

The **O**hio **S**ubstance **A**buse  
**M**onitoring Network

June 2005 – January 2006

Meeting Twelve  
February 3, 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**

**JANUARY 2006**



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and Drug Addiction Services**

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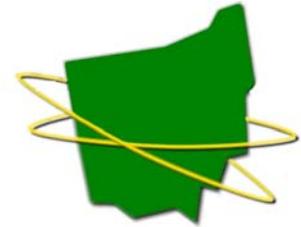




# OSAM-O-GRAM

DATE: January 2006

DATELINE: Ohio



Wright State University  
The University of Akron

## Highlights of Statewide Drug Use Trends

June 2005 – January 2006

### Toledo:

- High and increasing availability of crack and powdered cocaine.
- Low availability of heroin reported by users and crime lab professionals.
- Moderate or high availability of OxyContin®, Percocet®, and Vicodin®; increasing abuse among high-school-age youth.
- Increasing availability of high purity methamphetamine in the areas surrounding Toledo.
- High availability of ecstasy in the areas surrounding Toledo reported by users and crime lab professionals.

### Cleveland:

- High levels of powdered cocaine use in the Hispanic community.
- Moderate availability of heroin; increasing abuse among young whites.
- Moderate availability of OxyContin®, Percocet®, and Vicodin®; increasing abuse among adolescents.
- High availability of crack cocaine, ecstasy, and PCP, but low availability of methamphetamine reported by users and crime lab professionals.

### Akron:

- High availability of crack cocaine; continued reports of crack injection.
- Lower powdered cocaine availability and higher prices than in most other areas of the state.
- Moderate or high heroin availability; increasing abuse in young suburban users.
- High availability of pharmaceutical opioids; increasing use among adolescents.
- High availability and abuse of methamphetamine.

### Dayton:

- High availability of crack cocaine; continued reports about crack injection.
- High availability of powdered cocaine; high levels of abuse among adolescents.
- Increasing heroin availability; young whites remain the most common group of new users.
- Easy access to pharmaceutical opioids; increasing abuse among high-school-age youth.
- Moderate availability of methamphetamine; more reports about injection use.

### Youngstown:

- High availability of crack cocaine; increasing abuse in suburban areas.
- Continued reports about powdered cocaine popularity among 16-25-year-olds.
- Moderate or high availability of heroin; increasing use among young whites.
- Moderate or high availability of pharmaceutical opioids; increasing abuse among young whites.
- Users report low availability of methamphetamine; BCI&I lab reports indicate potentially higher availability.

### Columbus:

- High availability of crack cocaine, and moderate to high availability of powdered cocaine.
- Moderate availability of heroin; increasing abuse among young whites.
- Low availability of OxyContin®; moderate availability of other commonly abused pharmaceutical opioids.
- First reports about buprenorphine abuse.
- Low availability of methamphetamine, with glassy crystals being the most commonly seen form of the drug.
- High availability of ecstasy according to users and crime lab reports.

### Cincinnati:

- High availability of crack cocaine; reports about crack injection.
- Moderate or high availability of powdered cocaine; increasing abuse among adolescents and young adults.
- Moderate but increasing availability of heroin; increasing abuse among young whites.
- Moderate or high availability of most commonly abused pharmaceutical opioids; first reports about abuse of Kadian®.
- Moderate availability of methamphetamine.
- Low availability of ecstasy according to crime lab reports, but higher according to users.

### Athens:

- Continued increases in crack and powdered cocaine availability and abuse; reports about crack injection.
- Low availability of heroin.
- High availability of most commonly abused pharmaceutical opioids; increasing abuse among young whites.
- Potentially increasing availability of high purity methamphetamine.

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

### **Executive Summary**

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

This Executive Summary reports highlights of the OSAM Network meeting held in Columbus, Ohio, February 3, 2006. The report is based on substance abuse trend data collected and analyzed by Regional Epidemiologists (REPIs) in Athens and surrounding counties (rural southeast), Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, 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. In addition, for the first time, crime labs in Columbus, Cincinnati, Cleveland, Dayton, Toledo, and labs of Bureau of Criminal Identification and Investigation (BCI&I) in Richfield (covering Cleveland, Akron and Youngstown), London (Southern and Central Ohio), and Bowling Green (Northwest Ohio excluding Toledo) were surveyed to collect additional data on drug purity and availability. Researchers at Wright State University and the University of Akron reviewed their reports and compiled this summary of major findings.

#### **CRACK COCAINE**

- **Availability of crack cocaine remained high in all reporting areas of the state. Crack injection was reported as increasing in several areas across the state.**

As in June 2005, drug users and crime lab professionals reported high availability of crack cocaine in most urban areas of the state. Continuing increases in crack availability were observed in the rural southeast, a trend that had first been identified in June 2004. Crime lab professionals reported high purity of crack (above 60%) in most reporting areas of the state. According to drug users, crack prices remained similar to the previous reporting period, and averaged \$40-\$50 per gram or \$100-\$150 per 1/8 ounce. Increases in crack-cocaine abuse were reported in the Cincinnati and Athens areas. Other areas of the OSAM Network continued to report consistently high levels of crack-cocaine use. According to drug users and treatment providers, the majority of the crack using population consists of middle-aged individuals of lower socioeconomic status, primarily African-American. However, most areas of the state continue to report increasing diversity in the user population. The Cincinnati, Akron, Youngstown, and Cleveland areas reported potential increases in crack use among suburban whites and professionals. Drug users, treatment providers, and law enforcement professionals from all reporting areas of the state continued to report cases of crack-cocaine abuse among adolescents. Increases in crack-cocaine abuse among Hispanics continue to be reported in the Columbus and Dayton areas. Smoking crack cocaine remained the primary method of use. In the current period, reports of crack injection were obtained in the Akron, Athens, Cincinnati, Columbus, and Dayton areas.

#### **POWDERED COCAINE**

- **Most reporting areas of the state continued to report high levels of availability of powdered cocaine and potential increases in abuse among young individuals (age 16-25).**

In most areas of the state, users reported the availability of powdered cocaine to be high, while crime lab reports indicated moderate availability of the drug. An exception was the Akron area, where users reported powdered cocaine availability as moderate, and the Cleveland area, where

powdered cocaine availability was moderate according to users and low according to the crime lab reports. Crime lab professionals in most reporting areas of the state indicated high purity of powdered cocaine (above 60%). Drug users in most areas of the state reported prices of powdered cocaine as low as \$40-\$60 per gram. In contrast, prices in the Athens, Akron, and Cleveland areas were reportedly higher, reaching \$80-\$100 per gram. According to drug users, treatment providers, and probation officers, powdered cocaine use was reportedly increasing among youth (16-25 years old) in most OSAM areas. The increasing social acceptability of powdered cocaine is believed to be partially associated with increased use of the drug. High levels of powdered cocaine abuse were reported in Cleveland's Hispanic community.

## **HEROIN**

- **Most areas of the state reported moderate or high availability of heroin. Young whites (age 18-25) continued to be characterized as the most prevalent group of new heroin abusers.**

Drug users and crime lab professionals reported moderate or high heroin availability in all areas of the state, except Athens and Toledo, where heroin availability was reported as low. The most common form of heroin available was described as brownish or beige powder. Availability of black tar heroin was reported. Heroin prices varied significantly across geographic locations: Dayton and Youngstown areas reported prices as low as \$100-\$150 per gram, but prices in the Athens, Columbus, and Cincinnati areas were reportedly higher, reaching \$180-\$200 per gram. Data from Ohio crime labs indicated moderate purity (30-60%), except in the southeastern part of the state where purity was found to be high (above 60%). Young whites (age 18-25) continued to be reported as the most prevalent group of new heroin users. According to drug users and treatment providers, pharmaceutical opioid abuse continues to be seen as one of the common pathways to heroin abuse and addiction. Increases in heroin abuse were reported among Hispanics in the Cleveland area. While injection remained the primary mode of administration, intranasal inhalation was believed to be more common among relatively new heroin abusers. Concurrent cocaine and benzodiazepine use was reportedly a common practice among heroin abusers and could be on the increase in several areas of the state.

## **PHARMACEUTICAL OPIOIDS**

- **Vicodin®, Percocet®, and OxyContin® continued to be the most commonly abused pharmaceutical opioids. Early reports of buprenorphine diversion and abuse were obtained from users in Columbus and several crime labs across the state.**

According to users, treatment providers, and law enforcement professionals, Vicodin® (hydrocodone), Percocet® (oxycodone), and OxyContin® (oxycodone controlled-release) remained the most commonly abused pharmaceutical opioids in the state, with street availability estimated to be moderate or high. Availability of diverted methadone tablets or wafers, was estimated to be low or moderate. Reports about buprenorphine abuse were obtained from active users and crime lab professionals in Columbus. BCI&I labs in Richfield and London also reported cases of buprenorphine diversion. Cases of Kadian® (morphine controlled-release) availability and abuse were reported by active users in Cincinnati. Prices for oxycodone, methadone, and hydrocodone products continue to be reported at \$0.50 -\$1 per milligram of opioid content. For example, a 20-milligram OxyContin® tablet reportedly sold for \$10-\$20, a tablet of Vicodin® ES (7.5 mg of hydrocodone) around \$5, and a 10-milligram methadone tablet could be purchased for \$5. Significant increases in pharmaceutical opioid abuse among white high school and college-age individuals continue to be reported in all OSAM reporting areas.

## MARIJUANA

- **High availability and abuse of marijuana continued to be reported across the state.**

According to users and crime lab professionals, marijuana availability remained high across the state. Users typically reported increasing access to better quality marijuana. Consistent with the previous reporting period, 1/8<sup>th</sup> ounce of marijuana sells for \$25 - \$80, depending on the quality of the drug. The perception that marijuana is a *safe* and socially acceptable drug persisted among diverse user groups.

## METHAMPHETAMINE

- **Users and crime lab professionals reported significant regional variation in methamphetamine availability and abuse.**

Active users and crime lab professionals reported significant geographic variation in methamphetamine availability across the state. According to crime lab reports from BCI&I London (southern/central Ohio) and BCI&I Richfield (Cleveland, Akron and Youngstown areas), methamphetamine availability was high. Crime lab reports from Cincinnati and Dayton indicated moderate availability of the drug. Active drug users from the Columbus area perceived relatively low methamphetamine availability in the area. Data from the crime lab in Columbus supported this perception. The availability of methamphetamine in the city of Toledo was believed to be low, as reported by active users and crime lab professionals. However, availability of the drug in areas surrounding the city was thought to be high. All reporting areas of the state reported seeing two distinct types of methamphetamine—whitish powder and shiny glass crystals. Powder-type methamphetamine was prevalent statewide, except Columbus, where glass-type methamphetamine was described as more available. Methamphetamine purity was estimated to be moderate (30-60%) by most reporting crime labs. Crime lab data from the rural southeast and areas surrounding Toledo indicated purity to be high (above 60%). Typical methamphetamine prices continued to be reported at around \$80-\$100 per gram. Smoking and intranasal inhalation were reported as the most common modes of administration. Several areas of the state were reporting more instances of methamphetamine injection. User groups continued to be described as young, white, college-age youth in the “rave” or party scene, middle-aged whites of lower-/middle-class backgrounds in both urban and rural environments, and gay men in larger urban areas of the state.

## PHARMACEUTICAL TRANQUILIZERS

- **Benzodiazepine availability and abuse remained consistent at moderate or high levels.**

According to drug users and crime lab professionals, street availability of benzodiazepines, such as Xanax® (alprazolam), Klonopin® (clonazepam), and Valium® (diazepam) remained at moderate or high levels in most areas. According to drug users, benzodiazepines were commonly abused in combination with other substances, especially alcohol.

## HALLUCINOGENS

- **Availability and abuse of MDMA/ecstasy varied significantly across different regions of the state, with potentially increasing availability and decreasing prices noted in the Columbus area. The Cleveland area continued to report high availability of phencyclidine (PCP).**

Since 2003, MDMA/ecstasy abuse was decreasing in Ohio. However, in the past two reporting periods, potential increases were noted in Athens, Akron, and Cleveland. In the current reporting

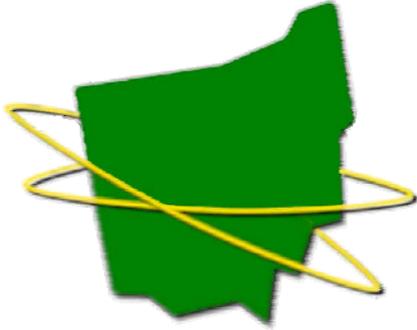
period, crime lab professionals in most areas of the state reported moderate availability of MDMA. Columbus and suburban Toledo areas were exceptions, as both users and crime lab professionals reported high and potentially increasing availability of MDMA in those areas. Reports were mixed in Cincinnati, where MDMA availability was reported as low according to crime lab professionals, but perceived as high by active drug users. MDMA continued to sell for \$10-\$25 per single dose. Users were described as being primarily white high-school and college-age youth.

Similar to the previous reporting period, users and crime lab professionals reported the persistence of PCP abuse among localized groups in the Cleveland area.

Low to moderate availability and abuse of LSD and psilocybin (mushrooms) was described across the state. Users were described as primarily young (18-24) white individuals.

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





The  
**Ohio Substance Abuse  
Monitoring Network**

June 2005 — December 2005

Meeting Twelve  
February 3, 2006

# **SURVEILLANCE OF DRUG ABUSE IN STARK AND SUMMIT COUNTIES, OHIO**

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**A Report Prepared for the  
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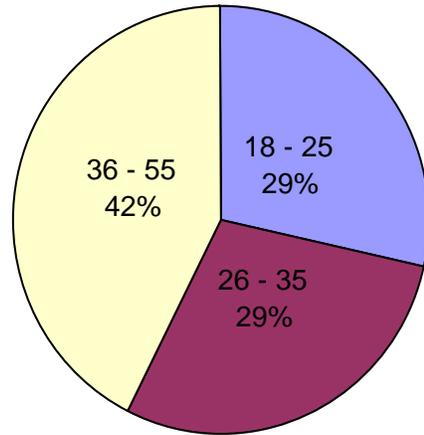
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**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
7/7/2005	5	Akron Treatment Providers
8/22/2005	8	Massillon Wilson Hall Residents
9/12/2005	5	Akron Adolescent Treatment Providers
12/6/2005	12	Stark Juvenile Treatment Providers
<b>Total</b>	<b>Total</b>	
4	30	
<b>Interview</b>		
1/3/2006	6	Methamphetamine
	<b>Total</b>	
	36	

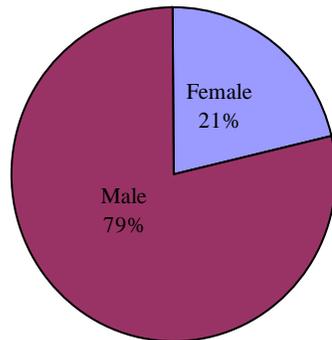
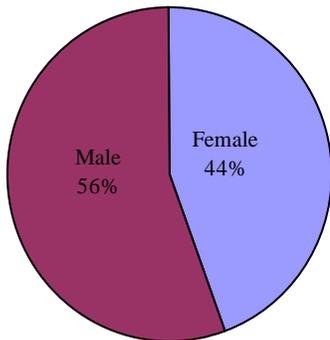
**Age  
Active/Recovering Users**



**Gender**

**All Participants**

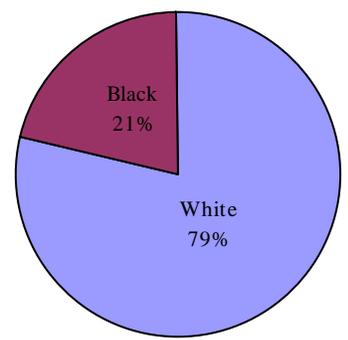
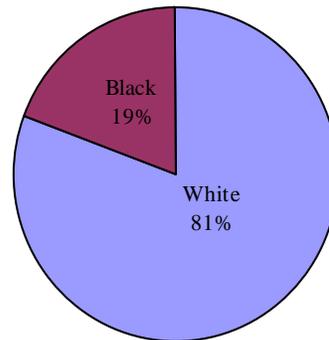
**Users**



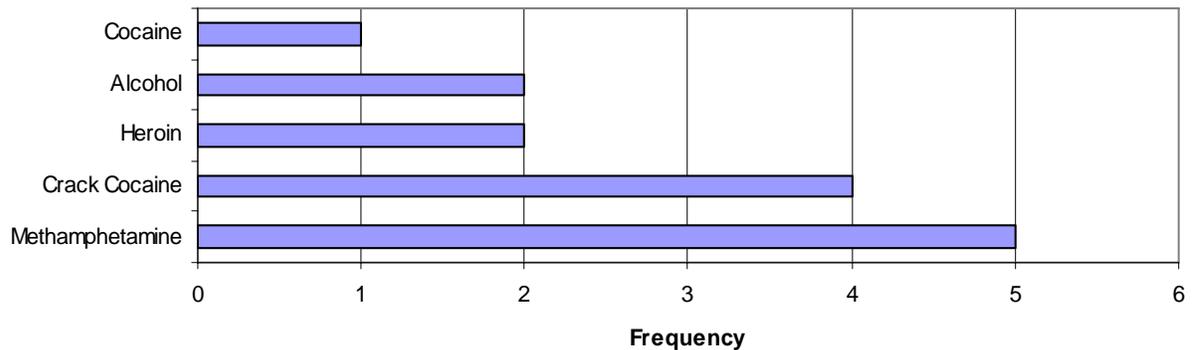
**Ethnicity**

**All Participants**

**Users**



**Primary Drug of Abuse**



## Crack Cocaine

### Current Trends

Since the beginning of the OSAM project, crack cocaine has consistently been reported as a problematic drug in the Stark and Summit County area. Its cost has remained stable over the past few years with increased availability reported over the past few rounds. Participants have reported a wide range of crack-cocaine users in the area, including all ages, ethnicities, and genders. Smoking has remained the primary method of administration; however, beginning in 2002, there were reports of some injection use of crack.

