

# The Ohio Substance Abuse Monitoring Network

January 2006 – June 2006

Meeting Thirteen  
June 16, 2006

## **SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO**



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

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In Collaboration with  
[Wright State University](#) & [The University of Akron](#)



**SURVEILLANCE OF DRUG ABUSE TRENDS IN THE STATE OF OHIO**

**THE OHIO SUBSTANCE ABUSE MONITORING NETWORK**

**June 2006**



**Ohio Department of Alcohol  
and Drug Addiction Services**

**Ohio Department of Alcohol and  
Drug Addiction Services  
280 N. High St., 12<sup>th</sup> Floor  
Columbus, OH 43215-2537**

**(614) 644-9140**



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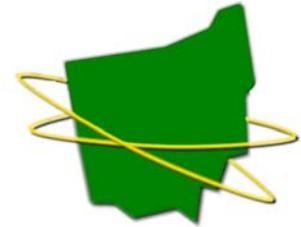
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# OSAM-O-GRAM

DATE: June 2006

DATELINE: Ohio



Wright State University  
The University of Akron

## Highlights of Statewide Drug Use Trends

January 2006 – June 2006

### Akron:

- High availability of crack cocaine; users reported crack injection as increasing.
- Moderate powdered cocaine availability; increasing abuse among middle-aged suburban females.
- Moderate to high heroin availability; continued abuse among white, suburban youth and young adults.
- High availability of pharmaceutical opioids. Users reported street availability of Duragesic® (fentanyl patches).
- Moderate availability of methamphetamine.
- Users and crime lab reported buprenorphine diversion.

### Cleveland:

- High availability and purity of crack cocaine.
- Low availability of powdered cocaine.
- Moderate availability of heroin; users reported increasing availability of black tar heroin, including the Hispanic community.
- Moderate availability of pharmaceutical opioids; increased reports of OxyContin® abuse.
- Low availability of methamphetamine.
- Users and crime lab reported buprenorphine diversion.

### Dayton:

- High availability of crack cocaine; reports of young users entering treatment and older male users (50-70 yrs).
- Moderate availability of powdered cocaine.
- High heroin availability; including black tar.
- Moderate to high availability of pharmaceutical opioids; users reported street availability of Duragesic® (fentanyl patches).
- High availability of Vicodin®.

### Youngstown:

- High availability of crack cocaine.
- Moderate availability of powdered cocaine.
- Moderate availability of heroin.
- Moderate availability of pharmaceutical opioids; BCI&I lab reported increases in MS Contin®; users reported street availability of Duragesic® (fentanyl patches).
- Users reported low availability of methamphetamine; BCI&I lab reports indicated moderate availability with a decreased number of cases; most common in the tablet form.

### Columbus:

- High availability of crack cocaine and moderate availability of powdered cocaine.
- Heroin availability was reported as high according to users. Increasing availability of black tar heroin. Crime lab reported cases of heroin mixed with fentanyl.
- Moderate availability of most pharmaceutical opioids and benzodiazepines. Availability of OxyContin® was reported as high.
- Users reported cases of buprenorphine abuse.
- Low availability of methamphetamine.
- Low availability of ecstasy according to users and crime lab reports.

### Cincinnati:

- High availability of crack cocaine; increasing reports of white users.
- Moderate availability of powdered cocaine; increasing reports of injection.
- Moderate availability of heroin; continued reports of black tar.
- Moderate availability of pharmaceutical opioids with OxyContin® being among the most commonly abused. Law enforcement reported street availability of Duragesic® (fentanyl patches).
- User reports about buprenorphine abuse.
- Moderate availability of methamphetamine.
- High availability of ecstasy according to crime lab reports.

### Athens:

- High availability of crack cocaine; users report increase in young users aged 13-15.
- High availability of powdered cocaine.
- Users report increasing availability of heroin; crime lab confirmed availability as moderate and increasing.
- High availability of most commonly abused pharmaceutical opioids; users report increasing street availability of methadone tablets.
- Ecstasy availability was reported by users and crime labs as high.

## **The Ohio Substance Abuse Monitoring Network (OSAM) June 2006 Meeting**

### **Executive Summary**

#### **Ohio Department of Alcohol and Drug Addiction Services**

This Executive Summary reports highlights of the OSAM Network meeting held in Akron, Ohio, June 15<sup>th</sup> and 16<sup>th</sup>, 2006. The report is based on substance abuse trend data collected and analyzed by Regional Epidemiologists in Athens and surrounding counties (rural southeast), Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton and Youngstown. Regional Epidemiologists interviewed active and recovering drug users, substance abuse treatment providers, and law enforcement personnel, and collected available statistical data to compile their regional drug trend reports.

#### **CRACK COCAINE**

- **Availability of crack cocaine continues to be high. User populations continue to diversify within the state.**

Drug users and crime lab professionals continued to report high availability of crack cocaine in all reporting areas of the state. According to drug users, crack prices have remained steady over the last three reporting periods averaging \$40-\$50 per gram or \$100-\$150 per 1/8 ounce. The majority of crack users are reportedly middle-aged individuals of lower socioeconomic status. Drug users in Columbus, Cincinnati and Dayton reported an increase in older men (aged 50-70) who get introduced to crack cocaine through their relationships with crack-using women. Participants in Dayton, Youngstown, and Athens reported crack-cocaine users as young as 12-15 years of age. Several areas indicated increasing youth involvement in crack dealing. Intravenous injection of crack continues to be reported at low levels.

#### **POWDERED COCAINE**

- **Most areas of the state continued to report moderate to high availability of powdered cocaine. Injection of powdered cocaine was prevalent in most areas of the state, particularly among heroin injectors.**

According to drug users, treatment providers and law enforcement professionals, powdered cocaine continues to be readily available throughout the state. Drug users reported prices of powdered cocaine to be as low as \$40-\$60 per gram. Higher prices were reported in Akron and Cleveland areas, where \$80-\$125 per gram was reported. Drug users and crime lab professionals reported purity as moderate to high and unchanged since the last reporting period. Drug users and treatment providers noted that injection of powdered cocaine was increasing, primarily among heroin injectors. Powdered cocaine abuse remains common among very diverse populations of users, including high school-age youth.

#### **HEROIN**

- **Availability of heroin continues to be high in most areas of the state. Pharmaceutical opioid abuse remains a common pathway to heroin use.**

Users reported heroin availability throughout the state as high and increasing with Athens reporting the drug as "somewhat available." Although brown powder remained the most common form of the

drug, black tar heroin was reportedly available in most areas. The Columbus crime lab reported heroin mixed with fentanyl. Heroin prices were consistent with the last reporting period. Participants from Cincinnati, Columbus, and Toledo reported average prices of \$160-\$170 per gram for brown powder heroin. This same type of heroin was selling on average for \$120 per gram in Dayton, Athens, and Cleveland. Young, white adults (ages 18-25) continued to be reported as the most prevalent group of new heroin users. African-American men associated with drug dealing were noted as new users in the Dayton area. These users reportedly prefer intranasal inhalation of the drug. Increased heroin use and distribution among Hispanics was reported in Youngstown and Cleveland.

## **PHARMACEUTICAL OPIOIDS**

- **OxyContin® is reported as the pharmaceutical opioid of choice throughout the state, but availability has decreased. Users and treatment providers in Akron, Cincinnati, Cleveland and Dayton reported cases of Duragesic® (fentanyl patch) diversion and abuse.**

Drug users reported hydrocodone as the most commonly abused pharmaceutical opioid, and user reports of moderate availability were confirmed by crime lab professionals across the state. Other common choices for pharmaceutical opioid abuse include Percodan® (oxycodone hydrochloride & aspirin), and Percocet® (oxycodone hydrochloride and acetaminophen). According to users, treatment providers, and law enforcement professionals, OxyContin® (oxycodone controlled-release) remained one of the most sought after pharmaceutical opioids. However, availability, according to both users and crime labs professionals, is on the decline. Intranasal inhalation or swallowing remain the preferred methods of administration. Generic forms OxyContin® were viewed as inferior for snorting or injection. OxyContin® prices continue to be reported as \$0.50 -\$1 per milligram. Users and treatment providers in all areas reported that initial opioid abuse is often associated with prior legitimate medical prescriptions. Users report continued access to the drugs through manipulation of the health care system, including online orders. Availability of diverted methadone tablets were reported in Athens, Dayton, Columbus and Cincinnati. Users in Columbus and Cincinnati reported abuse of Suboxone® (buprenorphine and naloxone). Suburban middle-aged whites, high school, and college age youth continue to be reported as the most prevalent groups of pharmaceutical opioid abusers.

## **METHAMPHETAMINE**

- **Users and law enforcement reported methamphetamine availability as being stable or declining in most areas of the state. Use continues to be limited to small networks of users, typically white individuals of middle to lower socioeconomic status and gay men.**

Geographic variation in methamphetamine availability was reported. Akron and Columbus drug users reported availability as low and decreasing, and these reports were confirmed by crime lab professionals. Other areas of the state reported moderate availability of the drug.

Methamphetamine prices were reportedly ranging between \$80 and \$120 per gram. Powder continues to be the most prevalent form reported by users and crime lab professionals, except in Columbus, where “glass”-type methamphetamine is reportedly more available. Smoking and intranasal inhalation were reported as the most common modes of administration. User groups continue to be described as white individuals of lower and middle class background in both urban and rural environments, and gay men in larger urban areas of the state.

## PHARMACEUTICAL TRANQUILIZERS

- **Benzodiazepine abuse remains common among diverse user groups.**

According to drug users and crime lab professionals, street availability of benzodiazepines, such as Xanax® (alprazolam), Klonopin® (clonazepam), and Valium® (diazepam) were reported as moderate in most areas of the state. Klonopin® abuse is reportedly increasing in Cincinnati according to users and treatment providers. Drug users reported that benzodiazepines continue to be abused in combination with other substances, particularly alcohol, stimulants, and heroin.

## OTHER DRUGS

- **MDMA/ecstasy availability and abuse varied across the state.** Availability of ecstasy in Athens, Toledo and Cincinnati was reported as high while Akron and Cleveland reported moderate levels of MDMA availability. MDMA continues to sell for \$10-\$25 per single dose (tablet).
- **LSD and psilocybin** (mushrooms) availability and abuse were described as low across the state.
- Users in Cincinnati reported an increase in street availability of **Ketamine**.
- **PCP** availability and abuse continues to be reported in Cleveland.
- Abuse of over-the-counter medications containing **dextromethorphan (DMX) (eg. Coricidin® HBP)** has been reported by treatment providers in Cincinnati and Dayton, particularly among youth 12-16 years of age.
- **Marijuana** availability and abuse continues to be reported at very high levels by users, treatment providers, and law enforcement professionals state-wide.

Full OSAM reports are available at: <http://www.odadas.state.oh.us>.



Summit & Stark Counties, Ohio



The  
**Ohio Substance Abuse  
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# **SURVEILLANCE OF DRUG ABUSE IN SUMMIT & STARK COUNTIES, OHIO**

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**A Report Prepared for the  
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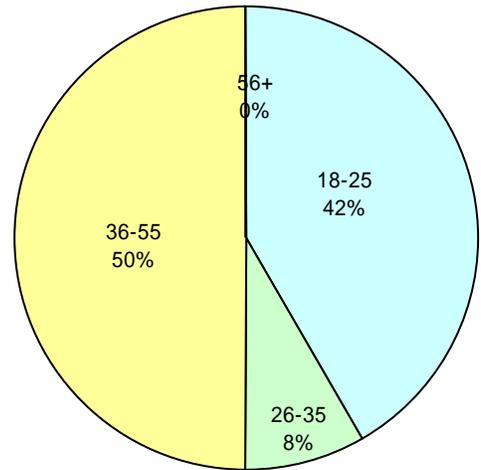
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## Patterns and Trends of Drug Abuse

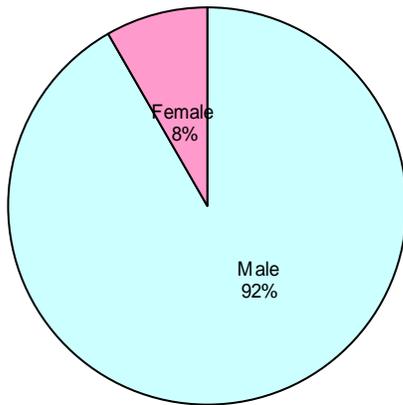
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
5/22/06	1	Law Enforcement
5/24/06	2	Users
5/24/06	4	Law Enforcement
5/30/06	6	Users
5/31/06	3	Users
6/1/06	10	Users
6/2/06	4	Treatment Providers
<b>Total</b>	<b>Total</b>	
7	30	
<b>Interviews</b>		
1	31	

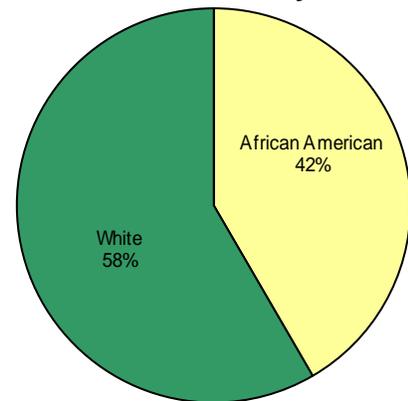
**Age  
Active/Recovering Users**



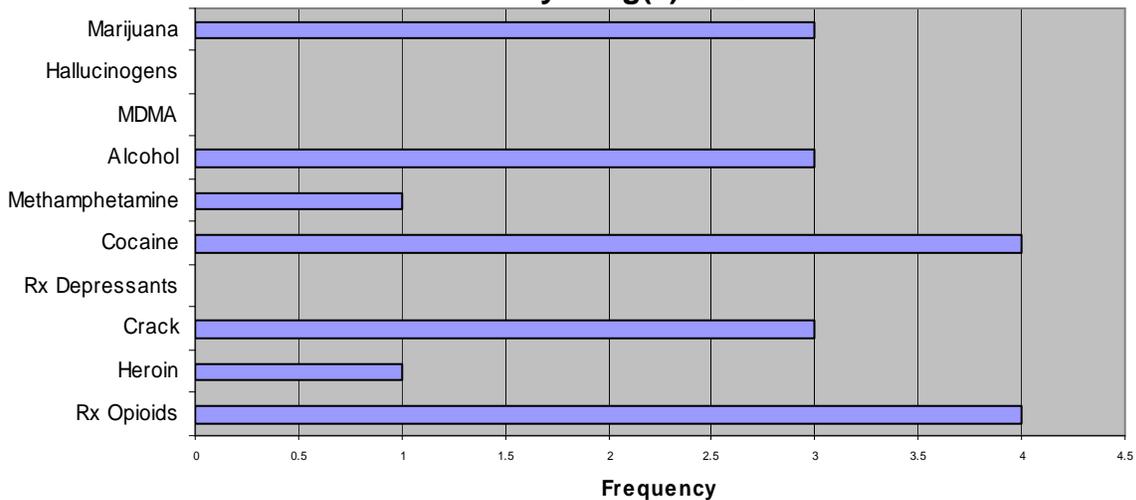
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

Crack cocaine continues to be available in Stark and Summit Counties. While cost has remained stable reports continue to indicate that cost is strongly related to who you know. Smoking has been the primary method of administration with some users moving to IV injection to get a better high. Crack cocaine users are diverse in terms of age, ethnicity and gender.

### Current Trends

User groups consistently reported that crack cocaine was readily available throughout the Stark and Summit County areas. The Stark County Sheriff's office recently made a large powdered cocaine bust, much of which they felt would be turned into crack cocaine. Even with the bust officers felt there would be little impact on the availability of crack cocaine in the area.

Participants reported that crack users are diverse in terms of age, ethnicity, and gender. There continues to be a stigma associated with crack cocaine – user groups described many individuals who “hide” their crack use out of embarrassment and fear of stereotyping by others. Users typically referred to powdered cocaine as a “rich man's drug”—powdered use indicated elevated social status over the crack user. One user commented:

*“Powder is the starting point for lots of people – they think that if they use cocaine, then they can think, ‘I am not a crackhead’.”*

The mode of administration remains the same – primarily smoking for crack cocaine. Users reported that some individuals move from smoking crack cocaine to injecting the drug intravenously in an attempt to attain the same level of euphoria that they first experienced when smoking crack. Crack cocaine varies in price depending on the size of the “rock.” A 1/16-ounce rock reportedly costs about \$20.

## Cocaine HCl

### Historical Summary

Like crack cocaine, powdered cocaine availability has remained relatively stable in the Stark and Summit County areas. Price has generally remained stable as well over the past six months, and the primary mode of administration continues to be intranasal inhalation.

### Current Trends

Law enforcement officials, users, substance abuse treatment providers indicated that there was not much of a difference in the availability of powdered cocaine and crack cocaine. A law enforcement officer reported, *“when you find someone that is dealing one, they are also dealing the other.”*

User groups consistently reported that powdered cocaine was readily available throughout the

Stark and Summit County areas. The Stark County Sheriff's office confiscated 52 kilograms of cocaine, valued at \$1.1 million dollars, during one drug bust that occurred during this reporting period. However, the officers felt that the bust did not significantly affect the cocaine business that is operating in Stark County. As one law enforcement official stated, *"they probably had to make an additional phone call or two to get their cocaine."*

The quality of powdered cocaine has remained consistent. The cocaine available continues to be "stepped on" (mixed with other substances). Users in Stark County reported cocaine being injected with heroin ("speedballing"). The primary mode of administration remains intranasal inhalation.

Many users reported an increase in the number of suburban, middle-income individuals using powdered cocaine, specifically among white females. One user commented, *"... you've got the soccer moms using the stuff ... the soccer mom gone bad."* Law enforcement officers reported that most users are middle and upper class whites, and both African-American and white individuals are selling the drug.

Powdered cocaine was reported to be selling for approximately \$75-80 per gram, \$40 for ½ gram; \$100 for an 1/8 ounce, \$200-250 for ¼ ounce and \$400-500 for ½ ounce. All users agreed that the prices of powdered cocaine vary depending on "who you know" and "who you go to." One user described the price of powdered cocaine as a "rollercoaster" ranging from \$900 to \$2,200 an ounce, depending on the quality.

## Heroin

### Historical Summary

In the last OSAM reporting period (June 2005—January 2006) heroin availability was perceived as increasing in the Akron area. The primary form of the drug was reportedly brown powder, although some tar heroin was available. The fastest growing group of new users were young whites between the ages of 18 and 30.

### Current Trends

According to law enforcement officers, the current availability of heroin in Summit County remains high in the cities and college areas, with the supply coming in from Chicago, Detroit, Cleveland, and New York City. Heroin remains very available in Stark County with, as one user described, "the best stuff coming in from Cleveland." Similar to previous rounds, participants reported there are increasing numbers of young heroin users who are selling as well as snorting and injecting the drug. One user/dealer described:

*"You see these white kids from the suburbs, who look like they got money ... they think they can handle it, they can't ... you start seeing the same kids coming back for more ...."*

Heroin reportedly sells for approximately \$20 a bag (.10 grams), \$150-180 a bundle and \$200-225 a gram. The heroin used in the area was described as "white" and "brown." All participants reported that heroin laced with fentanyl is becoming popular. Heroin laced with fentanyl is considered to be of higher quality compared to heroin being cut (mixed) with vitamin B-12.

