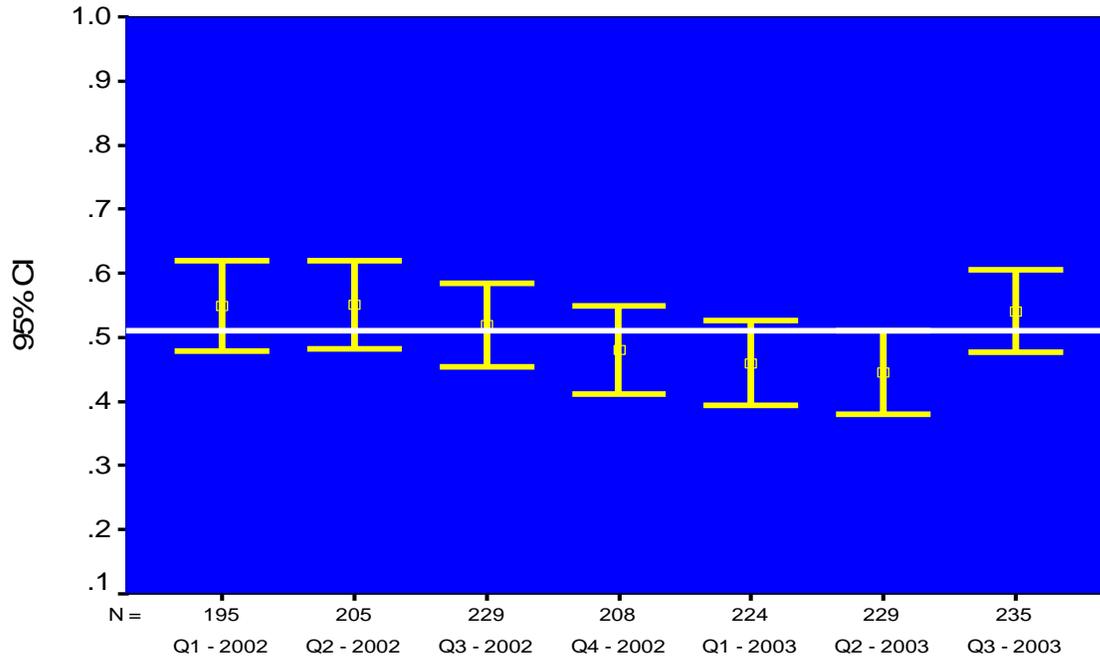


Exhibit 6 Cuyahoga County ADAM
Female Arrestees - Marijuana

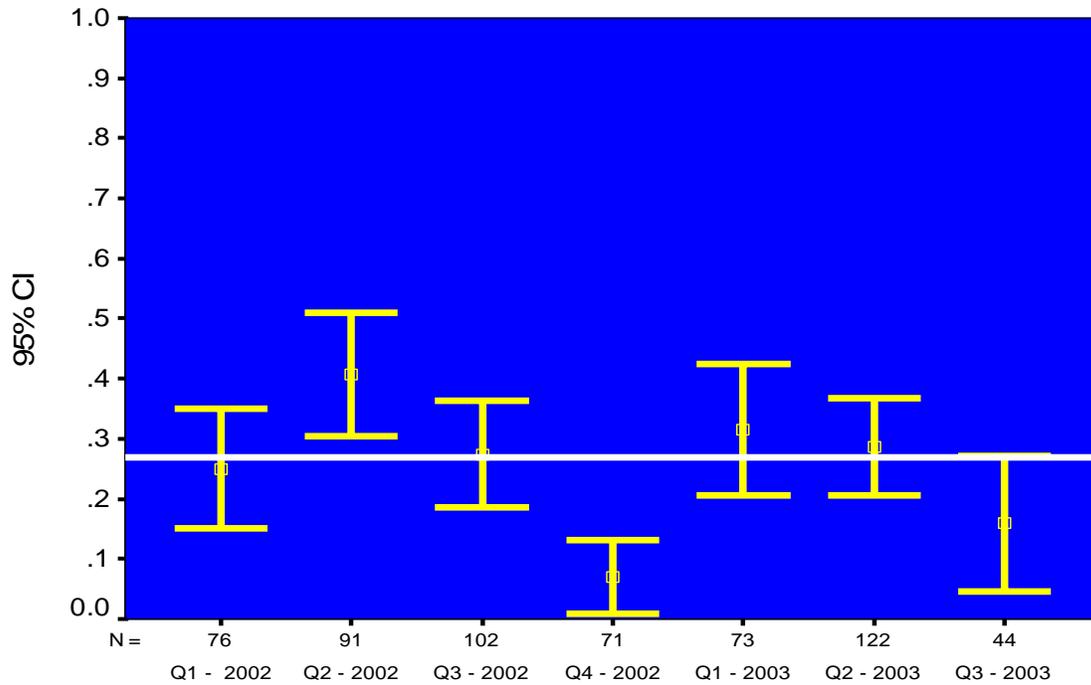


Exhibit 7 Cuyahoga County ADAM
Male Arrestees - Methamphetamine-GC

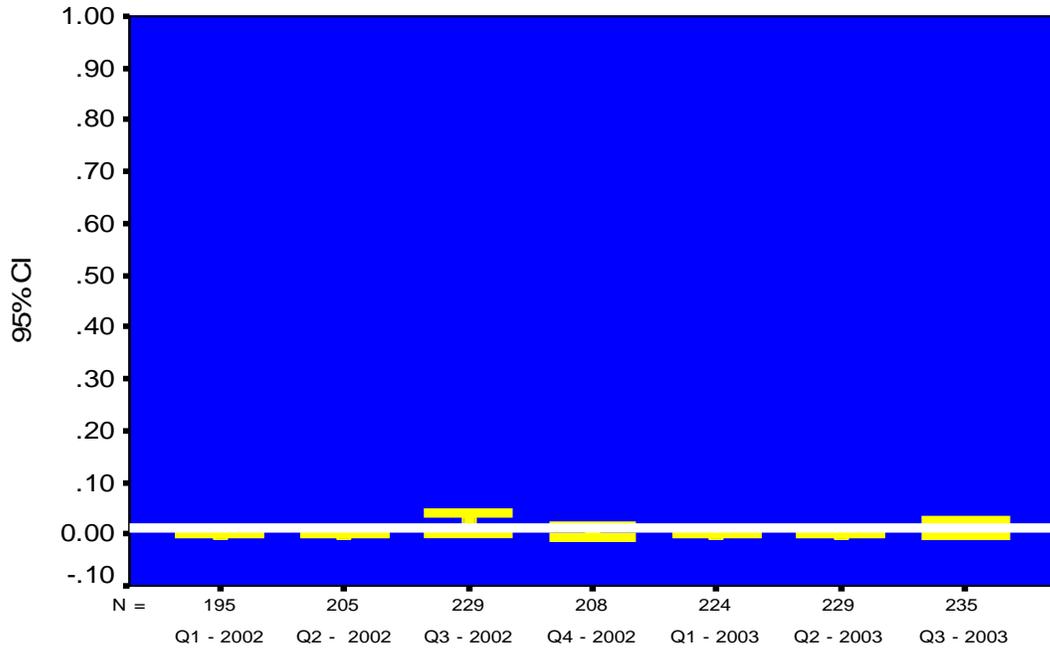


Exhibit 8 Cuyahoga County ADAM
Female Arrestees -Methamphetamine-GC

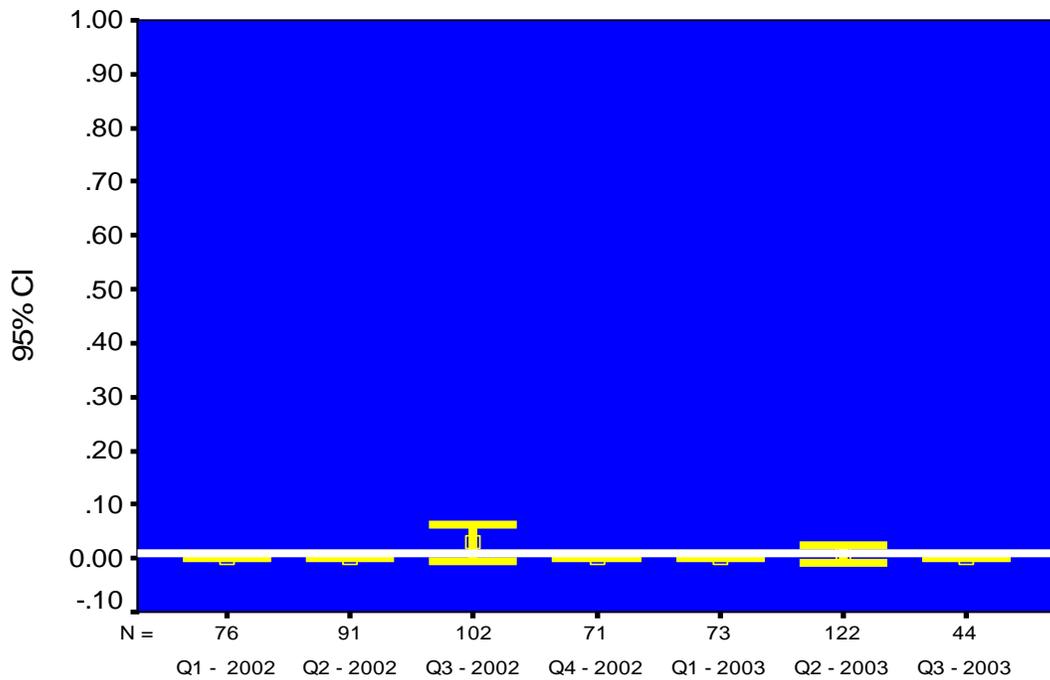
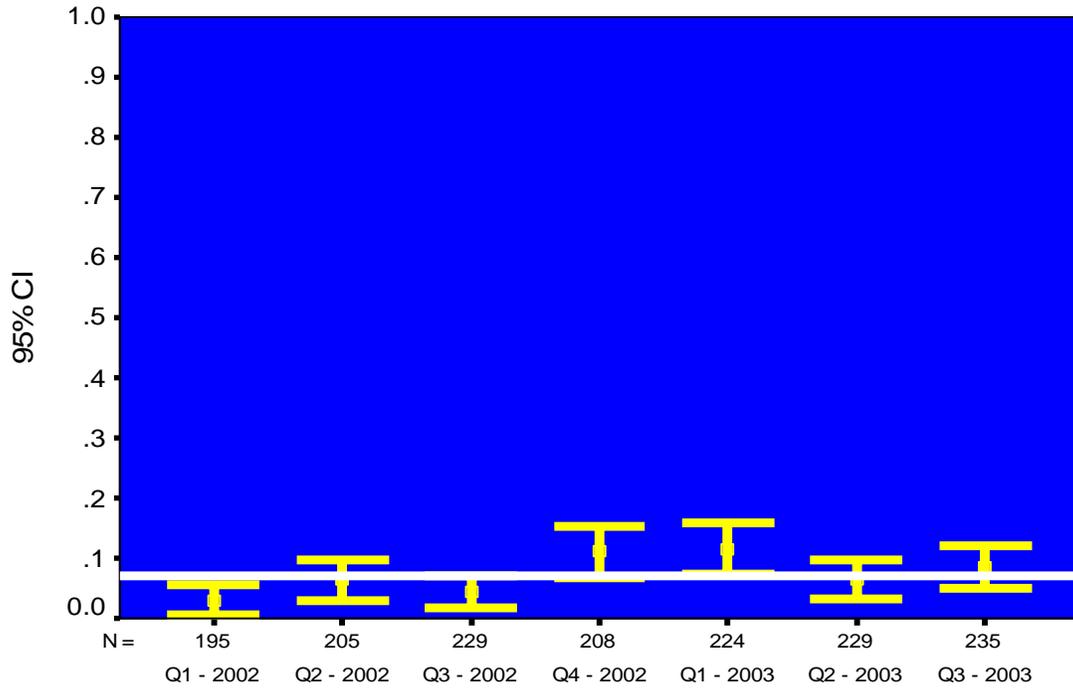


Exhibit 9

Cuyahoga County ADAM

Male Arrestees - Phencyclidine



Cuyahoga County ADAM

Exhibit 10

Female Arrestees - Phencyclidine

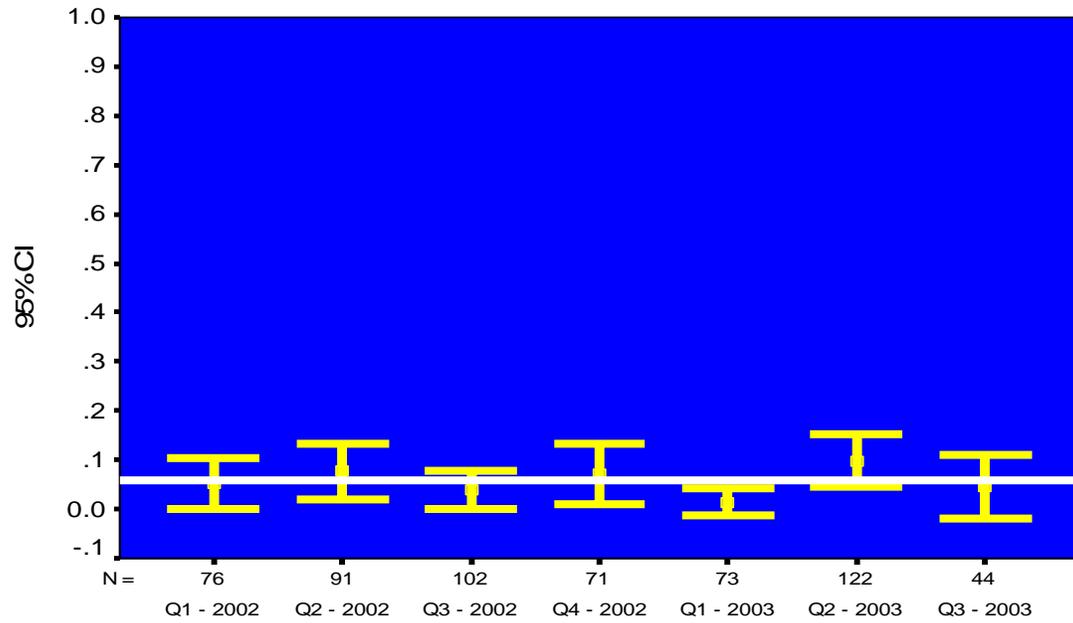
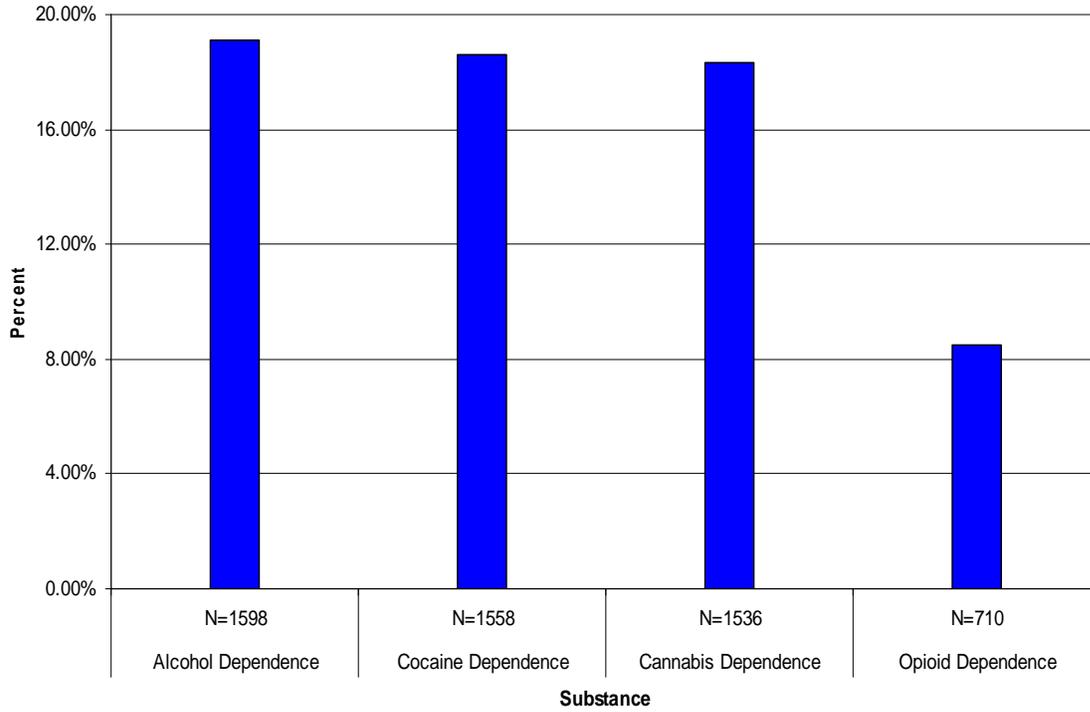


Exhibit 11

**Cuyahoga County Alcohol and Drug Addiction Services Board
Primary Diagnosis for First Assessment FY 2003**



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

June 2003 – January 2004

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Abstract

Crack-cocaine abuse continues to be the area's most problematic illicit drug. Participants report it is the "easiest drug to score on the street." Powdered cocaine is growing in availability, especially among young (15-25) individuals who frequent dance clubs and Raves. Participants report that the drug is becoming increasingly more socially accepted—much like marijuana's social acceptability. Heroin availability and abuse continues to increase. Treatment providers report seeing an increase in young, college-age individuals from suburban areas presenting for treatment. OxyContin® remains the most sought after pharmaceutical opioid, but because of its high price, Vicodin® and other similar pharmaceutical opioids tend to be more frequently abused. Marijuana remains extremely available and is used by a large, diverse segment of the population. Young active users perceived a recent decrease in the use of the drug in favor of powdered cocaine among their peers. Methamphetamine is reportedly available in the Columbus area, and is popular among college-age individuals who frequent dance clubs and Raves. Tranquilizer drugs such as Valium® and Xanax® are readily available and typically are abused in conjunction with other drugs. MDMA (ecstasy) reportedly continues to lose popularity in the area while other hallucinogenic drugs like LSD and psilocybin mushrooms increase in availability. Over-the-counter medications, primarily those drugs containing dextromethorphan (DXM), are reportedly gaining in popularity and abuse among adolescents residing in northern suburbs of the area.