Users and treatment providers reported that the availability of crack has not changed in the past six months. Crack is highly available. Users and treatment providers alike agreed that the use of crack cocaine continues to increase in suburban and rural areas throughout the region. Adolescents and young adult males, primarily African American, are appearing with more frequency in the criminal justice system, charged with sale of crack cocaine. These individuals do not admit to using crack cocaine and report that they are more likely to smoke marijuana and drink alcohol. One user commented:

“Crack has always been number one around here. If you want it, it’s easy to find. There has been an attitude change - crack just doesn’t have the stigma that it used to have. There’s lots of money involved in crack selling. There are kids who sell it but don’t use it. It’s all about the money. They can make between \$500 and \$2000 a week selling crack.”

In this round, the state crime lab covering areas around Cleveland, Akron, and Youngstown, the Ohio Bureau of Criminal Investigation & Identification-Richfield (BCI&I-Richfield), was also contacted for information on drug trends that they observed, as the area that they covered included Akron. According to BCI&I-Richfield, the availability of crack cocaine was high and unchanged. BCI&I-Richfield also reported that the purity was high and unchanged from the previous round. It is important to remember that BCI&I-Richfield covers a much larger area than Akron alone, so some differences between their reports and reports from participants in Akron should not be surprising.

Some users described crack as “getting cheaper,” although the prices reported were comparable to the last round with a rock selling for \$20, and three rocks for \$50. An “eightball” (1/8 ounce) was reportedly selling for \$120 - \$150, and an ounce for \$800. Users reported the ability to get crack in increments as low as \$2. Both users and treatment counselors commented on an increasing appearance of “fake crack” being sold on the streets. A user commented on the quality of crack:

“The range [quality] has to do with the time of the month. The first of the month, you can get the better stuff. Usual customers get the best stuff or first time users [get better stuff] to get them hooked. The occasional users will get the lesser quality.”

The mode of administration remains the same - primarily smoking - although treatment providers reported an increase in injection of crack among users who are also using methamphetamine.



## Cocaine HCL

### Current Trends

Powdered cocaine continues to be available in the area. In the previous round, an increase in the availability of powdered cocaine was noted. Over the past few rounds, users, treatment providers and law enforcement reported increases in powdered cocaine abuse among younger individuals.

This round, treatment providers and users reported a “stable” powdered cocaine market. User groups felt that the availability of powdered cocaine is increasing in more affluent city areas. BCI&I-Richfield had observed moderate availability of powdered cocaine in the area, which was unchanged from the last reporting period. In addition, BCI&I-Richfield also reported high and unchanged purity of powdered cocaine for the period. Treatment providers reported that cocaine is available in this area for \$80 - \$90 per gram, and about \$130 for 1/8 ounce. However, the price was reported to vary with the grade of cocaine.



Users and treatment providers consistently reported powdered cocaine use among diverse age and ethnic/racial groups. Treatment providers reported that the use of powdered cocaine appears to be increasing among adolescents. Reportedly, some adolescent powdered cocaine users also use methamphetamine. One treatment provider described powdered cocaine use among adolescents:

“ Cocaine users are getting younger. We have seen kids as young as 12 making a primo [marijuana laced with cocaine]. Recently, we have heard of [kids] using cocaine and methamphetamine interchangeably. The really young cocaine users have a hard time getting into treatment because no one wants to mix these kids with the older users. ”

There are many factors that may be contributing to the increasing use of powdered cocaine, including views, especially among younger individuals, that associate “coke” use with “celebrity” status, as well as knowledge of lower penalties for possession and sale of powdered cocaine compared to crack cocaine.

Intranasal inhalation remains the most common mode of administration. Some younger users are reportedly experimenting with marijuana laced with powdered cocaine. One treatment provider commented:

“ It is increasing because kids are starting to lace marijuana with powdered cocaine. I think half are knowingly using [cocaine], and half don’t know it. ”

## Heroin

### Current Trends

Overall, heroin use in this area has been described in previous rounds as increasing, particularly among younger users (under age 30). Users reported that prices are coming down in the Summit region, due to increased availability. Although injection use has been the primary method of administration, younger users are reportedly snorting and smoking heroin.

Heroin this round was described as “very available,” and “really back up.” According to users, dealers who formerly restricted their sales to crack cocaine and powdered cocaine are now venturing into the sale of heroin. BCI&I-Richfield also reported high availability of heroin in the area, which was unchanged from the last reporting period. In addition, BCI&I-Richfield also reported moderate and unchanged purity of heroin for the period.

The heroin in the area was reported to be primarily brown or white. BCI&I-Richfield reported seeing some black tar heroin in the area, though the brown powder form was the most common. Prices remained consistent at \$10-\$30 per bag. One user commented:

“ You can get dime bags, quarters...a dime bag is one hit. What you pay \$15 for in Cleveland will cost \$30 here. The largest quantities available are bundles.”

Similar to the previous reports, participants indicated that there are increasing numbers of younger heroin users who are snorting heroin. Inner city heroin dealers are reportedly increasing their sales because of a new population of young adults from suburban areas who first became addicted to pharmaceutical opioids (OxyContin®, Vicodin®, etc.), but eventually transitioned to heroin use.

A health department counselor reported that there are sufficient local resources for heroin users seeking methadone treatment. Treatment providers report that the fastest growing segment of treatment admissions is the 18 - 30 year-old age group. Heroin is mentioned as a primary or secondary drug of choice among many of these individuals.



## Other Opioids

### Current Trends

Following increases reported in 2004, recent reports have indicated declining availability and use of OxyContin® (oxycodone controlled-release) and other pharmaceutical opioids in the Stark-Summit area.

Most groups reported stable availability of OxyContin® in the area. Percocet® (oxycodone & acetaminophen) and Vicodin® (hydrocodone & acetaminophen) were reported as fairly easy to find, with less availability of Tylox® (oxycodone & acetaminophen) and Percodan® (oxycodone & aspirin). BCI&I-Richfield reported the following availabilities of pharmaceutical opioids: Oxycontin—high, other oxycodones—high, hydrocodone—high, methadone tablets/wafers—moderate, hydromorphone—moderate, propoxyphene—low, and buprenorphine—low. Most of the OxyContin® in the area was believed to be coming from diverted prescriptions. However, there were reports of drug store break-ins for OxyContin®. Younger users commented that you can usually “work the Internet” to get OxyContin®. The price for OxyContin® was reported as \$0.50 per milligram.



Adult users felt that there was a steady increase of adolescents who experiment with OxyContin® and then quickly move on to heroin. Treatment providers also felt there was an increasing problem with pharmaceutical opioid misuse among adolescents. Reportedly, middle and high school students were being arrested for selling “pain pills” at school. When asked, these students indicated that they obtained “pills” from their parents’ medical cabinets. A treatment provider described pharmaceutical opioid trends among juveniles:

“ Oxys are the drug of choice for some kids. They get them by stealing from someone they know. They are mostly taking them orally and getting wasted.... Usually white people. They use whenever it’s available. The problem is that you can easily overdose if you only occasionally use. ”

Participants reported intranasal inhalation, oral use, and injection of OxyContin®. Some users are reportedly experimenting by smoking marijuana laced with crushed OxyContin®. Adolescent counselors reported that Vicodin® is frequently taken while drinking alcohol among adolescents.



## Marijuana

### Current Trends

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

Focus groups during this round of data collection again indicated high availability of marijuana. Users reported that the quality of marijuana “goes up and down,” but that during this round, they could get many different types of marijuana in the area. One user commented:



*“ Weed is the sort of thing that goes through a drought. This has happened over the past year...you know, it fluctuates. Sometimes people have bad stuff and sometimes they have good stuff. It all depends. I’ve heard of people who make more than \$100,000 a year selling marijuana around here. ”*

According to BCI&I-Richfield, marijuana availability was high and unchanged from the previous period for this region. The lab also reported that marijuana was typically of moderate quality.

Users reported that the most commonly obtained marijuana in this area includes “brown weed,” “skunk,” “purple” and “hydro.” Marijuana was reported available in \$5 - \$10 bags or \$5 - \$10 joints. Users in Stark and Summit stated that marijuana prices may range between \$60 and \$300 per ounce, depending on the quality.

Participants reported that users tend to view marijuana as “safe” and “socially acceptable drug.” All groups reported seeing users smoking out in the “open,” knowing that “nothing will happen.” As in previous rounds, marijuana use was reported to span all age, ethnic and geographic area groups. Children as young as 7 or 8 were reported to be trying marijuana offered by older siblings. According to treatment providers, because of easy access, marijuana is often the very first substance that adolescents experiment with. One user described marijuana use trends among adolescents:

*“ Kids are growing [marijuana] at home and the parents don’t know any better. Parents are in real denial about their kids and weed. Some parents tell their kids to use it at home. ”*

Treatment providers reported that many of their clients do not view their marijuana use as problematic, and rarely attend treatment voluntarily; the majority of marijuana users who attend treatment are court ordered to do so. Treatment providers continued to report that some of their clients test positive for cocaine use, while maintaining that the only thing they do is smoke marijuana.

## Methamphetamine

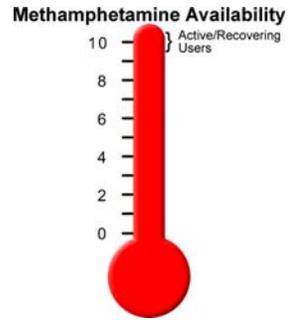
### Current Trends

Since June 2001, there have been consistent reports of methamphetamine production and use in Stark and Summit Counties. For the past two OSAM rounds, a growing concern about methamphetamine use in the area has been reported.

Focus group participants during this round reported continuing increases in methamphetamine availability in the area. Active and recovering users estimated methamphetamine availability at the level of 10 (on a scale of 0 “not available” to 10 “high availability”). This is consistent with reports from BCI&I-Richfield, stating that methamphetamine was highly available in the region, and that its availability was increasing in the recent reporting period.

One user commented:

“Meth is easy to find around here. You can get ice and bathtub crank that looks a lot like cocaine. I guess a lot of it is produced around here. All you need is a friend who uses or cooks.”



Users reported that the quality of methamphetamine in the area is declining, although use in general is increasing. BCI&I-Richfield reported moderate and unchanged quality for the reporting period. Methamphetamine in the area was described as “clear and hard like glass,” or “powdery gray or pink” that could also look “like crack rocks.” One methamphetamine user reported that most of the “ice,” or glass-like methamphetamine, is believed to be coming from outside of the area, either from Mexico or the southwestern United States, and is a product of “super labs.” Powder-like methamphetamine is reportedly being produced in the local labs. BCI&I-Richfield reported seeing the powder form of methamphetamine most frequently, though they also saw the and glassy crystal form. Prices for locally produced methamphetamine were between \$50 - \$100 per gram. “Ice” or “glass” had higher prices, averaging \$120 per gram.

Similar to the previous reporting periods, methamphetamine users were described as a very diverse population that included “white trash hillbillies,” “ravers,” “party all night college students,” and “professionals.” Interviews with methamphetamine users in treatment indicated that many users are working people, sometimes young mothers with multiple responsibilities, who may be initially attracted to methamphetamine due to its energizing effects. Unfortunately, the initial industriousness that seems to come from the euphoric effects of methamphetamine are quickly replaced with activities limited solely to the acquisition of the drug. Most “traditional” users were perceived as white and middle-aged. However, the majority of methamphetamine users interviewed for this round were between the ages of 20 and 32 years. This round, participants expressed new concerns that methamphetamine use may be increasing among adolescents.

## Other trends

### **MDMA (ECSTASY), KETAMINE**

African-American respondents reported that there was frequent use of ecstasy among young adults and among the middle-aged and older males. Users report that it is not hard to find ecstasy in the Summit and Stark County region, and that it is usually sold for about \$10 - \$35 per tablet, depending on the dosage. BCI&I-Richfield reported that ecstasy availability for the region was moderate.

Ketamine was reported in this round by several methamphetamine users, to be a drug which was used in combination with methamphetamine to balance out the speedy, stimulant effects. Ketamine is often obtained in bulk amounts of liquid or powder, and then reduced for sale into vials containing single doses, which sell for between \$20 - \$25 per vial. There was no mention of GHB as a major drug of concern during this round of data collection.

### **OTHER STIMULANTS**

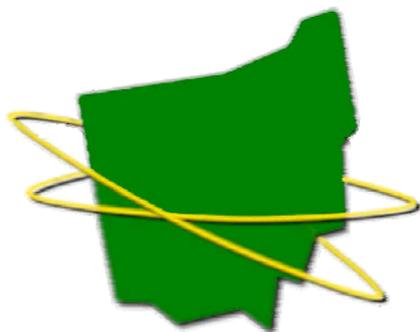
As in previous rounds, there were reports of Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts) being abused, particularly by high school and college students. An adolescent treatment provider commented about “an underground market” for Adderall® in most area high schools. BCI&I-Richfield reported that overall stimulant availability for the region was moderate.

### **TRANQUILIZERS**

As in previous reports, some street availability of depressants was noted. Treatment providers and substance users indicated that Valium® (diazepam), Ativan® (lorazepam), and Xanax® (alprazolam) were available and that use continues as in the previous reports. Abuse of these drugs does not appear to be a major concern in this area. With an exception of heroin and methadone users, there seems to be low interest in these drugs among the general drug-using population. However, BCI&I-Richfield reported that Xanax® and other benzodiazepines were highly available in this region.

### **DEXTROMETHORPHAN (DXM)**

In the current reporting period, adolescent treatment providers reported treating several juveniles in the recent past who abuse dextromethorphan (Coricidin® or “triple C”). Reportedly, consume large quantities of this cold medication (25 to 40 tablets) to obtain a hallucinogenic effect. The “trip” which results from this consumption often places the user in extreme physical discomfort and increased health risks.



