

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2010-January 2011

John R. Kasich, Governor
Orman Hall, Director

Toledo Region

- Increased availability of heroin and marijuana
- Heroin users primarily 16-25 year-old Whites with prescription opioid abuse history
- Heroin abuse increasing among Hispanics
- Many users have shifted from OxyContin® to heroin
- White powdered heroin and injection use most prevalent
- Marijuana availability increased due to resale of Michigan medical marijuana in Ohio

Cleveland Region

- Increased availability of heroin, prescription opioids and marijuana
- Heroin currently as available as crack cocaine
- Heroin becoming more popular among young people
- Brown powdered heroin and injection use most prevalent
- Marijuana more available today than ever before
- New ecstasy formulation containing MDPV (methylenedioxypyrovalerone) present

Dayton Region

- Increased availability of heroin, prescription opioids, Suboxone® and ecstasy
- Crack cocaine decreasing in availability as more users seek heroin
- More young people using heroin, starting at age 15 or 16
- Use of prescription opioids has gained popularity with those ages 12 and older
- Many users begin with prescription opioids before moving to heroin
- Brown/white powdered heroin and injection use most prevalent

Akron-Canton Region

- Increased availability of heroin, prescription opioids and sedative-hypnotics
- Significant increase in heroin use in White teens and college students
- Brown powdered heroin and injection use most prevalent
- Dramatic increase in sedative-hypnotic use, called "hidden epidemic"
- One-pot method of cooking methamphetamine increasing
- Synthetic marijuana appears to be growing in popularity

Cincinnati Region

- Increased availability of heroin, prescription opioids and Suboxone®
- "Pill mills" believed to fuel prescription opioid epidemic in region
- First-time users of prescription opioids younger than first-time users of other drugs
- New heroin users likely to be 15-18 years old, White, and often female
- Brown/white powdered heroin and injection use most prevalent
- Suboxone®/Subutex® abuse emerging among those with no history of opioid abuse

Youngstown Region

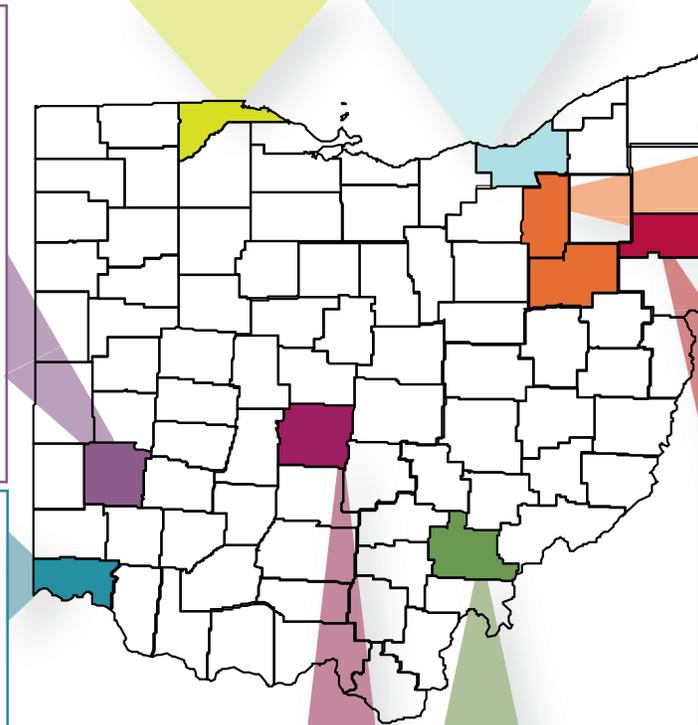
- Increased availability of heroin, prescription opioids, sedative-hypnotics and ecstasy
- Heroin now as available as marijuana
- Users switching from crack cocaine and prescription opioids to heroin
- Heroin use increasing among teens to early 20's
- Brown powdered heroin and injection use most prevalent
- Popularity of over-the-counter (OTC) cough medicines increasing among young people