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 four focus groups between June 2003 and January 2004. Three focus groups were conducted with active drug users and one focus group was conducted with treatment providers (Table 1). Total, 28 individuals participated in this round of interviews. Detailed information about focus group participants is presented in Table 2.

Table 1. Qualitative Data Sources.

Focus Groups

Date of focus group	Number of participants	Type of participants
09/11/2003	6	Active drug users
10/02/2003	9	Active drug users
10/22/2003	8	Active drug users
10/14/2003	5	Substance abuse treatment providers

Totals

Total number of focus groups	Total number of focus group participants	Total number of individual interviews	TOTAL number of participants
4	28	0	28

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

September 11, 2003: Active Drug Users (Young Club Drug Users)

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	22	White	Male	Employed as a server. Has used Ecstasy, cocaine, methamphetamine, LSD, and marijuana. Considers cocaine to be his favorite drug to use.
2	24	White	Female	Employed as a server/bartender. Reports having used nearly every drug with the exception of opiate drugs such as heroin. Reports liking methamphetamine best, but mostly using alcohol.
3	22	White	Male	Unemployed; reports having used ecstasy, cocaine, marijuana, mushrooms, and methamphetamine. Reports marijuana as drug of choice.
4	19	White	Female	Unemployed; Reports using cocaine, marijuana, TCB, methamphetamine, and most other drugs, except heroin, PCP, and opium. Reports methamphetamine as drug of choice.
5	21	White	Female	Employed as a server. Reports having used most drugs, except heroin. Reports drug of choice to be any type of "speed" drug, including methamphetamine.
6	??	White	Male	Reports using all types of drugs in the past. Marijuana is his drug of choice, but also frequently uses LSD and mushrooms.

Recruitment Procedure: *Participants were recruited by contacting individuals currently involved in a "club drug study" being conducted by WSU researchers.*

October 02, 2003: Drug Users (In-Treatment)

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	35	White	Female	Mostly abused alcohol/hard liquor. Started drinking at age 13 and reports a drinking problem at age 24, when she was drinking daily. Four years sober around 1997 and then relapsed recently. Has experimented with cocaine and marijuana. Reports abusing Xanax.
2	33	African Am.	Male	Using alcohol and crack for the past 17 years, starting when age 16. Crack is drug of choice. Longest time sober has been about 11 months.
3	40	African Am.	Male	Primary drug of use is crack cocaine. Began drinking alcohol at age 16 and freebasing cocaine. Has been using ever since; approximately 4 years clean at one point before relapsing.
4	24	White	Male	Drug of choice is crack cocaine; began using crack at age 24. Freebasing cocaine at age 19. Reports abusing various prescription drugs as well.
5	27	White	Male	Uses crack cocaine and alcohol. Reports drinking alcohol since about age 14. Reports smoking crack for 6 years and has been in drug treatment on three separate occasions.
6	37	White	Male	Reports drug of choice is alcohol; started drinking at age 17. Reports abusing pharmaceuticals at age 27.
7	48	White	Male	Began abusing pharmaceutical opioids at age 25; recently switched to using heroin.
8	56	White	Male	Reports using marijuana and alcohol in high school. Started injecting heroin after graduating high school while in the military. Reports using heroin for 36 years. Stated that he can't think of a drug he hasn't at least experimented with in his lifetime.
9	42	African Am.	Male	Began drinking alcohol at age 26, then began using marijuana and eventually crack cocaine. Reports using crack for about 24 years.

Recruitment procedure: *Participants were recruited by directly contacting a specific substance abuse program in the Columbus area. Counselors at the substance abuse program asked current patients if they would like to participate in the focus group.*

October 13, 2003: Treatment Providers

"Name"	Ethnicity	Gender	Experience/ Background
1	White	Female	Works in a methadone clinic; has been there over 14 years treating mostly opiate addiction; working primarily with adults.
2	African Am.	Male	Clinical background in substance abuse; working primarily with adults.
3	White	Female	Substance abuse treatment provider; working with adolescents.
4	White	Male	Works in the student counseling center of a local university;
5	White	Male	Eight years in the chemical dependency field. Currently works with adults with substance abuse problems.

Recruitment procedure: *Participants were recruited by contacting various substance abuse treatment programs and social services agencies in the Columbus, Ohio area.*

October 22, 2003: Drug Users (In-Treatment)

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	42	White	Female	Recovering from crack cocaine and alcohol addiction; currently 17 months sober.
2	30	White	Female	Primary drug of choice is heroin; was into the Rave scene when younger and reports using almost every type of drug during that time.
3	31	White	Female	Reports having used almost all drugs in her lifetime; currently reports pharmaceutical opioids as drugs of choice; has been clean for nearly 4½ years.
4	37	White	Female	Heroin is drug of choice, currently on methadone for the second time in her lifetime.
5	48	White	Female	Reports abusing various prescription medications throughout her life.
6	43	White	Female	Reports alcohol to be her drug of choice; began using drugs (marijuana) at age 13; has used crack cocaine and various pharmaceutical drugs.
7	40	African Am.	Female	Reports alcohol dependence and drug addiction; has been struggling with addiction for 17 years and reports 16 months sober. Has been in substance abuse treatment about 12 times total.
8	45	White	Female	In treatment for crack cocaine; started using alcohol at age 10, then progressed to pharmaceutical drugs by age 15; reports being an alcohol by age 20.

Recruitment procedures: *Participants were recruited by directly contacting a specific substance abuse program in the Columbus area. Counselors at the substance abuse program asked current patients if they would like to participate in the focus group.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since 2000, crack cocaine has been consistently reported to be a readily available and highly abused drug in the Columbus area. In general, active users have reported crack-cocaine abuse to be more prevalent among poor, inner-city African Americans. However, in January 2003, treatment providers perceived an increase in crack-cocaine abuse among inner-city whites.

June 2003 – January 2004

In the current reporting period, active users and treatment providers continue to report that crack cocaine is readily available in Columbus and Franklin County, Ohio. One active user commented that crack was “the easiest drug to score on the street.” In fact, some active users believed that in some cases crack cocaine was easier to obtain than marijuana. Also commenting on the availability of crack cocaine, a 24-year-old white male, crack-cocaine user, stated:

I've had people [crack dealers] come up to me at a red light, say 'man I got the good stuff,' don't even know who I am, got other people in the car [on the other side of me] pulling up beside me, hey man, I got the good stuff ya know....

Participants perceived the abuse of crack cocaine to be prevalent among users of all ethnicities, ages, and socioeconomic backgrounds—many exclaiming, “Crack doesn’t discriminate.” A male, 40-year-old African-American crack-cocaine user retold the following story regarding the purchase of crack cocaine by a working-class professional:

Participant: *That one drug does not discriminate against nobody; I mean you see people that you never dreamed, I mean high up people and, I mean, I, it shocked me so bad for real I... and the, the crack cocaine don't discriminate, trust me it's....*

Interviewer: *Do you see professionals also?*

Participant: *...professionals, very, this was a very, very professional person, yeah ma'am.*

Active users perceived an increase in crack-cocaine use among younger (mid-20s) whites, both male and female. Young active users reported that the stigma associated with crack cocaine was lessening among these younger users. A 21-year-old white woman, who considered methamphetamine and prescription stimulants her drugs of choice, commented: *It's [crack cocaine] been more acceptable just in the fact that people saying, 'well it's just really coke [powdered cocaine].'* However, treatment providers believed that the stigma traditionally associated with crack cocaine persists among young people, especially college students. In fact, one treatment provider who worked with college students and another who worked with teenagers stated:

Participant 1: *I've maybe had a couple students the whole four and a half years I've been there [university] that has smoked crack, has used crack cocaine maybe once*

Participant 2: *I'm seeing the same thing with the teenagers, I mean that's just the, are you kidding we would never go there kind of thing, so, they don't understand ya know when we talked, we'll do powder cocaine, but we won't do crack....*

Reports of crack-cocaine quality were mixed. Young (college-age) active users believed the quality of crack to be good, while older active users reported that the quality of crack cocaine fluctuated and largely depended on where it was purchased or from whom it was purchased. All participants reported that crack cocaine was increasingly available in smaller quantities, with more significant quantities such as an ounce being difficult to find.

Participant 1: *I've not heard any reports of any large quantity, uh, the reports have been pretty consistent about crack being, always broken down, and so small... grams... small, ten or twenty rocks.*

Participant 2: *Yeah, whenever I do an assessment... last week with a sixteen year old, that was arrested with 1.8 grams... people are getting, I think they just buy small amounts, smoke it, go buy another small amount.*

Prices for a quarter ounce were reported to be between \$280 and \$320.

1.2 COCAINE HYDROCHLORIDE (HCL)

The availability of cocaine HCL has remained steady in the Columbus area. Reported quality of the drug has fluctuated over time. Until January 2003, use and price of the drug had been on the increase. As reported in our January 2003 report, the price of cocaine HCL dropped significantly from about \$100 a gram to between \$40-50 a gram. In January 2003, treatment providers and active users perceived increasing use of cocaine HCL among high school students and individuals in their late 20s and early 30s.

June 2003 – January 2004

Current reports from young (college-age) active users indicate that powdered cocaine has increased in availability and use in recent months, especially among young (15-25) individuals who frequent dance clubs and Raves. Many of these participants perceived that powdered cocaine was becoming increasingly more socially acceptable among users—much like the social acceptability of marijuana. Predominantly, this population snorts the drug or smokes it by lacing marijuana or tobacco cigarettes.

Treatment providers also reported that their young, more affluent, white clients were reporting better availability of powdered cocaine. One treatment provider who works with adolescents stated:

Interviewer: *So, you're seeing more juveniles reporting the use of powdered cocaine?*

Participant: *A lot of it is a, being used with marijuana as well, they're lacing the marijuana, that's how a lot of it, young people seem to get introduced to it....*

When asked about changes in powdered cocaine use and availability among the college student population, one treatment provider reported:

I wouldn't say that over the last six months to a year that I've seen any type of decline or incline in prevalence of cocaine, of powder cocaine, um but it's certainly, it's easily accessible, I mean it's, most parties it appears, at least from students that I meet with... it's there, it's kind of always an option, just always the kinda, over in that room or in that corner that's what's going on over there....

Recovering, in-treatment participants perceived an increase in powdered cocaine use among upper-class professionals between the ages of 26 and 35. Powdered cocaine has received some attention in the local Columbus newspaper in recent months. In November an elementary school custodian was arrested after Columbus police found a large amount of powdered cocaine in his home (Columbus Dispatch, 11/26/03). In two counties east of Franklin County, a sheriff's deputy was arrested for powdered cocaine possession in a detention facility (Columbus Dispatch, 7/22/03).

Recovering, in-treatment participants also reported that more Hispanics appeared to be using powdered cocaine in the form of speedball (cocaine and heroin mixed). Several participants debated whether or not there was an actual increase in abuse of the drug among the Hispanic population or if the general increases in this population make it appear as if more Hispanics are using the drug. Further monitoring is needed to clarify this potentially emerging trend.

As with most drugs, the quality of powdered cocaine varies depending on where it is purchased; however, most participants believed the quality was generally good. Prices continue to decrease. A gram sells for between \$40 and \$75, 1/8 ounce reportedly sells for about \$75, and an ounce sells for about \$800. One 19-year-old white female active user commented on the price and availability of powdered cocaine and how that influenced its use:

Well I also think that it's becoming more of a use to people also because of the price, the price has gone down a lot... and like they said the availability, it's just, it's all around... and you can pretty much get it anywhere.

In general, participants did not perceive individuals who snorted powdered cocaine switching to injecting the drug. Participants reported that most individuals who inject powdered cocaine are doing so in combination with heroin (speedball)—exclusive injection of powdered cocaine was perceived as rare in the area.

2. Heroin

Heroin has been reported as being readily available and of high quality in the Columbus area since the OSAM Network first began monitoring this area. Since June 2001, we have been receiving reports of an increase in younger, suburban individuals using the drug. In January 2003, treatment providers as well as active drug users reported an “alarming” increase in heroin use and availability in the area.

June 2003 – January 2004

All participants reported that heroin was currently very available with abuse of the drug continuing to increase. A 24-year-old white female reported:

I know that all they [my friends] need to do is make one phone call and they could get it [heroin] like and every day they know that they can get that just that easy....

Young active users (none of which reported using heroin) believed that college-age and upper SES individuals typically do not use heroin because heroin carries a negative stereotype of being a drug that only “hardcore” drug addicts from the inner-city and lower socioeconomic status abuse. A white substance abuse counselor who works with college students reported:

I still see in the college population it [heroin] really being looked upon as a, a really dirty drug and a very uh, I think it's probably looked upon in the college population as a lower a social economic [drug]....

Two college-age, white, female active users compared the use of powdered cocaine vs. heroin, characterizing the stigma attached to heroin and the social acceptability of powdered cocaine:

Participant 1: *How many kids do you see die from snorting cocaine, how many parents have seen kids, your friends lose because they're junkies their whole life ya know?*

Participant 2: *How much [stuff] comes up missing from your house when your friends are ya know an addict, or cocaine I mean big difference like, once you get that strung out on heroin dude it's, it's all it is, it's you and heroin... you push away your friends, you push away all your loved ones, you do what you have to do, like it's very rare, like few and far between that someone that's addicted to heroin isn't like that, coke it's more just like let's do coke, let's be cranky tomorrow because we didn't get enough sleep whatever, go out partying tomorrow night, ya know what I mean it's... I don't know anybody that wakes up and like, 'I need to get coke.'*

Treatment providers reported that many college students avoid using heroin because of this negative image, but they will abuse pharmaceutical opioids falsely believing these drugs to be safer than heroin.

Consistent with previous reports, a substance abuse counselor who works in a methadone clinic reported that her facility was experiencing an increase in younger heroin users.

Interviewer: *Any emerging groups of users, heroin users, that you haven't seen in the past?*

Participant: *Children coming in, well I call them children, eighteen, and older, that's as young as we take them... that have been using heroin since they were fourteen, fifteen years old, sometimes that was the first drug they ever tried which just shocks me....*

This treatment provider also reported an increase in heroin use among young college-age individuals from the more affluent suburbs of Columbus. These individuals were described as being “creative” individuals such as artists and musicians. In-treatment participants from a methadone program also reported an increase in young heroin users—some as young as 15 years of age.

Reports were mixed as to the quality of heroin. However, all agreed that the price of heroin remained relatively inexpensive. A gram of heroin was reported to cost about \$100 to \$120, a quarter gram was about \$50, and an ounce was reported to be \$4500. Participants reported that a “beige-colored” heroin was the most prominent form of the drug in Columbus. A white man who had been injecting heroin for 36 years stated that tar heroin was also readily available, but

to a lesser degree. According to this participant, tar heroin is commonly available in the Hispanic communities.

3. Other Opioids

Traditionally in Columbus, the abuse of OxyContin® (oxycodone time-release) reportedly has been at relatively low levels. The abuse of other pharmaceutical opioids such as Vicodin® (hydrocodone) has fluctuated. In January 2003, mixed reports were received about the availability of OxyContin®--treatment providers perceived increases in availability and abuse, while active users perceived increased difficulty in obtaining the drug. Although there were new reports of abuse of Ultram® (tramadol) and Duragesic® patches (fentanyl) in the January 2003 report, those reports were no longer echoed during the last round of investigation.

June 2003 – January 2004

All participants reported that pharmaceutical opioids such as OxyContin®, Vicodin®, Percocet® (oxycodone & acetaminophen), and Percodan® (oxycodone & aspirin), remain popular and readily available throughout the Columbus and Franklin County area. College-age active users perceived an increase in abuse of these drugs in recent months. Users were described as white, high-school through college-age individuals who predominately crush and then snort the drugs.

All participants perceived OxyContin® to be the most sought after of the pharmaceutical opioids, followed by Vicodin®. Although OxyContin® was considered the most popular of these drugs, because of its high price (.50-\$1 per milligram), most participants believed that less expensive Vicodin® (\$2-\$3 per tablet) was more commonly abused. An in-treatment heroin user reported fentanyl patches (Duragesic®) were popular in the area. However, we do not have any other information on this trend at this time.

In-treatment participants from a local methadone program reported that many individuals had switched to using heroin after first becoming addicted to pharmaceutical opioids, especially OxyContin®. The overwhelming majority of these users are reportedly injection drug users. This alarming trend has been documented previously by the OSAM Network in Columbus as well as in other areas of the state.

Treatment providers reported that many individuals who abuse pharmaceutical opioids first begin using the medications legitimately for medical reasons. However, it was unclear how many of these individuals had a history of substance abuse prior to their abuse of these drugs.

Participants conveyed the perception that most individuals do not consider pharmaceutical opioids to be dangerous, despite the fact that many believe these drugs to be as powerful as heroin. A treatment provider had this to say regarding the perceived dangers of pharmaceutical drugs:

I think one of the concerns that I'm seeing with the young people is a lot of their parents are prescribed this medication. and the parents are willingly handing this out to some of the kids... I know the OxyContin, um, two of the young people their grandparents have been prescribed OxyContin for pain issues and the one [came] home with the back hurting from work... and grandma handed him an OxyContin, and we're like this is not a Tylenol ya know....

Participants described pharmaceutical opioid abusers as being predominately white men and women of all age groups noting that it is somewhat less common among African Americans.

4. Marijuana

Since OSAM began monitoring drug trends in the Columbus area, use and availability of the drug has been consistently reported as widespread and increasing. The marijuana-using population continues to be described as very diverse.