The  
**Ohio Substance Abuse  
Monitoring Network**

July 2005 — December 2005

Meeting Twelve  
February 3, 2006

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

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

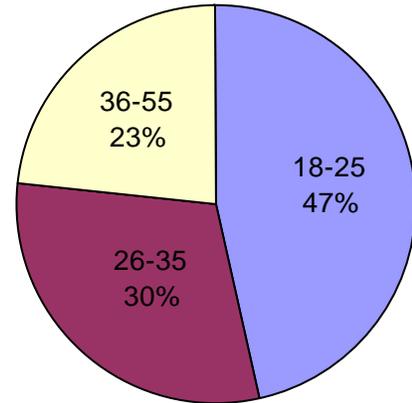
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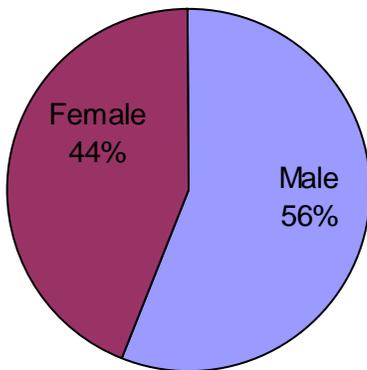
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
10/13/2005	4	Recovering Users
10/27/2005	4	Recovering Users
11/03/2005	4	Recovering Users
11/22/2005	2	Recovering Users
12/05/2005	9	Recovering Users
12/14/2005	15	Residents of SEPTA (SE Ohio Correctional Facility)
<b>Total</b>	<b>Total</b>	
6	38	
<b>Interviews</b>		
5	43	

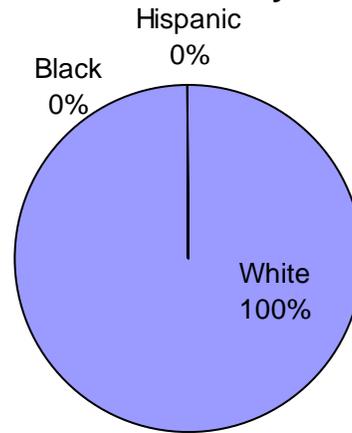
**Age  
Active/Recovering Users**



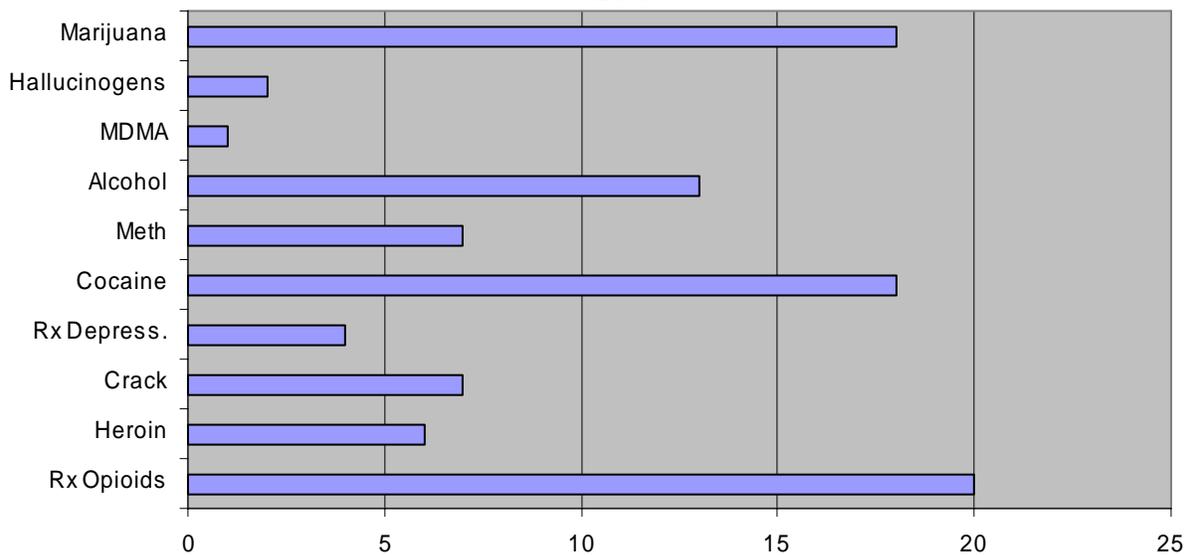
**Gender**



**Ethnicity**



**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 use.

## Crack Cocaine

### Current Trends

In the last reporting period, participants indicated that crack cocaine was “everywhere” and “extremely available” in Southeast Ohio. Similar to powdered cocaine, the increase in crack cocaine was described as “large.” The modal method of administration was smoking. Crack cocaine reportedly sold for \$50 to \$60 per 1/16 ounce and \$100 per 1/8 ounce.

In the current reporting period, eight participants indicated that they used crack cocaine. Participants stated that crack cocaine was readily available in Southeast Ohio. They also indicated that crack cocaine is so widely available that the prices may be decreasing. Many participants indicated that the availability of crack cocaine was “increasing” and described the increase as “large.” Crack cocaine may also be more available because drug dealers find crack to be more lucrative (financially) than powdered cocaine. BCI&I-London did report that the availability of crack cocaine was high in southern and central Ohio, but also reported that the availability was unchanged from the last round.

Street terms for crack cocaine include “hard,” “rock,” “flave,” “dope,” “ice,” and “butter.” Crack cocaine was believed to be selling for approximately:

\$100 - \$200 per 1/8 ounce

\$350 - \$400 per ½ ounce

\$500 - \$800 per ounce

Participants also noted that geographic variation affected the price of crack cocaine. For example, one participant indicated that he could buy a \$20 “rock” of crack in Columbus and eventually sell it for \$100 in the Athens area, an obvious exaggeration.

Some participants indicated that the quality of crack cocaine was “getting worse.” The state crime lab, BCI&I-London, found the typical quality of crack cocaine to be high and unchanged from the last round.

Smoking is the modal method of administration, although injecting is increasingly common. One participant indicated that it is easy to mix crack with vinegar and inject it.

Other drugs commonly used in conjunction with crack cocaine include marijuana, “pain pills” (e.g., OxyContin®, Vicodin®, Percocet®), and Xanax®. Pharmaceutical opioid and benzodiazepine use is common because users want to try to “bring themselves down” after a crack high.

Several female participants indicated that an increasing number of women are using crack cocaine because it helps them lose weight and increases their sex drive. One female participant indicated that “*There are a lot of women using, but mainly men dealing.*” She also indicated that many male drug dealers attempt to get women addicted to crack cocaine.

In terms of new user groups, participants indicated that “teenage kids” were using crack cocaine more often. Across most focus groups, participants believed that crack cocaine was be-

ing used by individuals representing a very wide age range, including adolescents (13 years of age and older).

## Cocaine HCl

### Current Trends

In the current reporting period, 16 individuals indicated that they had used powdered cocaine. Participants indicated that powdered cocaine was “extremely easy” to obtain, with one participant stating that powdered cocaine was as “easy to get as a loaf of bread,” and another participant indicating that powdered cocaine could be found “at every other house.” A large number of participants also indicated that the availability of powdered cocaine is “increasing” and described the increase as “large.” However, there was no complete consensus on this issue, with some participants stating that the availability has stayed the same over the past six months. Participants in one focus group were asked “How many of you could find powdered cocaine within one hour?” Two-thirds of participants indicated that they could do so easily.

In this round, the state crime lab covering the southern and central Ohio, the Ohio Bureau of Criminal Investigation & Identification-London (BCI&I-London), was also contacted for information on drug trends that they observed, as the area that they covered included Athens. According to BCI&I-London, the availability of powdered cocaine was moderate and unchanged, perhaps confirming the reports from the participants who said that availability had not changed. It is important to remember that BCI&I-London covers much of southern and central Ohio, so they are drawing from many areas outside of those in this report as well. In light of this, differences between their reports and reports from Athens are not surprising.

There was little consensus in terms of the quality of powdered cocaine. Some focus group participants indicated that the quality of powdered cocaine was “pretty good.” However, others stated that the quality was poor; several indicated that it was “getting worse.” Many participants indicated that powdered cocaine was typically “cut” or “stepped on” with Similac®, baking soda, Vitamin B<sub>12</sub>, “dry wall,” Comet (a cleaning agent) and Ritalin® (methylphenidate). BCI&I-London reported that the typical quality of powdered cocaine was high and unchanged from the last round.

Current street terms for powdered cocaine include “snow,” “soft,” “powder,” “white lightening,” “toot,” “blow,” “white,” “bitch,” “soft girl,” and “nose candy.”

Powdered cocaine was believed to be selling for approximately:

- \$50 to \$100 per gram;
- \$150 to \$250 per “8-ball” (\$200 was average estimate);
- About \$600 per ounce;

Snorting is a common mode of administration. Injecting appears to be increasing as well. Other substances used with powdered cocaine include alcohol, heroin, and marijuana. To “come down” from the high of powdered cocaine, Oxycontin® (oxycodone controlled-release), Klono-pin® (clonazepam), and Xanax® (alprazolam) are also sometimes used. When asked to describe who uses powdered cocaine, many participants stated “everyone.” When asked to identify new user groups, many participants stated “high school kids,” indicating that powdered co-

caine use was not uncommon in adolescents as young as 13 - 14 years of age.

Cocaine does not appear to be as popular in college student populations in Southeast Ohio. In a 2005 Health Education and Wellness survey conducted with 1,000 Ohio University students, 4% of respondents indicated that they used powdered cocaine.

## Heroin

### Current Trends

In the current reporting period, six participants indicated that they used heroin. Participants' judgments on the availability of heroin in Southeast Ohio were mixed. There were many participants who 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 who 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 in their area because the main heroin dealer had recently been arrested. BCI&I-London did report that the availability of heroin was low in southern and central Ohio, and that the availability was unchanged from the last round. The crime lab also described the typical quality of heroin as high and unchanged. Brown powder was the type of heroin most frequently seen in the area by BCI&I-London, but black tar was also seen.

Participants were asked to describe what types of heroin available in SE Ohio. Their responses included "tar," "black tar," "powder," "China White," and "White Lightning." Common street names for heroin include "dogfood," "boy," "smack," "Ron," "Harold," and "dogpoop."

Heroin was believed to be selling for approximately \$200 - \$300 per gram. However, most participants discussed the price of heroin in terms of "bags." A bag contains enough heroin to form three lines. A bag of tar (which was said to come from Mexico) cost approximately \$20 - \$25. A bag of poorer quality heroin cost approximately \$10.

Most participants indicated that heroin was being injected. Many heroin users reportedly inject a mixture of heroin and powdered cocaine ("speedball"). Some participants also indicated that heroin was used by some people to "come down" from a crack high. One participant indicated that some people were crumbling heroin onto the end of marijuana blunt and smoking it (referred to as a "bumble bee").

While heroin is believed to be used primarily by persons between the ages of 20 and 40, some participants indicated that "young kids" (adolescents) were an emerging user group. A treatment provider reported treating several heroin users between 14 and 18 years of age in the recent past. However, the majority believed that powdered cocaine and crack cocaine use was more prevalent among teenagers than heroin use.

## Other Opioids

### OxyContin®

In the current reporting period, 16 participants reported non-medical use of pharmaceutical

opioids (e.g., OxyContin®, Vicodin®, Percocet®). Participants believed that OxyContin® was “very available” in the area, with one participant indicating that it was as easy to obtain as “a loaf of bread.” Participants characterized the increases in OxyContin® availability as “large.” BCI&I-London also reported that the availability of OxyContin® was high in southern and central Ohio.

Current street names for OxyContin® include “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 also described the prices of OxyContin® by the color of the tablet. These prices (by color) were:

- \$20 for “pinkies” (20 milligram tablet)
- \$40 for “goldies” (40 milligram tablet)
- \$80 for “greenies” or “green beans” (80 milligram tablet)

Participants indicated that the most common methods of administration were “snorting” and “shooting.” When asked to describe which substances were used most often in conjunction with OxyContin®, participants indicated marijuana, crack cocaine, and alcohol.

When asked to describe who used OxyContin®, many participants indicated “everybody.” In terms of new users groups, participants indicated that “younger kids” (including adolescents) were more frequently using OxyContin®.

## **Vicodin® (hydrocodone) and Percocet® (oxycodone)**

In the current reporting period, participants indicated that there had been “large increases” in other opioids, particularly Vicodin® and Percocet®, and that they could be obtained “anywhere.” When asked to describe which pharmaceutical opioids were most highly sought out, participants provided the following rank ordering: (1) OxyContin®, (2) Percocet®, (3) Lor-tab®, and (4) Vicodin®. BCI&I-London reported that OxyContin® and Vicodin® availability were high in southern and central Ohio, and the availability of other drugs containing oxycodone was moderate.

Participants provided the following costs for various other opioid tablets:

- \$2 - \$3 for Vicodin® (5 milligram of hydrocodone)
- \$3 - \$5 for Vicodin® (7.5 milligram of hydrocodone)
- \$3 - \$5 for Percocet®

Trading pharmaceutical opioid tablets was reportedly common among users. For example, one participant who considered Percocet® his preferred drug, indicated that he could obtain two Percocet® tablets for one OxyContin® tablet.

Some participants indicated that during the past two years, large increases in the use of other opioids had occurred among high school students. According to a story published in “The Athens News” (Jan. 19, 2006), Vicodin® and Percocet® are used by young adults after intense periods of drinking alcohol. In the article, one student was quoted as saying that he takes four or five Vicodin® and Percocet® “pills” after “a hard night of drinking.” In a 2005 Health and Wellness Study of 1,000 Ohio University students, 8% of respondents indicated that they had used painkillers for something other than their intended use.

## Methadone

In the current reporting period, methadone was discussed infrequently by participants. However, a handful of conversations suggest that it is still available and sought out. For example, when members of one focus group were asked to rank order which “Pharmaceutical Opioids” were preferred in Southeast Ohio, the rank ordering provided was (1) Oxycontin®, (2) Methadone, and (3) Percocet®. Some participants indicated that they did not like methadone because it was “slow releasing” and it took increasing amounts of the drug to “catch a buzz.” Because of these qualities, users opted for other substances, such as OxyContin® and heroin. BCI&I-London reported that methadone availability was moderate in southern and central Ohio.

Marijuana has historically been widely available in Southeast Ohio. In the past, the quality of marijuana had been described as “very good.” Marijuana was also said to be used regularly by adolescents. Past focus group participants also indicated that marijuana is increasingly being grown indoors to provide a better quality product and to hide the plants from law enforcement officials.

## Marijuana

### Current Trends

Participants also described different types of marijuana available to users. Some users mentioned “purple haze,” which apparently has purple fibers on it. Some users also mentioned KGB (“Killer Green Bud”) which was very high in quality but hard to find. Other types of marijuana listed included “danker,” “Skunk,” and “Meigs County Gold.” Some participants also described PCP-laced marijuana, indicating that a blunt of it could be purchased for \$20.

Participants also indicated that 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. Consistent with the past focus groups, marijuana varied greatly in price depending on its quality. Indoor and hydroponic marijuana were more expensive than outdoor-grown marijuana. According to participants, marijuana cost approximately:

- \$25 - \$40 1/8<sup>th</sup> (outdoor grown)
- \$50 per 1/8<sup>th</sup> (indoor grown)
- \$75 per ounce (poor quality)
- \$300 per ounce (high quality)
- \$500 - \$1,400 per pound (“commercial”)

The vast majority of users are smoking marijuana. However, some users still eat marijuana by adding it to brownies or sprinkling it on top of a pizza. Other drugs commonly used in conjunction with marijuana include PCP, powdered cocaine, alcohol, and crack cocaine. In a 2005 Health and Wellness Study of 1,000 Ohio University students, 35% of respondents indicated that they had used marijuana.

## Methamphetamine

### Current Trends

In the current reporting period, when asked to describe the availability of methamphetamine, responses provided by participants included *"It's around a lot more,"* and *"It's the biggest new drug."* One user indicated that "bathtub meth," in particular, was easy to find. One reason that methamphetamine is believed to be increasing in Southeast Ohio is the large amount of wooded areas or forests. These remote locations provide ideal settings in which to manufacture methamphetamine. However, participants did not believe that isolated, wooded areas were the only location in which methamphetamine could be made. In late-2005, a van parked in the Walmart-Super Center in Logan exploded when an ingredient used by the manufacturers became unstable. Participants believed that local labs were most likely relatively small and mobile. The information from BCI&I-London confirmed the participant reports, noting high availability and an increase in methamphetamine cases. BCI&I-London specifically mentioned a recent increase in the number of meth lab submissions. The state crime lab also reported generally high purity of methamphetamine and having seen both the brownish/off-white powder and glassy crystals, with the powder variety being the most common.

The current cost of methamphetamine was believed to be:

\$25 per ½ gram  
\$50 - \$100 per gram

Some participants indicated that methamphetamine was used more by "locals," and that it was not common among high-school or college students. The modal method of administration was believed to be snorting, but some stated that methamphetamine was also smoked and injected. To smoke methamphetamine, local users typically used aluminum foil or a light-bulb.

### Other Notable Trends

#### Other Stimulants

In the last reporting period, participants reported that Ritalin® (methylphenidate) and Adderall® (dextroamphetamine) were very available in Southeast Ohio. In the current reporting period, participants continued to report that Ritalin® and Adderall® were relatively easy to access, especially if one lived close to a college or university. BCI&I-London reported a moderate availability of stimulants in southern and central Ohio.

In a 2005 Health and Wellness study of 1,000 Ohio University students, 4% of those surveyed indicated that they had used Ritalin®.

Several participants referred to Ritalin® and Adderall® as "poor man's coke." The use of these substances was particularly common among students and younger individuals. Snorting appears to be the most common method of administration.

## Pharmaceutical Tranquilizers

In the last reporting period, participants indicated that Xanax® (alprazolam) and Valium® (diazepam) were readily available in Southeast Ohio. These drugs were often used by people who also used cocaine to “come down from their speed buzz.”

In the current reporting period, when asked to describe the availability of pharmaceutical tranquilizers, one participant stated, “*These are popular.*” The most readily available tranquilizers appear to be Klonopin® (clonazepam), Xanax® (alprazolam), and Valium® (diazepam). Abuse of anti-anxiety medication buspirone was reported by some participants, but its extent is unknown. BCI&I-London reported a high availability of Xanax® and moderate availability of other benzodiazepines in southern and central Ohio.

In terms of cost, participants provided the following estimates:

- \$1 for Klonopin® (for a 1 milligram “blue” pill)
- \$2 - \$3 for Xanax® (1 milligram tablet)
- \$2 - \$3 for a Valium® (10 milligram “blue pill”)

While tranquilizers were available, and somewhat popular, they were also described as “a drug of last resort.” Others used tranquilizers (primarily, Klonopin®) as a way to “level things out.”

## MDMA/Ecstasy

In the last reporting period, one participant had indicated that Ecstasy was “getting really popular again.” In the current reporting period, there was disagreement among participants regarding the availability of Ecstasy. Some stated that it was less common, while others indicated that it was increasingly common. One participant indicated that in his “circles” Ecstasy was now as common as OxyContin®. Ecstasy was also said to be widely available at “house parties.” Participants indicated that Ecstasy tablets cost approximately \$20 for a “single” and \$35 for a “double.” BCI&I-London reported a moderate availability of Ecstasy in southern and central Ohio.