Columbus Region

- Increased availability of heroin, prescription opioids, Suboxone® and ecstasy
- Due to widespread use, heroin called the new "crack cocaine"
- 14-29 year olds coming into treatment for heroin addiction
- Users switching from prescription opioids to heroin, as heroin is cheaper
- Black tar heroin and injection use most prevalent
- Illicit use of Suboxone® is most common among heroin addicts using the drug to avoid withdrawal when heroin is not available

Athens Region

- Increased availability of heroin, prescription opioids and prescription stimulants
- Prescription stimulants popular among college students
- Heroin and prescription opioid use increasing among teens to early 20's
- Clinical assessments most often note heroin as primary drug of choice
- Black tar heroin and injection use most prevalent
- Popularity of over-the-counter (OTC) cough medicine increasing among young people



Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with treatment providers, active and recovering drug users, and law enforcement officials among others to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources such as local newspapers are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Alcohol and Drug Addiction Services with a real-time method of providing accurate epidemiologic descriptions that policymakers need to plan appropriate prevention and intervention strategies.

This executive summary presents findings from the OSAM meeting held Jan. 27, 2011 in Columbus, Ohio. It is based upon qualitative data collected after June 2010 through January 2011 via focus group interviews. Participants were 327 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 100 community professionals (i.e., law enforcement, treatment providers and community outreach workers) via individual and focus group interviews, as well as to data surveyed from children's services, coroner's offices, family and juvenile courts, Bureau of Criminal Identification and Investigation (BCI&I), police and county crime labs. In addition to the aforementioned data sources, media outlets were queried for information regarding regional drug abuse for June 2010 through January 2011. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information on the drugs reported here.

Powdered Cocaine

Powdered cocaine is moderately to highly available across all regions, and it is one of the most available street drugs in Akron-Canton and Cincinnati, with all other regions reporting powdered cocaine as not as available as crack cocaine. All regions report stable or decreasing availability.

Primary reasons for decreases in availability include increases in availability and use of heroin, as well as the decreasing quality of the drug. The most common participant quality score of powdered cocaine across regions varied from '3' to '7' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Regional crime labs report that powdered cocaine is adulterated with many other substances, with levamisole (dewormer for livestock) the most frequently identified cutting agent. Current street jargon includes many names for powdered cocaine, with the most common names being "blow," "girl," "powder," "soft," "snow," "snow white" and "white girl." Participants note that while quality of powdered cocaine has decreased, prices have increased. Currently a gram of powdered cocaine sells for \$40 - \$100 across regions. The most common route of administration is intranasal inhalation (i.e., snorting), with increases in intravenous injection noted. Typical users are individuals with money/income, working professionals who tend to use recreationally, mostly young, White people in their 20's and 30's. The drug continues to be associated with the bar/club scene. Powdered cocaine is often used in combination with depressant drugs like alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics.

Crack Cocaine

Crack cocaine is highly available across all regions, with the exception of Athens County, where reportedly users often need to travel to Columbus or Wheeling, W. Va for the drug. Crime labs in most regions report that the number of crack cocaine cases they process has remained stable, while labs in Akron-Canton, Columbus and Dayton report a decrease in the number of cases processed during the past six months. With the exception of Cleveland and Toledo, perceived quality of crack cocaine is low to moderate. Participants from all regions agreed that the quality of crack cocaine depends on factors like one's relationship with the dealer, the availability of high quality powdered cocaine; and generally, all agreed that the quality of crack cocaine has decreased. Participants report that crack cocaine is most often adulterated with other substances in order to "blow it up" (i.e., give crack cocaine more volume and mass). Regional crime labs report that crack cocaine is adulterated with many other substances, with levamisole (dewormer for livestock) the most frequently cited cutting agent. Current street jargon includes many names for crack cocaine, with the most common names being "butter," "hard," "melt," "rock" and "work." Prices for crack cocaine depend on the quantity desired; a "rock" of crack cocaine commonly sells for \$10 -

\$30, but can sell for as little as \$2. While crack cocaine users remain diverse, the drug appears to be more popular among people of lower socio-economic status. Treatment providers in Toledo report more women and people over 30 now presenting for crack cocaine addiction. The most common route of administration is smoking; however, intravenous injection of crack cocaine is reportedly more common than smoking in Dayton. Crack cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco.