The usual method of administration is intravenous injection. However, several heroin users who were currently in treatment indicated they, and most of their heroin-using friends, avoided the use of needles.

## Methamphetamine

### Historical Summary

For the past 5 years, there have been consistent reports of methamphetamine production and use in Stark and Summit counties. In each of the last three OSAM reporting periods, a growing concern about increases in methamphetamine production and use. Law enforcement officials and treatment providers feel that methamphetamine use and production is much bigger than is reflected in the number of reported methamphetamine lab busts/arrests and individuals reporting usage of methamphetamine when seeking treatment. The following represents a current summary of the focus groups comprised of treatment providers and law enforcement from each county.

### Current Trends

#### Stark County

Stark County places strong emphasis on the monitoring of methamphetamine production and distribution throughout the county. Those individuals who are arrested for possession of products necessary to manufacture methamphetamine are charged and receive a prison sentence. Last year, the Stark County Sheriff's Department busted a warehouse with four 55-gallon trash barrels filled with glassware and other ingredients required to make methamphetamine. The officer describing this particular incident felt that this was "a major bust" but feels that there are other large labs continuing to function throughout Stark County. "Cookers" in Stark County are considered "small time;" however, these individuals are believed to be 'consistent' cookers (i.e., every day cookers vs. cooking now and then just to get high).

Methamphetamine availability was perceived as being 4 and 5 on a scale of 0 (not available) to 10 (very available), with users indicating they had to travel to Akron (specifically the Kenmore Area) to get their methamphetamine. The majority of users are white.

Younger users of methamphetamine are of a particular concern for law enforcement. Officers have heard of instances of methamphetamine being mixed into fruit punch at parties and kids rubbing it on their gums. These reports are new and require further investigation.

Law enforcement and substance abuse treatment providers believe that education is needed for officers, public utility employees (i.e., cable company workers, gas and electric meter readers) regarding the production of methamphetamine in order to assist law enforcement in identifying products seen in homes that may indicate that a methamphetamine lab is operating.

#### Summit County

Law enforcement officers believe that Summit County, specifically the Akron area, has more of a methamphetamine problem than its surrounding counties. They have responded accordingly with a very aggressive investment of personnel and resources in an attempt to find and dis-

mantle operating methamphetamine manufacturing labs and associated distribution rings.

Law enforcement officers in Summit County do not believe the “cookers” are the same individuals that are buying the supplies needed for manufacturing; rather, they feel there exists a network of “shoppers” who are supplied methamphetamine in exchange for the ingredients that they provide to the cookers (similar to the network operating in Stark County). Furthermore, law enforcement officers believe that cooks are learning how to use alternative substances to substitute for ones that are now more difficult to obtain.

The shopping network reaches outside of county and state boundaries. The cooks are reportedly switching locations frequently during the manufacturing process in an attempt to avoid being detected by law enforcement.

The majority of users are described as white, ranging greatly in age from 16 to 60. Law enforcement officers reported that young African-Americans “do not mess with meth.” Officers described arresting the same individuals many times. For example, one male was arrested 3 times in 3 months, and another male was arrested 4 hours after being released—having already started to manufacture methamphetamine again.

Law enforcement officers expressed particular concern for the children present in homes where methamphetamine is being manufactured. One officer commented:

*“The kids are the most tragic part of the labs ... they’re there with their sippy cups ... those poor kids don’t have a chance.”*

Another officer described a scenario where an 11-year-old boy with asthma and several other medical conditions tipped police through relatives that his mother’s boyfriend was manufacturing methamphetamine. When the home was raided, they found the lab next to the boy’s bedroom, and there were young children playing in the hall outside of the apartment. Officers reported that methamphetamine arrests “take a long time ... there is so much paper work to do as a result of all the chemicals being used.”

Methamphetamine prices are similar to powdered cocaine prices with a gram costing between \$80 and \$135, and an ounce costing approximately \$3000. One user commented:

*“Meth is cheaper and more effective than cocaine ... the home-made stuff is pretty good overall – there really is only one way you can tell if it is any good and that is to smoke it ... if it burns black, it is nasty!”*

Most of the methamphetamine manufactured in both counties is for personal use. Because of increased law enforcement vigilance, it has become difficult to obtain the materials needed to manufacture methamphetamine. Therefore, it is customary for the “cook” to give a small amount of methamphetamine to those individuals helping obtain the products needed for production.

## Other Opioids

### Current Trends

OxyContin® (oxycodone controlled-release) and continues to be the most popular pharmaceutical opioid mentioned when discussing opioid abuse in Stark and Summit Counties, although focus group participants agreed that the availability has decreased. The primary method of administration is crushing the tablet and inhaling the drug intranasally. Some users reported a slight increase in IV injection of crushed tablets. Users reported an increase in generic brands of pharmaceutical opioids, and perceived these generic drugs as inferior to their brand-name counterparts. When available, OxyContin® was reported to sell for \$25 for 40 milligrams, \$50 for 80 milligrams.

Users described manipulating the health care system in order to obtain prescriptions for OxyContin®, Vicodin®, Percocet® – doctor shopping, illegal prescriptions and utilizing pain clinics to obtain medications and prescriptions. Stealing prescription drugs was reported by law enforcement officers as the primary motive for numerous house break-ins in Stark County. Furthermore, the officers stated that people are ordering pharmaceuticals online, indicating they are a doctor and the companies don't bother to check if the information is legitimate. Those receiving the pills often then sell the same pills on the street. One officer indicated that they see pharmaceutical boxes coming down the FEDEX chute everyday and shipments of animal steroids being shipped in from outside the county at least once a month. The animal steroids are then injected by the users.

Users reported that pharmaceutical opioids were becoming more popular with younger people. One user reported:

*“It seems like the young kids like the pills – they can usually get it from their parents, it is easy to hide.”*

All participants agreed that whites use pharmaceuticals more than other ethnic groups but didn't report specific age or gender differences.

Fentanyl patches reportedly continue to gain in popularity, particularly when mixed with other drugs such as heroin. Users described seeing and hearing of fentanyl “on the street” and being aware of its potency. The most typical type of administration reported by IV users was to extract the gel out of the transdermal patches. They were leery about injecting the contents because of the drug's potency.

## Marijuana

### Historical Summary

As previously reported throughout the history of the OSAM, marijuana has been readily available throughout Summit and Stark Counties. It has been perceived as being very potent, and varies in cost depending on quality.

## Current Trends

Both users and law enforcement officials indicated that marijuana was “setting a new high mark” – specifically, marijuana that is being grown in homes. When a warrant is issued and the officers enter a house, the inhabitants will say, “What’s the big deal? It’s only marijuana!”

Some treatment providers, users, and law enforcement professionals continue to view marijuana as a “gateway drug” that leads to the abuse of much stronger and addictive drugs. As in previous rounds, marijuana use was reported to span all age, race, and income levels. Users and treatment providers agree that marijuana use among young school children continues to increase. This group was described as being between the ages of 12 and 13.

Treatment providers continue to report that marijuana is usually the first drug tried by adolescents because it is so easy to acquire and “*many parents of adolescents do not view smoking marijuana as drug use.*” Law enforcement officers feel that when marijuana is used intergenerationally, the older generations were likely to be using more than marijuana; therefore, the kids are exposed to other drugs by their families. All participants stated that they were seeing an increase in older marijuana users (50’s and 60’s).

The price and quality of marijuana has reportedly risen since the last reporting period. Prices were reported as \$25-50 for 1/8 of an ounce, \$50 for ¼ ounce. Price can increase significantly if the quality of the drug is considered higher (i.e. “Hydro” which can sell for \$200 for ¼ of an ounce).

## Other Notable Trends

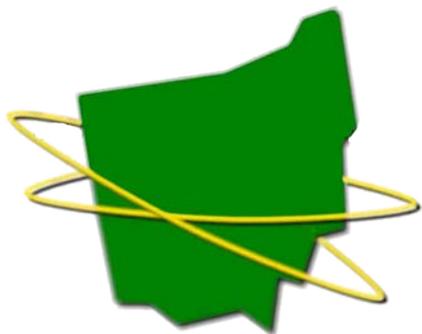
### **MDMA (ECSTASY)**

Users continue to report the availability of ecstasy in the Summit and Stark county regions. Ecstasy continues to be popular with high school and college age youth. Ecstasy is available in tablet form, selling between \$10-20 a tablet.

Law enforcement officers believe the source of MDMA is from college towns and from raves (all-night dance parties) being held in outlying rural areas of Summit County.

## Patterns and Trends of Drug Abuse

Athens, Vinton & Meigs Counties, Ohio



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# **SURVEILLANCE OF DRUG ABUSE IN ATHENS, VINTON & MEIGS COUNTIES, OHIO**

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**A Report Prepared for the  
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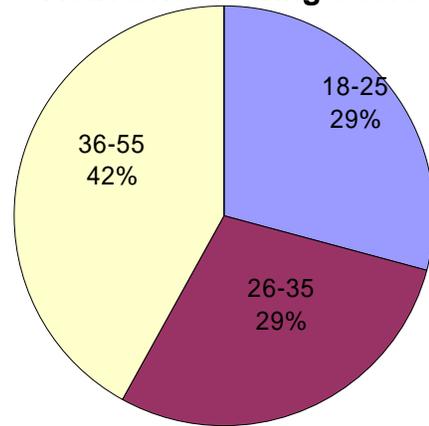
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## Patterns and Trends of Drug Abuse

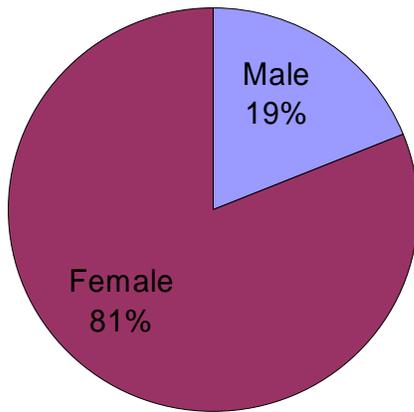
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
3/30/06	5	Former users in recovery
4/6/06	5	Former users in recovery
4/17/06	12	Former users in recovery
5/8/06	5	Former users in recovery
<b>Total</b>	<b>Total</b>	
4	27	
<b>Interviews</b>		
5	32	

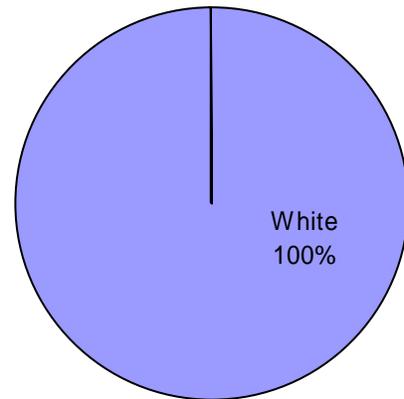
**Age  
Active/Recovering Users**



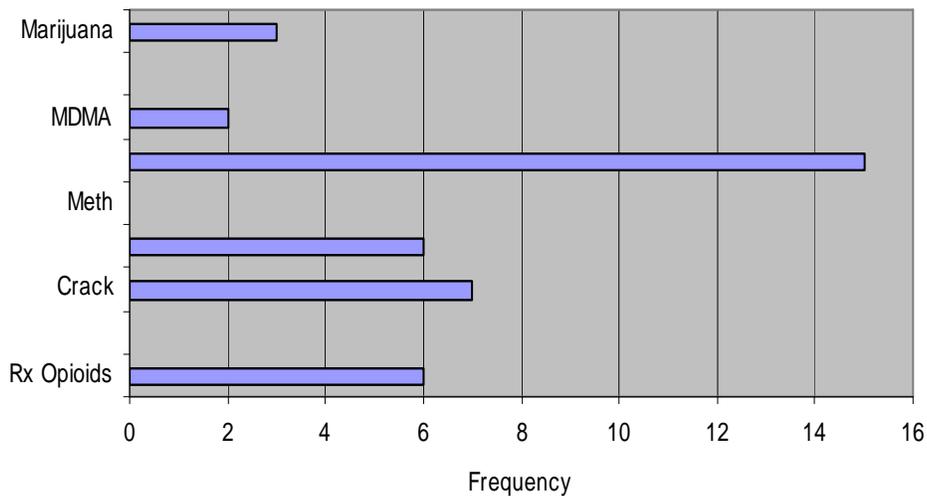
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

In the last reporting period (June 2005—January 2006), participants stated that crack cocaine was readily available in Southeast Ohio. They also indicated that crack cocaine was so widely available that the prices were decreasing. Many indicated that the availability of crack cocaine was “increasing” and described the increase as “large.” Crack cocaine was believed to be selling for approximately: \$100 - \$200 per 8-ball (1/8-ounce); \$350 - \$400 per ½ ounce; \$400 - \$800 per ounce; average estimate was approximately \$500. Smoking was the modal method of administration, although injecting was increasingly common. Several female participants indicated that an increasing number of women were using crack cocaine because it helped lose weight and increased their sex drive. In terms of new user groups, participants indicated that “teenage kids” were using crack cocaine more often.

### Current Trends

In the current reporting period, crack cocaine was considered to be “extremely” available. Some participants indicated that crack cocaine was just as available as powdered cocaine and that, in fact, crack cocaine was preferred over powdered cocaine. Participants also indicated that crack cocaine had exhibited a “big increase” in the past six months.

Common street names for crack cocaine included “rock,” “hard,” “ball,” and any word that included the root “ball” (e.g., “basketball” and “baseball”). Crack cocaine was believed to be selling for \$100 to \$200 per eight-ball (1/8-ounce) and \$800 to \$900 per ounce.

Some participants indicated that crack cocaine use was more common in lower socioeconomic groups; however, other participants indicated that crack cocaine was used by a wide variety of individuals. Female participants indicated that some women used crack cocaine simply to meet the demands of a “normal day.” For example, one woman described how she had to take her children to school, come home and clean the house, pick-up her children from school, make dinner, and then go to work and work an eight-hour shift. In her mind, her use of crack cocaine was reasonable given her hectic schedule.

One participant indicated that, in the past, most crack cocaine dealers in the area were African-American. However, there is a perception that there has been an increase in white crack-cocaine dealers.

In terms of new user groups, crack cocaine use was believed to be increasing among younger individuals (i.e., as young as 13, 14, and 15 years of age).

## Cocaine HCl

### Historical Summary

In the past reporting period (June 2005—January 2006), participants stated that powdered cocaine was “extremely easy” to obtain. Powdered cocaine had been selling for approximately:

\$50 to \$100 per gram (\$100 was the modal estimate); \$150 to \$250 per “8-ball” (1/8-ounce; \$200 was the average estimate); \$350 to \$600 per ounce. Street terms for powdered cocaine included “snow,” “soft,” “powder,” “white lightening,” “toot,” “blow,” “white,” “soft girl,” and “nose candy.” Intranasal inhalation was also common and injecting appeared to be an increasingly common form of administration. Non-inhalation methods of administration were used to avoid significant damage to the nose and nasal cavities. When asked to describe who uses powdered cocaine, many participants stated “everyone.” When asked to identify new users groups, many participants stated “high school kids,” indicating that powdered cocaine use was common among adolescents as young as 13 and 14.

## Current Trends

In the current reporting period, powdered cocaine was considered to be “very” available. When asked to describe the availability of powdered cocaine, participants indicated that it was “everywhere,” “as easy to get as pizza” and that “it can be found next door.” Participants also indicated that powdered cocaine had exhibited a “big increase” in the past six months.

Many participants indicated that the quality of powdered cocaine was getting worse. Participants indicated that dealers are “cutting” (mixing the drug with other substances) the drug quite often. Common “cutting” agents include baking soda, aspirin, baby laxatives, and Vitamin B12. These agents are similar to those reported in previous reports. Consistent with past reporting periods, the quality of powdered cocaine also depended on how well a user knew the dealer.

Street names for powder cocaine include “blow,” “snow,” “girl,” and “soft.” The term “raw” was also used to describe powdered cocaine that was of high quality. These names are similar to those reported in previously.

Powdered cocaine was believed to be selling for \$20 to \$35 for a half-gram, \$40 to \$60 for a “teener,” (1/16-ounce) and \$100 to \$200 per eight-ball (1/8-ounce).

The primary methods of administration are intranasal inhalation and injecting. Injecting appears to be an increasingly common form of administration (relative to past reports).

Substances that were said to be used commonly in conjunction with powdered cocaine included alcohol and Valium® (diazepam).

When asked to describe new user groups, participants indicated that “high school” students were using powdered cocaine more frequently. However, many participants indicated that the use of powdered cocaine was common in many groups (i.e., SES, gender, and ethnic groups).

## Heroin

### Historical Summary

In the past reporting period, participants’ judgments on the availability of heroin in Southeast Ohio were mixed. Many participants were unaware of any heroin use and, as a result, could not comment on its availability. There was a small group of participants who indicated that there was a “big increase” in the availability of heroin, but another group indicated that the

availability of heroin had not changed. Finally, there was a small group of participants who indicated that the availability of heroin had decreased. Types of heroin available in Southeast Ohio included “tar,” “black tar,” “powder,” “China White,” and “White Lightening.” Common street names for heroin included “dogfood,” “boy,” “smack,” “Ron,” “Harold,” and “dogpoop.” Heroin was believed to be selling for approximately \$200 - \$300 per gram. Most participants indicated that heroin was being injected, and many heroin users were mixing heroin with cocaine to create a “speedball.” Heroin was believed to be used primarily by persons between the ages of 20 and 40.

## Current Trends

In the current reporting period, heroin was believed to be “somewhat” available in Southeast Ohio, although not nearly to the same extent as other drugs, such as marijuana, cocaine, and pharmaceutical opioids. However, one participant indicated that heroin was “getting big” in Southeast Ohio. One participant indicated that increasing amounts of heroin were being brought in by dealers from Detroit.

One participant, who indicated that she did not use heroin, said she had friends who did use heroin and that they indicated that the quality was good. Another participant indicated that there was a relationship between the ethnicity of the dealer and the quality of heroin. Specifically, Mexican-American dealers sold good quality heroin while African-American dealers sold poor quality heroin. Types of heroin available in Southeast Ohio include brown powder, black tar, and “China White.”

In terms of price, participants indicated that they had bought balloons containing heroin and that each balloon sold for \$20 (approximately 1/10-gram). Another participant indicated that heroin was “dirt cheap.”

Two participants (who were assessed in two different focus groups) indicated that heroin use was particularly prevalent in the Chillicothe, Ohio area. Other participants indicated that they knew individuals who started abusing OxyContin® (oxycodone controlled-release) but then became heroin users because heroin was cheaper and provided a better high. The most common method of administration was injecting. Some users inhaled intranasally, but the vast majority injected. Participants indicated that most heroin users they knew were HIV-seronegative but positive for Hepatitis C.