## Psilocybin Mushrooms

In the current reporting period, some participants indicated that the availability of mushrooms was “way up,” and “the market is flooded.” Some believed that mushrooms were “coming up from Florida.” Other participants disagreed and stated that mushrooms were less available. In a story about hallucinogen use at Ohio University published in “The Athens News,” one student (a junior) was quoted as saying “*I ate mushrooms once freshman year. I can’t think of one person on our floor that didn’t try it at least once.*” BCI&I-London reported a moderate availability of mushrooms in southern and central Ohio.

Mushrooms were believed to cost approximately \$120 - \$160 per ounce. One participant recently bought a water bottle full of “mushroom tea” that sold for \$20.

Mushrooms continue to be more popular than LSD, but neither drug seems to be sought out actively. Instead, people tend to use mushrooms if they are available. Most people eat mushrooms, although mushroom beverages (e.g., teas) appear to be available. Many people believed that mushrooms were increasingly being grown indoors.

One participant described a substance (i.e., a hallucinogen) called DMT (dimethyltryptamine). He indicated that it was a “psychedelic” and that he smoked it.

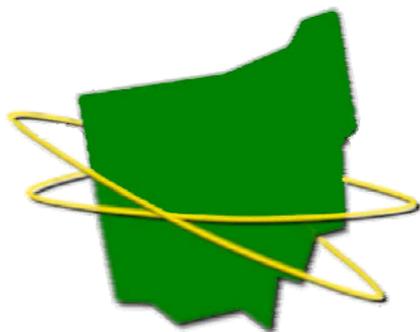
## **Alcohol**

In the current reporting period, new “energy-alcohol” beverages (that combine alcohol and energy drinks) became available on the market. These beverages are known as “Alcopops” or “Malternatives.” These beverages combine the taste and sugar of energy drinks with 6% alcohol content by volume.

In a report released by the Ohio Department of Commerce Division of Liquor Control, the number of “bottles” of alcohol (i.e., beer, wine, liquor) sold in Athens County in 2005 increased by 5.8% compared to 2004 (an increase that was higher than the state average of 3.7%). Furthermore, the number of dollars spent on alcohol in Athens County in 2005 increased by 8.2% compared to 2004. This increase was larger than the overall state increase of 7.1%.

A report published by Ohio University suggests that crime statistics related to alcohol use have changed since 2001. For example, in 2001, 1,317 telephone calls were made to the Athens Police Department regarding alcohol-related offenses. In 2005, this figure had decreased to 670 (a decrease of 49%). However, arrests related to alcohol offenses had increased during this same time period. In 2001, the Athens Police Department made 768 arrests for alcohol-related offenses. In 2005, this figure had increased to 912 (an increase of 19%).





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

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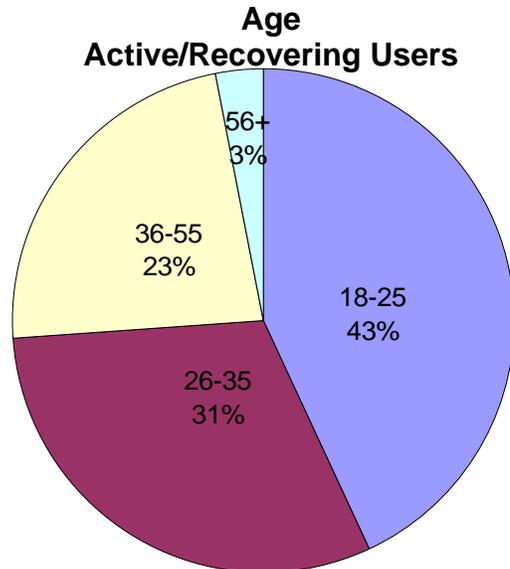
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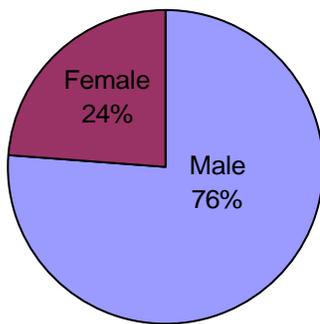


**Qualitative Data Sources**

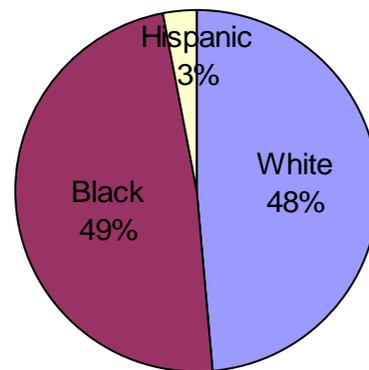
Focus Group	Participants	Type of Participants
11/09/2005	10	Active Drug Users
12/20/2005	9	Recovering Users in Treatment
01/04/2006	10	Peer/Health Educators
01/18/2006	10	Recovering Users in Treatment
01/18/2006	5	Young Active Drug Users
<b>Total</b>	<b>Total</b>	
5	44	
<b>Interviews</b>		
7	51	



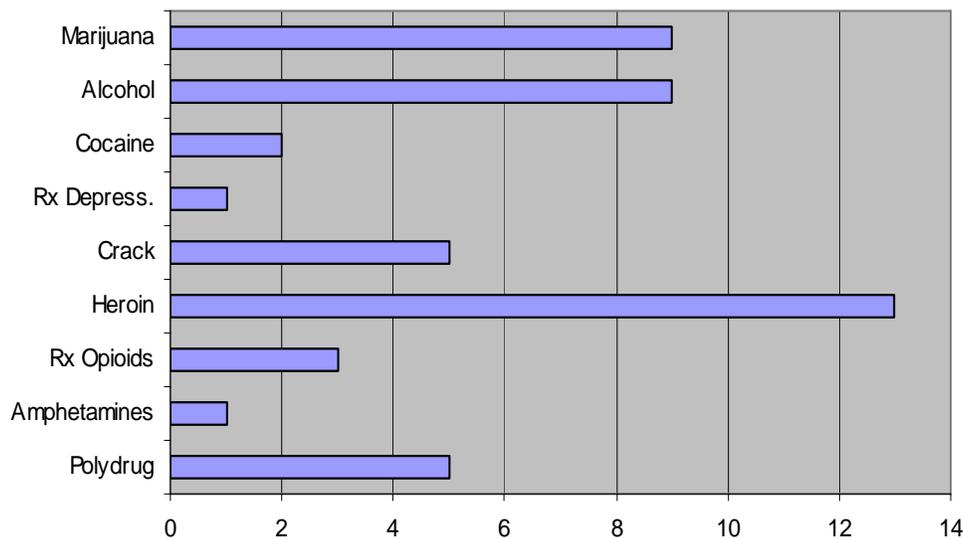
**Gender**



**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 use.

## Crack Cocaine

### Current Trends

Crack-cocaine availability continued to increase across the region. On a scale from 0 to 10, participants overwhelmingly reported that crack-cocaine availability was a “10+.” The Crime Lab of the Hamilton County Coroner’s Office was contacted in this reporting period, and it also reported that the availability of crack cocaine in the area was high.

An overall increase in the use of crack cocaine was reported over the last six months. Contrastingly, the Crime Lab of the Hamilton County Coroner’s found the number of cases involving crack cocaine seen in the last six months to remain unchanged. The youngest age of reported new users was 15 years, with no gender identified as being predominant. A 23-year-old white man, recovering polydrug user, described the increased use of crack: *“If one person gets off the street, two come back.”*

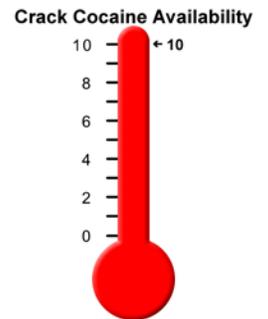
Over the past two reporting periods, crack cocaine has moved up from a “bottom” drug to a more commonly accepted and used drug. Once typified as a drug of the urban African-American poor, crack abuse has crossed ethnic and socioeconomic lines, and is increasing among employed individuals of white ethnicity living in suburban areas.

Participants reported that the quality of crack continues to vary widely, often the result of geographical differences of dealers across the city. Overall, a slight decrease was noted to occur with regard to perceived quality of crack. Participants reported an increase in individuals using powdered cocaine to “rock up” their own crack. Additives reportedly used to cut cocaine included Vitamin B-12, baby orajel, and laxatives. “Fleece,” or counterfeit crack, continues to be sold to unsuspecting drug buyers, and may consist of any of the following: pieces of drywall, wax, peanuts, broken aspirin tablets, and pieces of porcelain.

The most common street names (slang) for crack cocaine included these terms: “melt,” “hard,” “butter,” “rock,” “fire,” “tight white,” and “flame.” Some less common slang terms included “yayo,” “scudder,” “fever,” “tension,” “killa,” “poison,” and “popcorn.” A 50-year-old African-American male former crack user commented: *“You don’t go out there and ask who has that crack, you get into trouble.... But if you ask who got that butter....”*

The price of crack on the streets remained relatively stable over the past six months, with some seasonal fluctuation reported to occur. Crack continues to be sold to “lower level” users by a “dollar” amount, rather than weight of drug, and typically varies in price between \$2 and \$20. Crack was reported by several participants to cost more during nighttime hours than during the day.

Prices for various quantities of crack cocaine included the following: 1 gram for \$25-\$50, an 8-ball (1/8 ounce) for \$120-\$150, ¼ ounce for \$210, and an ounce commanding a range of \$300-\$600. Being closely connected to the dealer reportedly enables the buyer to get better deals on their drug, such as a price of \$300 per ounce of crack. Crack could be obtained for no monetary cost if an individual provided sexual favors to the dealer, or if a user loaned his/her car to the dealer for a specified amount of time (referred to as “crack cars”). This practice was corroborated by the law enforcement reports.



Smoking remains the primary mode of administration. However, crack injection (crack dissolved in lemon juice or vinegar) is being more commonly reported among white users.

Crack was reported by several groups to be commonly used in combination with marijuana (“primo”). The term “bootleg speedball” was used to describe the practice of using crack cocaine in combination with heroin. The use of alcohol in combination with crack was also reported to be as prevalent as “bootleg speedball.” Other drugs cited as being used in combination with crack to a lesser degree included Viagra, Ecstasy, methamphetamine, prescription pain medication and pharmaceutical tranquilizers.

## Cocaine HCl

### Current Trends

Powdered cocaine (cocaine HCl) continues to be readily available in the Cincinnati region, with a reported slight increase in availability over the past six months. Participants estimated the average availability at a level of 9 (scale from 0 to 10). The Crime Lab of the Hamilton County Coroner’s Office reported that the availability of powdered cocaine in the area was moderate and unchanged in the past six months.

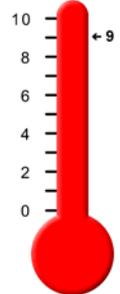
Overall, the quality of powdered cocaine was described as somewhat variable, depending on the “connection.” A 44-year-old African-American female former poly-drug user explained:

“ It depends on if you’re buying it from someone you know, or you just buying it.... You may get baby powder.... But if you buy it from someone you have to go meet, you may get quality stuff. ”

Commonly used street slang for cocaine included the following terms: “powder,” “blow,” “soft,” “girl,” “white,” “white girl,” “white bitch,” “snow,” and “snow white.” Less commonly used terms included “skeet,” “flake,” “fish scale,” and “nose candy.”

The price for a gram of powdered cocaine was found to vary between \$30 and \$70, a decrease compared to the previous reporting period of \$60-\$80 per gram. The price in the city was reported \$30-\$50 per gram, with a mark-up occurring for transport to the suburbs where a gram of cocaine could cost up to \$100. The price for 1/8 ounce of powdered cocaine varied from \$100 to \$180, and up to \$225 for high quality “fish scale” cocaine. An ounce of powdered cocaine ranged from \$500 to \$800, down from the previous reporting period of \$800-\$1200, with the range typically defining the quality of drug. The price for higher amounts of powdered cocaine continues to be reported as lower than reporting periods dating a year or more ago. A kilogram of powdered cocaine could be found for purchase in the range of \$12,500-\$18,000. Law enforcement reported slightly higher amounts necessary to make a “buy,” in the range of \$18,000-\$20,000 per kilogram, but noted that they are also purchasing cocaine at a lower price point than the previous six months. Powdered cocaine in Southwest Ohio was reported as coming from Mexico, Texas, and/or Arizona, with a noted increase in powdered cocaine arriving through Hispanic connections. Law enforcement described that Hispanics may have kilos of cocaine “fronted” to them for resale, typically through family connections to the source.

Cocaine HCl Availability



Channel 5 news in Cincinnati reported (January 20, 2006) the story of a Texas trucker who was caught with 13 pounds of powdered cocaine hidden in the sleeper truck he was driving. The cocaine was bound for the area of the city known as “Over-the-Rhine.” Officials cited by the news source placed the street value of cocaine at \$900,000. According to the law enforcement, the truck driver was suspected to be part of a drug trafficking ring that distributed more than 100 pounds of cocaine in the Tri-State area over the past year.

Intranasal inhalation was cited as the most common method of administration, but an increase in intravenous (IV) use reported over the past two months. Some individuals laced marijuana with powdered cocaine. The practice of mixing heroin with powdered cocaine (“speedballing”) has reportedly increased over the past six months, such that the practice was seen as “very common” among most participants. The use of CNS stimulants in combination with powdered cocaine was reported as less common, but included concurrent use with ecstasy or methamphetamine. CNS depressants were more likely than stimulants to be used in combination with powdered cocaine, including alcohol, and to a lesser extent, prescription benzodiazepines, Serquel® (quetiapine fumarate), used for the treatment of schizophrenia, and anti-depressant trazodone (Desyrel®).

Powdered cocaine use was reportedly common among white, middle or upper class individuals, typically employed, with no difference noted in gender. Several participants reported that powdered cocaine use was equally common among whites and African Americans, but did not cite Hispanics as frequent users of powdered cocaine. Younger users of powdered cocaine were reported by participants, with an age range of 16-25 years as common. Even though powdered cocaine was seen as an “accepted” drug of abuse, there was no clear indication of an increase in overall use during this reporting period.

## Heroin

### Current Trends

The availability of heroin slightly increased over the past six months according to the majority of focus group participants. On a scale from 0 to 10, the average reported availability across the city was 9 (range 6-10). The increase was also reported by the Crime Lab of the Hamilton County Coroner’s Office. As in previous reports, geographical variation in availability across the city was noted. The Crime Lab of the Hamilton County Coroner’s Office reported moderate availability of heroin in the area. The increase of heroin in the region was partly related to “Mexican connection.” A 29-year-old white woman, former heroin user, explained: *“One of the reasons heroin has increased is because the Hispanic community has increased.... Most of the dope slingers are Mexican.... Mexicans will meet you, they got a car, they go anywhere.”*



Two main varieties of heroin were reportedly available over the past six months—“Mexican brown” and “Mexican black tar” heroin. Although several participants cited that “China white” heroin from New York could be found, it was described as being rare, being distributed through only a few sources within the city, and was not a major source of the available heroin on the streets. The crime lab reported seeing all three varieties of heroin, with the “Mexican brown” being the most common. “Mexican brown” heroin, also referred to as Mexican “mud” heroin,

was described as a brown powder, with minor red and yellow colors to it. Law enforcement cited that “Mexican brown” heroin was being transported from Dayton south to the Cincinnati region. Black tar heroin was described as having a “play-doh” or “soft paste” consistency, and was said to be dark brown to black in color. Black tar heroin was cited by participants as harder to inject than brown powder heroin due to its consistency, but was seen as providing a better high than the powder.

Common slang terms for heroin included the following: “H,” “boy,” “horse,” “dog,” “dog food,” “alpo,” “kibbles and bits,” and “cheeva.” Less commonly used terms included “bow wow,” “ruff ruff,” “tar,” “hank,” and “thang.”

The cost of heroin remained relatively stable, but showed some decrease during this reporting period. Heroin is reported to be typically sold by a dollar amount, starting in the \$10-\$20 price range. Quantities of less than one gram heroin were reported to be available at the following price points: 0.1 grams for \$20, 0.25 grams for \$50, and 0.50 grams for \$80. Prices for a gram of heroin ranged between \$100 and \$200, with a more typical range of \$180-\$200 reported. If the user bought a gram of heroin for \$100, it was also noted to be of very poor quality in almost all cases, according to participants. An ounce of heroin was reported as costing between \$2,000 and \$2,600 for “Mexican brown,” and in the range of \$2,500-\$5,000 for black tar heroin. “Baggies” used to hold heroin were often noted to bear a “stamp,” designed to indicate to the user where the drug originated. For instance, various participants described “New York bags.” Other packaging methods described for heroin resale included balloons and bundles (heroin wrapped in notebook paper). “Bundles,” containing 10 bags were reported as coming from the Dayton area. Bricks of 50 bags were also described, but no price point for either could be established. Six months ago bundles sold for \$90-\$120, and bricks sold for \$475. As reported previously, clear capsules containing powder heroin were described as available, costing between \$20 and \$30 per capsule. A kilo of heroin was reported to cost between \$40,000 and \$50,000.