Heroin

Heroin is highly available in all regions, and it is the most available street drug in the Youngstown region. Brown powdered is the most available type of heroin in Akron-Canton, Cleveland and Youngstown; white powdered heroin is most available in Dayton and Toledo; brown and white powdered heroin are most available in Cincinnati; and black tar heroin is most available in Columbus and Athens. During the last six months, availability has increased in every region. Many who became addicted to prescription opioids have progressed to heroin, citing pain doctors as bridges to heroin. Law enforcement cite increased heroin trafficking by Mexican drug cartels, many positing that heroin is an easy substitute for prescription opioids as reason for increased availability. Many dealers throughout the state have switched from selling crack cocaine to heroin because of increased demand for heroin. Many users attribute their switch from prescription opioids to heroin to the ease and affordability of obtaining heroin over prescription opioids. Users and professionals named the reformulation of OxyContin® OC into OxyContin® OP as a reason for the spike in heroin use statewide. Crime labs across regions report that current processed heroin is "very pure." Current street jargon includes many names for heroin, with the most common names being "boy" and "dog food." In every region heroin can be purchased for as little as \$10. There is a rapid progression from first heroin use to regular intravenous use of heroin, the most common mode of administration of heroin. Treatment providers report that young (teens through early 20's), suburban, White males with an opioid abuse history are those most often presenting for treatment for heroin abuse/dependence, with increases in admissions of females also noted. Overdose with heroin, particularly heroin with benzodiazepines, is reportedly very common. Other substances used in combination with heroin include alcohol, cocaine, marijuana and prescription opioids.

Prescription Opioids

Prescription opioids are highly available in all regions. During the last six months, availability has remained high in Athens, Cincinnati and Toledo, while increasing in Akron-Canton, Cleveland, Columbus, Dayton and Youngstown. Increased availability is attributed to increased prescribing in hospitals, private physicians' offices and pain clinics. Opioids are most often obtained through prescription, with users reporting ease in feigning pain and knowing of physicians who write prescriptions for payment. Prescription opioids are also commonly obtained from street-level drug dealers, friends, family members, and others with prescriptions who either sell or trade opioids for other drugs. Across regions, participants report drug dealers sending people to Florida to obtain prescriptions for opioids to sell in Ohio. OxyContin®, Percocet® and Vicodin® are the most available for street purchase. Generally, prescription opioids sell for \$.50 - \$1.25 per milligram across regions. Reformulation of OxyContin® OC into OxyContin® OP has decreased the availability of OxyContin® OC while increasing its street value (\$1 - \$2 per milligram). OxyContin® OP, designed to have greater tamper-resistant factors, replaced OxyContin® OC in pharmacies. When users attempt to crush and dissolve OxyContin® OP, the pill breaks down into a gel instead of a powder, making intranasal inhalation (i.e., snorting) or intravenous injection extremely difficult. Although users report ways of manipulating the less desirable OxyContin® OP for snorting/injecting, OxyContin® OC remains the most desirable prescription opioid. Many in law enforcement are concerned that as OxyContin® OC becomes scarcer and more expensive, and users determine OxyContin® OP too difficult to abuse, more users will switch to heroin. Treatment providers refer to prescription opioids as, "the gateway drug to heroin." Users and professionals note an alarming increase in use among young people (teens through early 20's). The most common routes of administration are oral consumption and intranasal inhalation, with notable increases in intravenous injection recorded. Prescription opioids are commonly used in combination with alcohol, benzodiazepines (i.e., Xanax®) and marijuana.