## Other Opioids

### Historical Summary

In the past reporting period, participants believed that OxyContin® was “very available” in Southeast Ohio. Participants characterized the increases in OxyContin® as “large.” Street names for OxyContin® included “OC,” “Old cars,” “Hillbilly heroin,” “Trouble makers,” and “Candy.” According to participants, OxyContin® was still believed to be selling for approximately \$1 per milligram. Participants indicated that the most common methods of administration were intranasal inhalation and IV injection. When asked to describe who used OxyContin®, many participants indicated “everybody.” Participants indicated that there had been “large increases” in other pharmaceutical opioids, particularly Vicodin® (hydrocodone) and

Percocet® and that they could be obtained “anywhere.” When asked to describe which of these drugs were most highly sought out, participants provided the following rank ordering: (1) OxyContin®, (2) Percocet®, (3) Lortab® (hydrocodone and acetaminophen), and (4) Vicodin®. Prices reported were \$2 - \$3 for Vicodin® 500; \$3 - \$5 for Vicodin® 750; \$3 - \$5 for Percocet®. One participant also indicated that, during the past two years, large increases in the use of these drugs had occurred in high school students.

## Current Trends

OxyContin® was described as being “very available.” When asked to elucidate on the availability of OxyContin®, participants stated that “everybody’s got em,” that they could be obtained from “any doctor,” and that “older people have lots of ‘em.” OxyContin® was also said to be increasing in availability, with some participants describing the increase as “big” but others describing the increase as “slight.”

Street names for OxyContin® included “40s,” “20s,” (referring to the number of milligrams) and any words that began with the letters “O” and “C” (e.g., “old cars” and “old coins”). One participant indicated that OxyContin® was referred to as “hillbilly heroin.” Most participants indicated that OxyContin® was selling for approximately \$1 per milligram (a price that was consistent with those in past reports). However, other participants indicated that the price of OxyContin® had decreased to approximately fifty-cents per milligram.

The most common methods of administration were intranasal inhalation and IV injection. However, similar to powdered cocaine, participants noted that an increasing number of users were injecting OxyContin® in an effort to obtain a faster and more intense high. One participant indicated that he thought 50% of OxyContin® users inhaled the drug intranasally while the other 50% injected. Users of OxyContin® were said to span many groups (e.g., from high school to older people).

Pharmaceutical opioids remain widely available. Some participants believed that Vicodin® was more available than OxyContin®, although OxyContin® was preferred over Vicodin®. Participants indicated that Vicodin® cost approximately \$3 per tablet, Percocet® cost \$5 to \$6 per tablet, and a Vicodin® 10 cost \$10.

Most users reported intranasal inhalation of pharmaceutical opioids such as Vicodin® and Percocet®. Very few participants mentioned that these drugs were being injected.

In the current reporting period, methadone was perceived to be “pretty available,” primarily because of the many methadone clinics located in West Virginia. Methadone doesn’t appear to be a drug actively sought-out by users in Southeast Ohio.

It is worth noting that on June 5, 2006, a brief radio report on National Public Radio indicated that the state of West Virginia led the nation in methadone-related deaths. Many individuals are concerned that the wide availability of methadone (primarily through the clinics in West Virginia) will lead to large increases in the availability (and use) of methadone in Southeast Ohio.

## Methamphetamine

### Historical Summary

In the past reporting period, participants indicated that “bathtub meth” was increasingly easy to find. One reason that methamphetamine was believed to be increasing in Southeast Ohio was the large number of wooded areas or forests. These remote locations provided ideal settings in which to manufacture methamphetamine. The current cost of methamphetamine was believed to be: \$25 per ½ gram and \$50 - \$100 per gram. Some participants indicated that methamphetamine was used more by “locals,” suggesting that it was not common in high-school or college students. The primary method of administration was believed to be intranasal inhalation, but some stated that methamphetamine was also smoked or injected.

### Current Trends

In the current reporting period, the availability of methamphetamine was believed to be “increasing” in Southeast Ohio, although most participants described the increase as “slight.” One participant indicated that methamphetamine had been available for awhile but then “it left.” Three participants indicated that methamphetamine was “becoming more prominent” and “a real problem” in Southeast Ohio. Another participant indicated that methamphetamine was particularly common in Charleston, West Virginia, and that methamphetamine producers in West Virginia were driving across the state line into Ohio to buy ingredients needed to manufacture methamphetamine. Methamphetamine was also believed to be increasingly available in Columbus, which makes it more easily accessible in Southeast Ohio. In early-June, two residents of Athens, Ohio were arrested for manufacturing methamphetamine in their home.

Participants indicated that methamphetamine cost approximately \$80 per gram. Most participants indicated that methamphetamine was inhaled intranasally, but that an increasing number of users were injecting the drug.

## Marijuana

### Historical Summary

In the past reporting period, marijuana was described as “very available” and “everywhere” in Southeast Ohio. Some participants stated that, not only was marijuana easy to find, but that it was increasingly easy to identify people/dealers who would deliver marijuana to users’ homes. Another participant indicated that it was by far the easiest drug to find in Southeast Ohio. Participants also indicated that, prior to purchasing the drug, users were increasingly considering where the marijuana had been grown. Outdoor-grown marijuana was the least preferred, while indoor and hydroponic marijuana were the most preferred. According to participants, marijuana cost approximately: \$25 - \$40 1/8th-gram (outdoor grown); \$50 per 1/8th-gram (indoor grown); \$75 per ounce (poor quality); \$300 per ounce (high quality); \$500 - \$1,400 per pound (“commercial”). The vast majority of users were smoking marijuana.

### Current Trends

In the current reporting period, participants noted that marijuana was “everywhere” in Southeast Ohio. Marijuana was grown both indoors and outdoors. Some people reportedly grew

marijuana in the basements or attics of their homes. One participant stated that marijuana could be purchased from “Anybody who has a backyard or a basement.” Participants noted that it was easy to obtain seeds for growing marijuana (e.g., they could be ordered from print publications). Marijuana was believed to cost approximately \$30 for an eighth (1/8-ounce).

The most common method of administration is smoking. Participants noted that marijuana was used by people from all backgrounds. Younger individuals (e.g., adolescents and teenagers) were said to use marijuana very frequently.

## Other Notable Trends

### Pharmaceutical Stimulants

In the current reporting period, very few participants were aware of the availability of amphetamines in Southeast Ohio. When asked about amphetamines, most participants begin discussing methamphetamine, Adderall® (mixed amphetamine salts), and Ritalin® (methylphenidate), but very few discussed actual amphetamines. One woman did discuss the use of Adipex® (phentermine), which she believed was a drug for weight loss. She indicated that she knew of one woman who would go to her doctor and request Adipex® for her weight control efforts and would wear extra clothing and weights around her ankles to increase her weight.

Several participants indicated that Ritalin® and Adderall® were “quite available” in Southeast Ohio. Many participants believed that Adderall® and Ritalin® were used primarily by high school students, college students, and “younger” individuals. Both substances were reportedly used primarily as study aids and to stay awake for longer periods of time at various activities (e.g., parties). Some participants also believed that Adderall® and Ritalin® were used by cocaine users when cocaine could not be obtained. No participants could speak to the price of Adderall® or Ritalin® in Southeast Ohio.

### Pharmaceutical Tranquilizers

In the current reporting period, participants indicated that the most common pharmaceutical tranquilizers were Xanax®, Klonopin®, and Valium®. These substances were considered to be widely available.

Participants indicated that a “purple Xanax®” costs approximately \$3, Xanax® “bars” cost approximately \$5 to \$6, “whites” sold for approximately fifty cents, and “peaches (.25 milligrams) cost approximately \$1 to \$2.

In terms of methods of administration, participants indicated that these drugs were swallowed, snorted, and crushed for injection. Injecting pharmaceutical tranquilizers was preferred by some users because the high was considered quicker and more intense. Pharmaceutical tranquilizers were considered to be a “secondary” drug. Specifically, these drugs were used to control the highs brought about by other drugs (e.g., powdered or crack cocaine). They were also used to keep individuals “level” or “even-keel.”

### Hallucinogens

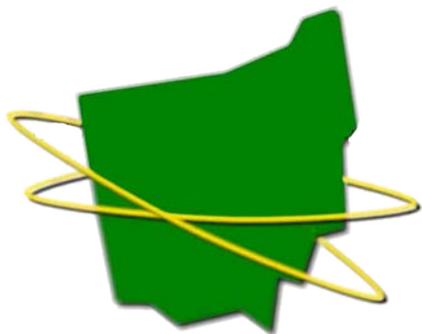
In the current reporting period, participants believed that hallucinogens were “easily” available in Southeast Ohio, although the extent to which they were actively sought out by users was

less certain.

Consistent with past reporting periods, participants believed that hallucinogens were used primarily by younger persons and at a limited number of occasions. Some participants believed that hallucinogens were used primarily in raves. One participant indicated that hallucinogen use was particularly prevalent in Zanesville, with mushrooms being used more often than LSD.

One participant expressed some concern about the use of “temporary tattoos” as a way of administering LSD. She indicated that some children had obtained a batch of temporary tattoos that had been “laced” with LSD and that the children suffered severe health consequences (i.e., they were hospitalized).

Hamilton County, Ohio



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2006 — June 2006

**Meeting Thirteen  
June 16, 2006**

# **SURVEILLANCE OF DRUG ABUSE IN HAMILTON COUNTY, OHIO**

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

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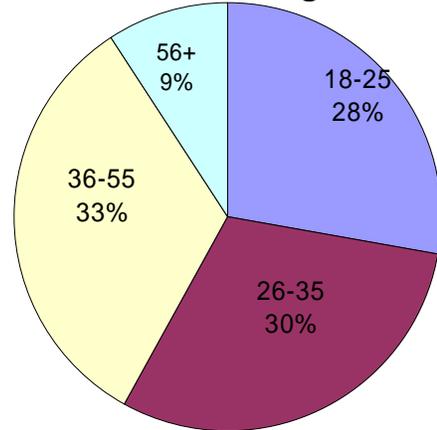
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## Patterns and Trends of Drug Abuse

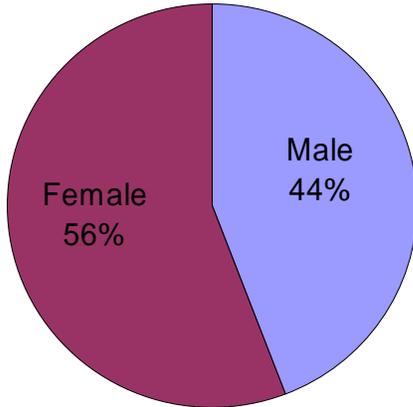
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
4/19/06	10	Recovering users
5/2/06	10	Recovering users
5/2/06	8	Active Drug Users
5/3/06	10	Peer/Health Educators
5/26/06	15	Recovering users
<b>Total</b>	<b>Total</b>	
5	53	
<b>Interviews</b>		
2	55	

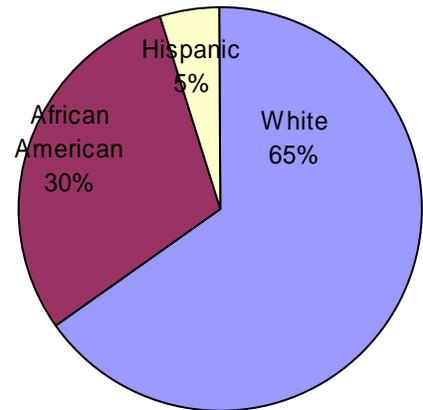
**Age  
Active/Recovering Users**



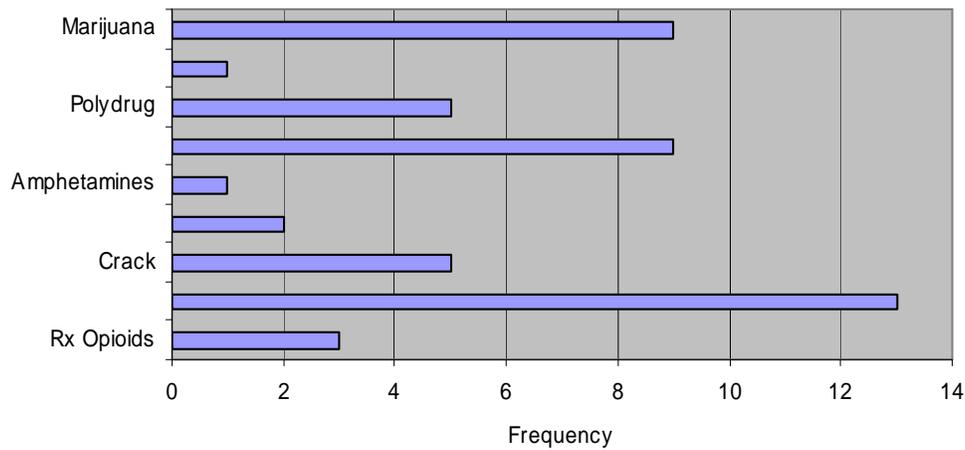
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

Crack cocaine availability and use remains high in Cincinnati. Crack use has continued to increase among whites, as well as females. Cheap cost and mainstream acceptance may be driving the increase in crack use across the region. The number of dealers of crack cocaine is reportedly increasing to keep up with demand.

### Current Trends

Crack cocaine continues to be readily available in Hamilton County, and its availability remained high in the city of Cincinnati, with comparative decrease in outlying areas around the city. On a scale of 1-10, participants overwhelmingly reported that crack cocaine availability was a 10+ within the city limits, but was somewhat less available the further an individual went away from the city. Outside the city limits, availability was noted to be 4-8 out of 10 in the suburbs and rural areas. Overall, the availability was noted to be (high) stable or slightly increasing in the city.

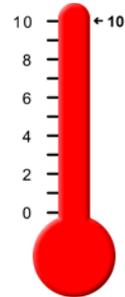
The increase in availability in the city continues to be attributed to wider acceptability of crack use within the community, a dynamic that has been noted over the past year. Law enforcement identified African Americans as the cooks, with whites as the buyers of crack cocaine, and also noted increased numbers of whites using crack. Publicly funded treatment centers in the Cincinnati region reported that admissions for primary crack cocaine use among whites increased to 40% during 2005, up nearly 18 percent from the previous year. The percentage of African American admissions for primary crack cocaine use correspondingly decreased from 66 percent to 59 percent, a drop in nearly 7 percent over the same time period. Along with higher availability, a steady increase in overall use of crack cocaine was again reported over the first half of 2006. The youngest age of reported new users was 17 years of age, although an older group of crack users, upwards to 70 years of age, was described as frequent crack users.

A 46-year-old African-American man, recovering crack user, described the increased availability of crack in this way: "It's like a 24-hour drive through (in the inner city) with 5 or 6 dealers on every block."

Overall, participants report the quality of crack as variable. The quality of crack cocaine in the first half of 2006 has remained fairly stable, with continued reports of individuals "rocking up" their own crack. Substances sold to unsuspecting buyers as crack but containing no cocaine, "Fleece" or counterfeit crack, included the following: drywall, peanuts, soap, addition of baby oragel (to create a numbing effect), and wax. Diurnal variation in quality continued to be reported, with the overnight purchases of crack cited as lowest quality due to higher risk involved in open-air purchase. Higher quality crack cocaine was available if the connection to the dealer was well established. Crack cocaine seized by Cincinnati DEA in 2005 and analyzed for purity showed the average purity to be quite high, ranging between 55-74 percent, with an average of 67 percent.

The most common street names (slang) for crack cocaine include these terms; "melt," "hard," "butter or butta," "rock," "A-1," and "flame." Some less common slang terms included "dat thing," "thang," "juicy fruit," "dat one way," and "parkay."

Crack Cocaine Availability



The price of crack cocaine on the streets continued to remain relatively stable over the first half of 2006. Crack continues to be sold to lower level users by a “dollar” amount, rather than weight of drug, starting as low as \$2 per “rock.”

Prices for various quantities of crack cocaine included the following: one gram for \$25-50; an 8-ball (1/8 oz) for \$85-100; ¼ oz: \$160; and an ounce commanding a range of \$575-650. Overall, the prices represent a slight decrease over the previous 6-month reporting period. Worthy of mention was a difference between gram prices depending on ethnicity of the buyer. If the buyer was white, the price for a gram of crack cocaine ranged from \$35-50 in the city, and \$25-35 if the buyer was African American. The white buyer coming out of the suburbs to the city was only too happy to pay \$50 for a gram of crack, however, given the price of \$70 per gram in the rural areas surrounding the city. In addition, if a buyer was interested in becoming a seller, he/she could obtain what was referred to as a “working piece” or “dub” where the dealer would sell the buyer 1.5 grams of crack for the price of 1 gram. The buyer would then have the opportunity to use some and sell the rest, creating a new dealer for the marketplace.

Most crack cocaine users administer the drug by smoking it from a pipe, with injection as a secondary route of administration. Participants continue to describe breaking the crack down with lemon juice or vinegar to make it soluble. Lacing cigarettes or marijuana joints (“Primo”) with crack cocaine continues to be reported as well.

The use of alcohol and marijuana was described by participants in all focus groups as being the most commonly used substances in combination with crack cocaine. A 32-year old white female, active user that described both crack cocaine and alcohol as primary drugs of choice stated that *“I use a combination to get the high. I want...a little crack...a little alcohol... it’s very common to use a combo.”*

## Cocaine HCl

### Historical Summary

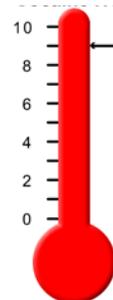
Powder cocaine has remained relatively stable in the Cincinnati region over the first half of 2006, compared with the previous reporting period. While all ethnic groups were cited as users, cocaine use by whites predominates over other ethnic groups. Middle class white users ages 18-25 years were cited as those most likely to inject cocaine.

### Current Trends

Powdered cocaine (cocaine HCl) continues to be readily available in the Cincinnati region and is reportedly stable with reference to the previous reporting period. Participants described the current availability as an average of 9 on a scale of 1-10.

The quality of powdered cocaine available on the street also remained relatively stable in the first half of 2006 versus the previous reporting period. Although some variability was noted to occur based on geographic considerations, many participants reported the quality as “good” or “fair.” Powdered cocaine

Cocaine HCL Availability



seizures by Cincinnati DEA in 2005 and analyzed for purity showed a variation between 23-28 percent pure (5 samples) and 81-90 percent pure (5 samples), with 1 sample containing 54 percent purity.

Commonly used street slang for cocaine included the following terms: "powder," "blow," "soft," "girl," "white," and "snow." Less commonly used terms included "fish scale," "flake," "white Christmas" and "soft shoes." The terms "little girl," "16," "teenager," or "teener" all referred to the specific quantity of 1/16 ounce of powder cocaine.