The most common route of administration of heroin remains intravenous injection (IV). Intranasal inhalation and smoking of heroin is also popular, but to a lesser degree. Progression from intranasal inhalation to IV use of heroin was described by several participants as a natural progression over time if someone continued to use heroin on a regular basis. A 28-year-old white woman, former heroin user, described her first heroin injection: *“It was like love at first sight.”*

Many drugs are used in combination with heroin as a common practice. “Speedballing,” the use of heroin with cocaine (powder or crack), was seen as more common now than in previous reporting periods. Reports of combined use of heroin with other CNS depressants, especially alcohol, were reported as common, as well as combinations with marijuana and benzodiazepines.

A disturbing trend, noted to occur over the last year, is a “marketing” strategy used by unemployed, often homeless, heroin users. Reportedly, they aim to “create” new clients by selling cocaine laced with heroin to unsuspecting buyers who think they are buying “just” cocaine, but eventually come to discover they developed heroin addiction. This heroin “marketing” strategy typically targets young people, less than 25 years of age, who have a relatively stable source of income.

Participants described diverse heroin user groups, including homeless “street people,” “grungers” and “goths,” former OxyContin® users who progress to heroin addiction over time,

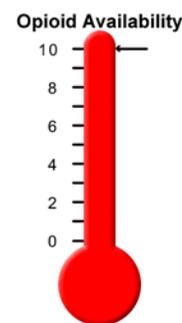
and an emerging group of predominantly male, white, 30-40 years of age business class (middle/upper management) individuals. Since these individuals have a source of income, they were not seen as being in danger of becoming “dope sick” since they could purchase enough drug supply to avoid the complication of withdrawal. Whites and African Americans were reported as more likely to use heroin than Hispanics. Younger whites (less than 25 years of age), with no gender bias, were also cited as an emerging group of heroin users.

In November 2005, the *Cincinnati Enquirer* reported that 4,000 doses of heroin (0.1 gram each) were seized from the homes of two brothers accused of supplying the drug to street dealers throughout the metropolitan area. Street value was estimated to be \$80,000, which corresponds with current reports of heroin prices in the region. The brothers were linked to a drug-distribution network responsible for supplying more than 5,000 bags of heroin each month to street dealers in Hamilton and Clermont counties as well as Northern Kentucky suburbs.

## Other Opioids

### Current Trends

Pharmaceutical opioid availability increased in the past six months and was noted to be 10 to 10+ on a scale from 0 to 10 for the Cincinnati region. This reflects an increase compared to the first half of 2005. The Crime Lab of the Hamilton County Coroner’s Office described the availability of various pharmaceutical drugs specifically for each drug: Oxycontin<sup>®</sup>-moderate, other oxycodones-moderate, hydrocodone-moderate, methadone tablets/wafers-low, Dilaudid<sup>®</sup>-low, and Darvon<sup>®</sup>-low,



Slang terms used to describe OxyContin<sup>®</sup> (oxycodone controlled-release) included “Oxys” and “OCs.” Percocet<sup>®</sup> (oxycodone & acetaminophen) was referred to by the term “Percs,” and Vicodin<sup>®</sup> (hydrocodone & acetaminophen) products were referred to as “Vikes” or “Co-don.” Fentanyl patches were referred to simply as “patches” and occasionally referred to as “morphine patches,” which are not an available product at this time. If someone was referring to narcotics as a whole, entity unspecified, the term “class” was used to refer to these being scheduled drugs.

With regard to diverted pharmaceutical products, OxyContin<sup>®</sup> continues to lead other opioids in desirability. Pricing for OxyContin<sup>®</sup> has remained stable, and typically ranged from \$0.50 to \$0.75 per milligram of oxycodone content. Several participants described increased travel of individuals from Kentucky to Cincinnati to take advantage of the lower pricing since OxyContin<sup>®</sup> in Kentucky currently costs \$1 per milligram of oxycodone content. OxyContin<sup>®</sup> is reportedly used by heroin users. Its abuse creates new heroin users, a factor driven by economics and drug tolerance. Many heroin users referred to OxyContin<sup>®</sup> as a “legal form of heroin” or “gateway to heroin.” The generic extended release oxycodone products have been appearing on the street with more regularity than in previous reports, and are being sold with the same pricing scheme as the branded products.

Methadone is reported to be easy to obtain on the street, and was identified as a contributing factor in several deaths throughout the region over the past 6-12 months. As described in previous reports, fewer 40 milligram methadone wafers appear to be available, but tablets and

liquid methadone were readily accessible for individuals seeking the drug. The price for a 40 milligram wafer increased slightly to \$20-\$30, while a 5 milligram tablet could be purchased for \$2-\$3, and a 10 milligram tablet for \$4-\$5. Liquid methadone was reportedly available for \$10 per “swallow,” approximating \$0.50-\$1.00 per milligram of methadone.

In July 2005, there were three deaths associated with methadone abuse reported in the Cincinnati news. Two of the deaths involved friends, one an 18-year-old male, the other a 19 – year-old male that ingested an estimated 6-8 methadone tablets (strength not specified) during a night of partying. According to the report, the boys may have obtained the tablets from a family relative that used them for pain control. The 21-year-old man that survived estimated that he had ingested a total of 60 milligram methadone that night. Both of the deceased young men had blood levels of methadone that exceeded amounts reported in the literature as lethal in humans. The third death attributed to methadone was not related to the other two except that the same drug was involved. Information about the male involved was not released, but occurred one day after the other two deaths.

The increase in methadone-related deaths may be due to more prescriptions being written for pain conditions in addition to its use for addiction treatment. Physicians moved away from widely prescribing Oxycontin<sup>®</sup> to avoid complications from diversion of the drug to the street. Part of the physician’s shyness may also be due to increased scrutiny from the Drug Enforcement Administration (DEA), with many physicians having to account for high numbers or frequently written prescriptions.

Morphine tablets, especially the sustained release (SR) morphine, were noted to be accessible, but not as popular, nor as available, as OxyContin<sup>®</sup> tablets. When available, 15 milligram IR tablets could be obtained for \$7-\$10 per tablet. The 30 milligram SR morphine tablet was reported to cost between \$10 and \$20, 60 milligram tablet between \$20 and \$30, and 100 milligram tablet between \$40 and \$50, averaging \$0.40-\$0.70 per milligram of morphine content. The branded product Kadian<sup>®</sup> (extended release morphine in a capsule form) was reported as available on the street for \$5 for a 30 milligram capsule.

Other opioids frequently encountered as a result of pharmaceutical diversion included Vicodin<sup>®</sup>, Lorcet<sup>®</sup>, and Lortab<sup>®</sup>, products containing combinations of hydrocodone and acetaminophen. These are typically purchased according to the hydrocodone content in the tablet. It is still noted that users mistake the acetaminophen content in the tablet as the narcotic constituent, most likely because it composes a higher milligram amount in the tablet. The cost (based on hydrocodone content) slightly increased, but remained fairly stable during this reporting period. A 5 milligram tablet cost \$1-\$3, a 7.5 milligram tablet may cost \$3-\$5, and a 10 milligram tablet cost \$4-\$7. The first report of a street value for Vicoprofen<sup>®</sup> (7.5 milligram hydrocodone & 200 milligram ibuprofen) was obtained this round. Reportedly, the drug sells for between \$5 and \$7 per tablet.

Several participants described the easy availability of combination hydrocodone products. Reportedly, the sale of whole prescriptions to a user is fairly common. This was illustrated by an African-American female health educator that stated the following: *“The emergency room is the game now. My back hurt.... Go to the emergency room, they give you ten [tablets], some emergency rooms will give you twenty [tablets], then you go sell the script.”*

Percocet<sup>®</sup> and Tylox<sup>®</sup> tablets, combination products containing oxycodone and acetaminophen, are readily found on the streets as well. Sold according to the oxycodone content, prices

remained fairly stable during the last half of 2005. A 5 milligram tablet cost between \$2 and \$5, a 7.5 milligram tablet cost between \$4 and \$6, and a 10 milligram tablet cost \$6-\$8.

Street availability of other opioids was reported as well, although to a lesser degree. Dilaudid<sup>®</sup> (hydromorphone) tablets could be found, and interestingly prices reported were lower than in the previous reporting periods, with quotes of \$5-\$15 for a 4 milligram tablet and \$30 for an 8 milligram tablet. Participants in the first half of 2005 attributed the drop in Dilaudid<sup>®</sup> price as a connection-based phenomenon. Duragesic<sup>®</sup> (fentanyl) patches were reported to cost \$12-\$25 for a 50 microgram/hour patch, and \$50 for a 100 microgram/hour patch. The prices reflect an increase in the latter half of the year. Law enforcement reported an increased incidence of patches being removed from nursing home residents by either health care professionals or visitors to nursing homes. Described previously, Actiq<sup>®</sup> (oral transmucosal fentanyl citrate) was reported as available for \$50, with the dosage strength not specified. Actiq<sup>®</sup> comes in six dosage strengths ranging from 200 mcg to 1,600 mcg per unit. The first report of street value for Ultram<sup>®</sup> (tramadol) was obtained this reporting period, with a 50 milligram tablet described as costing \$0.25. As far as availability of Darvocet<sup>®</sup> (propoxyphene & acetaminophen) or Tylenol<sup>®</sup> with codeine tablets, participants stated they were “given away” and currently had no defined street value due to low desirability.

Pharmaceutical opioids are primarily ingested as intact tablets, but may also be put into a drink according to participants. It is unknown whether the latter report is due to inability to swallow tablets/capsules or for malicious intent due to subsequent expected CNS depressive effect. OxyContin<sup>®</sup> tablets were typically crushed and then either snorted or injected directly into a vein. Participants described users with “green fingertips” from peeling the coating off the 80 milligram tablets on a regular basis. Fentanyl patches were typically cut open with the content ingested.

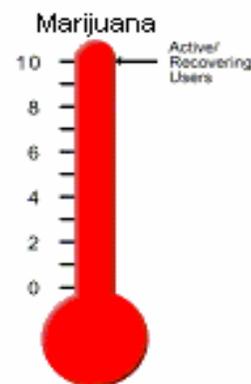
The practice of mixing prescription opioids with other substances was reported as very common among all users. Substances used in combination with pharmaceutical opioids more commonly involved other CNS depressants such as alcohol and marijuana. The CNS stimulants, primarily cocaine, were described by several participants as being used commonly with prescription opioids. Other less commonly described “mixers” included benzodiazepines, diphenhydramine (Benadryl<sup>®</sup>), methadone, and the prescription sleep aid Ambien<sup>®</sup>.

New users of pharmaceutical opioids were described as primarily females, between 18 and 30 years of age. A slight decrease in overall use was described by participants in several groups, with a noted increase occurring in more rurally populated areas.

## Marijuana

### Current Trends

During the past six months, marijuana availability was consistently reported as a “10” or a “10+” on a scale of 0-10, with an overall increase noted according to participants. The Crime Lab of the Hamilton County Coroner’s Office reported high but unchanged availability of marijuana. The increase in availability is most likely due to fall harvest of plants that enter the market through local or out of state sources. Law enforcement continues to describe importation of marijuana from Texas, Arizona, and Mexico as sources for some of the marijuana found on the streets.



Commonly used street names for marijuana in general included “smoke,” “MaryJane,” and “bud.” Specific slang names more often described the grade of marijuana from low to medium to high grade varieties, and included the following terms: 1) low grade--“Shwag,” “dirt weed,” “bull,” and “compressed Mexican,” 2) medium grade--“middies,” “B.C. bud,” “green,” “regular,” and “baby dro,” and 3) high grade-- “dro,” “blueberry,” “purple haze,” “kind bud,” “sticky,” “Kush” or “Purple Kush,” “Skunk #5,”

“chronic,” “white widow,” “Christmas nugs,” “G-14,” and “red thread.” Participants described in more detail characteristics of some high grade marijuana strains (see Table).

Slang terms for high grade marijuana strains	Description of plant material
Purple Kush	Purple tint to leaves
Blueberry	Fluffy, blue-green tint with 3-5 inch buds
White Widow	Gold/yellow color: THC crystals make plant appear “white” when light shines on it
Red Thread	Red thread-like “hairs” on bud
Christmas Nugs	Green and red “hairs”: skunk and pine smell
Dro	Light green color, pleasant smell

Marijuana is often sold by a dollar amount on the street, typically starting in the range of \$5 and up. Participants described street dealers selling marijuana by the “handful” with no baggie in an effort to avoid

possession charges if law enforcement stopped them. A joint reportedly sells for \$10, with blunts running for \$20. Low-grade marijuana could be purchased for \$10-\$15 per gram, or \$50-\$100 per ounce. Medium-grade marijuana was reported to cost around \$120-\$150 per ounce on average, and up to \$200 per ounce. High-grade marijuana was reported to cost \$30-\$60 per gram, with close connection pricing in the range of \$10-\$20 per gram. The following price points were reported for 1/8 ounce of specific marijuana: “Purple Kush” for \$50-\$75, “White Widow” for \$50-\$80, “Blueberry” for \$50, and “Red Thread” for \$45. An ounce of high-grade marijuana (strain not specified) was reported to cost between \$300 and \$400 per ounce. A pound of low-grade marijuana was reported to cost \$600-\$900, medium grade \$900-\$1,500, and high-grade marijuana \$2,000-\$5,000. Despite increases in availability, participants did not observe any decreases in prices of marijuana. On the contrary, increases in prices were reported during this reporting period. An identifiable cause for this increase has not been delineated by the participants, and will require a follow-up study.

Participants reported that the quality of available marijuana was very high. Some believed that the quality was better than in previous reporting periods. Participants associated better quality to a better taste and longer high obtained from use of the product.

Marijuana is primarily smoked by users, but may also be ingested, often after baking it into food. Substances used to lace marijuana included both powdered cocaine and crack cocaine, and the term “primo” applies to the combination with either drug. This practice was reported as being fairly common among users. Although the Cleveland region was cited as an area where “Sherms” or “Wets” could be found (marijuana or tobacco cigarettes dipped in formaldehyde with or without PCP), one participant from the Middletown region reported their availability during the last half of 2005. Several participants also described the lacing of marijuana with heroin. These last two combinations were reported to occur with less frequency than the combination with powdered or crack cocaine.

Overall use of marijuana remains at a high level. Participants reported an increase in marijuana use in the last half of 2005. New marijuana users were described as very young individuals, some as young as 8 years of age. Marijuana continues to be used more frequently by

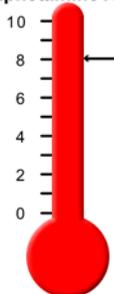
males than females. As previously reported, marijuana use is not limited to any one ethnicity. An overall increase in marijuana use was also reported during the last half of 2005.

## Methamphetamine

### Current Trends

Availability of methamphetamine (meth) was reported to be an average of 8.2 on a scale of 0-10 (range 3.6-10) during the last half of 2005. Previously reported as primarily a rural problem, meth is being reported with increasing frequency in urban and suburban areas. As such, the availability was noted to have increased during this reporting period. The Crime Lab of the Hamilton County Coroner's Office reported to be moderate but unchanged availability of methamphetamine.

Methamphetamine Availability



Slang terms that describe various forms of methamphetamine included "country crack," "crank," "meth," "crittle," "glass," "speed," "ice," "tweak," "wake up," and "crystal."

The types of meth described as available included powder and glass, and this was confirmed by the crime lab. The majority of participants stated that powder meth was produced locally, and several participants described the method of production as the anhydrous ammonia method. Powder meth may appear white and fluffy, or have a shade of yellow or pink. Pink color of powder meth may result from the coloring substance added to anhydrous ammonia tanks. Glass were described by participants as having been brought in from outside the state, primarily California and Mexico. It was described as having the appearance of a "piece of plastic." Law enforcement corroborated production of powder as local and glass as coming from Mexico. The quality of powder meth was largely described as decreasing by participants, while glass quality was stated as unchanged. Law enforcement described a seizure of glass that appeared to be 92% pure. The Crime Lab of the Hamilton County Coroner's Office reported seeing powder and glass varieties of methamphetamine.

Powder meth was easier to obtain than other types. A gram of powder meth was reported to cost \$80-\$100, and 1/8 ounce \$150-\$250. Glass was reported to cost similar to local powder at \$80-\$100 per gram.

Local meth makers made use of "buying groups" to obtain precursor chemicals needed for production. They utilized many different people to purchase small quantities of the precursor chemicals from local retailers in an attempt to avoid suspicion and attention to the purchase. The individuals would bring the chemicals to one location where they either received cash or part of the finished product in return for their efforts.