June 2003 – January 2004

As in previous reports, all participants described marijuana as being “extremely” available. As one active user commented: *“Anywhere you want it [marijuana]... it’s like a walk outside and see all them trees around?... that’s how available it is.”*

However, young active users did report that a month prior to our focus group, marijuana had become a little more difficult to find in the Columbus area. This “draught” could be due to several large marijuana busts in the area. An 11-ton shipment of marijuana headed for a Columbus warehouse was intercepted by police, as well as, an estimated 1,000-pound shipment intercepted in Columbus (Columbus Dispatch, 4/26/03 & 9/16/03, respectively).

Young users reported that in recent months they had perceived a “phenomenon” of individuals who had stopped using marijuana (or reduced their use of the drug significantly) in favor of using powdered cocaine, heroin, or methamphetamine.

Participant 1: *I’ve seen a lot of people quit lately... there’s been a big decrease...*

Interviewer 1: *Why is that?*

Participant 1: *I, I don’t know...*

Interviewer 2: *So you’re serious [Participant 1], people are quitting?*

Participant 1: *For sure.*

Participant 2: *I agree.*

Interviewer 1: *Why is that?*

Participant 1: *I couldn’t really tell ya, I don’t understand it too much... most, a lot of people ya know I think, seriously the, more people are doing coke than doing, smoking weed...*

Participant 2: *Yea, I agree... I know a lot of friends that used to be big weed smokers too and they all like don’t even care about weed and just...do coke.*

Participant 3: *I see a lot of people just doing a lot of other drugs and ya know just stop caring about smoking weed, they used to be big pot smokers and they got into crystal meth real bad and got into heroin and stuff like that and since they got into that*

that's become their drug of choice and they don't smoke weed unless ya know somebody comes around with a bowl and says hey ya know, hey you want to hit this and half of the time they don't even hit it...

All participants continued to express how socially acceptable marijuana has become over the years. Many participants believed that cigarettes carried a more negative stigma than marijuana. As two treatment providers explained:

Participant 1: *It's talked about like it's cigarettes... now I think there's more of a stigma with cigarettes...in the population I work with than, than pot.*

Participant 2: *I think there's more of a stigma period about cigarettes than marijuana.*

Participant 3: *I see the same thing in... the kids will be like, 'I don't smoke cigarettes,' but ya know I mean they do four or five bowls a day.*

Treatment providers also believed that the perceived need to conceal the use of marijuana had continued to lessen in recent months.

Marijuana users continue to be described as very diverse in age, gender, and socioeconomic status. The quality of marijuana also varies greatly depending on where it is purchased, from whom it is purchased, and the time of year. Participants reported 1/8-ounce of good quality marijuana to be approximately \$50, and mid-grade marijuana being about \$20-\$25. An ounce of low to middle range quality marijuana sells from \$300 to \$350, while an ounce of high-quality marijuana sells for between \$400 and \$600.

5. Stimulants

5.1 METHAMPHETAMINE

Columbus OSAM reports have indicated a gradual increase in methamphetamine abuse in the area over the past 2½ years, especially among the gay dance club population. In June 2003, young active users between the ages of 18 and 25 reported a continued gradual increase in methamphetamine abuse and availability in the Columbus area.

June 2003 – January 2004

Participants were divided on the availability and abuse of methamphetamine in Columbus. Young, active users and in-treatment participants reported that methamphetamine was available and very popular, especially among college-age young adults and individuals frequenting the Rave and dance club scenes.

Occasional reports of clandestine methamphetamine labs being discovered surface in local news media channels, but this is not a common occurrence. On November 3, 2003, NBC Channel 4 reported on a house fire that turned out to be a methamphetamine lab in the basement of a Columbus home. Fortunately, the fire was contained and a potentially deadly situation was avoided.

Treatment providers reported that methamphetamine abuse was very rare among the clients they see in the treatment setting. Ohio law enforcement officials continue to report that Ohio is “right on the edge of a [methamphetamine] epidemic” (Columbus Dispatch, 4/16/03).

The methamphetamine-using population was described as being predominately white, college-age individuals. Participants perceived the quality of methamphetamine to vary, but believed it to be of generally good quality. Prices were reported at \$40 to \$80 per ½-gram, and \$1000 per ounce. Smoking methamphetamine was reported as the most popular method of administration.

5.2 RITALIN® AND ADDERALL®

In January 2003, we began reporting increases in Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts) abuse that appeared to be primarily restricted to white high-school and college-age individuals. In our June 2003 report, prescription stimulant abuse continued to be reported, but Ritalin® abuse was perceived as decreasing in favor of Adderall®. The drugs were reportedly popular among adolescents and young adults who may abuse them as party drugs and/or study “aids.”

June 2003 – January 2004

In the current reporting period, Ritalin® and Adderall® abuse continue to be reported among the adolescent and college student population, particularly as a study aid. A 21-year-old white woman who abused various types of stimulants explained:

Participant: ...I, to do my homework, I wouldn't have gotten good grades at all last year probably without eating a Adderall, I would've never done anything...

Interviewer: Uh huh, so most people are using to just uh like as a study [aid]?

Participant: Yeah... completely... if I'm down to like my last two Adderall, if somebody calls me that's my friend that's in school and he's like I have something due tomorrow I need [Adderall], ya know, I'm ready to give it to them ya know' cause it's like that important to all of my big group of friends that... eat Adderall and use it for school, like we all know if there's, whoever has it, who needs it get it ya know?

Although Ritalin® and Adderall® are sometimes found at parties, participants reported that this was not typical. Abuse of these drugs was believed to be more evident during final exam week. The price of a 30-milligram Adderall® reportedly ranges between \$3 and \$5.

6. Depressants

Abuse of pharmaceutical tranquilizers such as Valium® (diazepam) and Xanax® (alprazolam) has remained a consistent problem in the Columbus area. The drugs are reportedly widely available and abused by many sectors of the population. In the June 2003 report, it was noted that Valium® and Xanax® abuse continued at relatively high levels.

6.1 TRANQUILIZERS

June 2003 – January 2004

Currently, abuse of pharmaceutical tranquilizers, especially Xanax®, continues to be reported as being very common in the Columbus and Franklin County area. These drugs are typically abused in combination with other drugs, most notably alcohol. This is done to enhance the intoxicating effects of the drug.

A treatment provider working in a local methadone program perceived an increase in the abuse of Ativan® (lorazepam) among in-treatment heroin users. This treatment provider stated that these individuals report suffering from anxiety. Treatment providers also reported recent increases in Xanax® abuse among adolescents.

6.2 GAMMA-HYDROXYBUTYRATE (GHB)

The use and availability of gammahydroxybutyrate (GHB) has consistently been reported as relatively rare in the Columbus area. Use of the drug was typically reported to be among college-age individuals. In January 2003, active users reported that availability and use had further decreased. That trend continued through to June 2003 when active club drug users reported that GHB had come to be perceived negatively because of its use as a date rape drug.

June 2003 – January 2004

In the current reporting period, because of GHB's scarcity in the area, most participants were unable to report any significant information about the drug. Young, college-age active users reported hearing of a very limited number of individuals using the drug on or around college campuses.

7. **Hallucinogens**

7.1 LSD, PCP, and psilocybin mushrooms

In past reporting periods, the availability and use of LSD (lysergic acid diethylamide) has been reportedly rare. Psilocybin mushroom availability and use has been consistently reported at relatively low levels as well, but is reportedly more readily available than LSD. Phencyclidine (PCP) availability and its use, has remained extremely rare in the Columbus area. In June 2003, there were indications that both LSD and mushroom use was increasing, especially among white college students. Phencyclidine use and availability continued to be rare.

June 2003 – January 2004

Active users reported that the availability of LSD, especially in liquid form, has increased in the past six months. Mushrooms are also available in the area, but at relatively low levels. Phencyclidine (PCP) availability continues to be extremely rare.

A hit of LSD is reportedly \$5-\$6, and mushrooms sell for about \$25- \$30 per 1/8-ounce.

7. 2. MDMA (METHYLENEDIOXYMETHAMPHETAMINE)/ECSTASY

After increasing in availability and use since 2000, especially among young adults involved in the rave and club scenes, ecstasy has reportedly been on the decline in recent months. In our June 2003 report, active drug users reported that ecstasy was not as readily available as it had been in the past—some active users characterizing its availability as “*sporadic*.”

June 2003 – January 2004

Participants reported that ecstasy remained relatively easy to obtain in the Columbus area, but use of the drug has continued to decrease over the past six months. Treatment providers who work with adolescents speculated that prevention messages and media coverage regarding the dangers of ecstasy use were impacting young users.

Participant 1: *I'm not seeing much of the club drug use with the young people... a lot of the young people I work with are very scared of it, I think um, I've had a lot of the young people come in and say I don't do ecstasy that blows holes in your brain, so...*

Participant 2: *...I believe that more students are becoming educated on ecstasy and that that is shaping the choices, not to use ecstasy, that's what I hope and that's what I do believe is happening, I think the university is doing a number of programming to do that, but then I think it's the media at large... doing a pretty good job*

Active users believed that ecstasy use was decreasing due to its relatively high price, generally poor quality, and decreased popularity—less expensive powdered cocaine, and (to a lesser extent) methamphetamine have reportedly become “replacements” for ecstasy in the Rave and dance club scenes.

Although the price of ecstasy has decreased over the past year, active users still consider it to be an expensive drug to use. Prices were reported at \$150 for a gram of high-quality (“Molly”) ecstasy. A tablet was reported at \$10 to \$20.

7.3 Ketamine

Ketamine availability and use in Columbus has fluctuated greatly since drug trend reporting began in 1999. In January 2003, individuals described ketamine as readily available, while use was perceived as remaining stable over the prior six months. In June 2003, active users reported that ketamine availability had remained steady at low levels, while price had increased slightly from \$50 to \$60-\$70 per gram.

June 2003 – January 2004

Ketamine availability fluctuates, but participants perceived it to be less available and more expensive than a year ago. Ketamine reportedly remains relatively popular at Raves. Ketamine sells for between \$70 and \$80 a gram.

8. **Inhalants**

Inhalant abuse has often been perceived as “kid’s stuff” by the active users we have interviewed over the years. Active users, treatment providers and law enforcement officials concur that inhalants are typically not abused by adults in the Columbus area. Among young drug users,

inhalant abuse is reported as being among only 1-2% of that substance abuse treatment population.

9. Alcohol

Alcohol has been and continues to be the most widespread drug problem in the area. Given its legal status, it is one of the easiest drugs to obtain, even for individuals under the age of 21. Participants continue to report the practice of using alcohol in conjunction with pharmaceutical depressants such as Valium®, and Xanax®. This is a potentially deadly practice that is falsely perceived as being safe.

10. Over-the-Counter Medications

Treatment providers reported an increase in the abuse of over-the-counter medications, specifically, Coricidin® (Dextromethorphan & Chlorpheniramine Maleate), but also Benadryl® (diphenhydramine hydrochloride), and NyQuil®. Individuals abusing these drugs are described as being primarily white adolescents residing in the northern suburbs of Columbus. A treatment provider who works with adolescents explained

The only other thing that I would reinforce is the booming trend we're seeing with the kids with the um abuse of over-the-counter medication... Coricidin... continues to be uh booming especially in a lot of the northern suburbs... the dextromethorphan, they're getting from Coricidin, they're doing cough syrup....

This same treatment provider also commented on the number of tablets these adolescents are consuming in one setting, and the resulting consequences:

Some reports of um Benadryl also, kids are using Benadryl so it's just, the over-the-counter medication... those are easier to use in treatment and get away with... they don't show on a screen and we're seeing kids have seizures off of the Coricidin... several have had it happen to them in school, because they're taking sixteen to twenty-four at a time....

They start off usually around eight, they start at eight which is ya know half a box and then they go to a whole box and, and they're stealing them so we're getting more legal referrals because... a teenager walking through a line at Kroger with five boxes of Coricidin is gonna be suspicious.

This trend of adolescents abusing over-the-counter medications, specifically those medications which contain dextromethorphan (DXM), has been reported in other areas of the state as well as the Nation. Over the past year reports of the abuse of DXM among adolescents have become increasingly more common in the Columbus area, and have even surfaced on local news programs (e.g., NBC-4 in April 2003 and November 13, 2003).

11. HIV Risk Behavior

In this current round of investigation, we asked participants to speak to the use of drugs as it relates to intravenous drug use and sex-risk behavior. Young active users reported that they

and their peers typically use clean needles, and do not share other drug-injection paraphernalia (e.g., rinse water, cottons) when injecting drugs intravenously. One in-treatment drug user also believed that, in general, intravenous drug users did not share needles. This 56-year-old white man, heroin injector stated:

Buy ten pack of brand new sterile syringes for roughly two dollars and fifty cents... some places you have to show your driver's license, some places you have to sign a piece of paper, nowhere is it illegal, and everybody that I know these days, is buying their own, I mean two dollars and fifty cents... and they're a using their own spoon or their own cooker and their own cotton, I mean you've gotta, to share that stuff, I mean I'm sure that there are people that are just kinda out there that do ya know but... everybody that I know is using clean needles, it's just too easy to get... any drug store you can just walk in and buy them [needles].

However, a 24-year-old white man, crack-cocaine user, from this same group of participants reported a contrasting perception:

I don't think they are [using clean needles]... I think people should be more cautious, but when you're on, when you're high, all you're worried about is getting the needle....

When participants were asked about their concerns regarding HIV and other intravenously and sexually transmitted diseases, all believed that concern about HIV had decreased over the past several years. In fact, in-treatment users stated that they were more concerned about Hepatitis C, and young (college-age) active users reported that they were more concerned about contracting a sexually transmitted disease such as herpes:

Participant 1: *I don't think HIV is as much of a concern as like other, like herpes and...*

Participant 2: *Yeah, other STDs...*

Participant 1: *... yeah, I don't think people think that they can get it [HIV] as easily....*

Both participant groups reported that condoms were the primary form of protection against STDs among their peers. The young active users we spoke with were only aware of “free condoms” as a “prevention program” against the spread of STDs. All of these participants were able to name several places where they could get free condoms, but none specifically mentioned STD prevention or education programs.

Young active users believed that their peers traded sex for drugs. However, this trade was described as being a “subconscious” trade—not an overt trade like that of prostitution. For example, these active users described how a female might stay with a “boyfriend” because of easy, inexpensive access to drugs. Two participants explain:

Participant 1: *... only sleeping with somebody because they know they're gonna get free drugs or like only being with that person because you know that you'll never have to pay for a drug...*

Participant 2: *...yeah, or girls that are like somebody's [girlfriend] because the benefits of... getting free drugs all the time and stuff....*

In-treatment participants reported that they had recently received STD prevention education within the substance abuse program in which they were currently residing. All participants believed this particular program to be very engaging and educational; however, the effectiveness of this and similar programs in the “real world,” when drugs are involved, was questioned. A 40-year-old African-American man, crack-cocaine user, explained:

... I was doing it, I was smoking [crack] ya know what I'm saying, and last thing on my mind if she's right there naked, I ain't thinking about no condom, I'm gonna keep it real, that's just the way it is and, and the majority of other people out there ain't either, ya know what I'm saying....

A 48-year-old white man also commented on the effectiveness of such prevention/education programs:

... but you can school people all day long... [about] STDs... it's like the man right there said... it don't matter... you can tell them all day what's gonna happen if you do this, if you do that... you get high and a girl's laying right there naked, you're gonna [have sex]... that's the way it is....

In summary, it appears that most individuals are aware of the dangers associated with risky-sexual behavior and intravenous drug use, and they are educated in ways to protect themselves from STDs and other diseases. However, when under the influence of drugs, most individuals do not practice what they have learned.

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

June 2003 – January 2004

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Abstract

Abuse of crack cocaine continues at high levels, and remains the area's most devastating illicit drug problem. Reportedly, crack-cocaine abuse may be increasing among white suburban youth. Powdered cocaine continues to be highly available. One of the fastest growing user groups was described as suburban adolescents and young adults. Mixing heroin and powdered cocaine for injection (speedballing) was reported as increasingly common among heroin users. Heroin continues to be plentiful, and white suburban youth remain one of the fastest growing groups of new heroin users. Demand for OxyContin® remains high, but participants continue to report about possible decreases in its availability. Other pharmaceutical opioids, especially Vicodin® and Percocet®, are also commonly abused, particularly among white adolescents and young adults. Reportedly, the availability of high-grade marijuana continues to increase in the area. Both active users and police officers reported increases in methamphetamine availability and abuse, particularly among suburban youth. Another group of methamphetamine users was described as poor white males in their 30s. Adderall® abuse continues to be reported among high-school and college-age youth. According to active users and treatment providers, abuse of benzodiazepines, especially Valium® and Xanax®, remains common among very diverse user groups. Reportedly, abuse of over-the-counter cough medication containing dextromethorphan (DXM) is increasingly common among high-school youth. According to active users and police officers, MDMA (ecstasy) abuse may be leveling off. Ketamine availability may have decreased somewhat. Availability of LSD has been relatively low, but the demand remains consistent. Active users and police officers reported increases in availability of psilocybin mushrooms. Inhalant abuse was reported among poor white males and among white youth from various socioeconomic backgrounds.

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.

2. Data sources

Qualitative data were collected in five focus groups and five individual interviews between June 2003 and January 2004 (Table 1). Detailed information about interviews is presented in Table 2. Two focus groups and five individual interviews were conducted with drug users. Nineteen drug users were interviewed, 12 of them were white and 7 African American. Eight individuals were younger than 25. Three focus groups were conducted with treatment providers, probation officers working with juveniles and police officers. In addition, urinary drug screen data obtained from the Montgomery County Adult Probation Department was used to corroborate qualitative results. Dayton Daily News was reviewed for reports related to cases of drug possession and abuse in the area.