The cost of powdered cocaine was also found to vary depending on the connection between source and user, with lower cost for good connections. The price for a gram of powdered cocaine ranged between \$25-60, down slightly from \$30-70 reported during the previous reporting period. The price for higher quality cocaine ranged between \$60-80 per gram. The cost for a "teener" (1/16 ounce) was \$75, and the cost of an 8-ball (1/8 ounce) of powdered cocaine varied from \$125-200. It was reported as cheaper in the city than in the suburbs as powdered cocaine was transported from the inner city to the surrounding area. A 30-year-old white male, active polydrug user, described the reason for the increased price from city to suburb this way: "it gets taxed all the way... stepped on...hmmm... out to the burbs." The price for an ounce of powdered cocaine remained relatively stable averaging from \$600-\$800. Good connections to the dealer might net the lower cost of \$525-\$550 per ounce to the buyer. Higher amounts of powdered cocaine in the kilogram range varied significantly with connection-based buying predominant in the pricing scheme used by sellers. The price for a closely connected purchase may be as low as \$7,000, but typical prices ranged from \$15,000-\$20,000 per kilogram, just slightly higher than the previous reporting period. Law enforcement reported slightly higher amounts necessary to make a "buy," in the range of \$18,000-\$22,000 per kilogram. The importation of powdered cocaine to Southwest Ohio continues to be reported as coming from Mexico, Texas, and/or Arizona, arriving through Hispanic connections. Law enforcement described a controlled seizure of 110 kilos of powdered cocaine from a tractor-trailer in El Paso that was headed for Midwest distribution.

Channel 5 news in Cincinnati reported (March 8, 2006) a bust of 9 pounds of powdered cocaine in the car of a 25-year-old male that had been stopped by law enforcement for outstanding warrants. The street value was estimated to be about \$800,000.

Snorting, smoking, and injection are the methods powdered cocaine is introduced into the body by users. Snorting was cited as the most common method of administration, while an increase in intravenous (IV) use continues to be reported. Lacing marijuana joints with powder cocaine was noted to be as common as lacing with crack cocaine, both practices sharing the same term of "Primo" to describe the combination.

Powder cocaine was reported as commonly used with a variety of other substances, the majority of which were other CNS depressants. Commonly reported substances included heroin, alcohol, marijuana, and benzodiazepines. "Speedballing," the practice of mixing heroin with powder cocaine, has been reported as increasing in previous reports, and the trend continues in the first half of 2006. Four of five groups reported alcohol as a common substance used with powder cocaine, and 3 of 5 groups reported the benzodiazepines use as commonly practiced with cocaine users. Interestingly, in two instances, the mention of OxyContin® (oxycodone extended-release) and fentanyl (transdermal patch) use in combination with powder cocaine use was cited as a "new speedball" method, gaining in popularity. Although it is unclear as to whether these reports are an actual "new trend," they will be evaluated in future reports to de-

termine the merit of these observations. The use of another CNS stimulant in combination with powdered cocaine was reportedly less common, but included mixing with methamphetamine to intensify the “high.”

The common stereotype of powder cocaine as the “The Rich Man’s Drug” persists, with white males, between 21-50 years of age cited as most frequent users. The regular user was described as being of middle to upper class socially, and employed. Individuals in the age group of 18-25 years were cited as more likely to freebase or inject cocaine, be white, and have no gender distinction. Participants described transgender/gay community members as regular users as well. This finding has not been reported previously in Cincinnati. Although powdered cocaine was noted as being more acceptable to use than crack cocaine, participants noted that overall use remained relatively stable or slightly decreased in the first half of 2006. One explanation for the decrease in powdered cocaine use came from a 49-year-old male, a former crack cocaine user: “*People prefer to smoke crack because it’s a faster...better, more intense high.*”

## Heroin

### Historical Summary

Heroin availability reportedly increased in the first half of 2006, with Mexican brown heroin as predominant across the region. Law enforcement continues to note local transport to Cincinnati from Dayton and from Hispanic sources into the region. New users continue to be introduced through inhalation of heroin, with many progressing to injection, cited as the most frequent route of administration. While older African Americans continue to use heroin, new users tend to be white, with no gender distinction, and as young as 15 years of age.

### Current Trends

The availability of heroin remained relatively high, but stable, over the first half of 2006 in comparison with the previous reporting period. On a scale of 1-10, the average availability across the city was reported to be 9.1 (range 7-10). A 30-year-old white male, active polydrug user stated heroin availability to be “*a step below crack.*” As in previous reports, variability in availability was driven by geography across the city.

Heroin Availability



The type of heroin found predominantly was Mexican “brown” powder, with a lesser extent composed of Mexican “black tar” heroin. “China white” heroin was reported as less commonly available, and not a major source of heroin in the city. Mexican brown heroin was described as a brown or tan compressed powder. Law enforcement cited that supply of Mexican brown heroin was being transported from Dayton south to the Cincinnati region. “Black tar” heroin was described as resembling a “glob of tar,” black in color, sticky or gooey in consistency, and may look similar to a hardened gum, raisin, black seed, or tootsie roll. Black tar heroin was more likely to be injected than brown (powder) heroin, and was cited as having higher potency than the brown powder.

Common slang terms for heroin includes the following: “*dog,*” “*dog food,*” “*boy,*” and “*dope.*” Less commonly used terms included “*grim reaper,*” “*poison,*” “*black,*” and “*superman.*”

The cost of heroin remained relatively stable during the first half of 2006 compared to the previous 6-month reporting period. Capsules containing 0.1 gram heroin powder cost \$20, as did “bindles” containing the same amount of heroin. Heroin could be obtained for \$150-\$180 per gram, similar to the previous reporting period. The quality of brown powder heroin was reported as stable, and black tar as consistently good.

A 19-year-old white female, active polydrug user, described the quality of black tar heroin in this manner: *“I’ve seen 8 or 10 people go out on tar...2 went out on powder...if they’re dyin’ from it, it’s the good stuff.”*

The most common route of administration of heroin remains injection of heroin. Snorting and smoking of heroin is popular, less common. Progression from snorting or smoking to IV use of heroin continues to be described as a natural progression over time if heroin use is on a regular basis. The time to progress to injection was proposed as just two uses to eight months with multiple occasions of use, depending on the environment the individual was in.

“Speedballing” was described earlier in this report with both powder and crack cocaine as commonly used substances with heroin. As seen in previous reports, the use of other CNS depressants with heroin continues to be reported with alcohol, benzodiazepines, and marijuana as common to use in combination with heroin.

Former OxyContin® users continue to be reported as new users of heroin as prices of OxyContin® drive users to a cheaper source of high. It is not known whether former OxyContin® users return to prescription narcotic use once they are introduced to heroin. While older African-American users continue to use heroin, the newer heroin user is more likely to be white, of middle to upper income class, 18-30 years of age, with no distinct gender bias. Whites and African Americans were reported as more likely to use heroin than Hispanics. Participants in 4 of 5 groups reported an overall increase in use of heroin for the first half of 2006.

Note: During the spring of 2006, reports of increased deaths related to use of heroin prompted nationwide investigation into the incidents. Heroin mixed with a more potent opioid, fentanyl, was being distributed in the Midwest and East coast. The opioid, produced in clandestine labs, was not the same form found in pharmaceutically produced patches for pain control. Many government, law enforcement, healthcare, state and local drug abuse prevention agencies have been utilizing resources to find and halt production, and educate emergency response teams and physicians in the treatment of victims to limit the number of deaths from this potent mixture. To date there have been more than 400 deaths attributed to this combination across the nation. Prevention specialists have been educating the public as well as addicts in an effort to decrease the statistics that end up as coroner cases. To date, two clandestine labs have been discovered, in and out of the U.S.A., and production from these has halted. It is not known if other labs exist at this time, how much of the heroin: fentanyl mixture was produced before the shutdown, or how much remains in circulation.

## Other Opioids

### Historical Summary

Pharmaceutical opioids, especially OxyContin®, continue to be highly available and abused in the Cincinnati region. Although pricing of OxyContin® has remained fairly consistent with previous reports, an increase in prices across the border in Kentucky is reportedly driving users into the city of Cincinnati looking for a better deal. Suboxone® (buprenorphine) tablets were described as available for the first time as having street value to users. The typical user of pharmaceutical opioids is white, 16-30 years of age, and female.

### Current Trends

Pharmaceutical opioid availability remained high, but decreased slightly in the first half of 2006. On a scale of 1-10, availability of any opioid was an average of 9 for the Cincinnati region. Availability decreased in the suburbs compared to the city, and was described as an average of 7 out of 10 using the same scale as above.



Slang terms used to describe OxyContin® included “Oxys,” “for the head,” “oak trees,” “itchy itchy,” “O’s,” “Old Clothes,” “Old Cars,” and “OCs.” Specific terms describing the 80-milligram OxyContin® included “green beans” because of the green tablet color, and “large t-shirt” which was a text message translation to order an 80-milligram tablet from a source. Percocet® (oxycodone and acetaminophen) was referred to by the term “Percs,” and regular strength Vicodin® (hydrocodone) products were referred to as “Vikes” and “M357’s,” or “coffins” and “coffin cuts” for the Vicodin® ES tablets. The slang name for Vicoprofen® (hydrocodone and ibuprofen) is “VP”. Fentanyl patches continue to be mistaken as “morphine patches” or are referred to simply as “patches.”

With regard to diversion of pharmaceutical products to the street, OxyContin® continues to lead other opioids in both desirability and availability. Pricing for OxyContin® has remained stable, and typically ranges from \$0.50-0.75/milligram of oxycodone content. Various costs for OxyContin® tablets were as follows: 10 milligrams for \$5-\$7, 20 milligrams for \$10-\$15, 40 milligrams for \$20-\$30, and 80 milligrams for \$40-\$60. In previous reports generic versions of OxyContin® sold with similar pricing as the branded product, but a noticeable increase in availability and drop in pricing was reported during the first half of 2006. Generic extended release (ER) oxycodone products were available closer to \$0.50 per milligram. Pricing for known generic ER oxycodone product strengths were as follows: 20 milligrams for \$10, 40 milligrams for \$20-25, and 80 milligrams for \$20-55. Users described insufflation of the generic versions as being “much harder” than the branded OxyContin® due to a “gelling” of the product when crushed, and a burning sensation of the nasal cavity if attempted. The 30 milligram immediate release (IR) oxycodone tablets commanded \$15-18 per tablet, while 5 milligram IR tablets cost \$3-4 per tablet. While oxycodone tablets, immediate or extended release, may be swallowed whole, they continue to be crushed and snorted, chewed, or injected by users. OxyContin® remains the pharmaceutical opioid of choice on the street.

Methadone continues to be reported as widely available on the street. Less liquid methadone was reported to be available during the first half of 2006, with users describing a lack of “trust”

on the part of the source to sell a concentrated, non-watered down version of the drug. Methadone prices mirrored those for OxyContin®, with most tablet strengths costing around \$0.50 per milligram. A 5 milligram tablet cost \$3, 10 milligrams cost \$5-\$6, and a 40 milligram wafer cost \$20-\$25. A close connection to the source accounted for 40 milligram wafer prices approaching \$10-\$15 according to several participants in different groups. The price for methadone in Kentucky was reported to be \$1 per milligram, and a corresponding increase in Cincinnati traffic from Northern Kentucky methadone seekers was reported as a result.

Morphine tablets, especially sustained release (SR) products, continue to be accessible, but not as popular as OxyContin® tablets to users. Overall prices decreased compared to the previous reporting period, averaging \$0.16-0.33 per milligram. The 30milligram SR morphine tablets reportedly cost \$5-10, 60 milligrams cost \$10-15, and 100 milligrams cost \$20-30. The branded product Avinza® (morphine sulfate) was reported as available on the street for \$20-\$25 for the 120 milligram capsule. Avinza® was perceived as less desirable than MS Contin® branded morphine, described as “harder to shoot” by one individual. This finding will require additional investigation to determine the extent of validity to the statement.

Other opioids commonly encountered as a result of pharmaceutical diversion include Vicodin®, Lorcet®, and Lortab® products containing combinations of two ingredients; hydrocodone and acetaminophen. Purchased according to the hydrocodone content in the tablet, 5 milligrams cost \$1-3, 7.5 milligrams cost \$3-5, and 10 milligrams cost \$5-10. Vicoprofen® (7.5 milligram hydrocodone + 200 milligram ibuprofen) reportedly cost \$6-7 per tablet.

Percocet® and Tylox® tablets, combination products containing oxycodone and acetaminophen, continue to be readily available as well. Prices remained relatively stable during the first half of 2006 compared to the previous year. Tablet prices included the following (based on oxycodone content): 5 milligrams for \$2-5, 7.5 milligrams for \$5-7, and 10 milligrams for \$7-10.

Other opioids were reported as available in lesser numbers than those listed above. Dilaudid® (hydromorphone) tablets could be found in small numbers, and prices remain relatively low, with quotes of \$15 for a 4 milligram tablet and \$25 for an 8 milligram tablet. Duragesic® (fentanyl citrate) transdermal patches reportedly cost \$10 (25 micrograms), \$30 (50 micrograms), and \$50 (100 micrograms) per patch. Law enforcement continued to report increased incidence of patches being removed from nursing home residents by either health care professionals or visitors to nursing homes. Described previously, Actiq® (oral transmucosal fentanyl citrate) was available for \$10-15 (600 micrograms), but was less commonly found than other opioids. Darvocet® and Tylenol with codeine® tablets continue to be ‘given away’ having little, if any, street value.

Pharmaceutical opioids are primarily ingested as intact tablets. OxyContin® tablets continued to be isolated as the opioid of choice to crush, then snort or inject. As stated previously, the generic versions were less desirable as crushable, and more likely to be ingested whole. A 31-year-old white male, recovering polydrug user, describing the ingestion vs. insufflation of pharmaceutical opioids had this to say: “Low dollar pills you eat, high dollar pills you snort.” Fentanyl patches continue to be commonly cut open to gain access to the content, which is then ingested (vs. smoking or injection). The practice of ingesting fentanyl directly from a patch carries high morbidity/mortality risk as the total content of the patch exceeds the delivery expectations during normal therapy.

One participant, a 20-year-old Hispanic male, active polydrug user, described an encounter he had (with fentanyl patches) as he traveled the country: “I know a guy who died from eating some type of patch. And his friends were there. His friends didn’t take him to the hospital. They just watched him die.”

The practice of mixing prescription opioids with other substances continues to be very common among all users. Substances cited more frequently included alcohol and marijuana, occasionally benzodiazepines. Less commonly, crack cocaine was reported as being used in combination with prescription opioids.

Users of pharmaceutical opioids were consistently reported to be white, female, and between 18-30 years of age. College age students, 18-22 years, both male and female, were reported as another user group. Overall use remained relatively stable over the first half of 2006. Prescription narcotic abuse continues to be a problem that is not likely to change anytime in the foreseeable future.

Suboxone® (buprenorphine and naloxone) tablets were also reported to have street value by participants in several groups. This finding is corroborated in another report on heroin as a targeted initiative.

## Marijuana

### Historical Summary

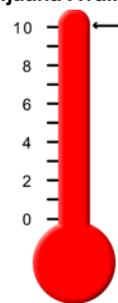
Marijuana continues to be a problem in Cincinnati with high availability and use among the population. Law enforcement maintains Mexican importation as a consistent source of drug to the area. Marijuana is the most frequently cited illicit drug used in combination with other drugs or alcohol. The quality of marijuana in Cincinnati remains high.

### Current Trends

Marijuana is consistently reported as a 10 to 10+ on a scale of 1-10 with regard to availability, and has remained stable into the first half of 2006. Law enforcement continues to describe importation of marijuana from Mexico as a significant street source of the drug.

Crystals on the buds of marijuana buds continue to be described on higher-grade marijuana strains. Users scrape and save crystals to use in various foods, or grind them up and place them in butter (“*Ganja butter*”). The use of a “*kief box*” was described for the first time: a two-part storage unit for marijuana with a screen catch basin in the bottom of the top section for crystals. The bottom box is used to “harvest” crystals. Kief boxes are available in local paraphernalia shops. Participants described *kief* as common among buyers of high-grade marijuana strains and not reserved for the grower only. One participant in particular described hydroponic growing of high-grade marijuana in PVC piping where the plant was grown upside down. The purpose was reportedly to decrease density of leaf growth while increasing bud size and crystal formation. Another participant familiar with marijuana growing methods corroborated the disclosure.

Marijuana Availability



Marijuana continues to be sold by dollar versus weight amount on the street, typically starting in the range of \$5 and up. Overall prices dropped in the first half of 2006 compared to the previous reporting period. A marijuana joint cost \$5, and blunts cost \$5-10. Low-grade marijuana cost as little as \$5 per gram of material, ¼ ounce: \$25-30, and an ounce: \$70-100. Medium-grade marijuana was reported to cost \$30-50 per gram of material or \$100-150 per ounce. High-grade marijuana cost \$30-50 per gram of material, ¼ ounce: \$80-100, and an ounce (strain not specified) cost \$250-500. A pound of low-grade marijuana reportedly cost \$700-1,000, medium grade: \$1,200-1,800 and high-grade marijuana: \$1,500-4,000.

Overall use remains at a high level. Participants reported that the quality of available marijuana was very high. High quality marijuana was associated with better taste and a longer high. The term “*one hitter quitter*,” while describing high-grade marijuana in general, also defined a 5-hour high with as little as one “hit.” Marijuana is primarily smoked by users, but may also be ingested, often baking it into food.

Substances used to lace marijuana joints, including both powder and crack cocaine, described earlier in this report, were reported as fairly common practices among users. The term “*Freakin*” described the practice of using Black and Mild cigars, removing the cardboard, and packing the tobacco back into the cigar along with marijuana. Alcohol was cited as a substance commonly used with marijuana as well.

Marijuana use continues to be the most widespread of any drug, with no distinct ethnic, gender, socioeconomic class, or age discrimination. Users as young as 9 years of age were described. Overall use of marijuana was described as stable to slightly increased during the first half of 2006.

## Methamphetamine

### Historical Summary

Methamphetamine (meth) availability decreased in the first half of 2006. Tighter restrictions on pseudoephedrine and precursor chemical sales by local pharmacies and retailers have contributed to decreased local production of meth. Although movement of meth from rural areas to the inner city continued to be reported, little evidence of significant impact in the city has been found to date.

### Current Trends

Availability of meth was rated as 6.5 (scale: 1-10). In rural areas surrounding the city, the availability was described as slightly increased since last report, with reports of crystal meth or glass as predominant forms available.

Slang terms that describe various forms of methamphetamine include “Slick Rick,” “crank,” “meth,” “glass,” “ice,” and “crystal.”

Types of meth available included powder, crystal, and glass. Participants described local production of powder meth. Powder meth was described as white, off-white, or pink in color. Participants described crystal meth and glass as coming from out of state. Glass

Methamphetamine Availability



was described as clear, having the appearance of glass. Law enforcement described both decreased local production and imported Mexican meth. The quality of powder meth was variable, while crystal meth quality was unchanged.

Local meth makers continue to utilize “precursor buying groups” to obtain chemicals necessary for methamphetamine production. Law enforcement has been monitoring sales of inositol from local health food stores due to the use as a cutting agent for cocaine and methamphetamine.