Sociodemographic characteristics of meth users	No.
<b>Age (Years)</b>	
Range	24-34
Mean	29
<b>Gender</b>	
Male	5
Female	0
<b>Ethnicity</b>	
White	5
African American	0
<b>Education</b>	
Less than High School	2
High School or GED	3
<b>Employment</b>	
Yes	1
No	4
<b>Marital status</b>	
Married/living as married	1
Single/divorced or separated	4
<b>Criminal justice involvement</b>	
Probation/parole	2
No current involvement	3

Additional data about methamphetamine trends was obtained from individual interviews with active or recovering drug users. Individuals participating in these interviews were at least 18 years of age and reported meth use in the previous 12-month period. These interviews were conducted as a continuation of the targeted response study on meth abuse, initiated in the first half of 2005. A total of five individual interviews were conducted. Participant characteristics are displayed in the Tables below. Only 1 of 5 participants described beginning use of drugs with methamphetamine (and cocaine). The remaining four participants reported a range of 4-17 years (avg. 9.75) between first drug use and first meth use.

Overall use of methamphetamine was reported as stable or slightly increasing during the last half of 2005. Meth users were described as young (21-35 years of age) white males or females (with male predominance), over-the-road (OTR) truckers, “hillbillies” or country people, strippers, and bikers. Law enforcement described bikers and Hispanics as primarily responsible for transport of methamphetamine into Southwest Ohio from Texas, Arizona, or New Mexico. Some meth use was reported among former crack smokers. A 55-year-old African-American man, former polydrug user, compared meth and crack in the following way: *“You have one hit a day, you’re cool for that day, but with crack you spending \$20 here, \$20 there, \$20, \$20, \$20...”*

Methamphetamine may be snorted, smoked, ingested, or injected, with most participants describing smoking or injecting as primary routes of administration. Ingestion of methamphetamine wrapped in paper (“parachuting”) and as an additive to coffee was described by participants, but was not noted as a primary route of administration. Several participants reported that younger users will smoke or snort meth initially, but eventually progress to injection. Paraphernalia used to smoke meth included the following items: glass pipes or glass tubes with a bulb on the end, light bulbs, crack pipes, and pop cans. The term “hot rails” referred to the use of a butane lighter to heat the meth in a glass pipe until it vaporized and was subsequently smoked.

The most common substance used in combination with methamphetamine was reported to be alcohol to “take the edge off” the stimulatory effect of meth. Several participants described marijuana and/or ecstasy use in combination with meth, but these were not seen as common practices.

Another participant, a 46-year-old former polydrug user who injected meth (believing it to be cocaine initially) described the effect on sleep: *“Sorry dollface, you won’t go to sleep on meth... find another drug.”* Participants interviewed separately about their meth use indicated lack of sleep, paranoia and depression as side effects of meth use. One individual described anger and aggression as side effects. Four of five meth interview participants reported they eventually reduced their methamphetamine use due to adverse effects experienced under the influence. Only one participant stated that he decreased use due to motivation to “hold onto his money.”

Drug use characteristics of meth users	No.
<b>Use status</b>	
Active	2
Recovering	3
<b>Primary drug</b>	
Heroin	2
Crack	1
Pharm. opioids/alcohol	1
Polydrug/alcohol	1
<b>Age at first meth use (years)</b>	
Range	19 - 30
Mean	22
<b>Has been a regular meth user?</b>	
Yes	4
No	1
<b>Last use (Months)</b>	
0 - 1	1
2 - 5	1
6 - 12	3
<b>Administration at last use</b>	
Smoked	1
Snorted	2
Injected	2

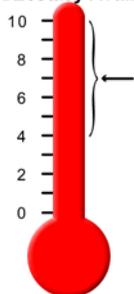
Meth interview participants were asked about measures that would act as deterrents to others thinking of using methamphetamine. Only one of the five stated that “nothing” could be done, and the other four stated that education using real life examples of harmful effects and negative consequences of meth use could be helpful. One participant, a 34-year-old, white male, former heroin user, stated the difficulty in using former users as educating tools to deter new use: *“If you’re headed for a problem with drugs you’re already in the mindset where nothing anybody says is ever gonna matter, cause you gotta learn everything for yourself, and you can’t tell them not to do drugs, they don’t listen...hopefully it doesn’t kill them.”*

## Other Notable Trends

### MDMA/Ecstasy

According to participants, the availability of MDMA increased slightly over the past six months, averaging 8.6 on a scale of 0-10 (range 4-10). Although availability was reported as increasing, several participants also described MDMA as “going underground again” with a smaller group of regular users. Perhaps due to this phenomenon, the Crime Lab of the Hamilton County Coroner’s Office reported low availability of ecstasy in the area. Most MDMA could be found as pressed tablets, but powder MDMA was also noted to be available in limited quantities. Law enforcement described interception of 30,000 tablets of MDMA being transported from Los Angeles to a different destination in August of 2005. In general, however, law enforcement reported encountering less MDMA during the last half of 2005 than previous reporting periods.

MDMA/Ecstasy Availability



During the current reporting period MDMA tablets were found in many colors, including white, pink, blue, and yellow. Variations in the identifying imprint for MDMA tablets was noted as well, and included the following depictions: Pink Panther, Superman, Mitsubishi symbol, Smurf, Motorola, blue dolphin, candy canes, naked ladies, turtles, Mickey and Minnie Mouse, Tweety bird, and Pikachu. MDMA tablets may be named by the imprint on the tablet or by the slang term “X.” Capsules containing MDMA carried the slang term “Molly.”

The cost of MDMA tablets was reported to be \$10-\$25 for a tablet. “Double stacks,” tablets containing a double strength of MDMA, reportedly cost \$25-\$30 per piece. The powder MDMA was reported to cost \$20-\$40 for 0.2 grams or \$15-\$30 for one capsule. If MDMA was pressed along with ketamine in a glycerin base, the resultant “gelcap” of combined product cost \$15-\$20.

A slight predominance of male to female users of MDMA was reported during the last half of 2005. Regular users of MDMA were more likely to be between 18 and 25 years of age or part of the rave scene. MDMA use overall decreased.

The primary route of administration reported for MDMA was ingestion of the tablets. Participants also reported intranasal inhalation of MDMA as a less common route of administration. Substances used in combination with MDMA included alcohol, marijuana and ketamine.

## **LSD, Psilocybin Mushrooms, Ketamine**

Availability of lysergic acid diethylamide (LSD) has remained fairly stable over the past six months with a reported average availability of 6 on a scale from 0 to 10. The Crime Lab of the Hamilton County Coroner's Office reported low availability of LSD. The cost for LSD decreased from \$3-\$10 per dose to \$1-\$5 per dose during the last half of 2005. Liquid LSD was reported as available for \$300 per ounce or \$150 per vial, which purportedly held 40-60 doses. LSD liquid was reportedly poured into emptied eye drop bottles, primarily the Visine™ brand for storage and transport of the drug.

Psilocybin mushroom availability was reported as stable over the past six months, with an average of 5 using the previously mentioned rating scale. The Crime Lab of the Hamilton County Coroner's Office reported low availability of these mushrooms. Although psilocybin-containing mushrooms are commonly reported to have seasonal availability, there was little change during the course of the year 2005. Law enforcement reported that only small amounts have been found during the year, typically homegrown varieties of the mushrooms, which may explain the lack of seasonal fluctuation. Slang for psilocybin-containing mushrooms included the terms "shrooms" and "red caps," the latter earning its name from the red-colored cap on the mushroom specimen. In general, 1/8 ounce of dried material cost \$25-\$30, 1/4 ounce \$50, and an ounce was reported to cost \$150.

Ketamine availability declined over the past six months, and was reported as 2.5 out of 10. The Crime Lab of the Hamilton County Coroner's Office reported not seeing any ketamine in the last six months. Ketamine dried out and pressed into tablets with 0.1 gram content reportedly sold for \$10-\$30, and a gram for \$100.

## **Pharmaceutical Tranquilizers**

Pharmaceutical tranquilizers were reported to be available as an average of 8.9 on a scale of 0-10 during the latter half of 2005. This availability was described as stable or a slight increase compared to the first half of the year. The Crime Lab of the Hamilton County Coroner's Office described the availability of various pharmaceutical drugs in specifically for each drug: Xanax®-moderate and other benzodiazepines-moderate.

Slang terms used to describe alprazolam tablets included "footballs" and "Zanies." Specific reference to the 2 milligram Xanax® tablets included "bars," "ladders," "lincoln logs," "logs," and "totem poles." Valium® tablets were generally described as "V-cuts," and Klonopin® tablets as "K-cuts." The drugs were described by color: "peaches," "blues," and "purples," but it was unclear as to the exact product designation of these slang terms.

The most desirable tranquilizer, according to participants, was Xanax® (alprazolam). This was corroborated by law enforcement who described an increase in 1 milligram alprazolam tablets coming in from Mexico (tablet imprint: Upjohn 90). Branded tablets available in the U.S. carry the imprint of "Xanax 1.0", even though they are manufactured by the same pharmaceutical company (Upjohn). Prices of alprazolam included \$1-\$1.50 for 0.5 milligram, \$1-\$3 for 1 milligram, and \$4-\$5 for 2 milligram tablet. Only one group described seeing the 3 milligram XR Xanax® on the streets, which carried a \$4-\$5 price per tablet.

The price structure for clonazepam (Klonopin<sup>®</sup>) tablets was similar to alprazolam with \$1-\$1.50 for 0.5 milligram, \$1-\$3 for 1 milligram, and \$5 for a 2 milligram tablet. Diazepam (Valium<sup>®</sup>) tablets in the 5 milligram and 10 milligram strengths were available for \$1-\$1.50 and \$2-\$3 respectively.

Similar to pharmaceutical opioids, the most commonly reported substances used in combination with tranquilizers included alcohol and marijuana. The practice of mixing a “downer” with pharmaceutical tranquilizers was described as very common among users.

Pharmaceutical tranquilizers were more likely to be ingested as whole tablets or crushed and snorted by users. Participants reported that pharmaceutical tranquilizer abuse was more common among women than men. User population was described as primarily white, between the ages of 18-30 years, including college students. Overall use has remained stable over time.

## Emerging Trends and Terms

Dextromethorphan (DXM) abuse was again reported during this reporting period. DXM was often added to the mix of other drugs when available. The product was shoplifted (“shop-it”) easily from store shelves according to participants.

The term “Kryptonite” was reported by young participants in the 18-21-year-old group as a type of “pill that makes your bones stiff.” The effect was described as similar to LSD. When asked for a definition of “making your bones stiff” participants described “not being able to move the legs while under the influence.” Although speculative, the author suspects that the tablets may contain a dissociative anesthetic like ketamine. Corroborating this speculation are earlier reported findings of ketamine being pressed into tablets, either as a single entity or with MDMA. In a previous report, the term “Kryptonite” was used to describe a hybrid strain of marijuana that appeared to glow green in the dark. Historically, the term “Kryptonite” has also been applied to crack cocaine, crack cocaine combined with marijuana, and methamphetamine. Although the actual definition of “Kryptonite” for this report remains unverified, having potential for multiple meanings for the same term indicates a need for further inquiry from participants in order to fully delineate true meaning of slang term(s).

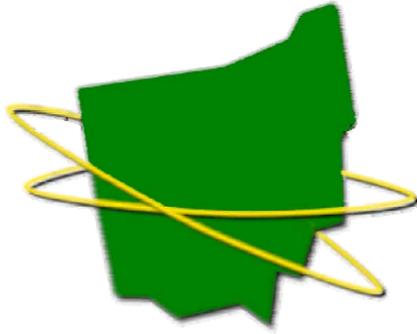
One participant, a 22-year-old Hispanic male, described notice of peyote use during the past six months. As this has not been previously described in this region, the notice will require further study to determine the extent of use.

Other pharmaceuticals described as having street value included carisoprodol (Soma<sup>®</sup>) \$0.50-\$2 per tablet, cyclobenzaprine (Flexeril<sup>®</sup>) \$0.25 per tablet and amitriptyline (Elavil<sup>®</sup>) \$0.50-\$1 for each 50 milligram tablet.

For the first time quetiapine (Seroquel<sup>®</sup>) has been described as available on the street as a drug of abuse. Two separate focus groups described street value of \$1 per 100 milligram. Quetiapine, an atypical antipsychotic medication, has only recently been described as having abuse potential. There are two reports in the literature concerning both intranasal and intravenous abuse of quetiapine, primarily in the incarcerated population. Although the prevalence of abuse in the Cincinnati region is unknown, the Cincinnati Drug and Poison Information Center recorded more than 350 calls for identification of quetiapine tablets among the general popu-

lace and law enforcement during the reporting period. Law enforcement retrieving quetiapine tablets from suspects accounted for 10% of the calls, with more than half of those involving more than one potential drug of abuse. Quetiapine is a prescription medication, but not controlled or scheduled, so possession does not carry a felony charge. It is suspected that the sedative and anxiolytic properties of quetiapine motivate abuse of the drug. The reported abuse of quetiapine will require additional study to determine whether this is an emerging trend in the region.





The  
**Ohio Substance Abuse  
Monitoring Network**

June 2005 — December 2005

Meeting Twelve  
February 3, 2005

# **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**

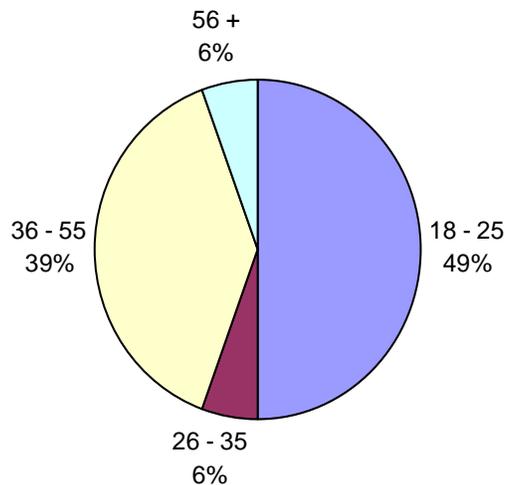
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### Qualitative Data Sources

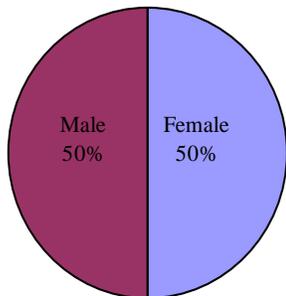
Focus Group	Participants	Type of Participants
9/21/2005	7	Inmates
11/14/2005	8	Juvenile Detention Center Staff
11/14/2005	13	Cleveland Adolescent Treatment Providers
11/16/2005	17	Catholic Charities and Hispanic Center Treatment Providers
11/29/2005	4	Cleveland Department of Public Health Providers
11/29/2005	10	Cleveland Department of Public Health Treatment Group
<b>Total</b>	<b>Total</b>	
6	59	
<b>Interview</b>		
11/30/2005	1	Methamphetamine
	<b>Total</b>	
	1	

### Age Active/Recovering Users

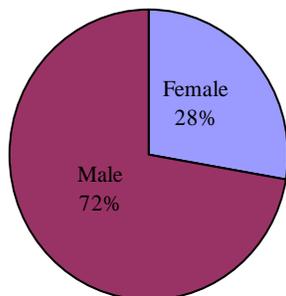


### Gender

All Participants

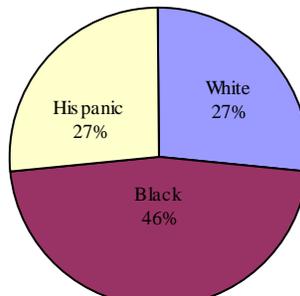


Users

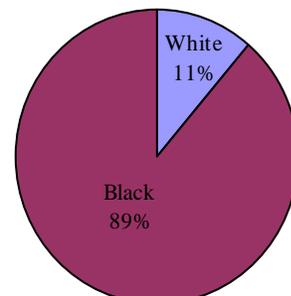


### Ethnicity

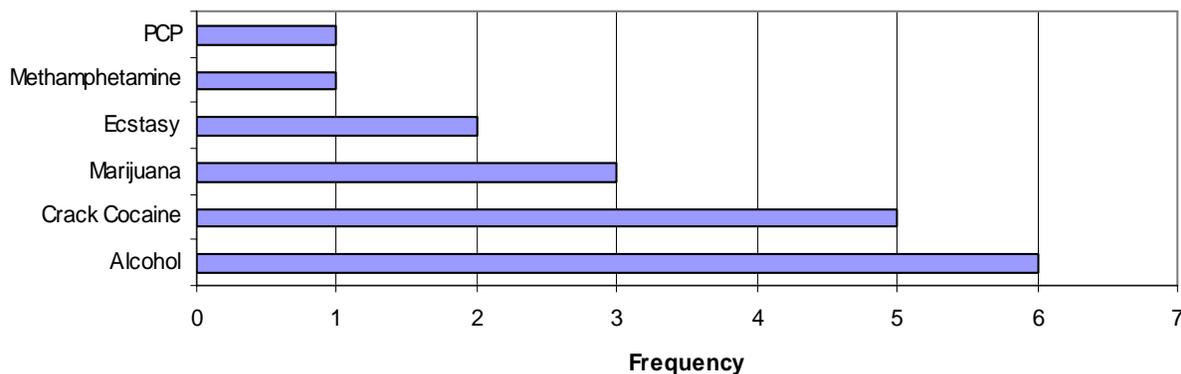
All Participants



Users



### Primary Drug of Abuse



## Crack Cocaine

### Current Trends

According to the focus group participants, the availability of crack cocaine (“bolder,” “rock,” “crumb,” “stones,” “hard,” “caine,” or “biera” according to the Latino community) in the Cleveland area remained very high. The Cleveland Police Forensic Laboratory also reported that crack cocaine availability was high and unchanged in the Cleveland area. Crack was described as being available “everywhere” and could be purchased in a variety of quantities and sizes. One user noted: “*It’s the thing now... everybody got it.*” Another user stated:

“ You get more people selling crack now than you ever had – than ever thought about it – ‘cause eventually everybody’s gonna come to them for at least \$10, then later \$20, and then \$50 at a time. ”

In general, treatment providers and users reported that the quality of crack cocaine was decreasing greatly. However, they also indicated smaller rocks were more likely to be of higher quality. Crack was selling as low as \$3 for crumbs and \$20 for rocks, with 3 rocks available for \$50 in some areas.