Table 1: Qualitative Data Sources

Focus groups

Date	Number of participants	Participants
10/01/2003	6	Active users
11/06/2003	8	Probation officers working with juveniles
12/10/2003	4	Police officers
12/18/2003	3	Treatment providers
12/20/2003	8	Active users

Individual interviews

Date	Participants
08/12/2003	Active drug user
10/14/2003	Active drug user
10/17/2003	Drug user, in treatment
11/25/2003	Active drug user
12/02/2003	Active drug user

Totals

Total number of focus groups	Total number of focus group participants	Total number of individual interviews	Total number of participants
5	29	5	34

Table 2: Detailed Focus Group and Individual Interview Information

August 12, 2003: Active user

"Name"	Age	Gender	Ethnicity	Background
1	48	Female	African American	Has been using crack-cocaine for 15 years.

Recruitment procedure: *Recruited by an outreach worker.*

October 14, 2003: Active user

"Name"	Age	Gender	Ethnicity	Background
1	-	Female	African American	Crack-cocaine user.

Recruitment procedure: *Recruited by an outreach worker.*

October 17, 2003: User in treatment

"Name"	Age	Gender	Ethnicity	Background
1	49	Male	African American	Has been using heroin for over 30 years, recently started speedballing.

Recruitment procedure: *Recruited by an outreach worker.*

November, 25, 2003: Active user

"Name"	Age	Gender	Ethnicity	Background
1	24	Female	White	Has been using crack cocaine for about 7 years.

Recruitment procedure: *Recruited by an outreach worker.*

December 02, 2003: Active user

"Name"	Age	Gender	Ethnicity	Background
1	42	Female	White	Has been using heroin for about 5-6 years, before used crack cocaine.

Recruitment procedure: *Recruited by an outreach worker.*

October 1, 2003: Active drug users

"Name"	Age	Gender	Ethnicity	Background
1	45	Male	African American	Has been using crack cocaine for about 15 years.
2	44	Female	African American	Has been using crack cocaine for about 15 years.
3	20	Female	White	Has been using heroin for about 1 year; has used various other drugs, including methamphetamine.
4	25	Male	White	Has been using heroin and pharmaceutical opioids for about 10 years, used crack as well.
5	46	Female	African American	Has been using heroin since she was 15 years old, sometimes smokes crack cocaine.
6	60	Male	African American	Has been using crack cocaine for about 12 years.

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

November 06, 200: Probation officers.

"Name"	Age	Gender	Ethnicity	Background
1	N/A	Male	White	Supervisor for Montgomery County Juvenile Courts, about 10 years of experience.
2	N/A	Male	White	Administrator of a juvenile probation department, about 10 years of experience.
3	N/A	Male	White	Probation officer, about 4 years of experience
4	N/A	Male	White	Supervisor for Montgomery County Juvenile Court, about 15 years of experience.
5	N/A	Male	White	Case manager with the Montgomery County Juvenile Drug Court, about 5 years of experience.
6	N/A	Female	African American	Task Program at the Montgomery County Juvenile Court, about 11 years of experience.
7	N/A	Female	White	Case manager with uh Montgomery County Juvenile Drug Court, about 3 years of experience.
8	N/A	Female	African American	Probation officer in the Resource Planning Department.

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

December 10, 2003: Law enforcement professionals.

"Name"	Age	Gender	Ethnicity	Background
1	N/A	Female	White	Patrol, Beavercreek area, about 7 years of experience.
2	N/A	Male	White	Patrol, Beavercreek area, about 10 years of experience.
3	N/A	Male	White	Patrol, Riverside area, about 10 years of experience.
4	N/A	Male	White	Patrol, Fairborn area, about 10 years of experience.

Recruitment procedure: *Participants were recruited by one law enforcement officer.*

December 18, 2003: Treatment providers.

"Name"	Age	Gender	Ethnicity	Background
1	N/A	Male	White	Nova House, about 25 years of experience.
2	N/A	Female	White	Center for Alcoholism and Drug Addiction Services, about 27 years of experience.
3	N/A	Female	White	Center for Alcoholism and Drug Addiction Services, about 25 years of experience.

Recruitment procedure: *Participants were recruited by directly contacting drug treatment agencies.*

December 20, 2003: Active users.

"Name"	Age	Gender	Ethnicity	Background
1	30	Male	White	Methamphetamine, has tried almost "all" drugs.
2	21	Male	White	Methamphetamine, has tried "all" types of drugs.
3	23	Female	White	Methamphetamine, has tried everything except heroin.
4	19	Female	White	Ecstasy, has used other club drugs.
5	21	Male	White	Hallucinogens, has tried everything except crack.
6	27	Male	White	Marijuana, has tried almost all types of drugs.
7	21	Female	White	Marijuana, has tried almost "everything."
8	23	Female	White	Powdered cocaine, has tried almost "everything."

Recruitment procedure: *Participants were recruited by an active club drug user.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

Since January 1999 when the OSAM Network first began monitoring drug trends in the state, crack-cocaine abuse in the Dayton area has remained at relatively high levels. Since January 2000, participants have been reporting about an emerging user population consisting of middle-aged and older men from suburban communities. Since January 2001, an increase in juveniles and young adults abusing crack cocaine has been reported. In January 2003, some evidence was obtained about an emerging trend of crack-cocaine abuse among the local Hispanic population.

June 2003 – January 2004

According to some active user reports, crack-cocaine availability has shown some signs of decrease, which they associated with “election time.” For example, a 45-year-old African-American man, crack-cocaine user, commented, “*the time of election year... it [crack cocaine] slows down a lot, that’s when the drought comes in.*” However, some other participants expressed different opinions, pointing out that crack-cocaine availability continues to be very high. For example, a 25-year-old white man, a heroin user, commented:

I don’t see it slowing down at all, uh, I don’t really smoke too much crack, ya know what I’m saying. I smoke it every now and again but at the same time I could get on the phone and within five minutes have crack in my hand....

According to active users, law enforcement officers, and probation officers crack-cocaine availability is increasing in suburban areas. For example, a 20-year-old white woman, heroin user, commented, “*Where I live it’s like kind of upper class town, and there’s days that if you’re trying to buy weed you’ll find crack easier than you will find weed, definitely.*” According to law enforcement officers, in the suburban communities they commonly see “*parking lot exchanges,*” where crack-cocaine is brought from other areas of the city to be sold to the local suburban “clients.” Crack sales from the local residences, according to police officers, are observed less frequently.

According to active users, crack cocaine on average sells for \$40-\$60 per gram, and \$225 per 1/4-ounce. The majority of users shared a perception that the quality of crack cocaine has been decreasing. Crack was described as a very unpredictable drug. For example, a 49-year-old African-American man, heroin user, pointed out:

Crack cocaine never stays the same. If you buy from the same person everyday, it will always be something different with it. It just never has the same consistency, it never has the same effect, it never has the same strength... same potency, it just changes all the time.

Crack-cocaine abuse continues to be reported among youth, some in their teen years. A 21-year-old white man, club drug user, pointed out: “*Um it seems like there’s a wave... like younger people are kinda experimenting with it more....*” According to focus group participants, crack abuse is more common among white youth. African-American youth, on the other hand, are typically more involved in dealing crack cocaine. For example, a probation officer working with juveniles commented:

I found that... the kids on my caseload that have sold it [crack] have been African Americans, and the kids that have smoked it have been Caucasians.

This observation was corroborated by active users and law enforcement officers who pointed out that typically white youth from working class or more affluent suburban communities start experimenting with crack cocaine. Crack abuse among African-American youth is reported less frequently.

Similar to previous reporting periods, older men from working class and suburban communities were described as another growing group of new crack-cocaine users. Prior to their crack use, these individuals typically did not have much involvement with drugs, and were introduced to crack in relation to dating situations. A 49-year-old African-American man, heroin injector,

commented, *“I’ve seen people over 50 using crack as a way of socializing with females and meeting younger people and being part of some kind of crowd....”*

According to the Montgomery County Probation Department, there was some increase in their adult clients testing positive for cocaine (no differentiation between powdered cocaine and crack cocaine). In 2001, about 28.6% of all adult probationers tested positive for cocaine. This number increased to 34.5% in 2002, and up to 36.4% in 2003 (Exhibit 1).

Smoking continues to be the most common mode of administration. Crack-cocaine injection was described as infrequent. This decrease was associated with increasing availability of powdered cocaine.

Between June 2003 and January 2004, Dayton Daily News reported on five cases of criminal activity related to crack-cocaine trafficking or abuse in Dayton and its suburban communities (07/02/2003, 08/02/2003, 10/22/2003, 10/31/2003, 12/18/2003).

In summary, crack-cocaine availability continues at relatively high levels. Crack-cocaine abuse among white youth from working class and suburban communities was described as increasingly common.

1.2 COCAINE HYDROCHLORIDE (HCL)

Since June 2000, the OSAM Network began reporting steady increases in powdered cocaine abuse. In 2002, decreasing prices and increasing availability of the drug were reported in the area. In 2003, reports about powdered-cocaine abuse continued to increase, especially among suburban youth in their late teens and early 20s.

June 2003 – January 2004

Reportedly, availability of powdered cocaine continues to be high. For example, a 30-year-old white man, active methamphetamine user, commented, *“Right now if I wanted to get it, yea I could get it any time basically.”*

The prices continue to be \$40-\$60 per gram, and \$125 per 1/8-ounce. However, the majority of users agreed that the quality of the drug has decreased compared to about a year ago. A 23-year-old white woman, powdered cocaine user, commented, *“The quality was a lot better last year, it wasn’t broken down and cut as much. This year it’s not as hard [to find it] but it’s hard to get a nicer quality....”* However, active user reports were not corroborated by other focus group participants.

According to participant reports, powdered cocaine abuse is common among very diverse user groups. Some active users referred to powdered cocaine as an *“American cup of coffee.”* However, one of the fastest growing user groups continues to be juveniles and young adults. A 21-year-old white woman, who has used various club drugs, commented:

Where I work, there’s a lot of young girls that work there, anywhere between like sixteen to uh nineteen, most of ‘em are under eighteen or just turning eighteen.... And a lot of them are just now starting to get into coke because it’s running around their high school real bad.... So I think it’s a lot of younger kids who are being exposed to it....

Active user reports were corroborated by probation officers who pointed out that recently they have been seeing more cases of powdered cocaine abuse among the juveniles they serve.

The majority of the younger users typically snort powdered cocaine. Injection is more common among long-term heroin users. According to reports from active users, injecting speedball (mixing heroin and powdered cocaine) is increasingly common. Some active users estimated that a third or even half of heroin users started using powdered cocaine in addition to heroin. According to some, this increase in speedballing is due to the changing quality of heroin and increasing availability of powdered cocaine. Law enforcement officers corroborated these reports by pointing out that they saw some increases in overdoses where heroin and powdered cocaine were involved.

In summary, availability and abuse of powdered cocaine continue to increase. Juveniles and young adults reportedly constitute one of the fastest growing user groups. Mixing powdered cocaine and heroin for injection continues to be reported as increasingly common among older heroin users.

2. Heroin

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

June 2003 – January 2004

According to focus group participants, heroin availability continues to increase. For example, a 45-year-old African-American woman who has been using heroin for about 30 years, commented: *“I know in this one area right now, is four houses, and they all selling ‘boy,’ that’s heroin, so that’s how easy it is....”*

According to active users, heroin is typically sold in the inner-city, and is less available in suburban areas. For example, a 20-year-old white woman, who started injecting heroin about a year ago, explained:

We don’t have any heroin dealers in my town, so for me to get heroin, I would have to drive for probably fifteen to twenty minutes, come up here and get it....

The prices of heroin average \$150 per gram. Heroin is typically sold in \$20 or \$10 “capsules.” The majority of users believed that the quality of the drug had been decreasing. For example, a 49-year old African-American man who has been using heroin since he was a teenager pointed out:

The quality of heroin has become this synthetic pain duller, and it doesn’t seem to get any stronger. You don’t see real potent heroin here at all, not heroin that would, you know, kill a room full of users. It’s not that potent.

However, the same participant reported a couple of recent incidents when he overdosed on heroin. He related this to the fact that heroin today is very inconsistent and may have many different additives.

Despite the fact that heroin is more available in the inner-city, heroin abuse in suburban areas is reportedly increasing. For example, law enforcement officers working in suburban communities reported seeing increasing numbers of overdose cases related to heroin abuse. According to active drug users and probation officers working with juveniles, white youth in their late teens and early twenties continues to be the fastest growing group of new heroin users. According to active users, these individuals typically start off by abusing OxyContin® (oxycodone controlled-release) or other prescription opioids. In other cases, they may start off by snorting heroin.

Heroin abuse among African-American youth who sell crack cocaine continues to be reported. Typically these individuals snort heroin assuming that snorting is a less addictive form of administration.

Mixing cocaine and heroin (speedballing) for injection is increasing among older heroin using individuals. A 49-year-old African-American man, who mixed heroin and cocaine for injection, commented:

When you shoot only heroin you don't necessarily feel anything. But if you mix it with a speedball then you tend to feel that you got a boost or something....

He further pointed out that some heroin users believe that by adding some cocaine they "control" their heroin use: *"We tell ourselves that we get less of a habit if we put a little cocaine in it."* Active heroin users reported that it was more difficult to access substance abuse treatment if an individual also tests positive for cocaine.

According to the Montgomery County Probation Department, in 2003 about 5.2% of all adult probationers tested positive for opioids, which remained the same since 2002, when 5.1% tested positive for opioids. The test did not differentiate between heroin and pharmaceutical opioids (Exhibit 1).

Dayton Daily News reported two cases of heroin trafficking in the Dayton area (07/02/2003; 12/09/2003). WHIO-TV7channel reported about increases in heroin abuse in the suburban communities of Dayton; increases in speedballing were also reported (<http://www.whiotv.com/news/>, September 15, 2003).

In summary, according to participant reports, heroin availability has not decreased in the area. White suburban youth continue to be the fastest growing user group.

3. Other Opioids

Since June 2000, the OSAM Network in the Dayton area started reporting increasing diversion and abuse of OxyContin® (oxycodone controlled release) and other pharmaceutical opioids. Abuse was increasingly common among white youth and young adults.

June 2003 – January 2004

Abuse of prescription analgesics, especially OxyContin® (oxycodone controlled release), Vicodin® (hydrocodone) and Percocet® (oxycodone & acetaminophen), continues to be reported by active users, probation officers, treatment providers, and law enforcement officers. Active users reported occasional abuse of Darvocet® (propoxyphene & acetaminophen),

Ultram® (tramadol), and Ultracet® (tramadol & acetaminophen), but these drugs were described as having lower demand among users.

Several sources suggested that availability of OxyContin® had been decreasing. A 25-year-old white male, heroin user, commented, *“I see especially with OxyContin within the last year or two I see a decrease, just ‘cause it’s gotten lot of bad publicity....”*

OxyContin® continues to sell for \$0.50-\$1 per milligram. Prices of Vicodin® range from \$2 to \$5 per tablet, and prices of Percocet® range from \$3 to \$7 per tablet.

Abuse of OxyContin®, Vicodin®, and Percocet® continues to be reported among the younger white population, some in their teen years. These reports were corroborated by probation officers working with juveniles. According to some active user reports, prescription analgesics are becoming “gateway” drugs among certain groups of teenagers. A 21-year-old white man, methamphetamine user, indicated, *“high school kids [are using], ‘cause that’s what they’re starting out at, before they do any other drug.”*

According to active users, prescription analgesic abuse is common among working class men in their 30s and older who may have been introduced to OxyContin® or other prescription analgesics in medical settings, due to work-related injuries.

The Dayton Daily News reported on five cases related to OxyContin® trafficking and/or abuse in the Dayton area and surrounding communities (07/02/2003; 10/18/2003; 11/06/2003; 12/22/2003; 01/09/2004). The last case involved a medical doctor who was accused of trafficking OxyContin® (DDN, 01/09/2004). Two cases related to Vicodin® trafficking and abuse (10/18/2003; 11/06/2003) and one case of Percocet® trafficking (11/06/2003) were also reported by the Dayton Daily News.

In summary, prescription analgesic abuse continues at relatively high levels, especially among white youth in their late teens and early twenties. According to active user and treatment provider reports, OxyContin® availability and abuse may have decreased somewhat.

4. Marijuana

Since June 1999, availability of marijuana has been reported as very high. Participants have been consistently reporting about an increasing potency of the drug. Marijuana remained the primary drug of choice among adolescents admitted to drug abuse treatment programs in the area.

June 2003 – January 2004

Active users, treatment providers and police officers continue to report that the availability of marijuana remains high. A 30-year-old white man, methamphetamine user, commented, *“You can get it anywhere and everywhere, all the time.... Just walk right down there and get it right now....”* Active users reported that it was fairly easy to obtain the supplies needed to grow their own marijuana. Law enforcement officers corroborated these reports by pointing out that they started seeing increases in home-grown marijuana:

The only change with the marijuana that I've seen here within the last couple years is we're having a lot more home drugs. Couple months ago we came back with a search warrant for a house and I think they had 90 some plants, and they're saying it's for personal use... .

Between July 2003 and January 2004, Dayton Daily News reported 18 cases of marijuana possession and/or trafficking in the Dayton area and surrounding communities (07/02/2003, 07/25/2003, 07/30/2003, 08/02/2003, 08/16/2003, 08/23/2003, 09/04/2003, 09/06/2003, 10/18/2003, 10/24/2003, 10/29/2003, 11/15/2003, 11/21/2003, 12/17/2003, 12/19/2003, 12/20/2003, 12/22/2003, 01/08/2004, 01/17/2004). The largest seizure occurred in Preble County and yielded 1,700 pounds of marijuana (DDN, 09/06/2003).

The majority of participants agreed that the quality of the drug has been increasing. For example, a 42-year-old white woman who lived on the East side of Dayton, and currently was abusing heroin, described it in the following way:

It's stronger, yea, uh you get buds mostly now.... This is strong stuff, real strong, I mean it makes you trip, it will make you trip if you even smoke, you can't even smoke a joint you have to put it out....

Participants reported the following prices of marijuana: \$25-\$30 per 1/8-ounce of mid-grade marijuana, and \$50-\$60 per 1/8-ounce of high quality marijuana.