Prices for meth included the following: one gram: \$80-100 for powder, and \$100-120 for glass. An eight-ball (1/8 ounce) cost \$300. Prices reflect a stable to slightly increased retail cost over the previous reporting period.

Methamphetamine may be snorted, smoked, ingested, or injected, with most participants describing smoking or snorting as primary routes of administration. The terms “hot rails”, “chasing the ghost”, and “floating the boat” were used to describe smoking meth using a blowtorch as the heating implement. Ingestion of methamphetamine wrapped in coffee filter paper (“parachuting”) was again described by participants, but was not a primary route of exposure. Injection, previously reported as a common route of exposure, was not viewed as a primary route by participating interviewees. Meth users continue to be white, predominantly male, and 25-35 years of age. Users are largely from rural or suburb areas of the city.

Paraphernalia used to smoke meth included the following items: Pyrex glass, glass pipes or glass tubes with a bulb on the end, smoking out of broken light bulbs, crack pipes, and pop cans. Smoking meth off of aluminum foil with a straw was described. Local retailers sell “roses in a bottle” for drug-related smoking of crack and methamphetamine.

Alcohol continues to be reported as a common substance used in combination with methamphetamine. The CNS stimulants cocaine/crack cocaine were reportedly used to “come off” (the stimulatory effect) of meth.

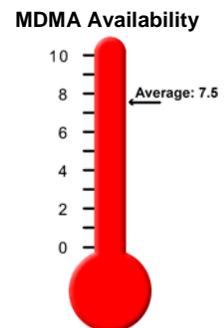
## Other Notable Trends

### MDMA (Ecstasy)

Availability of MDMA decreased slightly in the first half of 2006, averaging 7.5 on a scale of 1-10. Availability reportedly decreased due to smaller numbers of regular users. Most MDMA was found as pressed tablets. There were no reports of powder MDMA availability. Law enforcement reported encountering less MDMA as well.

Tablets were available in many colors, including the following: green, white, multi-colored, purple, blue, yellow, orange, and pink. Variations of imprint designs included the following depictions: butterflies, Tweety bird, “X,” Mitsubishi symbol, 5-sided stars, DVD, sunflowers, Superman, naked ladies, dolphins, Yankees hat, red and green apples, and Pikachu.

MDMA tablets cost \$10-25 for a single “hit” tablet. “Double stacks” cost \$25-40 per tablet. A 60-count jar of tablets reportedly cost \$1,000.



The typical MDMA user continues to be white and 18-30 years of age. The primary route of administration reported for MDMA was ingestion of tablets, and snorting to a lesser extent. One participant described (personal) rectal administration of MDMA, “ecstasy enemas” as popular among men who have sex with men. The most common substance used in combination with MDMA was alcohol. MDMA use overall continues to decrease, attributed to lack of popularity among wider groups of users.

## Pharmaceutical Tranquilizers

Pharmaceutical tranquilizer availability remained stable during the first half of 2006, scoring an average of 9 on a scale of 1-10, mirroring the previous reporting period. Participants reported an increase in availability of the benzodiazepine clonazepam (Klonopin®) during the current reporting period. Other benzodiazepines were reported as unchanged.

Prescription Tranquilizer Availability



Commonly used slang terms to describe the family of benzodiazepines included “*benzos*,” and “*sleepers*.” Slang terms used to describe alprazolam tablets included “*footballs*,” “*X’s*,” and “*Zanies*,” and specific references to the 2mg. Xanax® (alprazolam) tablets included “*Zanie bars*,” “*ladders*,” “*lincoln logs*,” and “*logs*.” Valium® (diazepam) tablet slang terms included “*V’s*,” “*V’s in the trees*,” “*Count Dracula*,” “*meanie greenies*,” “*10’s*,” “*V-cuts*,” and “*calm*,” and Klonopin® (clonazepam) tablet slang included, “*Blue boys*,” or “*K-cuts*.”

The most desirable tranquilizer, according to participants, continues to be Xanax®. Law enforcement continued to describe Mexican Xanax® 1-milligram tablets as coming into the area from the south. Prices for purchase of alprazolam tablets included the following: 0.5mg \$1-1.50, 1mg. \$1-4, and 2mg. \$4-6.

The price structure for clonazepam tablets was similar to alprazolam with 1mg. \$2-3, and 2mg. \$5. Valium® tablets cost remained unchanged from the latter half of 2005, and included the following: 5mg. \$1-1.50, 10mg. \$2-3. There was noted to be no difference in price between branded and generic benzodiazepines. Other tranquilizers described by user groups were the muscle relaxer carisoprodol (Soma®) \$1-2 per 350mg. tablet and zolpidem (Ambien®).

The primary substances reportedly used in combination with pharmaceutical tranquilizers continue to be alcohol and marijuana. The practice remains “very common” among users of pharmaceutical tranquilizers.

Pharmaceutical tranquilizers were more likely to be ingested as whole tablets or crushed and snorted by users. The user was more likely to be white, female, and between 18-30 years of age. Several participants described general use of benzodiazepines as “*a housewife thing*.” Overall use has remained stable over time.

## Hallucinogens

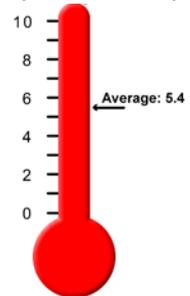
LSD, Psilocybin mushrooms, and Ketamine all had similar availability during the first half of 2006. While the change was not significant for the first two, availability of Ketamine was perceived as more available than in the previous reporting period. The drug was also noted as

prevalent in the gay community, which has remained an underreported user population. Prices for all three drugs remained constant.

D-lysergic acid diethylamide (LSD) availability remained stable with some geographic variation in the first half of 2006, averaging 5.3 on a scale of 1-10. LSD prices remained stable as well: \$1-5 per “hit,” \$200-300 per “sheet” (100 hits).

Psilocybin mushroom availability remained stable as an average of 5.4 out of 10 using the previously mentioned rating scale. Psilocybin-containing mushrooms (“shrooms”) continue to be reported as having seasonal availability, with some geographic variation across the city. Law enforcement maintained that small amounts have been found, recounting a case where high school-aged individuals attempted a sale to undercover officers in the spring this year. The cost for shrooms was as follows: 1/8 ounce of dried material \$15-30, 1/4 ounce \$50, and 1 ounce \$125-150. A chocolate bar containing 1/8 ounce of caps and stems cost \$20.

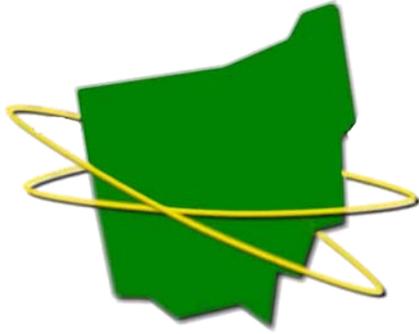
Psilocybin Availability



Ketamine availability reportedly increased over the first half of 2006, averaging 5.3 out of 10. Ketamine cost \$25-30 for 0.25 grams of powder and \$40 for 0.5 grams of powder. Ketamine was reported as prevalent in the gay community.

## Patterns and Trends of Drug Abuse

Cuyahoga County, Ohio



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2006 — June 2006

**Meeting Thirteen  
June 16, 2006**

# **SURVEILLANCE OF DRUG ABUSE IN CUYAHOGA COUNTY, OHIO**

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

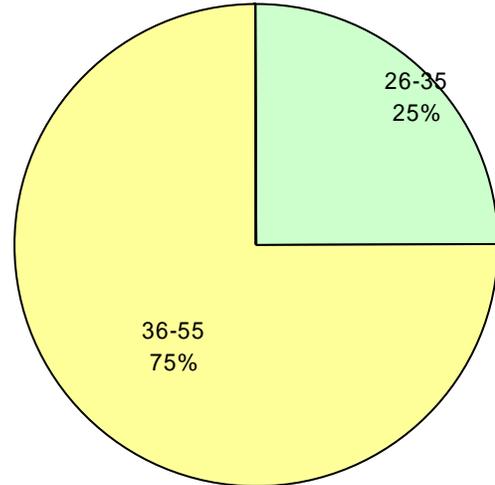
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## Patterns and Trends of Drug Abuse

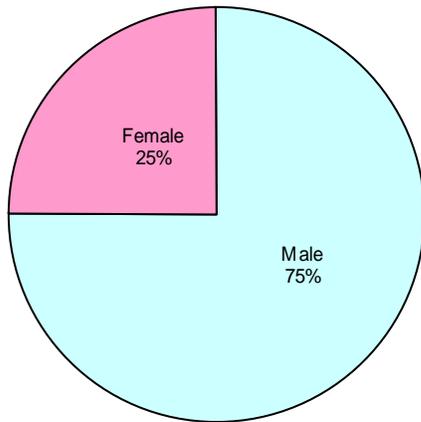
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
3/23/06	3	Users
5/18/06	2	Users
5/18/06	1	Treatment Provider
5/18/06	1	Law Enforcement
<b>Total</b>	<b>Total</b>	
4	7	
<b>Interviews</b>		
0	7	

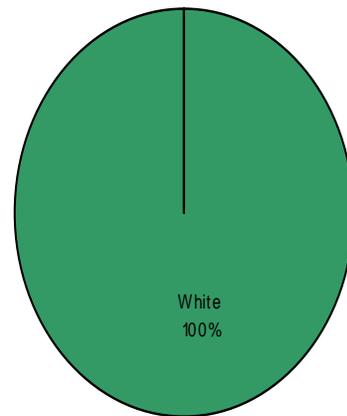
**Age  
Active/Recovering Users**



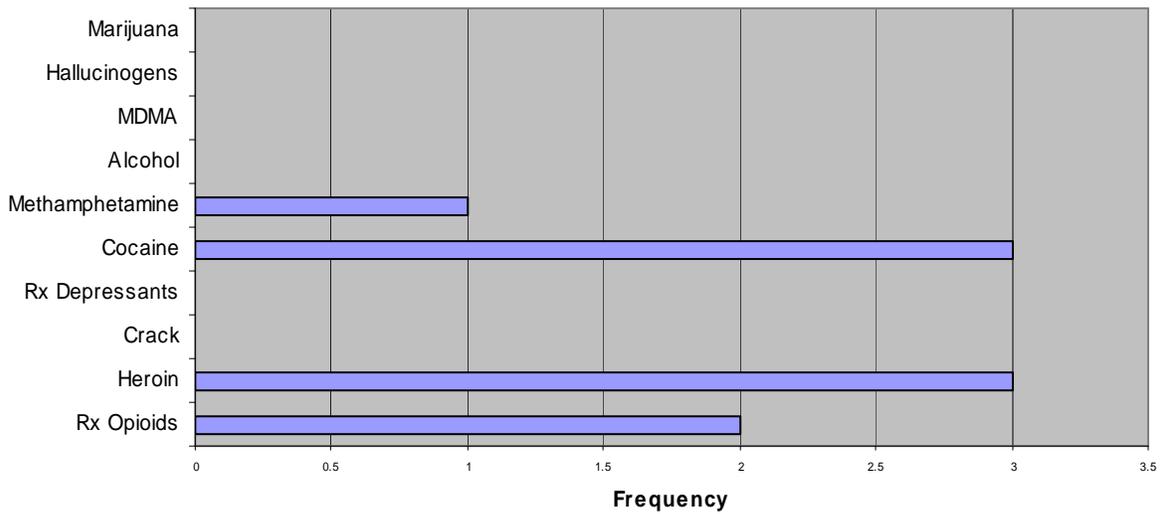
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

For the past five years, crack cocaine has consistently been reported as the primary illicit drug problem, after marijuana, in Cuyahoga County, with increases at all socio-economic levels and ages (young adolescents to middle age seniors), including homeless individuals and urban professionals.

### Current Trends

Crack cocaine was reported to be extremely available and easy to purchase throughout the greater Cleveland region. The price of crack cocaine was reported to have decreased, with one user reporting that 1/8th of an ounce of crack cocaine was available for \$100. The quality of crack cocaine has reportedly decreased over the past 12 months as well.

Both treatment providers and user groups report that the most common modes of administration are intranasal inhalation and smoking. Many heroin users reported that they had begun experimenting with crack prior to using heroin.

Crack cocaine continues to have a stigma associated with its use throughout the drug user population. This was verbalized several times by female heroin users and male drug users. One user explained:

*“I’m not a cherry popper (crack addict) – I pay for my drugs through money I have earned, not by turning tricks in the cars being a crack whore .... I used crack while I was on the job (construction). I was embarrassed to tell my friends – they think that all crack users are junkies, living under the bridges, hitting the pipe – I could use crack and still get to work – a functional addict.”*

All users commented on the intense high that crack cocaine provides and how difficult it is to maintain that high; however, because of the ease of availability and relatively low cost, use of the drug increases dramatically over a very short period of time.

## Cocaine HCl

### Historical Summary

In the past reporting period (June 2005—January 2006), powdered cocaine was reportedly more difficult to obtain, with users rating its availability between 5 and 6 on a 0 (not available) to 10 (very available) point scale. Users were described as primarily white professionals. Users and treatment providers perceived an increase in use among adolescents (under 19 years of age).

## Current Trends

Powdered cocaine was reported as less available than crack cocaine. However, user groups consistently reported that powdered cocaine was readily available throughout the Greater Cleveland area, particularly in the lower income/inner-city neighborhoods where many “suburbanites” travel to purchase the drug.

*“If you stand on a street corner down in the ‘hood’, it won’t be long before you start to see cars pulling up with people coming in for their supply [of powdered cocaine]...all types of people – women, white professional men, young kids from the suburbs driving minivans ...”*

The quality of powdered cocaine has remained consistent since the most recent reporting period with the majority of users stating that the cocaine being sold currently has “been stepped on quite a bit” with everything from talcum powder to baby formula. Powdered cocaine reportedly remains popular with suburban high school youth. Both treatment professionals and users stated that cocaine is rarely used alone; both groups described combinations of alcohol and cocaine, cocaine and heroin, and cocaine and “poppers” (amyl nitrate). One user reported an increase in the use of cocaine and crack in the construction industry:

*“I work in the trades, subcontracting throughout various construction projects around the city, and I started seeing many more guys using coke & crack – mainly to stay awake and as a pick-me-up ... I started using mainly out of curiosity, but did like the way the high helped me keep up throughout the day.”*

According to users, powdered cocaine was reported to be selling for approximately \$80-\$125 per gram. Law enforcement professionals reported a kilogram selling for about \$20,000.

## Heroin

### Historical Summary

Last reporting period (June 2005—January 2006), continuing increases in heroin availability were reported, with users estimating availability at 9 (on a scale from 0 “not available” to 10 “very available”). Users and treatment providers perceived an increase in use among young, typically white users, ranging in age from the early teens to mid-twenties. Increases in heroin use among the Hispanic population were also noted.

### Current Trends

There has been a dramatic increase in the availability of heroin throughout Cuyahoga County over the past several years. As one drug user verbalized, “It’s Baaaack!” Trends of increasingly younger users and an increase in both the availability and use in outlying rural areas surrounding Cuyahoga County (i.e., Kent, Ravenna, Chardon, Concord, Grafton) was reported by both treatment providers and user groups. One user stated:

*“Heroin has become today what crack cocaine was in the 1980’s.”*

All users described that the quality of heroin was directly related to “who you know.” One user explained:

*“There is a lot of [low quality] heroin out there on the street that the homeless and low-lives take – you know, the cast-off stuff that the street dealers don’t want and get rid of to make some money off of the addicts .... The people I know have the good stuff – pure, uncut – you can get a much better high than that other stuff on the street. When the quality is good, you can get a much longer lasting high – more ‘bang for your buck’ .”*

The cost of heroin varies throughout Cuyahoga County. The price of a bag of heroin is more expensive in the suburbs than in the inner-city or “inner-ring” suburban region (\$20-25/bag vs. \$10-15/bag). A gram of heroin sells for approximately \$100 and can produce approximately 10 bags or “bundles” of heroin (.10 grams each). Users report that there is a cost savings if heroin is purchased in volume – the average bulk purchase approximating 50 bundles. Reportedly, the most available and popular heroin being used in the Cleveland area is black tar heroin. A black tar “ball” sells for approximately \$20.

The majority of users described a path of progression in which new heroin users typically begin experimenting with heroin by smoking or inhaling the drug intranasally. Over relatively short periods of time, heroin users begin to inject the drug in an attempt to achieve the intense, pleasurable high that was experienced initially. Furthermore, heroin users report that as their drug use continues, more heroin is required to achieve their usual high; thus, it becomes more economical for these users to begin intravenous injection. One user commented:

*“When I first started using heroin, I only snorted it, and I really liked how it made me feel. Before too long, I needed more & more to get that same buzz. A guy I was seeing at the time showed me how to shoot up – after that, I was gone ... shooting up gives you a much better high ... once you get over the needle part and feel how good it is, you’re gone .”*

Users and treatment providers reported increased involvement with heroin within the Hispanic population in Cuyahoga County. A dealer reported that many Hispanics have begun “both dealing and doing” heroin. Users reported that quality heroin can be found within the Hispanic neighborhoods throughout the Cleveland area – a change from the last reporting period.

## Other Opioids

### Historical Summary

Last round, the abuse of OxyContin® (oxycodone controlled-release) was reportedly increasing. Treatment providers believed that abuse of pharmaceutical opioids was increasing among young people, who often abused these medications in conjunction with alcohol, marijuana, or other pharmaceuticals.

## Current Trends

OxyContin® continues to be a serious problem in Cuyahoga County despite relative lack of availability and high price. Both users and treatment providers reported that many pharmaceutical opioid abusers move from intranasal inhalation of the crushed tablets to injection. Many described transitioning to heroin because, “Heroin is more available, cheaper and is a better high ... once you discover this, you stop going to the trouble of trying to get the pills.”

When available, OxyContin® was reported to sell for \$40-60 per 80 milligram tablet. All users described manipulating the health care system to obtain prescriptions for OxyContin®, Demerol® (meperidine), Darvocet® (propoxyphene and acetaminophen), and Percocet® (oxycodone and acetaminophen). Furthermore, many users have elderly family members that have prescription painkillers in their homes that users have stolen for their own personal use. Most users were introduced to pharmaceutical opioids through legitimate prescriptions related to, for example, dental procedures, post-operative pain management, and therapy for chronic physical ailments such as back pain, arthritis and migraines.

The synthetic painkiller, fentanyl, has been reported by users and dealers as available in Cleveland. A dealer described that fentanyl can be obtained from a transdermal patch.

One user described fentanyl as being used as an additive to heroin, “fentanyl has started to pop up out there ... it can be used alone or with heroin for an added booster. I have heard that it is some pretty strong stuff.”

## Methamphetamine

### Historical Summary

Over the last several OSAM reporting periods, methamphetamine has been perceived as very low in availability. Few participants have been able to report any information about the drug. Law enforcement professionals have continued to report low and unchanged availability of the drug.