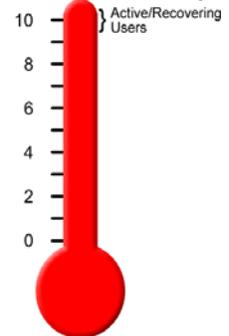
During this round, participants reported an increase in crack use among middle-aged and older adults (generally 30 and above) and adolescents (typically ranging from 15 to 18). Treatment providers and users suggested that it is becoming more common for adolescents to sell crack cocaine. Some indicated adolescents were selling crack solely to make a profit, and were not using the drug. Others suggested most were selling and using.

Respondents suggested that crack-cocaine use was more common among individuals of lower socio-economic status, but did occur among individuals who held professional jobs. Reportedly, its use was not limited to a particular racial or ethnic group. One user stated:

“ It branches out everywhere – doctors, lawyers, everyone. Other people are doing it now – younger, white, everyone. ”

Both users and treatment providers continued to report that the most common mode of administration of crack cocaine was smoking. In addition, adolescents used crack that had been dipped in, or cut with, unknown substances.

Crack Cocaine Availability



## Cocaine HCL

During this round, participants indicated that powdered cocaine (“coke,” “powder,” “dust,” “blow,” or “perico,” according to the Latino community) was available, but not as “popular” as it had been in the past. The Cleveland Police Forensic Laboratory reported that powdered cocaine availability was low and unchanged in the area. However, similar to previous reports, powdered cocaine appears to be more easily accessible in the suburbs – particularly in the eastern part of the county. One user stated:

“ Powdered cocaine is available, but not as popular anymore. However, it’s not hard to get for those people who use it. ”



According to treatment provider reports, adolescents often get involved in selling powdered cocaine. A treatment provider noted:

“ This one kid tells me he made about \$2,000 a day selling powdered cocaine. Others report making anywhere from \$500 - \$2,000 a week. ”

Users reported the quality of powdered cocaine was decreasing. They indicated the drug was likely to be cut with other substances. Similar to earlier rounds, powdered cocaine was reported to sell for \$80 - \$100 per gram and \$1,000 - \$1,500 per ounce.

Both users and treatment providers suggested that powdered cocaine was primarily used by white professionals. However, they also indicated that powdered cocaine was common among Latino communities, and could easily be found in Latino clubs. Users and providers also indicated an increase in the number of adolescents (18 and under) using the drug.

Most users were likely to snort the drug. However, many also injected it. Some youth would lace marijuana with powdered cocaine. Powdered cocaine often was used in tandem with alcohol and marijuana.

## Heroin

### Current Trends

Participants indicated continuing increases in heroin (“boy,” “dog food,” “death,” “H”) availability in the Cleveland area. Active and recovering users estimated heroin availability at about 9 (on a scale from 0 “not available” to 10 “high availability”). In contrast, the Cleveland Police Forensic Laboratory reported that heroin availability was moderate and unchanged in the Cleveland area. The crime lab also reported that the brownish powder was the most common form of heroin seen in the area, but black tar heroin was seen as well.

This round, treatment providers indicated they believed the quality of heroin was poor. However, users reported the quality of heroin was generally good. The price of heroin remained comparable to earlier rounds with users reporting that bags typically cost about \$20. However, heroin was also available for purchase in bundles (10 bags) for \$100.

Treatment providers and users reported increases in heroin abuse in the Cleveland area. One user indicated:

“ Yeah. Heroin in the neighborhoods now is like the comeback thing. A lot of people are switching over to heroin now. The reason, I don’t know, it’s cheaper.... Heroin is different. They’re feeling it longer. ”

Moreover, users and treatment providers again reported an increase in younger users, typically ranging from early teens to mid-twenties. A treatment provider commented:

“ I think it’s on the rise in the suburbs. More of the suburban kids tend to be using heroin. We used to think of it as kind of an inner-city thing. ”

Several treatment providers also suggested that heroin use has grown in popularity among all ages within the Hispanic population. Along these lines, one respondent stated:

“ Heroin is very popular with the West-Side Hispanic population. They believe you can’t get addicted if you smoke. ”

In terms of modes of administration, younger users were more likely to have snorted or smoked heroin, whereas older users were more likely to have injected the drug.



## Other Opioids

### Current Trends

Users and treatment providers indicated that OxyContin® (oxycodone controlled-release) use was increasing. Users and treatment providers also reported an increase in availability and use of Tylenol® with codeine, Vicodin® (hydrocodone), and Percocet® (oxycodone). Once again, there was no mention of Dilaudid® (hydromorphone) or fentanyl use. The Cleveland Police Forensic Laboratory reported that moderate availability of OxyContin®, other oxycodones, hydrocodone, methadone, Dilaudid®, and Darvon®. One user said:

“ It’s a lot of drugstores on people’s streets that they just don’t know about. ”

The cost of pharmaceutical opioids varied greatly. OxyContin® was reported to sell for \$10 - \$25 per a 20 milligram tablet, and \$20 - \$50 per a 40 milligram tablet.

Several treatment providers suggested that pharmaceutical opioid misuse has increased greatly among youths, who are often using opioids in combination with alcohol, marijuana, and other pharmaceuticals.

Treatment providers and users also indicated that opioids are used in a variety of ways. Oral ingestion appears to have remained the primary mode of administration. However, it was suggested that people snort and inject opioids as well.



## Methamphetamine

### Current Trends

During this round, treatment providers and users again reported that they had little knowledge about methamphetamine use within the county. Most indicated that methamphetamine could be found in rural counties, such as Ashtabula. One treatment provider commented: “*The meth labs sort of stay out of city limits....*” Consequently, it seems likely that methamphetamine use may have remained limited to specific user pockets, such as gay males, throughout this round. The Cleveland Police Forensic Laboratory reported low and unchanged availability of methamphetamine, with the powder form being more common than the glassy crystals.

## Marijuana

### Current Trends

As has been consistently reported over several OSAM rounds, marijuana remains easily accessible in Cuyahoga County. Active and recovering users estimated availability of marijuana at the level of 10 (“high”). The Cleveland Police Forensic Laboratory also reported that marijuana availability was high and unchanged in the Cleveland area.

Users indicated that the quality of marijuana varies significantly. However, most agreed that the overall quality and purity of marijuana has increased greatly. Sometimes, marijuana is dipped in, or mixed with, other substances, such as PCP. A user stated:

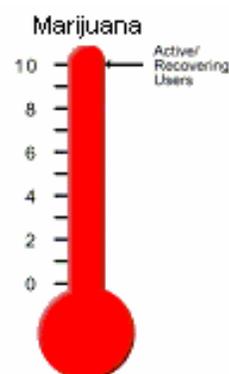
“ I would say the weed they have today... I started smoking weed in the seventies, but I’ll tell you, the weed they have now, I don’t know where it’s from, but it’s ten times as powerful. You don’t have to smoke as much – just a little tiny bit. ”

Treatment providers and users reported instances in which adolescents as young as age 11 were using. Marijuana is reportedly easily accessible to juveniles and is perceived as a “no big deal” drug. A treatment provider commented:

“ It seems to be really just a way of life among many of the adolescents in treatment. To them, it’s no big deal. It is clearly available to them at all times. ”

Typically, users smoked marijuana. However, treatment providers suggested that adolescents were orally ingesting the drug as well. Adolescents were also reported to be lacing marijuana with cocaine, PCP, opioids, and embalming fluid.

The price of marijuana remained comparable to earlier reports. Marijuana can be purchased in a variety of quantities, including \$10 and \$20 sacks. An ounce typically sells for as low as \$125 for a lower quality to \$300 for a higher quality “weed.”



## Other Notable Trends

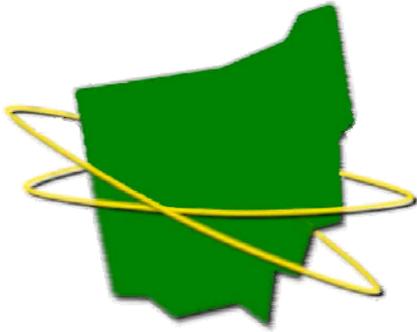
### **MDMA (ECSTASY)**

Similar to the previous reporting period, ecstasy was considered easily accessible. Both users and providers indicated its use was primarily linked to younger individuals, who only use the drug occasionally while in the club scene. The Cleveland Police Forensic Laboratory reported that ecstasy availability was moderate in the Cleveland area.

### **PCP**

PCP was also reported as readily available throughout the area. Several users indicated that PCP was a favorite mixing or cutting agent for other drugs, and was increasing in popularity among adolescents. The Cleveland Police Forensic Laboratory reported that PCP had high availability in the Cleveland area.





The  
**Ohio Substance Abuse  
Monitoring Network**

July 2005 — December 2005

Meeting Twelve  
February 3, 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**

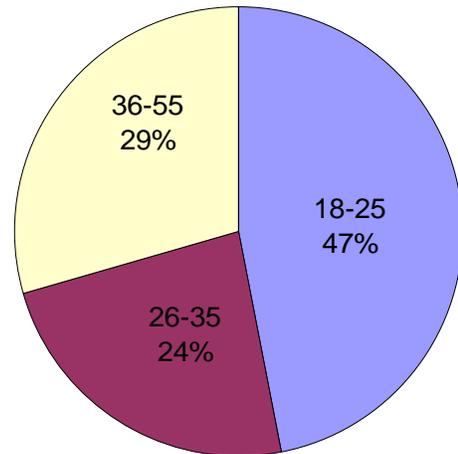
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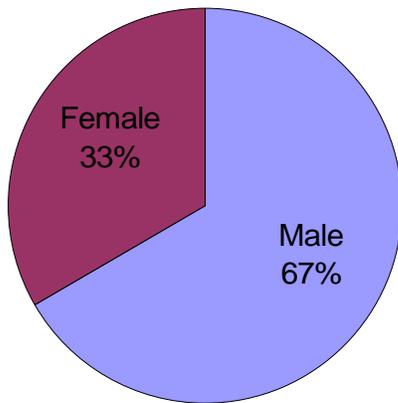
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
11/16/2005	7	Recent & Recovering Users
5/04/2005	7	Treatment Providers
5/10/2005	6	Recent Users
<b>Total</b>	<b>Total</b>	
3	20	
<b>Interviews</b>		
4	24	

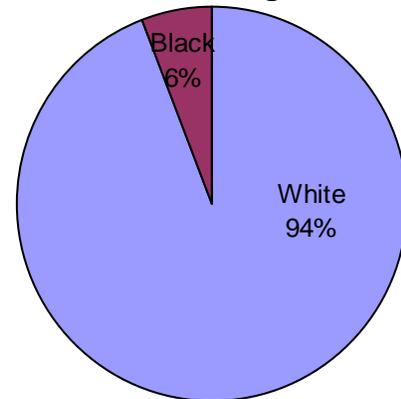
**Age  
Active/Recovering Users**



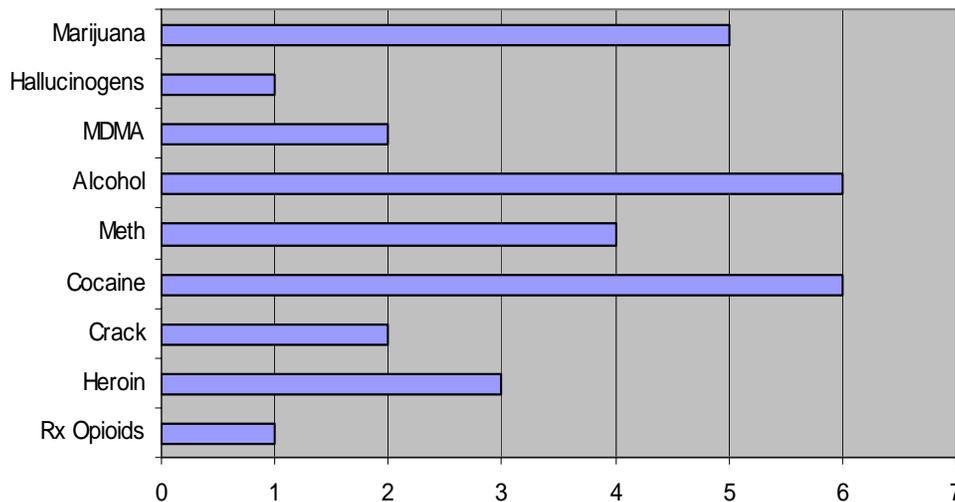
**Gender**



**Ethnicity  
Active/Recovering Users**



**Primary Drug(s) of Use**

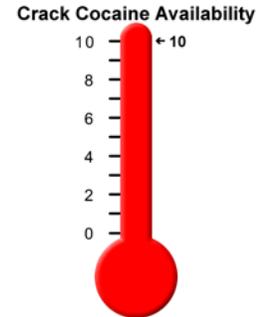


Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of abuse.

## Crack Cocaine

### Current Trends

Of the 17 active/recovering users interviewed for this round, three reported regular use of crack cocaine. Active and recovering drug users continue to report high availability of crack cocaine, “probably the most easiest one to get,” “readily available,” “on every other street corner in Columbus.” While the last comment is an exaggeration, it emphasizes the ready availability of crack in Columbus. Similar to the previous reporting period, drug users rated crack availability at 10 (on a scale from 0 to 10). This is consistent with the ongoing high availability of crack reported by the Columbus Police Crime Laboratory. Crack dealers reportedly are most concerned with making money, even using “wood” (fake crack) to keep selling after they run out of crack cocaine. A 35-year-old white man said,



“ They run outta dope, they know someone’s coming back they’ll put, they call it “wood,” it’s fake dope, they’ll set it in there and sell it to ‘em, just to make their money, they do, they’d sell ya anything, they, they wouldn’t care if it kill ya, just as long as they can make money; it’s a greedy drug. ”

Experienced users of crack cocaine typically complained about decreasing quality of the drug. This could be related to an increased tolerance to the drug (rather than an actual decrease in quality), and one user even suggested this possibility himself.

People who had used the drug recently reported prices at \$500-1000 per ounce and \$120 per 1/8<sup>th</sup> ounce. These reports are fairly consistent with the prices of crack cocaine reported in the previous period, and may suggest a slight decrease in price.

The population of those using crack cocaine has gotten more diverse. Active users reported seeing more Mexicans using crack. Treatment providers also reported seeing increases in use in some populations: younger people (ages 13-19) and older males (ages 60-70). Older males were sometimes reportedly introduced to crack cocaine by younger female users with whom they became sexually involved. Treatment providers also mentioned seeing fewer younger African-American females in treatment, even though there were a high number of users in that population. The stigma associated with crack use was reported by both treatment providers and active users, who described it as “frowned upon in the drug community.” One 27-year-old male user in recovery described crack cocaine in the following manner:

“ Pretty much all I got to say about it is it makes you steal... makes people not trust you, it uh, it goes right to the core of your being and just eats you alive, piece by piece and each time that you go back on it, it just gets worse and worse, never gets better. ”

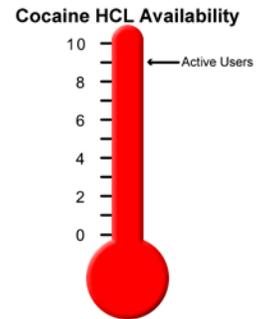
Crack users reported seeing some crack injection. Crack is dissolved in lemon juice or vinegar and then injected.

## Cocaine HCl

### Current Trends

Of the 17 active/recovering users interviewed for this round, five reported regular use of powdered cocaine.

In this period, users reported that the availability of powdered cocaine increased and that the increase took place since the summer months. Drug users rated powdered cocaine availability at about 9 (on a scale of 0 to 10). One 25-year-old white male said, *“There’s been a spike lately,”* when asked about the availability of powdered cocaine. In contrast, the Columbus Police Crime Laboratory reported a moderate and unchanged level of availability of powdered cocaine. The difference between crime lab and user reports may relate to enforcement practices, variable availability of powdered cocaine (i.e., the users interviewed find it very available through their connections but it is less available in general), or an emerging increase in powdered cocaine availability.