Reportedly, marijuana remains very socially acceptable, and its use is observed among very diverse user groups. Abuse among adolescents from both urban and suburban communities continues to be reported. According to active users, marijuana is extremely popular among African-American youth who sell crack cocaine. A 60-year-old African-American man and a 44-year-old African-American woman, both crack-cocaine users, discussed it in the following way:

Participant 1: *I know most of the young dealers smoke blunts, and I mean they smoke them all day long.*

Participants 2: *Just like we like to smoke crack all day long they smoke their blunts all day long.*

However, according to the Montgomery County Adult Probation Department urine drug screen data, marijuana abuse among adult probationers may have decreased somewhat from 57% in 2002 to 54.7% in 2003 (Exhibit 1).

In summary, availability of marijuana remains high. Participants continue to report about the increasing potency of the drug.

5. Stimulants

5.1 Methamphetamine

In January 2001, law enforcement personnel started reporting significant increases in methamphetamine availability and abuse. Between June 2001 and June 2002, participant reports suggested fluctuation in methamphetamine availability and abuse. However, since

January 2003, the OSAM Network began receiving consistent reports about significant increases in methamphetamine availability and abuse in the Dayton area.

June 2003 – January 2004

According to active users and law enforcement officers, methamphetamine availability in the area continues to increase. Law enforcement officers reported significant increases in methamphetamine manufacturing labs, typically operated from private homes, vehicles, and inexpensive motel rooms. On the other hand, according to active user reports, a significant amount of methamphetamine available on the streets is trafficked into Dayton from other areas in the state or from outside the state.

Between June 2003 and January 2004, the Dayton Daily News reported seven cases of methamphetamine manufacturing in Dayton and surrounding communities (Dayton Daily News, 07/16/2003, 07/22/2003, 10/16/2003, 10/31/2003, 11/08/2003, 12/09/2003, 01/29/2004).

Participants described various grades of methamphetamine currently available on the streets, ranging from low quality “schwag” or “bathtub crank,” to high quality “glass,” “ice,” and “pink champagne.” The majority of users reported that it is relatively easy to obtain good quality methamphetamine. Typically, a gram of good quality methamphetamine sells for \$150-\$180.

According to active user reports, methamphetamine is increasing in popularity among adolescents and young adults. Methamphetamine continues to be commonly used at rave-type parties; some young users referred to it as a “new ecstasy.” A 21-year-old white man, methamphetamine user, indicated that he introduced many of his friends to methamphetamine at rave parties:

I introduced a lot of people in the party scene to meth because that was my drug of choice and I wanted everybody else to see what I've seen.... I don't know there's hundreds of people I've introduced to meth....

All of the eight club drug users who participated in the focus group (12/20/2003) reported that they have used methamphetamine, and three of them considered methamphetamine their drug of choice. Active users described methamphetamine as a very social, “intellectual,” and “creative” drug that at the same time is very “tricky” and hard to control.

Law enforcement officers who typically dealt with methamphetamine manufacturing cases described a different user group. According to these reports, individuals arrested for drug manufacturing are predominantly poor white men in their late 20s and 30s. A 24-year-old white woman, crack-cocaine user, pointed out that methamphetamine use is fairly common among women in their 20s working at strip clubs.

Methamphetamine is typically snorted or smoked. A 24-year-old white woman, who has been using crack cocaine for about seven years, commented:

I know a couple people that use the crystal meth.... They put it on foil and burn it and then they... like suck the smoke up off the foil somehow I've seen people smoke it out light bulbs before... and uh they stick a pen part into it. It kinda just reminded me too much of crack....

Active users and police officers reported that methamphetamine injection is an increasingly common form of administration.

In summary, availability of methamphetamine continues to increase in the area. One of the fastest growing user groups consists of adolescents and young adults from white suburban communities who may get initiated to methamphetamine at rave-type parties. Another user group was described as poor white men, typically in their 30s.

5.2 PRESCRIPTION STIMULANTS

Since June 2000, 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.

June 2003 – January 2004

Active users and probation officers continue to report abuse of Adderall® and Ritalin® among high school and college-age youth. Law enforcement officers working in suburban communities also reported cases of pharmacy thefts for Ritalin®. According to active users, Adderall® has a higher demand than Ritalin®, and typically sells for \$1-5 per tablet.

Prescription stimulant abuse is reportedly common among suburban high school and college-age youth, who may abuse them both as party drugs and as “study aids.” A 24-year-old white woman who considered powdered cocaine as her drug of choice, commented, *“A lot of college kids I know... they take them just because it’s cheaper and they can stay up study longer, they can drink longer....”*

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.

June 2003 – January 2004

According to active user reports, Xanax® (alprazolam) and Valium® (diazepam) continue to be abused among very diverse user groups. Clonopin® (clonazepam) was described as having a decreasing demand among drug users. Active user reports were supported by law enforcement officers and treatment providers. Law enforcement officers indicated some cases of pharmacy and private residence thefts for benzodiazepines and other pharmaceuticals. Treatment providers pointed out that some of their clients often do not consider Xanax® or Valium® to be drugs of abuse. They rather view them as self-prescribed medication to calm “bad nerves.” Active users and treatment providers further pointed out that benzodiazepines are sometimes abused by opioid-dependent individuals trying to self-medicate their withdrawal symptoms. One active heroin user pointed out that some individuals in methadone treatment use benzodiazepines because of *“the way they react with each other.”*

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 attended rave-type parties. Since January 2003, focus group participants have been reporting that GHB use was decreasing.

June 2003 – January 2004

According to law enforcement officers, availability and abuse of GHB continue to decrease in the area. Active club drug users corroborated these reports by pointing out that GHB has a bad reputation among their peers. It is seldom used as a recreational drug, but may be used as a “date-rape” drug. A 23-year-old white woman, methamphetamine user, pointed out:

It's not one of those kind a drugs that you go and buy and like ooh I have a GHB so I'm gonna go home and do it, it's more of a like I'm gonna put this in your drink and watch you get all messed up from it.

6.3 DEXTROMETHORPHAN (DXM)

June 2003 – January 2004

Probation officers working with juveniles reported increasing abuse of over-the-counter cough medication containing DXM (dextromethorphan). Law enforcement officers corroborated these reports by pointing out that DXM abuse is increasing among suburban high school youth. They may first try to extract DXM from cough medication using various instructions available on the Internet. For example, a law enforcement officer commented, “*They're extracting this chemical out of cough syrup, mixing it with ice tea, they're drinking it in the high school....*”

7. Hallucinogens

7.1 LSD AND PSILOCYBIN MUSHROOMS

In January 2001, young active users perceived a slight increase in the abuse of hallucinogenic drugs, especially LSD (d-lysergic acid diethylamide). Since June 2002, active users began reporting decreasing availability of LSD. Instead, since January 2003, some increases in psilocybin mushroom availability were reported.

June 2003 – January 2004

According to active user reports, availability of psilocybin mushrooms continues to increase. Law enforcement officers corroborated these observations, and reported cases of psilocybin mushrooms baked into chocolate bars. According to active user reports, 1/8-ounce of psilocybin mushrooms sells for \$30-35. Psilocybin abuse is typically common among high school and college-age white youth.

Law enforcement officers reported seeing slight increases in LSD availability and abuse, especially in the suburban areas. Active users, on the other hand, reported that LSD is less available than mushrooms. They pointed out that availability of LSD is unpredictable. A 27-year-old white man, who has used various club drugs, commented:

It's kinda seasonal, sometimes you might see it a little bit at a year and then sometimes if you want it, it'll disappear for a while. It comes and it goes....

On average, LSD sells for \$5-7 per "hit." According to active users and law enforcement officers, it is typically available in liquid form, and is sold "*in eye droplets or little perfume vials.*"

7.2 MDMA/Ecstasy

The abuse of MDMA (ecstasy) increased rapidly in the Dayton area since our first report in June 1999. Typical ecstasy users were described as white youth who attended rave-type parties and dance clubs. Since 2001, active users began reporting that ecstasy was no longer strictly associated with the 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 African-American youth. In June 2003, participants suggested that ecstasy abuse was leveling off.

June 2003 – January 2004

Active users reported that ecstasy continues to be relatively easy to obtain. It sells for \$20-\$25 per tablet, but the quality of the drug continues to decrease. A 21-year-old white man who switched from using ecstasy to using methamphetamine, commented: "*It's going down.... I won't do pills no more 'cause the quality's so nasty....*"

According to active users, ecstasy continues to be used at rave-type parties. However, active user, probation officer and law enforcement officer reports indicate that ecstasy abuse continues to be leveling off. A 21-year-old white man, who has used ecstasy and other club drugs, commented, "*I think it's staying moderate finally, like it, it has been growing, and now I think it's kinda leveling out.*" According to user reports, the drug has been tried by many, and it has lost its appeal. For example, a 19-year-old white woman who considered ecstasy to be her drug of choice commented:

This is what happens, people use and use and use and then eventually, they know the feeling, they know what's gonna happen and they just stop doing it or only do it once in a while.

Ecstasy use outside its traditional venues—in the inner-city communities and by older populations—continues to be reported. In some of these situations, it may have an appeal as a "sex" drug. For example, a 42-year-old white woman, heroin user, residing on the Eastside of Dayton, commented: "*People talk about it... they say it's great, they say it makes you wanna have sex... makes you really, very extremely horny....*" These observations were corroborated by treatment providers, who reported ecstasy abuse among young women dancing in strip clubs.

7.3 KETAMINE

The availability and abuse of ketamine has fluctuated greatly since our first report in June 1999. In June 2003, some increases were reported by active users.

June 2003 – January 2004

Active club drug users reported that ketamine availability in the Dayton area has been decreasing. A 21-year-old white man who considered methamphetamine his drug of choice, commented, “K, you can’t find it in Dayton from what I’ve been told but Columbus is populated with so much K it’s not funny.” However, law enforcement officers reported seeing an increase in vet clinic thefts for ketamine and other criminal cases related to ketamine dealing. Usually ketamine sells for \$20 per ¼-gram. The cost of a gram is approximately \$60. Typical ketamine users continue to be white suburban youth who may get introduced to the drug at rave-type parties.

7.3. PHENCYCLIDINE (PCP)

In the previous reporting periods, PCP availability and abuse were described as very infrequent.

June 2003 – January 2004

Active club drug users indicated that PCP abuse is uncommon among their peers. On the other hand, law enforcement officers reported that they have seen a few recent cases of PCP abuse among adolescents. One law enforcement officer described it in the following way:

We had a kid that was on it, he was sixteen years old, he ran into a grocery store, jumped on the counters.... The cops responded and it took several of them to fight him, and he felt no pain so they had quite the fight on their hands....

8. Inhalants

Since our first report in June 1999, inhalant abuse was described as relatively uncommon, and limited to primarily young white individuals.

June 2003 – January 2004

Focus group participants reported seeing more frequently cases of inhalant abuse in the Dayton area. Some active users residing on the east side of Dayton reported seeing older individuals abusing products containing toluene. “Toil” abuse was reported among some homeless individuals. A 42-year-old white woman, active heroin user, pointed out:

There’s people... they’re about my age that sit there with these rags all day, they’re homeless, and just sit there and dip into this jar of toil, they call it toil, and just sit there all day and sniff this crap

Juvenile probation officers reported inhalant abuse among their clients who use various substances for huffing, including gasoline, air fresheners, computer dusters, etc. These reports were corroborated by law enforcement officers who recently saw some cases of inhalant abuse related to DUI charges. For example, a law enforcement officer working in a suburban community of Dayton commented:

I had a kid that was driving his car, he and his buddy. He took a hit off of it [computer duster] and blacked out. He drove through somebody’s yard, and all the way down the street.... He showed uh every symptom as far as like a DUI... I had to get blood, no

alcohol in his system what so ever.... But they claim it's a pretty new trend, and you can buy it right off the counters, five bucks a can....

In summary, participant reports suggest that inhalant abuse may be increasingly common among older poor men, as well as among adolescents from various socioeconomic backgrounds.

9. Alcohol

Abuse of alcohol remains extremely common among very diverse user groups. Alcohol is often used in combination with other substances to enhance or modify their effects. According to treatment providers, there was a recent increase of alcohol-related treatment admissions. However, this increase might be due to certain policy changes related to enforcement of the driving laws.

10. HIV and Other Blood-Borne Disease Risk Behaviors among Drug Users

Some active users believed that there is a lot of awareness about the risks of HIV and other blood-borne diseases related to unsafe sex and drug injection practices. However, others expressed conflicting opinions. A 24-year-old white woman, crack-cocaine user, who has been prostituting to obtain crack, indicated, *"People are acting like it [HIV] is not around anymore."* Some suggested that among drug injectors there is more concern about hepatitis B and C than about HIV infection.

Some users reported that injection-related attitudes and practices have changed dramatically since people became aware about HIV risks. A 49-year-old African-American man who injected heroin for over 30 years, commented, *"Before we would share everything... Now [it is] 360 degree change."* Drug injectors reported about a number of available resources to inject safely. According to some users, shooting galleries often provide unused syringes, clean water, and bleach for their "clients." In addition, according to user reports, it is fairly easy and inexpensive to obtain new syringes from pharmacies or other individuals who may have prescriptions for syringes. However, according to some younger users, even though injectors are careful about using clean syringes, many would still share water without realizing the risks of such practices.

Some individuals believed that drug users who trade sex for drugs are at much higher risk for HIV and other infections than drug injectors. According to some drug users, despite various local agencies where condoms may be obtained free of charge, unsafe sex practices remain very common, especially among crack users.

Exhibit 1. Results of Urine Drug Screens by Montgomery County Adult Probation Department.

Year	Total Positive Tests	Cannabis	Cocaine	Opiates	Other
1997	8080	48.4%	39.7%	2.7%	9.2%
1998	8294	47.6%	40.5%	6.2%	5.7%
1999	8145	49.8%	36.9%	9.8%	3.5%
2000	6961	56.5%	28.8%	12.4%	2.3%
2001	8386	59.5%	28.6%	9.4%	2.5%
2002	9247	57.0%	34.5%	5.1%	3.4%
2003	6596	54.7%	36.4%	5.2%	3.6%

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

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

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

June 2003 - January 2004

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Abstract

Crack cocaine and marijuana remain primary illegal drug problems in the Toledo area (Lucas County). Focus groups reported an increase in sales of crack cocaine and marijuana among adults and youth. Abuse of alcohol and marijuana continues to be a serious problem among the youth. Reportedly, heroin abuse remains a serious problem in Toledo, especially among white suburban youth and older adults who start off by smoking and/or snorting the drug. Brown heroin continues to be available in the area, and is typically dealt by Latinos. Participants reported new increases in heroin abuse in the central city due to easier access caused by dealers from Detroit entering the Toledo market. In some cases, heroin is reported as a replacement drug for pharmaceutical opioids due to its increased availability and comparatively low prices. Oxycontin® (oxycodone controlled-release) abuse continues to be reported in the area. Dilaudid® (hydromorphone) remains popular among older drug injectors, but is on a decline due to its debilitating health side effects. Ecstasy (MDMA) was reported to remain popular among college-aged adults (ages 18 to 24). Alcohol abuse remains the most widespread problem among all ages and ethnic groups in Lucas County. Alcohol dependence and abuse is the primary reason for AOD services.

INTRODUCTION

1. Area Description

Lucas County has a population of over 455,000. According to the 2000 Census, this represents about half of the 925,903 people living in Northwest Ohio. Forty-seven (47%) percent of this population is male, while fifty-three (53%) percent is female. Approximately 76% (345,800) are White, 17% (77,350) are Black and 5% (22,750) are Latino/Hispanic [U.S. Census S.M.S.A.]. Toledo is the largest city in Lucas County with a population of 312,000 [1999 Census]. The remainder of Lucas County's population reside in Oregon, Sylvania, Maumee, smaller towns, unincorporated villages and rural areas. Approximately 15% of all people are living in poverty. The median household income is estimated at \$37,000. Approximately 65% of the people in Lucas County reside in Toledo. According to 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
8/15/03	6	Users in Recovery
8/25/03	5	Users in Recovery
9/16/03	4	Treatment Clinicians
9/30/03	4	Treatment Clinicians
10/1/03	4	Users in Recovery
10/2/03	3	Users in Recovery
10/15/03	4	Users in Recovery

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants
7	30

Table 2: Detailed Focus Group/Interview Information

August 15, 2003: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/ Background
1	44	Black	Male	Crack cocaine
2	32	Black	Male	Marijuana & Alcohol
3	54	Black	Male	Alcohol
4	47	Black	Male	Alcohol
5	32	White	Female	Heroin & Morphine
6	45	White	Male	Heroin

Recruitment Procedure: *Focus group participants were recruited by a designated treatment counselor.*

August 25, 2003: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	34	White	Male	In treatment for 20 days/Drugs of choice were Powder Cocaine & Crack
2	43	African-American	Male	In treatment since 7/21/03/Drug of choice was crack
3	43	White	Male	In treatment for 40 days/Drugs of choice were Alcohol & Crack
4	23	White	Male	In treatment for 50 days/Drugs of choice were Opiates & Hallucinogens
5	22	White	Male	In treatment since 7/16/03/Drugs of choice were Crack, Special K, Ecstasy & Alcohol

Recruitment Procedure: *Focus group participants were recruited by a designated treatment counselor.*

September 16, 2003: Focus Group with Treatment Clinicians

"Name"	Age	Ethnicity	Gender	Experience/Background
1	N/A	African-American	Female	7.5 years in counseling field
2	N/A	White	Female	6 years in counseling field
3	N/A	White	Male	8.5 years in counseling field
4	N/A	White	Male	8 years in counseling field

Recruitment Procedure: *Focus group participants were recruited by a treatment supervisor.*

September 30, 2003: Focus Group with Treatment Clinicians

"Name"	Age	Ethnicity	Gender	Experience/Background
1	56	African-American	Male	27 years in counseling field
2	62	White	Female	7.5 years in counseling field
3	51	White	Male	2 years in counseling field; mostly in mental health field
4	56	White	Female	16 years in counseling field; social worker & drug court

Recruitment Procedure: *Focus group participants were recruited by a treatment supervisor.*

October 1, 2003: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	49	African-American	Female	In recovery since July 2003/Drugs of choice were Heroin & Dilaudid®
2	50	White	Female	In recovery for 2 months/Drug of choice was Heroin
3	49	White	Male	In recovery for 7 months/Drug of choice was Heroin
4	46	White	Male	In recovery for 1 month/Drugs of choice were Heroin & Opioids

Recruitment Procedure: *Focus group participants were recruited by a treatment counselor.*

October 2, 2003: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	49	Hispanic	Male	In recovery since September 5, 2002/Drugs of choice were Alcohol, Heroin & Opioids
2	39	White	Female	In recovery for 6 weeks/Drugs of choice were Heroin, Opioids
3	46	White	Male	In recovery since April 7, 2003/Drugs of choice were Heroin & Opioids

Recruitment Procedure: *Focus group participants were recruited by a treatment counselor.*

October 15, 2003: Focus Group with Users in Recovery

"Name"	Age	Ethnicity	Gender	Experience/Background
1	25	White	Female	In recovery/Drugs of choice were OxyContin® & Heroin
2	19	African-American	Male	In recovery/Drugs of choice were Marijuana & Alcohol
3	25	African-American	Male	In recovery/Drug of choice was Marijuana
4	32	African-American	Male	In recovery/Drugs of choice were Powder cocaine, Crack & Marijuana

Recruitment Procedure: *Focus group participants were recruited by a treatment counselor.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 Crack Cocaine

Since our initial report in 1999, crack cocaine remained the primary drug problem in the Toledo area. Crack abuse continues at a high level, especially among individuals between 20 to 45 years old. Over the last three reporting periods, focus group participants have consistently reported that crack abuse is beginning to show a slight increase among youth 13 to 17 years old.