### Current Trends

The production of methamphetamine in Cuyahoga County continues to be primarily located in the outlying rural areas. Users identified the existence of methamphetamine labs in the inner city and near-west side of Cleveland but also maintain that law enforcement has continued to be vigilant in disassembling labs and limiting the sale of the ingredients needed for methamphetamine production.

Users and treatment providers were not familiar with methamphetamine availability or use. One user, who also dealt drugs to support his habit, knew of methamphetamine labs operating in outlying areas of Cuyahoga County. He stated, “Crystal meth is cheaper than heroin ... not quite the long-lasting buzz, but can be a poor man’s heroin.”

## Marijuana

### Historical Summary

Marijuana has been consistently reported as very easily accessible. Users repeatedly rate its availability at 10 on a 10-point scale (10=“very available”). The drug is perceived as harmless by most users. Treatment providers report adolescents as young as 11 using the drug.

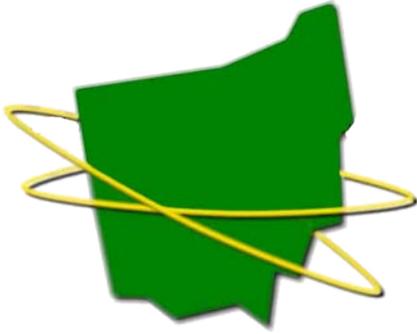
### Current Trends

As previously reported, marijuana is readily available throughout Cuyahoga County. Some treatment providers, users and law enforcement continue to view marijuana as a “gateway drug” that leads to the abuse of much stronger addictive drugs.

Users and treatment providers agree that marijuana use among elementary school children continues to increase. Many parents of these children have continued to use marijuana on a recreational basis; thus, marijuana may not be viewed as a harmful or addictive drug by these same parents. One treatment provider explained that, “Many parents continue to share the belief that it is better for their children to be smoking marijuana than popping pills and shooting heroin.”

The price and quality of marijuana has reportedly risen since the last reporting period. Higher quality marijuana, sells for approximately \$350-400 per ounce.

Franklin County, Ohio



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2006 — June 2006

**Meeting Thirteen  
June 16, 2006**

# **SURVEILLANCE OF DRUG ABUSE IN FRANKLIN COUNTY, OHIO**

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

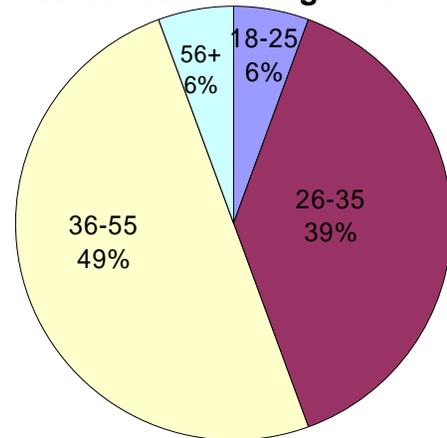
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## Patterns and Trends of Drug Abuse

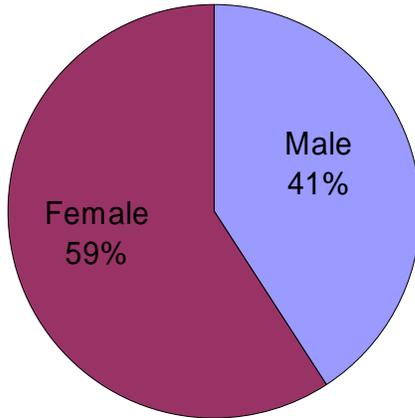
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
2/16/06	10	Methadone Clients
2/16/06	3	Treatment Providers
5/1/06	3	Young/Active Drug Users
5/26/06	4	Gay Active/Recovering Users
6/2/06	9	Treatment Providers
<b>Total</b>	<b>Total</b>	
5	29	
<b>Interviews</b>		
1	30	

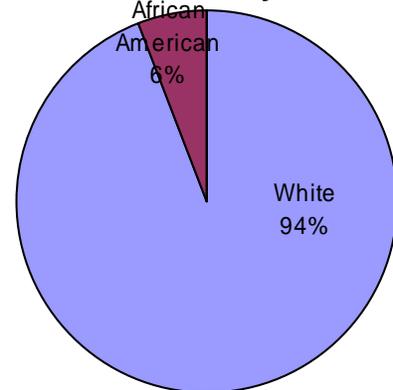
**Age  
Active/Recovering Users**



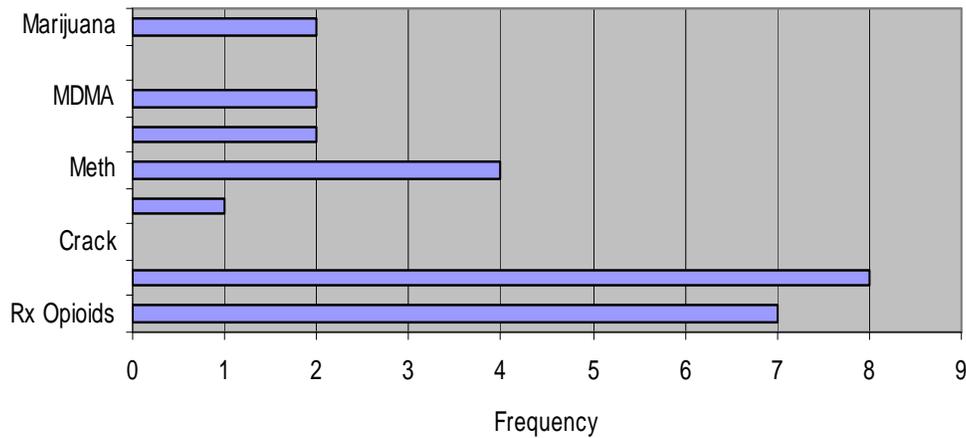
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

During the last reporting period (June 2005-January 2006), drug users and crime lab professionals reported crack to be very available in the Columbus area—rating its availability at a 10 on a scale from 0 (not available) to 10. Users continued to report decreasing quality of the drug, although some believed this perception to be a result of increased tolerance to the drug. A slight decrease in price was reported with an ounce reportedly selling for between \$500 and \$1000, and 1/8-ounce selling for about \$120. Participants reported an increase in crack-cocaine use among the growing Hispanic population in Columbus. Substance abuse treatment providers perceived an increase in crack use among both younger (13-19) individuals and older males (60-70).

### Current Trends

Availability of crack cocaine in Columbus remains high with most active and recovering drug users reporting availability at 9 or 10 (on a scale of 0 to 10). In fact, crack cocaine was perceived as so readily available that several participants jokingly rated its availability above 10. All participants believed availability of the drug remained unchanged over the past six months.

Some users believed that stigma associated with crack had lessened over the years. However, users who were part of the gay community in Columbus still viewed crack-cocaine use negatively and reported few users of the drug within that community.

Consistent with past reports, users believed that the quality of crack cocaine varied greatly depending on where and from whom it was purchased. In general, users believed the drug to be of relatively poor quality. Prices for crack cocaine remained generally consistent over the past six months with 1/8-ounce selling for \$100 and 1/16-ounce selling for \$40-\$60.

The typical crack user was described as being white or African American, middle-aged (40 years or older), and of lower socioeconomic status. Treatment providers added that crack-using individuals that they see are typically jobless, long-time users who have extensive involvement with the substance abuse treatment and criminal justice systems (estimating that 95% of crack users in treatment are on probation or parole). Treatment providers also reported extensive use of crack cocaine among female prostitutes. As one treatment provider commented:

*...they usually are with men that get [crack] to them for free or they have a boyfriend that gives it to 'em for free, so they're really not payin' for it. Well, they're payin' for it in other ways but they're not payin' for it with money, cash.*

Older (50+) males were once again identified as an emerging group of new crack-cocaine users. These individuals are reportedly introduced to crack cocaine through their involvement with young female crack-users who exchange sexual favors with these men for the drug.



## Cocaine HCl

### Historical Summary

In the previous Columbus report (June 2005-January 2006), users noted a recent “spike” in the availability of powdered cocaine in the area. While users perceived availability of the drug to be 9 on a scale of 0 (not available) to 10, crime lab professionals perceived only moderate availability of the drug. Users also believed that the quality of powdered cocaine in the area had improved over the past year. Prices remained steady with a gram reportedly selling for \$40-\$80, and 1/8-ounce selling for \$100-\$150. Substance abuse treatment providers reported that primary powdered cocaine users in their treatment programs are typically young, white individuals.

### Current Trends

In general, participants reported the availability of powdered cocaine as unchanged over the past six months. Users and treatment providers perceived availability to be between 7 and 10, with some participants believing powdered cocaine to be as available as crack.

Treatment providers reported that their clientele are rarely primary powdered cocaine users. Most individuals seen in substance abuse treatment programs who are using powdered cocaine are using the drug in combination with heroin to speedball (inject heroin and cocaine together).

The few users who reported regular use of powdered cocaine perceived the quality of the drug to be poor in the area. Prices for powdered cocaine varied, with young female users reporting \$40-\$50 per gram and \$125 per 1/8-ounce; older users reported \$65-\$125 per gram.

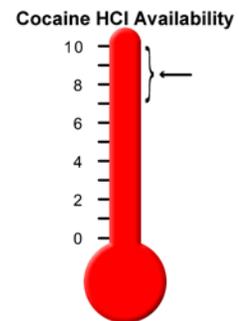
Powdered cocaine users are perceived as being higher-functioning drug users who are able to maintain their professional careers. A treatment provider commented:

*The [powdered cocaine users] that I've run across would be more where they have the job, they have the money to buy... so they're probably [higher functioning]...*

Typical users were also described as upper-class, working professionals, and college “kids” with money. Gay users described a trend of younger users moving away from powdered cocaine and into methamphetamine. A 31-year-old white, gay male reported:

*I think it's like, older people right now [are using coke], because most the younger people are getting in crystal [methamphetamine], so it's kinda shifting.... they call coke the, old person's drug...*

Treatment providers described some increases in powdered cocaine use among very young (early twenties) female exotic dancers who use the drug to help them perform. One treatment provider explained:



*But now that I think about it... I've had, we did have several [young females] that came through that were uh, dancers, so they was usin' the powder cocaine to help them perform, to have the energy level they needed... and they never had to buy it.*

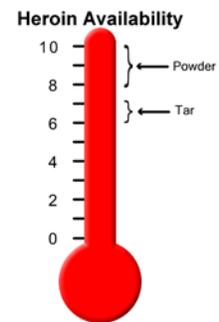
## Heroin

### Historical Summary

During last reporting period, users reported that white and “mexican brown” powder, and tar heroin were available on the streets of Columbus. Users perceived the availability of powdered heroin to be 9 or higher on a 0 (not available) to 10 scale. Users perceived tar heroin to be a 5 on this same scale. Great variance in both quality and price of the drug were reported. A gram of the powdered form of heroin reportedly sold for between \$100 and \$225, depending on quality. As in previous reports, users and substance abuse treatment providers noted that some heroin users first abused pharmaceutical opioids prior to using heroin.

### Current Trends

All participants perceived an increase in the availability of heroin in Columbus over the past six months. Some users even believed that heroin was as available as crack cocaine. Although users perceived brown powder heroin to be the most commonly available type of heroin in the Columbus area, users believed tar heroin availability had increased significantly over the past several months. Treatment providers reported that they were seeing more of their clientele reporting use of tar heroin. The following excerpt from a focus group with recovering users at a local methadone clinic illustrates the perceived increase in availability of tar heroin in the area:



**Interviewer:** *Are you seeing more of the tar now?*

**User:** *A lot more... used to never see it like you did... never used to see it, here, like you do now. Used to be years ago I might be able to get some and bring it here... now it's here.*

**Interviewer:** *So, you can go out in the street if you know where to look... and find black tar?*

**Several users:** *Yes.*

The increase in tar heroin was attributed to the increase in the Hispanic population in Columbus. According to several users, the more potent tar heroin is sold almost exclusively by Hispanics, while the less potent brown powder form of the drug is typically sold by white or African-American dealers. Users rated the availability of brown powder heroin between 8 and 10. Based on the heroin-using clients seen in their agencies, treatment providers rated the availability of the drug between 5 and 6; tar heroin was rated between 6 and 7. A 31-year-old white male heroin user commented:

*I think opiate use in general in the Columbus area is f\_\_\_ off the chain. I think that everybody and anybody is just about doing opiates. You hear people talking*

*about it in the grocery store. You hear people talking about it at the gas stations. You see people nodding out on the side of the road. It's bad. It's really bad.*

Users believed that the quality of heroin fluctuated greatly, but that overall, quality had decreased somewhat over the past several months. Reported prices for heroin ranged between \$130 and \$150 per gram, with tar heroin costing more than brown powder heroin.

Treatment providers commented on what they saw as an alarming number of young white suburban males entering treatment for heroin addiction. When asked if there were any newly emerging user groups, one treatment provider commented:

*Yes, absolutely. Young. Caucasian male... I've had at least six, uh, Caucasian males [from Columbus suburbs] in the last eight months, all between nineteen and twenty-one years of age...*

As reported in the past, many of these young users first start by abusing pharmaceutical opioid drugs such as Vicodin® (hydrocodone) or OxyContin® (oxycodone controlled-release). This abuse turns to dependence and over time these young users are introduced to heroin as a less expensive but more potent alternative. One treatment provider reported and several others agreed:

*What I've seen, has happened with several of my clients is, they were weed smokers in the beginning, in high school they were smokin' weed... and all of a sudden, for whatever reason... quit from the weed, started poppin' some pills, built up tolerance and then sooner or later they run into somebody that says, what are you spendin' all that money for, I've got a better high for you, it's cheaper, and that's when they start [heroin], and actually they'll start snorting first... smoking it and then eventually they put the needle in their arm.*

Speculating as to a reason for the increase in young heroin users seen in treatment, one treatment provider had this to say:

*I also think that, that a lot of the younger people were never exposed to the dangers of heroin, as some of the older people were. They never knew anything about [heroin], so to them it's different. But to an older generation, they have the picture of the junkie with the needle in the arm, on the stoop, fallin' over, so they shy away from [heroin]. But young people, they never saw that, you know, so I think that's part a the problem.*

## Other Opioids

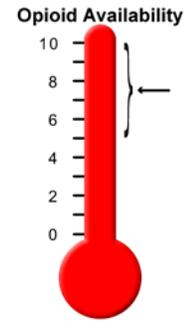
### Historical Summary

Young users in the last report perceived the availability of pharmaceutical opioids such as OxyContin®, Vicodin®, and Percocet® (oxycodone and acetaminophen) at a 4 on a scale of 0 (not available) to 10. However, older adults believed the drugs were more readily available on the streets—rating availability at an 8 or 9. Prices for these pharmaceutical opioids reportedly decreased slightly with OxyContin® selling for between \$.50 and \$1 per milligram of oxycodone.

Substance abuse treatment providers and users perceived increasing abuse of these drugs among younger individuals, especially young whites.

## Current Trends

Treatment providers and active and recovering drug users believed pharmaceutical opioid abuse to be one of the most significant problems in the community. Perceived availability of various pharmaceutical opioids varied across the groups of participants we interviewed. Young female users perceived the availability of OxyContin®, Vicodin®, and Percocet® as being between 7 and 8. Gay users rated these same drugs at 10. Based on interactions with their clientele, treatment providers also rated these drugs at 10. Older, more experienced drug users currently enrolled in a local methadone program believed the availability of OxyContin® to be 5. Users offer the following explanation for this lower availability rating:



**Interviewer:** *What do you think the availability of OxyContin is?*

**User 1:** *It's low...*

**User 2:** *Yea, it's, it's low...*

**Interviewer:** *On that scale of 0 to 10...*

**User 1:** *Maybe a 5...*

**User 3:** *Yea, I would say 5, yea... people have them, but they already have buyers...*

**User 1:** *Or, they keep 'em themselves.*

Two young heroin users (one of whom was reported in the Targeted Response Initiative report) had experience with buprenorphine (Suboxone®) diversion and used it to detox themselves from heroin. One was a 23-year-old man, and one was a 31-year-old man. Both were heroin injectors.

Both participants described the availability of buprenorphine “on the streets” as “extremely rare.” Both participants said their only source of buprenorphine was through friends who had the drug prescribed. In regard to availability vs. potential demand, the 31-year-old man said:

**User:** *I heard it [buprenorphine] was insanely expensive, and I think if it was cheaper it would be everywhere. But because of the price of that, it's really hard to get.*

**Interviewer:** *You think if it were cheaper it would be everywhere?*

**User:** *Like every heroin addict would get a hold of that to try and quit.*

Neither participant knew of anyone who had used buprenorphine to get high.

Methadone tablets were reportedly very available in Columbus and more available than methadone wafers.

Users and treatment providers reported that pharmaceutical opioid drugs were easily obtained through involvement in pain clinics and/or prescriptions from physicians for various pain issues. In fact, many participants commented that they knew of many opioid-dependent people who initially were prescribed pain medication for legitimate injuries. However, many of these opioid-dependent individuals had a prior history of substance abuse.

Prices for the various pharmaceutical opioid drugs remained stable. OxyContin® reportedly sells for between \$.50 and \$1 per milligram. Percocet® tablets (depending on oxycodone content) sell for between \$2 and \$4, and Vicodin® sells for \$3 to \$5 per tablet.

As reported previously, with the exception of OxyContin®, many pharmaceutical opioids are perceived as being safe and socially acceptable, similar to alcohol and marijuana.

## Methamphetamine

### Historical Summary

In the previous reporting period, the availability of methamphetamine depended largely on the user's connections. Some users perceived availability of the drug to be between 9 and 10 on a scale of 0 (not available) to 10. Other users perceived methamphetamine availability to be between 4 and 5. Crime lab professionals also perceived low availability of the drug. Substance abuse treatment providers and users perceived increases in use of methamphetamine in the Columbus area, especially among young whites from rural areas. Prices reportedly ranged from \$50-\$140 a gram, and \$300 for 1/8-ounce.

### Current Trends

Most users and all treatment providers perceived the availability of methamphetamine to be very low in the Columbus area. All users, except gay users reported availability at 2 or 3. Gay users reported methamphetamine availability at 10. As reported previously, in order to obtain methamphetamine, one reportedly needs to be "connected" within a methamphetamine-using network of individuals. Reportedly, the local gay community provides one such network.



Although treatment providers reported that few of their clients were using methamphetamine, a slight increase in individuals reporting at least experimentation with the drug was noted. This small minority of users was described as young (under age 23), white suburban individuals involved in the club/dance scene—many of whom were gay males.

Experienced methamphetamine users reported that "crystal" and "glass" forms of methamphetamine were available in the area, but that "crystal" was far more common in the Columbus area. Gay users believed that "crystal" was being manufactured in the outlying areas of the city, while "glass" was typically transported into the area from other states or countries. There was a perception among these users that "glass" was 10 times more potent than "crystal."

Prices for the more common "crystal" form of the drug were reported at \$120 per gram, \$1200-\$2000 per ounce, and \$350-\$375 per 1/8-ounce.