Suboxone®

Street availability of Suboxone® is high in all regions, with the exception of Akron-Canton and Toledo where it is moderately available. Street availability is generally perceived as increasing across regions. Those most currently using Suboxone® are prescribed it while in an alcohol and other drug rehabilitation facility or in conjunction with an outpatient treatment program. Those obtaining Suboxone®

on the street are primarily prescription opioid/heroin addicted who use the drug to fight withdrawal symptoms between highs. In terms of diversion, Suboxone® is often traded for another prescription opioid or heroin. Self-pay for prescribed Suboxone® is reportedly more costly than street purchase. A Suboxone® 8 mg dose most frequently sells for \$10 – \$20; users report paying more if they are “dope sick.” Although not common, there are widespread reports of users abusing Suboxone® as a means of getting high. Those who abuse are thought not to have an opioid abuse history. It is becoming common knowledge that standard drug screens do not screen for the presence of Suboxone®. Modes of abuse are swallowing as prescribed, crushing and then snorting/injecting (injection is rare but reportedly increasing). Suboxone® is not likely to be combined with other drug use, but when combined, it is used in conjunction with alcohol, benzodiazepines (i.e., Xanax®) and marijuana.

Sedative-Hypnotics

Sedative-hypnotics are highly available in all regions, with the exception of Toledo where they are moderately available. In regions that experienced increased availability of sedative-hypnotics, Akron-Canton and Dayton, participants and professionals report that the increased availability represents “an outbreak” or “hidden epidemic.” The most commonly sold sedative-hypnotics across regions are Ativan®, Klonopin®, Valium® and Xanax®. Xanax®, the most popular sedative-hypnotic, often sells for \$1 – \$2.50 per milligram. The most common routes of administration are oral ingestion and intranasal inhalation (i.e., snorting), and most regions report a minority of users crushing and injecting the pills. Illicit use of these drugs appears to be a far-reaching problem that affects all age groups. However, it appears that women are more likely to abuse these drugs than men are, and sedative-hypnotic use is becoming more popular among young people as, “It mixes with binge drinking.” Combining sedative-hypnotics with alcohol intensifies the effects of the alcohol. In addition, sedative-hypnotics are widely desired for their ability to help modify the high of other drugs and are often used in combination with crack and powdered cocaine, ecstasy, heroin, marijuana and prescription opioids.

Marijuana

Marijuana is highly available across all regions, and it is the most available drug in the state. Participants unanimously describe marijuana’s availability as extremely easy to get, available on nearly any street corner or available within minutes of a phone call to a dealer. Almost every region, with the exception of Athens and Dayton where availability

remains high, report increasing availability of marijuana, mostly due to the use of indoor hydroponic grow systems. Users in Toledo report marijuana availability increased due in part to medical marijuana in Michigan, which people are buying in Michigan and selling in Ohio. The most commonly cited names are “green,” “pot,” “reg,” “trees” and “weed.” Prices for marijuana depend on the quantity desired; a “blunt” (marijuana cigar) costs \$5 – \$10 for regular-grade marijuana and \$15 – \$30 for high-grade marijuana, and 1/8 ounce costs between \$15 – \$30 for regular-grade marijuana and between \$30 – \$75 for high-grade marijuana. The most common route of administration for this drug is smoking, with a minority of users baking it into food or using it with tea. Use of marijuana transcends age, gender and race. However, treatment providers in Akron-Canton report an increasing number of older adults using marijuana while respondents in Toledo report an increasing number of younger users becoming dependent on the drug, needing to begin and end each day with smoking a blunt. While marijuana is used in combination with any other drug a user may be using as, “marijuana goes with anything,” alcohol, crack and powdered cocaine are most often used when smoking the drug.