June 2003 - January 2004

According to focus group participants, the availability of crack cocaine remains substantial as in previous reports. Crack cocaine is reportedly available in most areas of the city, but continues to be the most accessible in the inner city. Active users continue to report seeing young dealers, some as young as 13 and 14 years old who are getting involved in dealing crack cocaine. A 32-year-old African-American male user pointed out:

You may see a handful of 10 year olds in the neighborhood selling crack, but mostly teenagers; the older dudes [20 years and older] you don't see as many of them as you see teenagers.

Local news reports support the availability of crack cocaine in the area. Between June 2003 and January 2004, Toledo Blade reported on three criminal cases related to large scale crack-cocaine trafficking in the area (11/05/2003; 12/05/2003; 12/06/2003).

Active and recovering users consistently reported that the quality of crack cocaine varies from "garbage to really good stuff". A 44-year-old African-American male user commented:

Once in a while I get a bad rock, but because it's so much out here and so many people dealing, I just find another dealer who wants to make money by selling some good dope; that way he [the dealer] always knows he has a good customer in me.

Active users reported that the price for an ounce of crack cocaine ranges between \$750 and \$850. However, the majority of users continue to buy crack in small quantities, such as \$5 "crumbs" or \$10-\$20 "rocks".

Crack-cocaine availability and abuse continue to concentrate in the inner-city areas, however, abuse is reported in the suburban communities as well. Treatment clinicians were consistent in stating that there has been a decrease in the number of new users seeking treatment for crack, but the number of clients remains the same because of the high rates of relapse among crack-cocaine users. One treatment provider with 27 years of experience indicated that he started seeing less heavy users and more moderate or controlled users:

People seeking treatment aren't using the way they used to where once they would have had the huge binges, spending hundreds of dollars. Now it's more like \$10 - \$20 daily or a few times per week.

Treatment providers reported that the average age of clients admitted for crack-cocaine use is between the ages of 35 and 40. However, within the last two year period, there has been a steady rise among the 50 and older age group. A 50-year-old African-American male treatment clinician with 8.5 years in the counseling field indicated, *"This represents a rising trend of prostitutes smoking crack with their tricks [clients]."*

Some users reported seeing crack abuse among young teenagers, some as young as 13-14 years old. A 19-year-old African-American male user in recovery stated: *"Some of the young ones [13 and 14 year olds] wanted to experiment early in life... they were too curious and didn't know what they were doing...."*

The most common method of administration remains smoking crack in rock form. However, active drug users stated that teenagers who have now begun smoking crack for the most part started out "coco-puffing" or smoking "primos," which is a process of mixing marijuana with crack and smoking it in a joint.

1.2 COCAINE HYDROCHLORIDE (HCL)

Cocaine HCL use remains at the same high level as in the previous reporting period. Abuse is reportedly common among white suburban youth and young African Americans who have been identified as crack-cocaine drug dealers.

June 2003 - January 2004

Focus group participants reported that the availability of powdered cocaine continued to increase in the Toledo area. Their statements are supported in part by recent articles in the Toledo Blade newspaper reporting large scale cocaine trafficking cases in the area (11/27/2003; 11/29/2003; 12/02/2003; 01/09/2004).

The quality of powdered cocaine was reported to be poor in the African-American community, but good in other areas of the city. A 19-year-old African-American male in recovery stated, *"You can find good powder if you look for it but it's weak in the ghetto because it's been stepped on (cut) so many times."* Treatment providers corroborated his statement reporting that the quality of the cocaine is very high in the Toledo area but is being cut a lot when converting it to crack. Active users and users in recovery stated different prices for powdered cocaine, ranging from \$50-\$80 a gram.

Treatment providers report that use of powdered cocaine is increasing among their younger clients ages 18-21. This statement was supported by a 43-year-old African-American male in recovery who stated: *"I've had evidence of teenagers ages 15 and 16 years old on it (powder) bad; every year it seems like the age bracket goes down a little bit."*

Treatment providers further reported that the majority of their clients being treated for powdered cocaine dependence were 18-19-year-old white women. Snorting cocaine continues to be the most popular method of administration, according to both treatment clinicians and users.

2. Heroin

During the previous reporting period, heroin use in the Toledo area was rapidly increasing due in part to an increased availability and better quality heroin coming from Detroit, Michigan. Reportedly, heroin abuse was increasing among younger white suburban population of ages 18-25.

June 2003 - January 2004

Treatment providers and active and recovering users reported that heroin use continues to increase in the Toledo area. A 45-year-old white male user, who has been using heroin over a long period of time, stated, *"There is more heroin on the streets now than in the last 10 years."* Although most heroin dealing is controlled by some Hispanic families in Lucas County, heroin brought from Detroit continues to "flood" the market.

According to active and recovering users, the quality of "black tar" or "Mexican mud" type of heroin is described as "decent" or "good". The quality of heroin brought from Detroit was described as "very good" and "potent". A treatment provider with 10 years of experience pointed out, *"Heroin on the streets now is cheaper and 10 times more potent than it has ever been."*

According to active users, black tar heroin costs between \$150 and \$180 per gram; heroin brought from Detroit costs \$225-\$250 per gram.

Heroin abuse has shown a significant increase among white suburban youth in the 18-25-year-old age group. Treatment providers reported seeing more young white women than any other group. One treatment provider working in the field for 8 years stated:

I am finding this is more a white, suburban drug than it is in the Black community; you still have a lot of Blacks that are using it but I'm finding suburban white children are younger and they're using it more.

Another treatment clinician who had 6 years of experience in the counseling field, stated:

These kids (suburban) have the money and they think it's cool and a lot of the heroin use is tied to OxyContin; they're getting hooked on that, when that's not available, they turn to the heroin and before you know it you have a kid that 20 or 21 years old just hit rock bottom with heroin.

Heroin abuse reportedly continues to rise among some white students in the suburban communities of Lucas County. Many new users begin by snorting heroin. Smoking is also increasingly common. Some individuals may mix heroin with marijuana and/or tobacco and smoke it. Another method of administration is putting heroin on aluminum foil, put a flame under the foil and use a funnel to inhale the rising smoke. Individuals who have been using heroin for a long time consider these methods a "waste of good dope" and continue to inject the drug intravenously as their primary method of administration.

All focus groups expressed the need of additional methadone maintenance clinics and programs to serve the increasing heroin addiction. All users in recovery expressed a need for early heroin prevention education programs.

3. Other Opioids

As previously reported, OxyContin® continues to be one of the most commonly abused pharmaceutical opioids, especially among white youth. Dilaudid® remains popular, especially among African Americans who have been using heroin over a long period of time.

June 2003 - January 2004

According to treatment providers and drug users, OxyContin® abuse is showing a steady increase. Reportedly, OxyContin® is highly available and can be found in both African-American and white communities. In the African-American community, OxyContin® is becoming more available, according to active users, because the prices are starting to go down, and dealers are trying to establish a market where other drugs, especially crack-cocaine, have more demand.

Reportedly, active heroin users take OxyContin® or other prescription analgesics when they cannot find good quality heroin. One 42-year-old white male heroin user stated:

You knew what you were getting with Oxy; the heroin you never did (know what you were getting) and the quality (of OxyContin®) was always good.

According to user reports, a 20 milligram tablet of OxyContin® may cost \$10, a 40 milligram tablet \$20, and a 80 milligram tablet may cost \$50.

Treatment providers and active users reported that OxyContin® abuse is steadily rising. A clinician who has been in the treatment field for 6 years made the following statement:

OxyContin® abuse is increasing, going through the roof; we're seeing more and newer OxyContin® addicts than any other drug over the last six months even more than crack cocaine; I would have to say that OxyContin® is the most popular drug on the streets; it gives you a heroin-like high but they perceive it as safe because it's a pill.

Treatment providers also stated that the new emerging user group consists of suburban whites in their early to mid-twenties who are starting on OxyContin® and turning to heroin and back to OxyContin® when they cannot find heroin.

The most popular means of administration is chewing and swallowing the tablets. A treatment provider reported hearing about individuals who inject dissolved OxyContin® tablets.

All users in recovery expressed a need for early OxyContin® prevention education programs.

4. Marijuana

According to all focus group participants, marijuana use remains high in Lucas County, which is consistent with previous reports. It continues to be used by adolescents as well as adults and according to focus group participants, there are no signs of decreasing or leveling off.

June 2003 - January 2004

Treatment providers and active and recovering users stated that marijuana is highly available and can be found in any area of the city. One treatment provider with six years of experience in the counseling field stated: *"Everybody in here [clients] uses marijuana... Marijuana goes with everything [they use]"*.

According to user reports, marijuana can be bought everywhere. One 32-year-old African-American male user made the following statement:

It's hand-to-hand now [selling marijuana]; it used to be that it might be 25 weed houses in the 'hood'. Now you may find 2 weed houses; it's hand-to-hand; little boys are selling now; the older people ain't selling it much no more.

Marijuana is becoming increasingly potent as compared to previous reporting periods. Focus group participants reported that the quality ranges from average to very good. One user stated that *"It's not that much bad weed out here."*

The price of marijuana varies according to the quality. Average or mid-grade marijuana costs \$125-\$150 an ounce, while more potent, very high quality "hydro" can cost as much as \$400 for an ounce.

Marijuana is the most commonly used drug among adolescents, young and older adults. Its use has increased among all age groups according to focus group participants.

5. Hallucinogens

Active and recovering users and treatment providers did not have much information to report on the use of hallucinogens. It was reported by both groups that the use of Ecstasy is on the decline in the Toledo area. It is more commonly available at "rave" parties and on college campuses, but difficult to find in the city. According to the participants, the quality of the drug has been poor. A 32-year-old African-American male in recovery stated:

You go into the clubs and everybody sayin' 'I got that X', but you really don't know what you copin'; people be selling birth control pills and you think it's X.

Treatment providers stated that the use of various club drugs is typically common among suburban white youth. They further stated that there have not been many clients who have been admitted to treatment facilities for problems related to Ecstasy use in the last six months.

6. Alcohol

Alcohol abuse continues to be the number one reason for substance abuse treatment admissions in the Toledo area. A treatment provider with eight years of experience in the counseling field stated the following:

Alcohol consumption by youth, ages 10 to 16, is a major worsening problem in the Toledo area due in part to youth having easier access to alcohol.

All focus groups were in agreement that the abuse of alcohol continues at extremely high rates. Because it is legal for adults, it is perceived to be safe by youth and is causing them to experiment at a younger age. A 32-year-old white female user stated:

I started drinking wine coolers when I was nine years old. By the time I turned 16, I could drink anything with anybody; I mean I could really hold my liquor.

Alcohol abuse continues to rise among all age and ethnic groups in the Toledo area.

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

July 2003 – December 2003

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Abstract

Patterns and drug trends for Columbiana County and Mahoning County Ohio for July through December 2003 are reported from data obtained through seven focus groups, three individual interviews, and supplemental data provided by the alcohol, drug addiction and mental health services boards, law enforcement, the Columbiana County Coroner, a Columbiana County emergency room physician, and local newspapers in these counties. Data indicate steadily increasing availability and abuse of crack cocaine, increasing availability of powdered cocaine, with a reported increase in purity of both. Heroin was also reported to be increasing in availability. Data indicate OxyContin® to be the main opioid pharmaceutical drug of abuse, with a growing population of users between ages 18 and 25. Marijuana availability and abuse was reported to continue at high levels, with users becoming younger and mixing marijuana with other drugs and alcohol. Law enforcement and local newspapers reported some increases in methamphetamine production in Mahoning and Columbiana Counties; focus groups reported seeing it in the area. LSD and PCP were reported to be scarce while the use of Ecstasy continued to be reported among younger users. A possible increase in youth abusing dextromethorphan-containing cough syrups was suggested by adult user groups.

INTRODUCTION

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, the County Seat, 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 along State Route 14, the main route to Pittsburgh International Airport. The population is reported to be about 96% white and about 2% African American. Approximately 1% of the population reported being of Hispanic or Latino origin (2000 Census). The median household income is \$32,222. About 13% of the population is reportedly living in poverty, compared to 11% for Ohio over-all.

Data Sources and Time Periods

Table 1 and Table 2 present information relating to focus group participants and individual respondents. Data collection took place from October 2003 through January 2004. Four focus

groups were held with treatment professionals who work with substance abuse clients from Mahoning and Columbiana Counties. Three focus groups were conducted with substance abusers. Six focus group participants described themselves as currently using, while the others described themselves as in early recovery. Three individual interviews were conducted with law enforcement officers.

Local newspaper sources were reviewed from June 2003 to December 2003. Information reported in particular articles corroborates information gathered during this round of data collection. The Mahoning and Columbiana County Alcohol and Drug Addiction Services Boards provided statistical information. Law enforcement officials also provided data for each county. The Columbiana County Coroner provided information regarding drug related deaths and a Columbiana County emergency room physician provided information about drug related emergency room visits.

Table 1: Qualitative Data Sources

Focus Groups

Date of Focus Group	Number of Participants	Description
10/30/03	8	Treatment professionals at a detoxification/outpatient facility
11/18/03	8	Methadone clients at an outpatient treatment facility
11/21/03	8	Treatment professionals at an outpatient treatment facility
12/07/03	12	Residential treatment clients
12/30/03	2	Adolescent treatment professionals
1/9/04	16	Dual diagnosis clients
1/9/04	2	Treatment professionals at a dual diagnosis outpatient treatment program

Individual Interviews

Date of Interview	Description	Ethnicity	Gender
12/22/03	Police Officer, Mahoning County Sheriff's Department	White	Male
1/2/04	Police Officer, Mahoning Valley Law Enforcement Task Force	White	Male
1/9/04	Police Officer, Columbiana County Drug Task Force	White	Male

Totals

Total Number of Focus Groups	Total Number of Focus Group Participants	Total Number of Individual Interviews	Total Number of Participants
7	56	3	59

Table 2: Focus Group/Interview Recruitment Procedures

October 30, 2003: Treatment Providers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	50	White	Male	Counselor/Counseling Assistant Supervisor
2	Not given	White	Female	Nurse for Detoxification Unit
3	Not given	White	Female	RN/MS Ed/Assessment counselor
4	Not given	African American	Female	Nurse for Detoxification Unit
5	51	White	Male	Counseling Assistant
6	42	White	Female	Detoxification Counselor/Case-manager
7	29	African American	Female	Intake Personnel
8	29	African American	Female	Medical Records Coordinator

Recruitment Procedure: *The clinical director of a detoxification/Inpatient treatment facility recruited staff to participate in this focus group.*

November 18, 2003: Methadone/User Group

ID Number	Age	Ethnicity	Gender	Experience/Background
1	52	African American	Male	Heroin user, receives disability
2	53	White	Male	Heroin user, auto worker
3	54	African American	Male	Heroin user, receives disability
4	50	White	Male	Heroin user, receives disability
5	40	Hispanic	Female	Heroin user, receives disability
6	46	White	Male	Heroin user, auto worker
7	30	White	Female	OxyContin® user, college student, single parent
8	41	White	Male	Heroin user, works part-time

Recruitment Procedure: *A methadone counselor recruited clients to participate in this focus group.*

November 21, 2003: Treatment Providers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	33	African American	Female	Clinical Assistant
2	30	White	Female	Assessment Counselor
3	55	White	Female	Clinical Counselor
4	56	White	Male	Methadone Counselor
5	37	White	Female	Counselor for male groups
6	65	African American	Female	Assessment Counselor
7	47	White	Female	Counselor
8	49	White	Female	Assessment Supervisor, Counselor

Recruitment Procedure: *A counseling supervisor recruited staff to participate in this focus group.*

December 7, 2003: Substance Abusers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	35	White	Male	Heroin user/laborer
2	26	White	Female	Crack-cocaine user/cashier
3	34	White	Male	OxyContin® user/laborer
4	20	White	Male	Marijuana and other drug user/ Unemployed
5	37	White	Female	Alcohol user/medical billing personnel
6	51	White	Male	Alcohol user/long distance truck driver
7	27	African American	Female	Alcohol and marijuana user/nurses aide at nursing home
8	38	African American	Male	Crack-cocaine user/telemarketer
9	43	White	Female	Crack-cocaine user/nurses aide at nursing home
10	38	White	Female	Alcohol and crack-cocaine user/ homemaker
11	37	White	Female	OxyContin® user/nurses aide at nursing home
12	42	African American	Male	Alcohol/on disability

Recruitment Procedure: *A clinical supervisor recruited clients through an inpatient program to participate in this focus group.*

December 22, 2003: Law Enforcement Representative

ID Number	Age	Ethnicity	Gender	Experience/Background
1	42	White	Male	Commander Field Operations

Recruitment Procedure: *The county law enforcement agency recommended this officer for the interview.*

December 30, 2003: Treatment Providers

ID Number	Age	Ethnicity	Gender	Experience/Background
1	31	White	Female	Adolescent Counselor
2	53	White	Female	Adolescent/Family Assessment Counselor

Recruitment Procedure: *The regional epidemiologist recruited two counselors working with adolescents and young adults for participation in this focus group.*

January 2, 2004: Law Enforcement Officer

ID Number	Age	Ethnicity	Gender	Experience/Background
1	46	White	Male	Police Officer 22 years, Narcotics Officer 12 years.