Gay users reported that they had seen a notable shift in the number of users moving from intranasal inhalation or smoking to methamphetamine injection. These gay users also reported that many users are sharing needles—not because they are uneducated about the dangers of needle-sharing, but because when they are under the influence of methamphetamine. They are little concerned about the consequences.

Ecstasy was reportedly the most common drug used in conjunction with methamphetamine within the gay community. Interestingly, GHB (gamma-hydroxybutyrate) was considered very popular (second only to ecstasy) as a drug commonly used with methamphetamine. By most accounts, the once-popular drug, GHB, had become rarely abused by the general drug-using community. When asked to clarify this report of GHB popularity in the gay community, one gay user stated:

**Interviewer:** So, what's the advantage of using GHB with meth? I mean is that just to help come down from the meth or is it...

**User 1:** ...Mixing an upper with a downer, and when you do that they fight each other so it makes the high even more intense, and builds up, both of them are very sexual drugs, like crystal meth will make you want to have sex and so does GHB....

**User 2:** GHB just completely will get rid of all inhibitions...

**Interviewer:** So there's not this... I mean at one point, maybe a year or so ago... people had this really bad image of GHB, but now it's kind of... or maybe it never did go away in the gay community...

**User 1:** I don't think it ever did go away...

**Interviewer:** People don't have any concerns about GHB when they're mixing it with methamphetamine?

**User 1:** No.

**User 3:** No.

Treatment providers noted that although they currently see very few clients who are using methamphetamine, they have a difficult time treating these individuals because traditional substance abuse treatment protocols do not work well for methamphetamine-addicted clients. There was general consensus among treatment providers that education with regard to effective treatment for methamphetamine users was needed.

## Marijuana

### Historical Summary

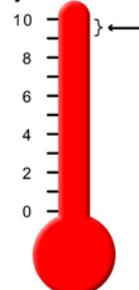
During the last reporting period, the availability of marijuana in the Columbus area was perceived by all participants as being a 10 on a scale of 0 (not available) to 10. Users believed that the quality of the drug had been increasing over the past several months. The price of 1/8-ounce of average quality marijuana was reportedly between \$20 and \$25, while high quality marijuana sold for between \$40 and \$50.

### Current Trends

Marijuana continues to be very available in the Columbus area. Treatment providers and users all report availability to be between 9 and 10—older users reported availability at a 9 because they felt that crack cocaine was more readily available than marijuana. Availability has remained consistent over the past 6 months.

Prices vary with quality. High-quality marijuana reportedly sells for \$50 per 1/8-ounce, while average grade marijuana sells for \$20-\$25 per 1/8-

Marijuana Availability



ounce. An ounce of high-quality marijuana reportedly sells for between \$120-\$200.

Treatment providers report that marijuana is typically the most commonly used drug among clients, but rarely is it the primary reason for treatment. Individuals seeking treatment for marijuana abuse are typically court-referred—participating in substance abuse treatment in lieu of jail time. Consequently, these clients are extremely resistant to counseling—believing that marijuana is a safe and socially acceptable drug that should be legalized.

Treatment providers noted an increase in the number of young, pregnant females using marijuana. In some cases, these females report that marijuana helps prevent the morning sickness typically associated with pregnancy. As one substance abuse treatment provider explained:

*... a real high population of marijuana-smokers in our teen moms, while they were pregnant, and when we would question them about that, aside from the arguing from the philosophy [of marijuana smoking], they would say, 'it's the only time I don't have morning sickness.... I smoke pot, I stop throwing up.'*

Given the perception among users that marijuana is a safe drug, several treatment providers believed that prevention and education efforts were needed for this population of pregnant marijuana users.

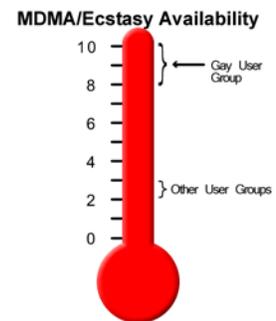
## Other Notable Trends

### MDMA

With the exception of gay users, all participants believed that ecstasy was relatively difficult to obtain in the Columbus area. Gay users reported availability of the drug to be between 8 and 10. All other users we interviewed rated the availability of ecstasy between 2 and 3. Treatment providers reported that ecstasy use among the clients they serve is uncommon, and short-term.

As reported earlier, ecstasy use among the gay population of drug users is quite common. This particular user group reportedly uses ecstasy in conjunction with methamphetamine to enhance sexual experiences.

Ecstasy tablets range in price from \$10 to \$20 a tablet or \$200 for a pack of ten tablets.



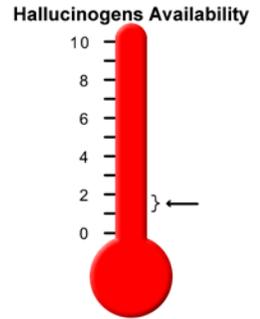
### Pharmaceutical Tranquilizers

Pharmaceutical tranquilizers such as Valium® (diazepam) and Xanax® (alprazolam) remain popular in the Columbus area. Users are diverse, and abuse of these drugs typically occurs in conjunction with other drugs to either enhance the effects of the drug (e.g., alcohol) or mediate the effects of the drug (e.g., crack cocaine).

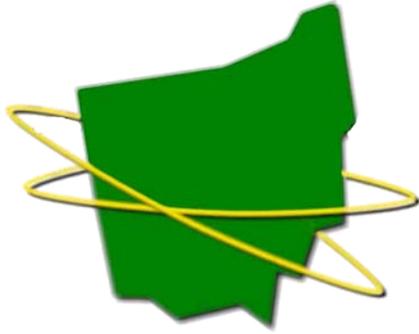
Treatment providers reported seeing a recent increase in the number of clients reporting abuse of Soma® (carisoprodol).

## Hallucinogens

Psilocybin mushrooms and LSD were both reported as being available, but at very low levels. Young users rated the availability of these drugs at 1-2. Gay users believed that in recent months psilocybin mushrooms were increasing slightly in availability. Typical users continue to be younger individuals.



Montgomery County, Ohio



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2006 — June 2006

Meeting Thirteen  
June 16, 2006

# **SURVEILLANCE OF DRUG ABUSE IN MONTGOMERY COUNTY, OHIO**

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

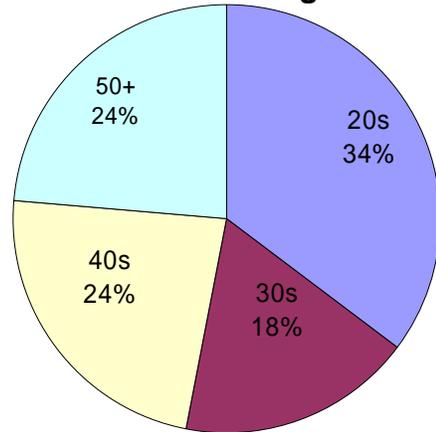
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## Patterns and Trends of Drug Abuse

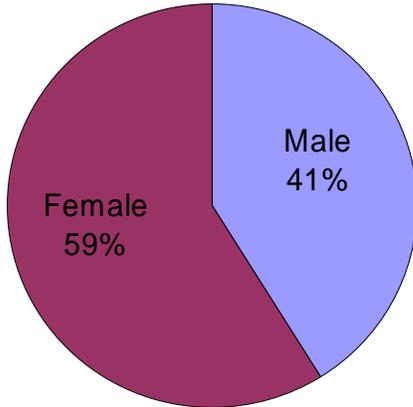
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
4/16/06	6	Active Users
4/26/06	7	Active Users
5/5/06	6	Treatment Providers/ Probation Officers
5/11/06	7	HIV Prevention/Public Health Eds.
<b>Total</b>		
4	26	
<b>Interviews</b>		
4	30	

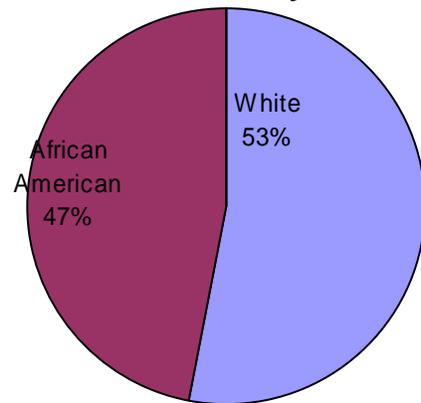
**Age  
Active/Recovering Users**



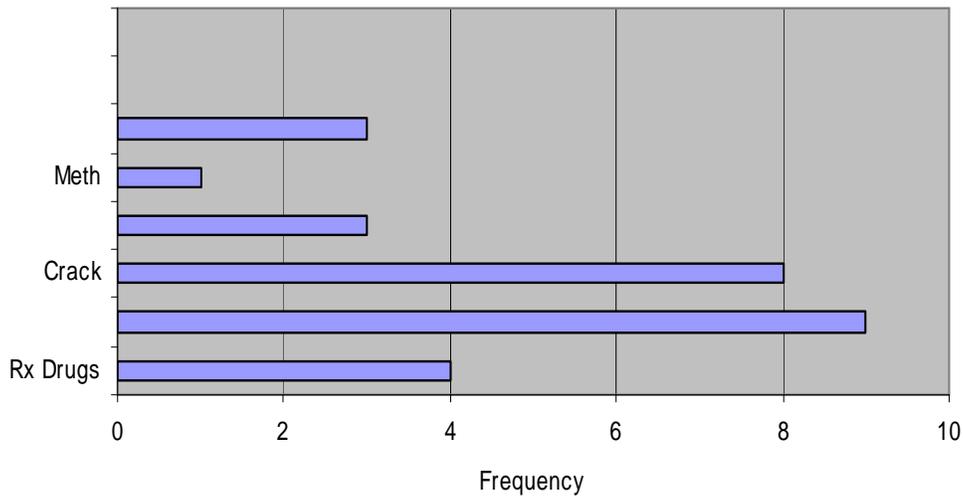
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

In the previous reporting period (June 2005-January 2006), crack-cocaine availability was described as high in the Dayton area. Prices averaged \$40-\$50 per gram. Crime lab professionals indicated that the purity of street-level crack-cocaine samples was high (above 60%). Typical crack-cocaine users were described as middle aged individuals of lower socioeconomic status. Some increases in crack injection were reported in the area.

### Current Trends

In the current reporting period, eight crack users were interviewed in focus groups and individual interviews.

Similar to the previous reporting period (June 2005-January 2006), active users reported easy access to crack cocaine (see reported street names in a table below) and rated its availability at the level of 10, or "10+" (on a scale from 0 to 10). For example, a 25-year-old white woman, crack and heroin user, commented, *"I'd say cocaine in Dayton is very accessible, it's easier to get than pretty much any other drug."*



User reports are supported by the data obtained from the local crime lab, which indicate that crack availability has been high in the area, and it has stayed at a similar level for the past six months.

Users described crack as a *"drug dealer's number one drug of choice to sell."* They indicated that many crack-cocaine dealers sell other drugs, including heroin, powdered cocaine, and in some cases marijuana. Others pointed out that this *"multitasking"* is more common among younger dealers. Crack dealers continue to employ a variety of distribution strategies, including *"street corner"* sales, house sales, and home deliveries. Users noted continuing increases in African-American youth (16-25) involved in crack-cocaine dealing. Some users indicated that they preferred to buy from older dealers who had more *"respect"* for the users and were more reliable in providing a better quality drug. Users also reported an increasing trend of young teenagers getting involved in crack distribution. For example, a 25-year-old white woman, heroin user, indicated:

*Say if they wanna go sell it [crack], they give it to like a little 10- year-old. And say, hey, go deliver this to what's-his-name, bring me the money back. Cops not gonna stop a little kid, you know, that just keeps them from gettin' popped on it. So they have them as runners....*

Active users reported the following prices for crack cocaine: \$30-\$50 for a gram, \$60 for 1.5 grams, \$100-\$120 for 1/8 ounce, and \$180 for ¼ ounce. Users disagreed about the quality of crack cocaine. Some felt it has been poor, others believed it has been *"decent."* For example, a 51-year-old African-American man, heroin user, commented:

*Cocaine is easily accessible drug, ya know. ...And that makes the quality better because if you got ten people as opposed to five people with it [selling crack*

*cocaine], then your chances go up for the quality....*

Crime lab data also indicate high purity (above 60%) of crack cocaine available on the streets.

Typical crack-cocaine users continue to be characterized as individuals of lower socioeconomic status. Treatment providers noted some, although modest, increases in crack-cocaine use among adolescents and young adults (early 20s). For example, an adolescent treatment provider commented:

*For the past year I would say the clients that we have been getting, some of them are more involved in cocaine use. I actually did meet with a client today, adolescent, and her drug of choice was crack cocaine. So I would say that I'm starting to see the crack cocaine use more frequently.*

HIV prevention specialists and active users continue to see cases of crack abuse among adolescents and young adults, but the majority of the crack users are middle-aged individuals. For example, an HIV prevention specialist commented, "*We have our nineteen and 22-year olds that come in here.... But it's not like, boom! You know, you see mostly in the thirties and mid-forties.*"

Users, community health advocates, and some treatment providers continue to report an increasing trend of new crack users among middle aged and older men from suburban communities who get introduced to crack in the context of their relationships with crack using women. HIV prevention specialists noted an increasing trend among older heroin users to switch to smoking crack cocaine. A community health advocate indicated:

*I've seen a lotta heroin users, who have quit shootin' drugs, smokin' crack now, and thinkin', well, they ain't got to be sick, and it's not as much money. I've seen 'em, the heroin users that shot dope for years and years, and now they're smokin' [crack].*

Smoking remains the primary mode of administration. In the current reporting period, users provided mixed opinions about the popularity of crack injection. Some users reported that experimentation with crack injection has been more frequently seen, especially among users who inject speedball (heroin and powdered cocaine). Community health educators and treatment providers thought that crack injection was a relatively rare phenomenon.

## Cocaine HCl

### Historical Summary

In the previous reporting period (June 2005-January 2006), powdered cocaine availability was described as high by users. Crime lab professionals indicated that powdered cocaine was of high purity (above 60%). Reported prices were as low as \$40 per gram. Relatively high levels of powdered cocaine use were reported among the area high school students.

## Current Trends

In the current reporting period, two individuals reported powdered cocaine as one of their primary drugs of abuse. However, all crack and heroin users had knowledge about current trends of powdered cocaine availability and abuse.

Similar to the previous period, users continued to report high availability of powdered cocaine (see reported street names in the table below) in the area (about 10 on a scale from 0 to 10). Active users noted that powdered cocaine now is being sold in very small amounts. A 25-year-old African-American man, heroin and crack user commented, "*The availability of powder cocaine is just like crack now, you can get your nickel caps, ya know dime caps.*" A crime lab professional estimated powdered cocaine availability as moderate in the area. Similarly, as drug users explained, crack dealers get more "traffic" and are at a higher risk to be "busted" than powdered cocaine dealers.



Powdered cocaine was reportedly selling between \$35-\$40 per gram for "snorter's" cocaine to as high as \$80 per gram for the best quality cocaine ("shooter's" cocaine). Heroin users who also injected powdered cocaine indicated that their dealers often gave them a free "cap" of powdered cocaine if they bought a couple of heroin "caps" from them. Powdered cocaine prices were reportedly higher in suburban areas compared to the inner city. For example, a 25-year-old woman, heroin user commented:

*I lived in X, a very wealthy [suburban] community. And you spend a lot more down there. For "eightball" you gonna spend like \$250 on some powder cocaine. And now I can come up here [inner city area] and get it for \$110-\$130 for same quality.*

Although users typically complained about the decreasing quality of powdered cocaine, crime lab professionals indicated that the purity of powdered cocaine has been high in the area (above 60%).

Powdered cocaine users were described as people of higher socioeconomic status or individuals "*with more class,*" than crack users. According to users and community health educators, snorting powdered cocaine or lacing marijuana with it is a very popular trend among African-American youth who are involved in drug dealing. A community health advocate indicated:

*What I've seen with the powder cocaine, a lotta drug dealers snort it because it's socially acceptable.... 'Cause you're not a crack head and you're not a junkie.... It's acceptable to do that, it keeps 'em goin', [helps them] take care their business....*

HIV prevention specialists indicated that in the past few months they have noted an increasing trend of intranasal powdered cocaine use among younger crack users. Users and health educators reported continuing high levels of powdered cocaine injection among heroin users. According to the treatment providers, primary powdered cocaine abusers are rarely seen in the local treatment agencies.

According to the Dayton Daily News, in February 2006, U.S. Drug Enforcement Administration agents seized 242.5 pounds of cocaine being delivered to a location in the Dayton area (DDN, 04/15/2006).

## Other Opioids

### Historical Summary

In the previous reporting period (June 2005-January 2006), users indicated that Vicodin® (hydrocodone & acetaminophen), Percocet® (oxycodone & acetaminophen), and OxyContin® (oxycodone controlled-release) were the most commonly abused pharmaceutical opioids in the area. Crime lab professional noted that oxycodone cases have decreased in the past six months. In contrast, cases of hydrocodone have stayed the same, and methadone cases have increased slightly in the past six months. Pharmaceutical opioid prices ranged between \$0.50 and \$1 per milligram of opioid content. Users, treatment providers, probation offices, and school counselors reported continuing popularity and high levels of pharmaceutical opioid abuse among white youth. Treatment providers reported a continuing trend of white, young (early 20s) clients who first became addicted to pharmaceutical opioids but eventually transitioned to heroin abuse.

### Current Trends

Users, health educators and treatment providers indicated that Vicodin® and other hydrocodone containing products (Lorcet®) have the highest street availability and are the most commonly abused among pharmaceutical opioids in the area. Most participants agreed that OxyContin® availability has been decreasing in the area. Instead, participants reported relatively high availability of Percocet®, although it was believed to be less available than hydrocodone containing products. Users, treatment providers and HIV prevention specialists indicated some street availability of methadone tablets that were typically used to self-medicate withdrawal symptoms, and fentanyl patches. Health educators reported some street availability of generic OxyContin® tablets, although these products were perceived as being less desirable among street users than the “real” OxyContin®. Tramadol containing tablets (Ultram® and Ultracet®) were described as having very low demand among users. Propoxyphene (Darvocet®) was described as “things of the past” by some users. None of the users reported street availability of buprenorphine. Similarly to the user, treatment provider and health educator reports, crime lab data indicated high availability of hydrocodone containing products, moderate availability of oxycodone containing products (including OxyContin®) and methadone tablets, low availability of propoxyphene, and no cases of buprenorphine or hydromorphone in the past six months.

Some users pointed out that pharmaceutical opioids may be easier to access in suburban communities than in the inner-city areas. “Pill” dealers were characterized as being more discrete and older than an average inner city dealer that sold crack or heroin.

Pharmaceutical opioid prices remained similar to the last reporting period. Vicodin® ES (containing 7.5 milligram of hydrocodone) sold for \$4-\$5, Percocet® (containing 5 milligram of oxycodone) sold for \$4, 40 milligram tablet of OxyContin® sold for \$30-\$40, and 40 mg methadone wafer sold for \$20-\$25. Fentanyl patches were reportedly selling for as high as \$70 each.