Methamphetamine

Street availability of methamphetamine is relatively rare across all regions, and it has become even less available in Akron-Canton and Athens due to recent law enforcement efforts and the difficulty of obtaining necessary materials (i.e., having to sign for pseudoephedrine at pharmacies). Law enforcement in Akron-Canton report the one-pot method of cooking methamphetamine as becoming very popular, and participants in several regions report the formation of “buying groups” to gain access to higher amounts of precursor chemicals. Regional crime labs report an increase in the number of cases they process in Dayton, Cleveland, Columbus and Youngstown. Current street jargon includes many names for methamphetamine, with the most common names being “crank,” “crystal,” “glass,” “ice” and “meth.” Prices for methamphetamine depend on the quantity desired; a gram of powder costs \$50 – \$120, and a line of powdered methamphetamine can cost as little as \$10. The most common route of administration for this drug is smoking, but users frequently use the drug intravenously or through intranasal inhalation (i.e., snorting). Typical users are 18 to 40-year-old White males, primarily from rural counties. Participants in Toledo report the drug to be popular among bikers while participants in Columbus report methamphetamine to be popular in the gay community. Often methamphetamine is used in combination with alcohol, heroin and sedative-hypnotics.

Ecstasy

Ecstasy is highly available in most regions of the state. The drug is most commonly available in dance clubs, nightclubs and strip clubs. Currently, ecstasy is not as in demand as other drugs in Cleveland and Toledo, as reportedly, users have, "moved on and there are other things they want to spend money on." Crime labs in Akron-Canton, Dayton and Youngstown report an increase in the number of ecstasy cases processed over the past six months. Current street jargon includes many names for ecstasy, with the most common names being "E," "molly" and "X." Prices for ecstasy depend on the quantity desired; a single tablet of ecstasy sells for \$3 – \$20, with price depending on a variety of factors including purity, size and imprinted image. Users report that ecstasy is often cut with other drugs, but admittedly, they have no way of being certain of what they are actually taking is ecstasy. Crime labs report that chemicals like MDMA (methylenedioxymethamphetamine), BZP (benzylpiperazine) and TFMPP (trifluoromethylphenylpiperazine) are commonly found in ecstasy. Law enforcement in Cleveland report that a new ecstasy formulation containing MDPV (methylenedioxypyrovalerone) is gaining popularity there. The most common route of administration for this drug is oral consumption, and participants report "parachuting" (i.e., crushing tablets in tissue and swallowing the tissue and its contents so as to avoid the taste of the crushed tablet). Typical users are teenagers and young adults, with first use starting as young as 15 years of age. Often ecstasy is used in combination with alcohol, erectile dysfunction drugs (e.g., Viagra®) and marijuana.

Other Drugs

OSAM Network participants listed a variety of other drugs as being present in Ohio, but these drugs were not reported across all regions. Psilocybin mushrooms are moderately available in Akron-Canton, Cincinnati and Toledo, and highly available in Athens. Generally, mushrooms are seasonal, with availability higher during summer months. Regional crime labs report an increase in the number of psilocybin mushroom cases processed in Akron-Canton and Youngstown. Prices for mushrooms depend on the quantity desired; 1/8 ounce sells for \$25 – \$50. The most common route of administration is oral consumption, eating or drinking in a tea. While rare in Akron-Canton and Toledo, LSD (lysergic acid diethylamide) is moderately available in Athens, Cincinnati, Columbus and Youngstown. LSD is becoming more popular in the bar/club scene, and along with mushrooms, is reportedly becoming a drug of choice in Dayton. LSD is available in multiple forms to street-level

users including paper blots (\$5 – \$10 per hit), sugar cubes (\$7 – \$8 per cube) and gel tabs (\$5 – \$10 per tab). Synthetic marijuana (e.g., "K2", "Spice" and "Inferno") is highly available across the state in retail stores (i.e., gas stations and head shops). Sold as a form of incense, products like K2 produce a marijuana-like high and appear to be increasing in popularity with teenagers and college students. Synthetic marijuana is used recreationally and as a stand-in for marijuana when users need to pass a drug test. Prescription stimulants (e.g., Adderall® and Ritalin®) have moderate to high street availability in most regions of the state. College students use the drugs as study-aides, but users are getting high off the pills after crushing and snorting them. As reported in Dayton, Toledo and Youngstown, prescription cough medicines that contain codeine and over-the-counter cough medicines containing dextromethorphan (DXM), like Coricidin Cough and Cold® (a.k.a., "triple C's"), are popular among teenagers who have limited access to other drugs.