Recruitment Procedure: *The officer agreed to the interview after being chosen by his department as most appropriate to participate.*

January 9, 2004: Law Enforcement Officer

ID Number	Age	Ethnicity	Gender	Experience/Background
1	34	White	Male	Police Officer 14 years, Drug Task Force 3 years.

Recruitment Procedure: *The regional epidemiologist contacted the Drug Task Force and requested an interview.*

January 9, 2004: Dual-Diagnosis User Group

ID Number	Age	Ethnicity	Gender	Experience/Background
1	54	White	Female	Alcohol and prescription drug user, receives SSI/SSDI
2	26	White	Male	Marijuana user, has applied for SSI, no current income
3	48	White	Male	Alcohol user, on public assistance
4	28	White	Female	Current alcohol user, receives SSI
5	Unknown	White	Male	Abuses prescription medications, receives SSI
6	32	White	Male	Marijuana user, receives SSI
7	33	White	Male	Alcohol user, receives SSI/SSDI
8	33	White	Male	Alcohol user, receives disability
9	26	White	Female	Current marijuana user, receives SSI/SSDI
10	54	White	Male	Alcohol user, receives SSDI
11	59	White	Female	Current abuser of prescription medications, receives SSI/SSDI
12	23	White	Male	Current marijuana user, receives SSI
13	40	White	Male	Crack-cocaine user, receives SSI
14	41	White	Female	Current alcohol and prescription medication abuser, receives SSI
15	42	White	Male	Alcohol user, receives SSI
16	39	White	Male	Current alcohol and marijuana abuser, receives SSI

Recruitment Procedure: *A case manager working with dually diagnosed clients recruited participants for this focus group.*

January 9, 2004: Dual-Diagnosis Treatment Professionals

ID Number	Age	Ethnicity	Gender	Experience/Background
1	51	White	Male	Case manager, Dual Diagnosis Group Facilitator
2	31	White	Female	Counselor/Supervisor, Dual Diagnosis Program

Recruitment Procedure: *A supervisory case manager recruited staff for participation in this focus group.*

DRUG ABUSE TRENDS

1. Cocaine

1.1 CRACK COCAINE

From January to June of 2003, crack-cocaine abuse in Mahoning and Columbiana counties was reported at very high levels. Over the last two years, participants have reported increasing abuse of crack cocaine among younger teens and senior citizens. Throughout the OSAM project, smoking has consistently been reported as the primary method of administration of crack cocaine.

June 2003 – January 2004

A continued increase of crack-cocaine availability, similar to June 2003, was described by one treatment professional as “an up-rise... it was flat, but is coming back strong.” Columbiana county participants from both rural communities and urban areas such as the “East End” of East Liverpool reported large increases in crack-cocaine availability and abuse. Active users confirmed that in the “East End” some neighborhoods have as many as 75-80% of the population using. Law enforcement officials indicated this type of abuse would be limited to 5 or 6 streets, with other streets having only one crack house. He explained further:

Interviewer: *“How about East Liverpool?”*

Participant: *“We are infested with crack dealers in East Liverpool, by far the worst area we have.”*

In past reports, Columbiana County participants indicated that Youngstown was the major source of crack cocaine. However, during this round of data collection, the major sources were reported as Pittsburgh and Detroit. Columbiana County law enforcement indicated both of these sources were accurate and added that a third group of suppliers was from New Jersey.

In the January and June 2003 reports, participants indicated that the crack cocaine was of poor quality. In this round, providers, users, and law enforcement stated that crack cocaine was “good...or pure right now.” Participants named local crack-cocaine “blow up” because of its speed-like effect. Law enforcement sources corroborated that lidocaine and sometimes codeine were used to cut local crack cocaine.

Current prices, reported by participants, were lower than in the previous data collection periods. Ten and twenty dollar crack-cocaine rocks were still available, but “nicks” or “nickel rocks” for \$5

were also noted as available in Mahoning County. Both users and law enforcement participants indicated that crack cocaine by the gram was selling for \$50-\$75.

Participants reported that the high levels of crack-cocaine abuse reported throughout 2001, 2002, and early 2003 have continued in both Mahoning and Columbiana counties. One law enforcement professional interviewed stated that crack cocaine was “still King in Youngstown.” Participants in all groups agreed that there were both white and African-American crack-cocaine users in both counties. They also reported that Mahoning and Columbiana County senior citizens, 65 years and older, were using crack cocaine. As in past rounds, use of crack cocaine among individuals ages 13 to 17 in Columbiana County was reported as “skyrocketing” by both users and law enforcement. Treatment providers in Mahoning County reported that most new users were 18 to 22 years of age.

Mahoning County Treatment Alternatives to Street Crime data for the past two years indicate that crack cocaine is the primary drug of choice for 52% of court referred clients. Additionally, both Mahoning and Columbiana County Drug Task Forces reported removing significant amounts of crack cocaine from the streets in 2003 with the majority seized in Mahoning County (see Exhibit 1).

“Straight shooters,” small glass tubes often sold along with a rose at convenience stores, remained the primary method of administration for crack cocaine. Some participants also reported using tire gauges with a “chore” or “chore boy” as the screen. User groups reported acquaintances using vinegar or lemon juice to break down the crack cocaine to make it suitable for injection. As in past reports, one provider group indicated that crack injections are more common among heroin users.

1.2 COCAINE HYDROCHLORIDE (HCL)

In 2002, powdered cocaine was described as available, with an increase in availability reported in 2003. In the last two rounds of data collection the cost of powdered cocaine has decreased slightly. Since June 2001 an increase in use of powdered cocaine by younger users has consistently been reported. Since the beginning of the OSAM project, the predominant mode of administration has consistently been snorting. However, reports about injection use of powdered cocaine have become more frequent in the last year.

June 2003 – January 2004

Law enforcement, treatment providers, and users reported very high availability of powdered cocaine in both Mahoning and Columbiana counties. Participants from all groups reported that availability fluctuated depending on the number of supplier arrests and sentencing.

Law enforcement participants reported that the powdered cocaine in Mahoning and Columbiana counties was of high purity. As with crack cocaine, two law enforcement participants also reported that some powdered cocaine was being cut with lidocaine.

As in the January 2002 and June 2003 reports, prices were reported by law enforcement officials at approximately \$100 per gram. Some Columbiana county participants reported a low price of \$60 per gram, but “*only if you know the people.*” Current quantity prices quoted by law enforcement participants were \$950 to \$1,100 per ounce in Mahoning County and \$1,000 to \$1,300 per ounce in Columbiana County. Users in the methadone focus group reported that white users purchased large amounts in Youngstown for \$1,000 to \$1,500 per ounce.

Powdered cocaine use was not reported to be on the increase during this round of data collection. Similar to the January 2003 report, all three user groups as well as outpatient and methadone treatment providers reported some intravenous use of powdered cocaine during this period. As in the June 2003 data collection period, speed-balling (injecting powder cocaine and heroin together) continued to be reported, primarily among opioid users.

Similar to the June 2002 and January 2003 reports, two user groups and adolescent counselors reported that lacing "blunts" (small cigars) and cigarettes with powdered cocaine was occurring, especially among teenagers. As in previous reports, all participants agreed that snorting was the most common mode of administration among adolescents and young adults (12 to 21 years of age). Weekend users of powdered cocaine were described as primarily upper middle-class white males employed in local plants.

Both users and law enforcement agreed that powdered cocaine users were not typically looking for treatment, although treatment was reported as available. As in previous rounds of data collection, the social acceptability of powdered cocaine and the necessity of court involvement in seeking treatment were reported.

2. Heroin

Since June 2001, participants in Mahoning County have reported significant increases in heroin availability. Conversely, Columbiana County participants have reported only slight increases. Over the last year, available heroin has been reported as more pure than in the past. Since 2001, participants have been reporting increasing heroin abuse among young individuals, ranging in age from 18 to early 20's. Injecting, snorting, and smoking have all been reported as routes of administration.

June 2003 – January 2004

Columbiana County participants reported that heroin had increased in availability, but that this increase was slight and not at the level of crack or marijuana. New York was mentioned most often as the source of heroin for Mahoning County, with Detroit and Chicago as secondary sources. "Fingers" or "chalks" were the names given to cylinder-shaped parcels of heroin, which were brought back to this area from New York City to be ground and cut. Columbiana County law enforcement reported New Jersey and Pittsburgh as sources. Reported as available were "Mexican brown" (also called "stone)," "white," or "yellow" heroin, as well as "black tar" heroin. Particular types named "scorpion" and "papa rum" were also reported. Both the Columbiana and Mahoning County Drug Task Forces reported seizures of heroin in 2003 (see Exhibit 1).

Heroin quality was reported by all groups as good to very pure. Both law enforcement and provider groups reported knowledge of overdose deaths during the last year. The Columbiana County Coroner confirmed one overdose death in 2003. No Coroner's data were available for Mahoning County.

User and law enforcement groups reported prices from \$125 to \$300 per gram depending on the quality. Twenty dollar and “dime” (\$10) bags were reported as the most typically available quantity on the street.

During this round of interviews most participants indicated whites as the most common users of heroin. New users in the 18 to 25 year age range continued to be reported. Snorting was indicated as prevalent among younger users. As in the June 2003 report, younger users preferred snorting to injection. A thirty year-old college student stated that heroin is “*not as taboo today...the image has changed...*” She further stated: “*a lot of us are snorting.*”

Several counselors indicated they were seeing young clients who started out snorting and then progressed to intravenous use. Other counselors working with the young adult population reported that males and females, boyfriends and girlfriends, who have been using together, often attempt to come in to treatment as a couple. Counselors also discussed the impulsiveness of these youthful users, describing their lack of skills in dealing with the cravings, as one of the reasons they often leave during detoxification.

In the last two data collection rounds, participants reported a strong connection between OxyContin® abuse and subsequent heroin dependence. During this interview period focus group participants noted the connection between OxyContin® and heroin but agreed there were also new heroin abusers who were not introduced to it through OxyContin® abuse. Providers and users both reported particularly strong networking connections among heroin users, with one user describing:

[It is like] a fraternity. You end up in the same places, going to ‘cop,’ you associate with the same people. Out of all the things (drugs)... it (OxyContin®) is the strongest fraternity of all the drugs.

Participants recovering from opioid dependence, methadone treatment professionals, and adolescent treatment providers indicated increasing numbers of younger clients within the age range of 18 – 25 years old seeking methadone treatment. This was consistent with the large increase reported in the June 2003 report. These younger clients did not fit the verification guidelines requiring documented previous treatment. They also did not have the verifying track marks that prove a lengthy history of use supporting evidence that they were only snorting the drug. In 2003, 13% of the treatment admissions in Mahoning County were for a primary diagnosis of opioid dependence (see Exhibit 2).

Past reports in 2002 and 2003 have indicated problems with the medical detoxification regimen for heroin withdrawal. Several methadone treatment providers reported recent positive experiences with clients coming back to the Mahoning County area after having received out-of-town detoxification treatment with Subutex® (buprenorphine) or Suboxone® (buprenorphine in combination with naloxone).

Methadone take-home medication doses were a major topic of discussion among all participants who were on methadone maintenance. Problems with weekend and holiday transportation and the long distances some drive to get to the program were cited as issues of concern for many. The fear of being dropped from the methadone maintenance program due to missed days was described by a user: “*...365 days a year, 7 days a week [you attend]...you miss 3 days due to a family crisis and now you’re ‘hit’ [out of the program].*”

Methadone maintenance clients indicated their understanding that administrative resistance to a take-home prescription program centered on concerns that methadone would end up in the wrong hands. Client participants suggested a period of “clean time” be established for the privilege of “take homes” along with a continuing system of urine screens and education. One young methadone client interviewed reported being active in chat rooms as well as monitoring two methadone internet sources, the National Alliance of Methadone Advocates (www.methadone.org/) and Addiction Treatment Watchdog (www.atwatchdog.org/).

Law enforcement professionals expressed concern, citing recent overdoses, about repeat offenders ending up in jail on methadone. They were also concerned with the possibility of abuse with take homes:

...a tremendous number of people who buzz over the PA line.....and they get in a program over there because they're closed on the weekend and they give you enough to take home for the weekend...

Treatment professionals, working with methadone maintenance clients, expressed interest in exploring options for developing guidelines and arrangements so that clients could receive their medications in other ways, according to their length of stay and progress in recovery.

3. Other Opioids

3.1 OXYCONTIN®

For a couple of years, OxyContin® has continued to be one of the most commonly abused pharmaceutical opioid in both Mahoning and Columbiana counties. Over the last year and a half OxyContin® has become reportedly somewhat more difficult to obtain. Since June 2002, the price has remained stable at \$.50 to \$1.00 per milligram. The increased use of OxyContin® throughout Mahoning and Columbiana Counties reported in January 2003 continued through June 2003. Since 2002, participants have been reporting increasing abuse among young individuals between 18 and 25 years of age.

June 2003 – January 2004

Across all groups, participants reported that OxyContin® remained highly available in all areas of Mahoning and Columbiana counties with abuse described as rampant. Substance abusers, treatment providers, and law enforcement officials indicated that other opioids were also available. They described a pecking order, saying that if the preferred “Oxy’s” aren’t available “...you will turn to the other forms.” Vicodin® (hydrocodone), Percocet® (oxycodone & acetaminophen), Percodan® (oxycodone & aspirin), Tylenol® 3 & 4 (codeine & acetaminophen) were reported as commonly abused. However, OxyContin® has the highest demand among users. As one law enforcement official put it, “...it’s OxyContin®, OxyContin®, OxyContin®.” Law enforcement, treatment providers, and substance abusers all reported fluctuations in the availability of OxyContin® due to the arrest of doctors who were prescribing OxyContin® inappropriately and the subsequent watchfulness of other health professionals. Law enforcement officials reported that Purdue Pharma, producer of OxyContin®, continued to assist law enforcement efforts in this area with grants. Both the Mahoning and Columbiana County Drug Task Forces reported seizures of OxyContin® in 2003 (see Exhibit 1). The Youngstown Vindicator reported on June 11, 2003, that three people were indicted for OxyContin® sales.

Over 1300 tablets of OxyContin® and 176 tablets of methadone were seized during these arrests. The newspaper reported that these amounts were representative of those arriving on a regular basis through the Pittsburgh International Airport. This is further confirmation of the information provided by the Ohio Pharmacy Board representatives that large quantities of OxyContin® were being brought into the Mahoning Valley area.

The fluctuation of prices from \$.50 to \$1.00 per milligram throughout 2002 and 2003 for OxyContin® was reported again during the current interviewing period.

All groups interviewed indicated the predominance of white OxyContin® abusers, both male and female, with little abuse reported by other ethnic groups. College students selling OxyContin® near local campuses were reported by both substance abusers and law enforcement officials. Treatment providers and substance abusers agreed that some teens 12 to 17 were known to be using OxyContin®.

The preferred route of administration indicated by users, law enforcement, and treatment providers was snorting, with some noting this trend *“especially among younger users.”* Chewing the tablets and intravenous use were also reported across participant groups, with the assertion by all that if users have *“crossed over to heroin IV, then (they) will start to shoot ‘Oxy’s’ too.”*

As in past reports the practice of doctor shopping was described by law enforcement and treatment providers, indicating that there were strong bonds between users much like that described with heroin. One participant stated: *“the word gets passed, John Doe is ‘writing’ (prescriptions).”* Substance abusers and law enforcement participants also reported the practice of trading prescription OxyContin® for larger quantities of heroin. The arrest of one doctor in East Liverpool was mentioned by substance abusers and law enforcement as significantly impacting OxyContin® availability in Columbiana County. The law enforcement official stated that the arrest of this doctor in one way *“helped the situation out”* by getting the OxyContin® off the street, but that this may have *“pushed the heroin in”* when OxyContin® became harder to find. He indicated that at this time some newer users might have been introduced to heroin due to the street shortage of OxyContin®.

Treatment providers reported problems with the increased number of OxyContin® users seeking treatment. They also described the refusal of insurance companies to cover detoxification for OxyContin® withdrawal as problematic. One counselor reported that some insurance companies’ policies will not cover detoxification treatment since *“it’s not life threatening.”* The counselor also noted that, especially for younger persons, *“there’ve been minimal consequences,”* therefore outpatient counseling is all that is approved. Increasing numbers of OxyContin® abusers seeking methadone treatment, as well as those using street methadone, were reported by substance abusers and treatment providers.

3.2 FENTANYL

Reports of fentanyl abuse in Mahoning and Columbiana Counties began in January 2002. In June 2003, the Ohio Pharmacy Board Representative confirmed increased reports of abuse of fentanyl (Duragesic® patches). The price range for fentanyl was reported as \$20 to \$30 per patch.

June 2003 – January 2004

During this round of interviews treatment providers, substance abusers and law enforcement officials reported limited fentanyl availability in Mahoning and Columbiana Counties. An increase in price to \$40 per patch was reported in this round of data collection. Most participants described white, young adults up to age 30 as typical users. Users were reported to be wearing multiple patches, snorting, eating the gel, or using the drug intravenously.