The growing popularity of pharmaceutical opioids was thought to be related to the increasing tendency among some health care providers to over-prescribe pain medication. Some users and treatment providers characterized pharmaceutical opioid abusers as individuals from more affluent suburban communities, as a 25-year-old white woman, heroin user commented, “*white-collar, uppity, boozy people.*” Others pointed out that pharmaceutical opioid abuse is common among very diverse populations, including individuals from lower socioeconomic backgrounds. Most participants confirmed continuing increases in pharmaceutical opioid abuse among young individuals (between 16 and early 20s), many of whom had little knowledge about dangers associated with abuse of these substances. A community health educator commented on an increasing trend of pharmaceutical opioid abuse among youth:

*What I’ve seen a lot in east Dayton is, because the parents always did hard labor, and a lot of ‘em ended up seein’ pain specialists, they’re seein’ their parents swallowin’ pills. And so they take some and they don’t know exactly what they’re takin’. They’re just sayin’, well, mom takes it for pain, dad takes it for pain, it must be okay....*

Users, treatment providers and community health educators continue to report a relationship between initial pharmaceutical opioid abuse and subsequent heroin addiction, especially among white, young, suburban individuals.

## Methamphetamine

### Historical Summary

In the previous period, users provided inconsistent reports about availability of methamphetamine in the area. Powder-type methamphetamine was described as the most commonly seen form with prices averaging \$100 per gram. Methamphetamine users continued to be characterized as primarily white individuals in their 20s to 40s, more typically male than female, whose socioeconomic background may range from middle class “college students” to working class poor. Experimentation with methamphetamine was reportedly spreading among crack users.

### Current Trends

In the current reporting period, one recovering methamphetamine abuser and three crack users who had recent experience with methamphetamine were interviewed. All of them were white, in their 30s to 40s. They expressed different opinions about methamphetamine availability in the area. Some felt that methamphetamine production and abuse have decreased because of the heightened law enforcement efforts. They believed that methamphetamine abusers switched to crack once methamphetamine became less available. In contrast, a 44-year-old woman, who had more recent experience with methamphetamine, thought that it was easy to find, but its’ availability and abuse concentrated in the suburban and rural areas, although she knew some connections for methamphetamine in the city. Similarly, a crime lab professional estimated methamphetamine availability in the area as high.

Crime lab data indicated availability of both powder-type and glass-type methamphetamine, although powder-type methamphetamine was described as the most commonly seen form in the area. The purity was estimated as moderate (30-60%).

Substance abuse treatment counselors who provided services to the rural or suburban areas noted slight increases in methamphetamine abuse. In contrast, community health educators, treatment providers, and probation officers who worked primarily with the clients residing in the city, indicated that they have not observed any increases in methamphetamine abuse. An adult probation officer commented:

*That's kind of a mystery to me. I keep hearing these stats [about meth labs]... And then you hear how bad meth eats you up. But I just do not see a lot of people come in and say they're meth addicts and that's their primary drug of choice.*

In terms of user groups, treatment providers saw a few white suburban adolescent clients addicted to methamphetamine. Some participants characterized methamphetamine users as middle-aged individuals some of whom had prior experiences with crack.

## Marijuana

### Historical Summary

In the previous period, participants reported that marijuana availability has been high and stable in the area. Users indicated better access to a higher quality “weed.” Crime lab data suggested that marijuana quality has been “moderate.” Marijuana prices ranged between \$25 and \$50 per 1/8 ounce depending on the quality. Treatment providers, active users, and probation officers reported continuing increases in social acceptability of the drug

### Current Trends

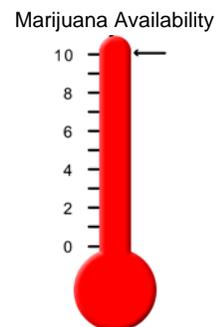
According to participant reports and crime lab data, marijuana availability remains high in the area. Users described several distinct grades of marijuana available on the streets. The lowest quality was referred to as “skunk” or “dirt weed,” and was characterized as the “weed that you grow in your backyard.” Users felt that its’ availability has been decreasing since more dealers were selling higher grade “weed.” “Regular” was described as a better quality drug than a “dirt weed,” and the easiest to find on the streets (estimated availability 10 on a scale from 0 to 10). “Red,” another grade of “weed,” was described as better than “regular” but not as good as “dro” (hydroponic) or “purple haze.” Users explained:

*Purple haze, you can smoke one blunt of that, you'll be high all day. (20-year-old African-American woman)*

*Regular weed is just to get you high. Dro, it don't have no seeds in it, and it gets you higher... . (25-year-old white woman)*

Users indicated that “dro” and “purple” were harder to find on the streets, and estimated their availability at the level of 4 (scale 0 to 10). Participant reports that “regular” is the most commonly seen “weed” on the streets coincide with the crime lab data suggesting moderate quality of locally available marijuana.

Marijuana prices differed according to the quality of the drug. For example, ¼ ounce of “dirt



weed” sold for about \$35, “regular” for \$45-\$50, “red” for \$60, “dro” for \$70, and “purple haze” for \$90-\$100. An ounce of “regular” sold for \$125-\$150, and an ounce of “purple haze” for as much as \$300-\$400.

Users, treatment providers and community health educators continue to report high levels of marijuana use in diverse populations, and widespread beliefs that marijuana is a socially acceptable and harmless substance. Participants described common practices of heavy marijuana use among African-American youth (16 – 25) involved in drug dealing. A treatment provider commented:

*The drug dealing population loves to smoke marijuana.... And they think marijuana use is part of the hip-hop mentality, it's part of the lifestyle, and there's really nothing wrong with it. You'd think it was legalized if you talked to that population 'cause that's the way they see it. And they don't see that it presents health problems or other issues....*

## Other Notable Trends

### MDMA

Similar to the previous reporting period, users and treatment providers indicated decreasing popularity of ecstasy use in the area. Most users interviewed in the current reporting period had very little knowledge about other “club drugs,” including LSD, ketamine and mushrooms. Crime lab data indicate low availability of ecstasy, LSD, and mushrooms, and no cases of ketamine.

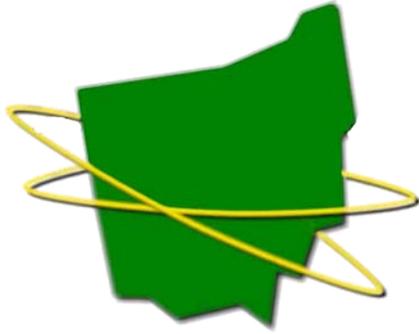
### Pharmaceutical Tranquilizers

User reports and crime lab data indicate high street availability of Xanax® (alprazolam) and some other benzodiazepines, including Klonopin® (clonazepam) and Valium® (diazepam). Xanax® reportedly sold for \$5 per 2 mg tablet and \$3 per 1 mg tablet. Most users indicated easy access to benzodiazepines through legitimate medical prescriptions. Benzodiazepines were often used in combination with other substances, including alcohol, marijuana, cocaine, and heroin.

### Dextromethorphan (DXM)

Treatment providers reported a continuing trend of adolescents abusing over-the-counter medications containing dextromethorphan (DXM).

Columbiana & Mahoning Counties, Ohio



The  
**Ohio Substance Abuse  
Monitoring Network**

January 2006 — June 2006

Meeting Thirteen  
June 16, 2006

# **SURVEILLANCE OF DRUG ABUSE IN COLUMBIANA & MAHONING COUNTIES, OHIO**

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

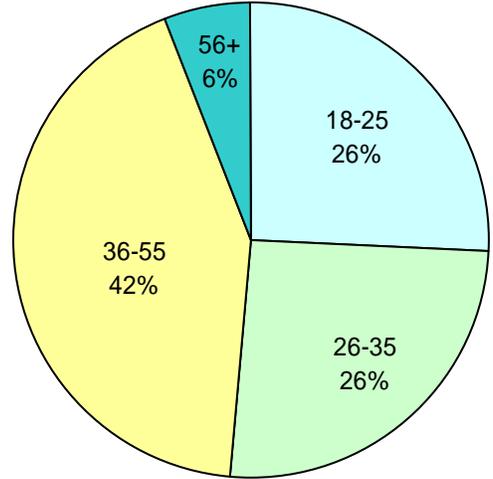
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## Patterns and Trends of Drug Abuse

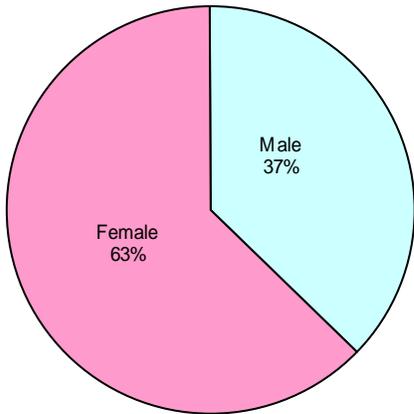
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
5/3/06	9	Users
5/4/06	12	Users
5/12/06	9	Users
5/30/06	4	Treatment Providers
5/31/06	8	Users
<b>Total</b>	<b>Total</b>	
5	42	
<b>Interviews</b>		
1	43	

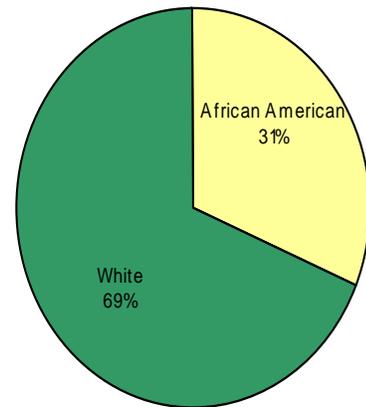
**Age  
Active/Recovering Users**



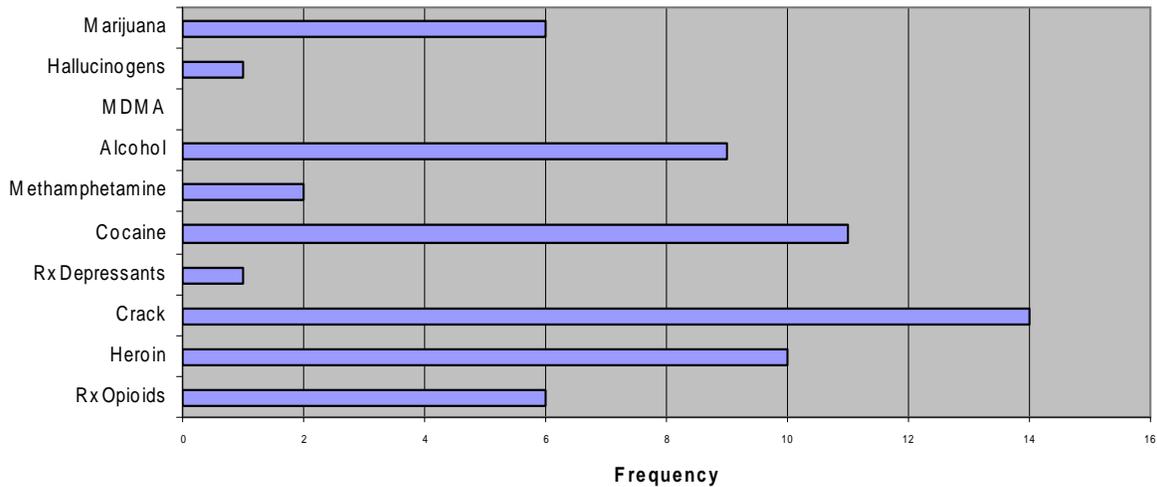
**Gender**



**Race/Ethnicity**



**Primary Drug(s) of Use**



Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Historical Summary

In the last report (June 2005—January 2006), crack cocaine was reportedly readily available. Availability of the drug has been high since OSAM started monitoring the state in 1999. Crack was selling for \$50-60 per gram.

### Current Trends

Focus group participants reported that crack cocaine remains readily available in the urban areas of Mahoning and Columbiana Counties. A police officer interviewed stated:

*“Crack cocaine is still the king of products being used in our area.”*

The quality of crack cocaine was good compared to the previous six months when the quality was reported to vary. One user commented on the quality saying, *“it’s been pretty good in quality, in fact, it seems that it may have gotten a bit better.”* However, participants continued to describe crack cocaine as being “stepped on” with Similac that the overall quality “depends on the dealer.”

Prices for crack cocaine remained similar in this reporting period: \$30-50 a gram, \$125-150 an eightball (1/8-ounce), and \$750 an ounce. A user reported, *“you can go anywhere from \$2 a bump all the way up to \$10 a rock.”* Another user reported that *“whatever change you have in your pocket”* is enough to get some small amount of crack cocaine.

The mode of administration remains the same – primarily smoking. User groups reported that marijuana laced with crack cocaine has become popular with younger users.

Focus group participants reported crack cocaine is being used by individuals “across the board.” Participants in a user group indicated use by 12-13-year-olds as well as older adults.

## Cocaine HCl

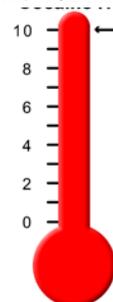
### Historical Summary

In the last reporting period (June 2005—January 2006), powdered cocaine was less available than crack because dealers preferred to sell crack. It was reported to be selling for \$50 a gram and \$130-150 for an eightball (1/8 ounce). Users were described as younger, including users in high schools.

### Current Trends

Powdered cocaine remains readily available in Mahoning and Columbiana Counties. Focus group participants rated its availability at a “10” or “10+” on a scale of 0 (not available) to 10 (high availability). In addition to being readily available, focus group participants reported that

Cocaine HCL Availability



the quality of powdered cocaine has remained “good” or slightly better compared to the last reporting period.

Prices for powdered cocaine remain similar in this reporting period. Prices range from \$40-60 a gram with a user commenting that it “depends on how good it is.” Other prices reported were \$150 for an eightball (1/8-ounce) and \$6000 for 1/4 kilogram.

The mode of administration of powdered cocaine remains the same – primarily intranasal inhalation and IV injection. While groups continue to report that “everyone” is using, one group indicated that 19-30-year-olds were using along with the comment: “it’s in bars” and people are “buying it in bars too.” All groups reported injection of “speedball” (mixing cocaine with heroin,

## Heroin

OxyContin® or other pharmaceutical opioids).

### Historical Summary

As reported in the June-December 2005 report, heroin continued to have high availability in Columbiana/Mahoning Counties. Pricing remained consistent at \$20 a bag (approximately 1/10-gram) or bundled (bags of 10) for \$200. Treatment providers reported increasing use among white, affluent, upper-middle class younger users (ages 16-25).

### Current Trends

Provider groups reported that the current availability of heroin in Columbiana County remains very high, *“East Palestine and East Liverpool in Columbiana County are rampant with heroin.”* Both users and treatment providers reported that dealers are pushing heroin on customers because of the quantity available. Law enforcement officers reported that the supply of heroin continues to come in from New York City and Pittsburgh and is high quality – “very pure.”

Participants reported increasing numbers of young heroin users from outlying suburban areas who are intranasally inhaling and injecting heroin. One user commented:

*“...you cannot believe some of the kids that I see on the street coming in from the suburbs looking for this stuff ... so many of them don’t even look like they are 18 – I think some of them just started driving.”*

The usual methods of administration are intranasal inhalation and IV injection. Users reported that younger users are fearful of the needles and view intranasal inhalation of heroin as more manageable, “not as bad as shooting.” Users reported an increase in the use of fentanyl transdermal patches – users remove the gel from the patch and lace heroin with the gel.

Users reported that younger users from the suburban areas are more likely to pay for “top level stuff” while African Americans and Hispanics will settle for lower quality heroin for a lower price. Focus group participants reported that increasing numbers of younger people in the Puerto-Rican community have become involved in dealing heroin because of the lucrative profits that can be made. Reportedly, many Hispanic dealers also begin using heroin, “you see

*them getting caught up in using their product.”*

Heroin was reportedly selling for approximately \$80 a bundle (approximately 10 bags) or

## Other Opioids

\$140-\$160 a gram. The heroin used in the area was described as black tar and brown powder.

### Historical Summary

Last reporting period the availability of opioids was reported as high, particularly in the high schools and in the Struthers and Youngstown areas. Participants also reported a shift away from primarily OxyContin® to a variety of pharmaceuticals.

### Current Trends

All focus group participants reported continued high availability of OxyContin® and Vicodin®, with a user group describing a decrease in price because of the increase in availability.

User groups identified the health care system as a primary source of initial abuse of pharmaceuticals, particularly OxyContin®. One user said:

*“I know so many people that got started on Oxy’s because that is what their doctor prescribed them after surgery ... they keep getting them refilled and before you know it, they are hooked ... then, the doctor finds out that they are addicted and just cut them off ... pretty soon they are out there street looking for their pills.”*

Cost remains variable for different pharmaceuticals, with OxyContin® the most expensive drug to purchase. OxyContin® is selling for approximately \$1 per milligram - \$80 for an 80 milligram tablet. User groups reported that when the tablets are purchased in bulk, the price is discounted. However, a user commented:

*“it seems that dealers are pushing more heroin and not a lot of pills ... I think they can get more money for the heroin than for the pills.”*

All focus group participants agreed that more whites use pharmaceutical opioids than other

## Methamphetamine

ethnic groups, but there are few differences in use based on age or gender.

### Historical Summary

For the past 3 years there have been consistent reports of methamphetamine production and use, although limited, in Columbiana and Mahoning counties.

### Current Trends

Some use was reported during this most recent period – provider groups described a small amount of crystal meth “trickling in” from the Akron area. In addition, providers reported a decrease in the number of individuals presenting themselves for treatment for crystal meth abuse.

Users reported “hearing about” a methamphetamine lab bust in a rural area of Columbiana County and “were shocked.” In general, participants felt that methamphetamine use was very limited. As one user commented, *“the dealers that I know are not set up to make and sell cys-*

## Marijuana

*tal meth – they don’t have all the stuff you need.”*

### Historical Summary

As previously reported throughout the history of OSAM, marijuana is readily available, very potent, and varies in cost depending on the quality throughout the area.

### Current Trends

User groups stated that marijuana is *“alive and well!”* Popular types of marijuana identified in the area were “blunts,” “freakin,” “dirt,” “black-n-milds,” “wets” (real moist weed reportedly soaked in formaldehyde) and “blueberry dank.” Users reported that hydroponic marijuana was “scarce.”

Prices for marijuana are variable depending on the quality and availability. Prices provided by focus group participants were \$50 for 1/8 ounce of “Hydro;” \$20-30 for 1/8 ounce “homegrown” and \$10-20 for 1/8 ounce “dirt.” “Dirt” was reportedly selling for \$750-800 a pound with a pound of “hydro” selling for \$3000-4000.

Some treatment providers, users and law enforcement continue to view marijuana as a “gateway drug” leading to abuse of other drugs available on the street. As in previous reporting periods, marijuana use was reported to span all age, race and income levels. Reportedly, the use of marijuana by elementary school children continues to increase.

## Patterns and Trends of Drug Abuse