4. Marijuana

Since the beginning of the OSAM project, marijuana has consistently been reported as readily available, very potent, and varying in cost depending on the quality and quantity purchased. Young teenagers have been consistently reported as a growing group of new marijuana users.

June 2003 – January 2004

Focus group participants during this round of data collection again reported marijuana as very available. Substance abusers and treatment providers said that marijuana was so available that it was *“just like (obtaining) a pack of cigarettes.”* All groups reported that the quality of available marijuana varies, but during the last year to six months, the quality has been potent. The majority of groups, including treatment providers, users, and law enforcement mentioned “hydro” as a very good grade of marijuana. Adolescent counselors and law enforcement mentioned “fire” as good quality, with the adolescent counselors indicating that teens also talk about “purple haze,” “green” and “dirt weed” grades of marijuana. One adult substance abuser, who reported marijuana and alcohol as her drugs of choice, reported that “green” was also known as “sticky icky.”

Marijuana was reported by Mahoning Valley treatment providers and users as available in \$5, \$10, and \$20 bags. Users in both Mahoning and Columbiana Counties described 1/8 of an ounce as currently costing \$25. However “hydro” grade marijuana is selling for \$50 per 1/8 ounce. Current substance abuser groups reported an ounce of marijuana costing \$150; law enforcement professionals reported \$150 to \$300 an ounce depending on the quality. Mahoning County law enforcement officials described an arrest during the last six months of a major group of drug distributors who were reportedly bringing between 500 to 1,000 pounds per month of Mexican marijuana into the Youngstown area as having an effect on prices. Prices in Columbiana County were also said to have temporarily risen due to the arrest of a local citizen who was having 75 pounds of marijuana per month driven to him from New Mexico.

As reported in January and June 2003, marijuana continues to be used by very diverse segments of the population, including young users 10-18 years of age as well as people in their 60's. During this round of data collection, eight of the ten groups indicated knowledge of pre-teens using marijuana, with age 12 the most common age of first use mentioned. Adolescent counselors, some law enforcement, and some treatment providers reported the perception that African Americans more than other ethnic groups were smoking marijuana. However, several current substance user groups and one law enforcement official reported equal numbers of African American, white, and Hispanic marijuana users, with one user stating *“everybody gets stoned.”* One provider reported a pattern of inter-generational use, quoting one of her clients as stating *“grandma did it, mom did it, now I do it.”* Treatment providers and current users indicated that marijuana abuse is often combined with other drugs such as alcohol and crack

cocaine. One provider told of a client whose 17-year-old son deals crack and uses marijuana and alcohol, and whose 19-year-old daughter also uses marijuana and alcohol. She stated the client's children had told her, "*this is what we do, we deal drugs, we do alcohol and marijuana... this is what we do.*"

Several dual diagnosis substance abusers reported marijuana as their first experimental drug, one stating:

I used a lot of excuses, I said I'm not addicted, I could stop...I didn't really look for treatment until I hit the harder drugs 'cause I felt like pot wasn't messing me up, but it was.

Another dual diagnosis substance abuser reported being able to stop using other drugs, but not being able to stop abusing marijuana. Treatment providers reported that marijuana is often not seen as a drug of abuse and many clients have problems to quit it.

I see them work very hard at kicking, staying clean off the other drugs but [they] don't think there's anything wrong with pot. [Clients say] 'What do you mean we can't do that. I'm not doing my drug of choice, why's it a problem?'"

The social acceptance of marijuana abuse was reported by adolescent counselors and other treatment providers, with students reportedly using before, during and after school. This is consistent with the June 2003 report regarding the range of citizens using marijuana. Substance abusers and law enforcement professionals agreed that often "*the police don't arrest you...*" and "*it's to the point where you don't even get in trouble for it.*"

During this round of data collection, treatment providers reported that schools and employers were the main referral sources for marijuana abuse. They also reported that marijuana users, both adolescents and young adults, were resistant to treatment, often not seeing marijuana as a drug. Both treatment providers and law enforcement indicated that substance abusers minimize use due to their belief that marijuana is not a drug and therefore only disclose their marijuana use when specifically asked.

5. Stimulants

5.1 AMPHETAMINE

Since 2002, limited availability of amphetamines has been reported throughout Mahoning and Columbiana Counties.

June 2003 – January 2004

In the current reporting period, all participants indicated limited availability of amphetamines in the Mahoning and Columbiana County areas. Adolescent counselors, dual diagnosis treatment providers, and Columbiana County law enforcement officials indicated a few instances of Ritalin® (methylphenidate) abuse. They reported that some students bought other students' medications, some stole siblings' medications, and some parents abused their children's Ritalin®. This confirms what was reported in January and June 2003 concerning Ritalin® abuse.

Adolescent counselors and substance abusers reported adolescents and young adults abusing over-the-counter substances containing a combination of pseudoephedrine and caffeine. Both groups indicated that users bought diet pills or energy pills for the speed-like effect.

5.2 METHAMPHETAMINE

Since January 2003, participants have been reporting some cases of methamphetamine abuse in the area. Although the information available about methamphetamine abuse in the area has been limited, typical abusers were described as white individuals in their 20s and 30s.

June 2003 – January 2004

During current interviews substance abusers, treatment providers, and law enforcement officials reported small amounts of methamphetamine available in Youngstown with slight increases reported throughout Mahoning and Columbiana Counties. A Columbiana County law enforcement official reported the county's first methamphetamine lab bust in January 2003. This participant reported that six other labs followed - five in Stark County and one in Mahoning County (see Exhibit 1). In Mahoning County, as reported by law enforcement officials and the Youngstown Vindicator on 7/1/03 and 7/2/03, a methamphetamine lab was found at the scene of a trailer fire at a popular campground in Berlin Township. Participants during this round of data collection were unsure of the cost of methamphetamine.

According to the law enforcement officials and drug abusers, white males and females, in their late 20s up to their 50s, were the most common abusers of methamphetamine. Routes of administration reported by treatment providers, users, and law enforcement included snorting, smoking, and intravenous use.

6. Depressants

Although limited in availability the most commonly abused depressants in the Mahoning Valley area reported in January 2003 and June 2003 were Valium® (diazepam), Ativan® (lorazepam) and Xanax® (alprazolam).

June 2003 – January 2004

As in the January and June 2003 reports, some street availability of depressants was reported. Treatment providers, substance abusers, and law enforcement all indicated that Valium®, Ativan®, and Xanax® were available and abuse continued as in the previous Mahoning and Columbiana County reports. Klonopin® (klonazepam) was reported by abusers as available in both Columbiana and Mahoning Counties.

The practice of self-medicating was described in the June 2003 report with Pharmacy Board officers stating that Xanax®, in particular, was often abused by OxyContin® users. This was again reported as a way to "come off" OxyContin®. An emergency room doctor in East Liverpool (Columbiana County) indicated that the majority of overdose-related emergency room admissions were due to overdose of antidepressants and psychotropic substances with an average of ten admissions each month.

As in June 2003, treatment providers and drug abusers from both Mahoning and Columbiana Counties reported some knowledge about current abuse of GHB (gamma-hydroxybutyrate). They did not, however, have any additional information regarding availability, cost, or changes in use patterns.

7. Hallucinogens

7.1. LSD AND PSYLOCYBIN MUSHROOMS

Since June 2002, LSD (d-lysergic acid diethylamide) has been reported as available. Psilocybin mushrooms have been reported to be seasonally available. The cost of these hallucinogens has remained stable over the last year of data collection.

June 2003 – January 2004

Unlike the last several reports, LSD available was reported very low in Columbiana County or Mahoning County. Although psilocybin mushrooms were not reported as available in June 2003, adolescent treatment providers and young users interviewed for this round, reported some availability of mushrooms. In other words, the pattern of psilocybin mushroom availability seemed to be seasonal. One white, twenty year-old male, who indicated that marijuana was his drug of choice, reported he used “shrooms” at least once per month. Adolescent counselors indicated that suburban college students were abusing mushrooms. On June 26, 2003, according to the Youngstown Vindicator, two males, one in his 20s, one in his late 30’s, and a female in her early 20’s were arrested for raising 85 marijuana plants along with hallucinogenic mushrooms that they had packaged for sale. Teenagers moving on from hallucinogens to stronger drugs was an issue in the June 2003 report and was reported again by counselors during this round of data collection stating. No specific pricing was mentioned by any of the groups.

7.2. MDMA (ECSTASY) AND KETAMINE

Mahoning and Columbiana County reports in 2002 seemed to show that Ecstasy abuse was on the rise; however, there was a leveling off in abuse reported in January and June 2003.

June 2003 – January 2004

Columbiana County young adults interviewed during this round of data collection again stated that Ecstasy and “Special K” (ketamine) were available. Although Columbiana County drug abusers reported urban availability of ketamine was slight, some users indicated an increase in rural areas. Law enforcement reported a veterinarian’s office had been recently robbed of ketamine. Users and law enforcement indicated Ecstasy was available for \$20 - \$25 per tablet.

The level of Ecstasy abuse reported in June 2003 continued during this round of data collection. Young people were reported as the most common Ecstasy abusers. The same client, who reported taking mushrooms also reported extensive experience with Ecstasy, indicating the following types of Ecstasy available in the Mahoning County area: “Green Nikes,” “White Buddhas,” “Superman,” “Mighty Mouse,” “Igloos,” “Double Stackers” and “Triple Stackers.” Several user groups reported bars and clubs as places to find Ecstasy. The Mahoning County

Law Enforcement Task Force reported seizing Ecstasy during 2003; however, no seizures were reported in Columbiana County in 2003.

7.3 PCP

In the June and January 2003 reports there were some indications of the abuse of “wet” or “dip” (marijuana possibly laced with PCP or other unknown substances). During this round of data collection, little knowledge of PCP was reported in the Mahoning and Columbiana County areas.

7.4 DEXTROMETHORPHAN (DXM)

In January 2003, abuse of cold medications containing DXM was reported by focus group participants. This was restated in June 2003 by users and treatment providers and confirmed by the Ohio Pharmacy Board Representative. Previous reports described typical users of these substances as white young people.

June 2003-January 2004

In the June 2003 report, the Ohio Pharmacy Board representative indicated that multi-dosing with cold medications was on the rise. During this round, treatment providers, users and adolescent counselors indicated that the use of “Triple C,” (the slang name for Coricidin® Cough & Cold) continued. One younger participant reported that in the recent past he would typically take 16 tablets of Coricidin® to produce hallucinations and a dissociative high. One adolescent counselor described a recent female client who shoplifted for Coricidin®, and would take 18 to 24 tablets per experience.

One law enforcement official indicated knowledge of both African-American and white local teenagers who were abusing RobitussinDM® or other dextromethorphan-containing cough syrups. He reported the teens have been known to “fall out” when using this syrup. A Columbiana County users group also reported knowledge of those in their early 20’s who are abusing RobitussinDM®. Further confirming local use, adolescent counselors described a recent client, age 14, who was introduced to RobitussinDM® abuse by an older sibling. This teenager, from an affluent suburban area of Mahoning County, admitted to counselors he was shoplifting and using 3 to 4 bottles of RobitussinDM® per day.

8. Inhalants

Treatment providers indicated in the June 2003 report that there was some inhalant abuse by young people in Mahoning County. During this round of data collection, users, law enforcement, and adolescent counselors continued to report knowledge of inhalant abuse in Mahoning and Columbiana Counties. Users and law enforcement officials reported youth in fourth grade through high school abusing inhalants. Users reported whippets, paint, paint thinner, lighter fluid, liquid paper, and aerosol paint as substances inhaled. One adolescent counselor reported a recent client who was using “spray starch” along with computer keyboard cleaning spray. One law enforcement official reported that officers have found paint canisters and paper bags around elementary schools in the last year.

9. Alcohol

Alcohol abuse is consistently reported to be a major concern in the Mahoning and Columbiana area. Alcohol is reported as readily available to all ages and cost is not an issue. In June 2003 polysubstance abusers were reported as a focus for treatment providers. In January and June 2003 increases in the abuse of hard liquor and prepared beverages (lemonades, colas) among young users had been reported by adolescent counselors and substance abusers.

June 2003 – January 2004

Unchanged from past reports, focus group participants agreed that alcohol continued to be a problem in Mahoning and Columbiana Counties. In fact, the largest percent (44%) of the primary diagnoses in Columbiana County for July 1, 2003 through December 31, 2003 was alcohol dependence (see Exhibit 3). *“Everybody drinks...”* typifies statements made in all groups interviewed during this round. The down-play by clients about their alcohol use described in June 2003 was again reported with statements like *“beer isn’t alcohol...I only drink beer.”* As in January and June 2003, treatment providers and active users reported younger users ages 10 to 16 drinking hard liquor.

As in June 2003, cross-addiction between alcohol and marijuana was reported by users and treatment providers. Dual diagnosis users and dual diagnosis treatment providers indicated that users in recovery face abusing their own prescription medications along with alcohol abuse. They also stated that alcohol abuse was a relapse factor. Also reported in June 2003, and again during this round, was the connection between alcohol abuse and violence, with several user groups pointing out this aspect.

The social acceptance of regular drinking, the number of DUI’s, and the fatalities at teen parties were indicated by law enforcement officials as signs of the *“huge problem”* that alcohol abuse was *“for everybody.”* In Mahoning County alcohol was the primary diagnosis for 28% of the admissions to treatment (see Exhibit 2).

SPECIAL ISSUE: HIV and Other Blood-Borne Disease Risk Behaviors

Two substance user groups indicated that clean syringes were easy to come by and that intravenous users were not sharing needles. One treatment provider group, including methadone counselors, expressed the opinion that clients never use others’ needles and most users are pretty knowledgeable. Another treatment provider group reported their belief that users take very little safety precautions with needle sharing. One dual diagnosis user group confirmed this, stating that the injection users they know shared needles without cleaning. Two law enforcement officials also reported their experience with intravenous users stating, *“users do share.”* One stated that *“the majority (of users) start off not wanting to share”* but he observed *“with heroin, they become so focused on getting that next fix that the risk just goes by them.”*

One user group reported that prevention-educated users do use bleach to clean needles, with another user group indicating that needles are too easy to get to bother with cleaning them, stating that they sell at 3 for \$10. One provider group indicated that many new users are snorting instead of shooting up and the question of needles is not even seen as an issue.

Two user groups reported problematic issues with condom use stating that “*people (users) are gamblers*” and they take “*calculated risks.*” Males in the dual diagnosis focus group felt that more condoms were being used. However, the females in the same group said “*no,*” there has not been an increase in condom use. One treatment provider group reported that more people were bringing condoms with them when they checked into treatment. A second treatment group reported that the younger clients seemed to use condoms more often. A third provider group agreed that there was more condom use, indicating that they were provided at the program and clients often picked them up. Although two law enforcement officers stated they did not believe that substance users were using condoms, one observed that many, when arrested, were carrying condoms in their pockets or wallets.

Trading sex for drugs was reported as prevalent with focus group participants doubting that protection was always used in these cases.

Treatment providers, active users, and law enforcement officials all expressed concern about HIV and other blood-borne diseases. Active users and treatment providers reported concerns regarding Hepatitis C infection. All groups agreed that awareness was the key to improved prevention, citing a need for advertising, increased information availability, and HIV-specific lectures.

Exhibit 1 Drug Task Force Activities 2003

Mahoning Valley Law Enforcement Task Force	
Drugs Taken Off the Street for the Year 2003	
Cocaine (powder)	1,435.80 g
Cocaine (crack)	951.15 g
Marijuana	4,470.50 g
Marijuana plants	N/A
Methamphetamine (liquid)	1 ml
Various prescription drugs	1,075 tablets
OxyContin®	2,723.50 tablets
Heroin	18.20 g
Ecstasy	45 tablets

Columbiana County Drug Task Force	
Drugs Taken Off the Street for the Year 2003	
Cocaine (powder)	433.90 g
Cocaine (crack)	22 g
Marijuana	855.12 g
Marijuana plants	178
Methamphetamine	2.08 g
Various prescription drugs	438 dosage units
OxyContin® (40 mg) tablets	30
Heroin	1.3 g

Exhibit 2

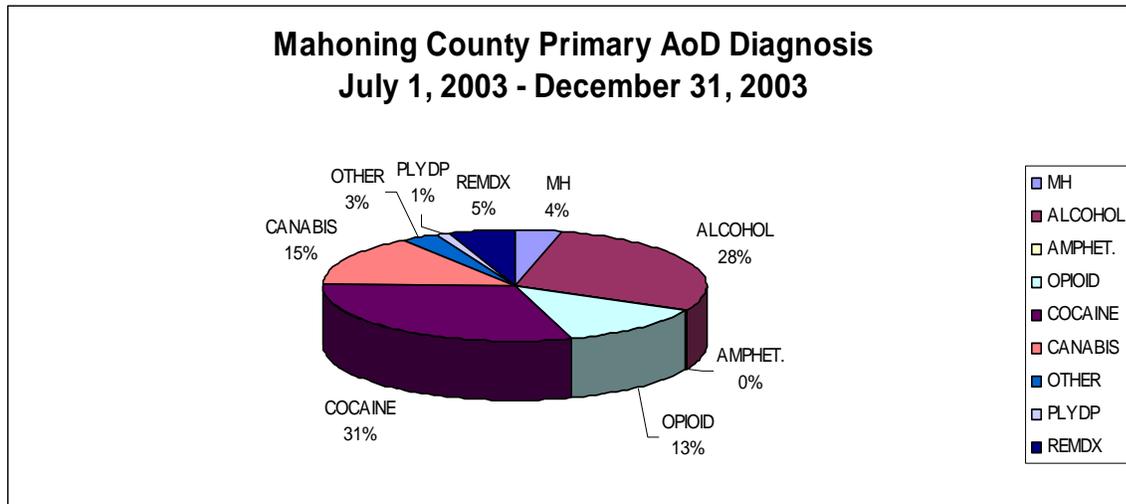


Exhibit 3