Active users reported that the quality has improved over the last year, even though the price has simultaneously gone down. This continues a trend that has been ongoing for about the past five years, according to users. They did describe some variation in quality of the drug by seller.

Similar to the previous period, active users report powdered cocaine prices at about \$40-\$80 per gram and \$100-\$150 per 1/8th ounce. Price did not seem to be associated with quality and seemed to vary by dealer.

Of the active powdered cocaine users who participated in the focus groups, all of them reported snorting it. However, they had observed some people injecting it, but did not feel that this was the most common method of administration. They also mentioned people adding powdered cocaine to joints of marijuana as a “semi-common” practice, and a few users also mentioned adding it to cigarettes. One practice commonly reported was the use of cocaine HCl while drinking heavily to minimize the effects of inebriation. A few active users describe it below:

“ Female: *And it’s like-, I think of it mostly as a party favor too. A lot of people I know that like to do it only do it when they’re out drinking heavily.* ”

Male: *Right.*

Female: *And...the fact that you can still talk without slurring, walk straight lines, and hang out and not just be a complete belligerent.*

Male: *Yeah.*

Other Male: *Sober yourself up.*

Female: *Yeah. I mean there’s a high there but it’s-, it’s not-, the-, that specific high isn’t what you’re looking for. It’s just being able to stay out and party more. It’s like a*

*“drinking accessory.”*

Treatment providers reported that powdered cocaine was not seen frequently as the primary drug of choice among individuals seeking substance abuse treatment. Among those seeking treatment, it was reportedly seen most frequently among individuals who “speedball” (heroin and cocaine combined).

Active users characterized powdered cocaine users a fairly diverse group, which included people who were able to hold jobs successfully. Users felt that it had become more socially acceptable as it had become more accessible. Treatment providers note that, as a group, young, white people are the cocaine users most commonly seen in treatment.

## Heroin

### Current Trends

In the current reporting period, three active users reported heroin as their drug of choice.

An increase in use of heroin among certain groups in this period was reported, particularly among young people. Users reported seeing both “Mexican brown” and white heroin in powder form and black tar heroin. The crime lab also reported seeing all three varieties, with “Mexican brown” being the most common. Users estimated the availability of powdered forms of heroin to be between 9 and 10 (on a scale from 0 to 10), commenting that, heroin is “an easy drug to get your hands on.” In contrast, black tar heroin had an estimated availability of 5 on the same scale. Users reported being able to find heroin where crack cocaine was sold. Users also reported that heroin was coming into the area from Mexico, and in some cases purchasing heroin from Mexican dealers. In contrast, the Columbus Police Crime Laboratory reported a moderate and unchanged availability of heroin. This difference between crime lab and user reports may relate to enforcement practices, variable availability of heroin (i.e., the users interviewed find it very available through their connections but it is less available in general), or an emerging increase in heroin availability.



Users perceived that black tar heroin to be more potent and better quality than the powder. One 46-year-old white user commented, “This tar stuff’s the real deal.” Overall, the users felt that the quality and cut of heroin varied greatly.

According to user reports, heroin sold for \$100 per gram of “the cheap stuff” or \$190-\$225 per gram and \$75-\$90 per ½ gram. Some users reported that heroin was often sold in \$20 “balloons,” which were also seven balloons for \$100.

Heroin users mentioned beginning to use heroin by snorting it and then transitioning to injecting it. Non-heroin users mentioned a stigma being associated with heroin use, perceiving it as “deadly” and as something that “ruins people”. Treatment providers and active users both reported increasing numbers of younger heroin users. Providers also reported increasing numbers of older black men, young white men, Hispanics, and women using heroin. They described heroin as a “dominant” drug. They also reported that the users who most frequently leave and then return to treatment in the future are heroin and opiate users. One active user

commented on the young people he was seeing using heroin:

“ *But uh that’s what’s killing ‘em is... heroin, ODing on heroin or the Oxycontin®, mixing them things with any kinda antidepressant is... I’ve seen it up myself, on a young kids a snorting heroin.* ”

Treatment providers and users both reported a connection between initial OxyContin® or other pharmaceutical opioid abuse and subsequent transition to heroin use. This was also taking place among younger users, as one treatment provider described:

“ *Some of ‘em start out with “Oxys.” They might get some... sort of injury somehow or go to the doctor and say they were injured. Start out with the “Oxys” and then they become more difficult to obtain. The heroin’s out there. It’s cheaper, more plentiful. And then they switch over to that.* ”

## Other Opioids

### Current Trends

Users had reported availability of OxyContin® and its generic form (both are time-release oxycodone), Vicodin® (hydrocodone), Lortab® (hydrocodone), Percocet® (oxycodone and acetaminophen), Percodan® (oxycodone and aspirin), Darvocet® (propoxyphene and acetaminophen), Demerol® (meperidine), methadone tablets, methadone syrup, buprenorphine (Suboxone®, Subutex®), and fentanyl patches (Duragesic®). There was disagreement on how easily accessible various pharmaceutical opioids were. Some of the younger users estimated the availability of pharmaceutical opioids in general to be about 4, though others in the group described them as “highly available.” In terms of OxyContin®, it was felt that one needed to know ‘someone’ in order to obtain it. This is consistent with the low level of OxyContin® seen by the Columbus Police Crime Laboratory. The Columbus Police Crime Laboratory also saw moderate levels of other oxycodones (e.g., Percocet®), hydrocodone, and methadone. The lab also reported seeing low levels of Dilaudid® (hydromorphone), and Darvon® (propoxyphene).



One 23-year-old white male described a cyclical pattern of availability, which may explain the disparity in user reports:

“ *It depends upon what time of month it is. I mean like I know people that get ‘em just every, you know, like on a monthly basis and then they’ll be around for 2 weeks. They’ll be around for the first two weeks of the month.* ”

This variation was thought to be due to the fact that people can get their prescriptions filled on the first of each month. On the other hand, the users in recovery (who tended to be older) estimated OxyContin® availability to be 8-9; Vicodin®, Percocet®, and Percodan® availability to be 10; and buprenorphine availability to be 4.

The older users also mentioned that the 20-mg OxyContin® tablets were the most popular on the streets because they were the most frequently prescribed. They also mentioned that pain

clinics were a source of OxyContin®, wherein the clients were willing to share their prescriptions with each other when one ran out. However, control of prescriptions at these clinics was also perceived to be tighter now:

“ *But, now they're saying you gotta go to a pain clinic... uh, uh recommended by your MD and then you go to a pain clinic and if it's chronic, ya know they will give you the oxy, now you're my doctor, I'm not allowed to have any other doctor...if they find out your butt is out, you'll never get 'em again.* ”

The older users also discussed buprenorphine, which was administered at the clinic they were currently attending. (The younger user group had not heard of buprenorphine.) They had also seen buprenorphine being sold on the streets. The Columbus Police Crime Laboratory reported seeing low levels of buprenorphine, which is consistent with these reports. One pattern of use they had seen was people selling their prescribed Suboxone® to users (some of whom had completed treatment but experienced withdrawal once they were no longer prescribed buprenorphine) who were trying to avoid withdrawal while not taking heroin. One 46-year-old white male commented:

“ *The people that get their [buprenorphine] prescriptions, they sell it on the street so we can take it and stay well... Well, we're gonna get sick when we leave here... and nine chances outta ten if you don't get, find somebody that's got some more of that Suboxone or whatever, you're gonna use again.* ”

The younger users discussed using pharmaceutical opioids in combination with alcohol, a practice that was found to be common among them. This practice was said to be done for recreational purposes. One 25-year-old white female described it as follows:

“ *I tend to drink uh, on a daily occasion though so like I don't think about it as mixing drugs as much... But um, it's not about like being stressed out or nothing like that but it is about like, your muscles do get relaxed and your head feels light and then like everything is so effin' funny.* ”

Prices of pharmaceutical opioids were slightly lower than the previous reporting period. OxyContin® was said to sell for \$0.50-\$1 per milligram; 40mg tablets were reported to sell for \$20 each and 80mg tablets were reported to sell for \$40-55 each. Other pharmaceutical opioids were said to cost 1 tablet/\$3 or 2 tablets/\$5. Suboxone® was said to cost \$5/8-mg tablet. Pharmaceutical opioids were taken through either swallowing or snorting.

Users and treatment providers mentioned that use was increasing among the younger people, and was seen in young white people in particular. Most pharmaceutical opioids, except OxyContin®, are often perceived as being safe and socially acceptable, comparable to alcohol and marijuana. Use was said to be common among both younger and older adult populations.

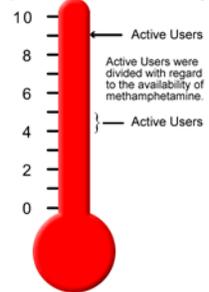
## Methamphetamine

### Current Trends

In addition to the discussion in the focus groups, four methamphetamine users were interviewed individually for this reporting period.

In general, availability seemed to be around 4-5 on a 0-10 scale, consistent with reports from the Columbus Police Crime Laboratory of unchanged and low availability in the area. However, a few users rated the availability of methamphetamine to be much higher (9), though this seemed to pertain to their personal ability to obtain the drug, reflecting the reported phenomena of needing a connection to obtain methamphetamine. As one 27-year-old white user said, *“You gotta know people, make some phone calls.”* One user mentioned availability declining at the beginning of the reporting period due to a large drug bust, but said it had rebounded by the end of summer. Another user reported that availability had increased significantly in the last few years. Users suggested that use was increasing, particularly in the younger population.

Methamphetamine Availability



Some active users reported that the quality has declined lately. Other users suggested that the “glass” variety of methamphetamine was better quality than the powder, though quality in general tended to vary depending on the source. Users reported seeing both the powder form and the glassy shard form of methamphetamine, as did the Columbus Police Crime Laboratory. The crime lab also reported that the glassy shards were the most frequently seen form of methamphetamine in the area.

Users reported a wide range of prices in this period, similar to the previous period. Active users reported that methamphetamine cost about \$300 per 1/8th ounce, \$50-140 per gram, and \$20 per 0.1 gram.

The users interviewed described individuals smoking, snorting, injecting, and swallowing it in a capsule methamphetamine. Smoking was the most common practice. Users often began by snorting the drug and transitioned into other modes of use. Injecting was reported to have become more common recently.

Treatment providers reported that methamphetamine was not frequently seen as a primary drug of choice among individuals seeking treatment, but that the number of people who had experience using was growing. It was reportedly seen most frequently among young patients arriving from rural areas.

Active users characterized methamphetamine users as more likely to be white and young. Some also described rural and suburban users with whom they were acquainted and use among working-class individuals. Users tended to come from both lower and middle-class backgrounds. No homosexual users were interviewed in this round, so it is not possible to comment on trends among this group. A stigma is associated with methamphetamine use. Two young white male users described compared the stigma to that associated with crack:

“ Male 1: *I don't know. I don't really try to associate with too many people [who use meth] like once again that's like a thing-* ”

Male 2: *Yeah, it's like crack.*

Male 1: *People stay up on days-, for days on it [methamphetamine]. And, you know I'd just rather not even associate with 'em.*

Primary users of methamphetamine themselves described the negative consequences of methamphetamine use. These included mounting paranoia, a need for increased frequency/quantity of methamphetamine for use, damage to relationship with loved ones, extreme weight loss, a disregard for personal appearance, job loss, and homelessness.

## Marijuana

### Current Trends

Active users continued to report high availability of marijuana. The availability was reported at a level of 10+ according to active users. According to user reports, availability has gone up. Treatment providers report that it is the most frequently used illicit drug used by those entering treatment. The Columbus Police Crime Laboratory also reported high availability of marijuana in the region, which was unchanged from the past.

Users agreed that the quality of marijuana has gone up. However, the users disagreed when it came to whether the price had increased or decreased recently. Younger users felt that the prices had gone down, while older users felt that prices had gone up. Prices were described as follows: \$20-25 per 1/8<sup>th</sup> ounce of commercial (moderate quality), \$40-50 per 1/8<sup>th</sup> ounce of "hydro" or "KB"—Killer Bud (high quality), \$100-160 per ounce (moderate quality), and \$500 per ounce (high quality).

Treatment providers stated that the cost is low and that users felt that it should be legalized. Both users and treatment providers mentioned the practice of lacing "joints" with cocaine. Users and treatment providers agreed that it was perceived as "natural" and "not a drug." It was reportedly both grown locally and brought up in bricks from Mexico. It was described as prevalent and used by a diverse population. One 26-year-old female user said:

“ Weed is an on-going thing that will never stop... That is the number one choice drug that will never die. ”



## Ecstasy

### Current Trends

Active users also mentioned that MDMA/ecstasy was again becoming more available. This is consistent with reports of high availability of ecstasy from the Columbus Police Crime Laboratory. Prices for ecstasy were reported to have decreased in the last period as well, with ecstasy now costing \$10-15 per tablet. Ecstasy was no longer said to be taken at raves, but was instead said to be taken at bars or to enhance recreational experiences. Younger users placed availability at 5-10. Users observed that increasingly youthful users were now beginning to use ecstasy. The Columbus Police Crime lab also reported seeing frequent polydrug combinations in the case of ecstasy, often involving ecstasy and methamphetamine or ecstasy, methamphetamine, and ketamine together.



Treatment providers reported that they had been hearing descriptions of young males combining ecstasy and Viagra®. They would refer to this combination as “sexstasy”.

## Other Notable Trends

### Pharmaceutical Tranquilizers

Active users reported seeing pharmaceutical tranquilizers frequently and perceived them as available. They reported frequently seeing Xanax® (alprazolam) and Valium® (diazepam). Klonopin® (clonazepam) was also seen. The Columbus Police Crime Laboratory also reported seeing moderate levels of Xanax® and other benzodiazepines. Users reported prices to be \$3 per tablet or 2 tablets for \$5. They also mentioned seeing Xanax® bars for \$10 each.

### Hallucinogens

A few other drugs were mentioned by active users. Psilocybin mushrooms and LSD were both seen by younger users. They reported the availability of both to be about 5 on the scale from 0-10. Prices were as follows: LSD--\$5-10 per hit and mushrooms—\$20-30 per 1/8<sup>th</sup> ounce. The Columbus Police Crime Laboratory reported seeing moderate levels of psilocybin mushrooms and low levels of LSD as well.



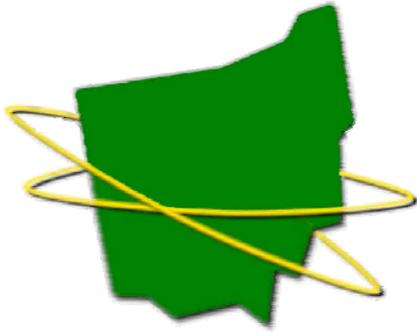
### Methylphenidate

Treatment providers mentioned recreational use of Ritalin® (methylphenidate) by younger users.

### Inhalants

Treatment providers stated that huffing had declined as a practice and was not commonly seen by treatment personnel.





The  
**Ohio Substance Abuse  
Monitoring Network**

July 2005 — December 2005

Meeting Twelve  
February 3, 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**

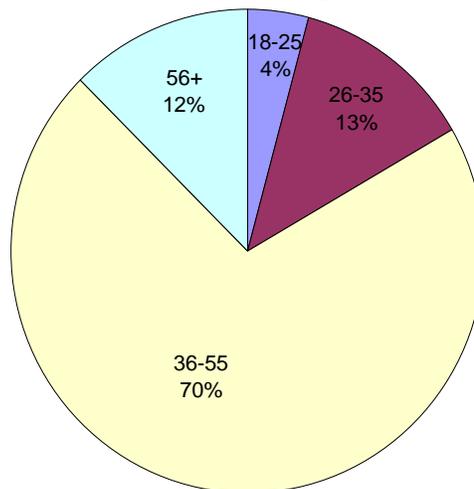
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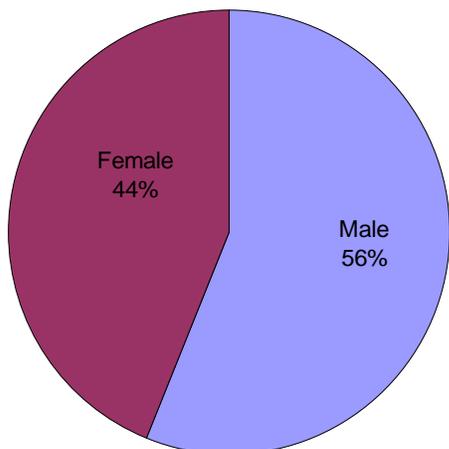
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
09/29/2005	5	Active/Recovering Users
11/16/2005	7	Juvenile Probation Officers
11/18/2005	6	High School Counselors
11/28/2005	2	Treatment Providers
12/09/2005	6	Active/Recovering Users
<b>Total</b>	<b>Total</b>	
5	26	
<b>Interviews</b>		
15	41	

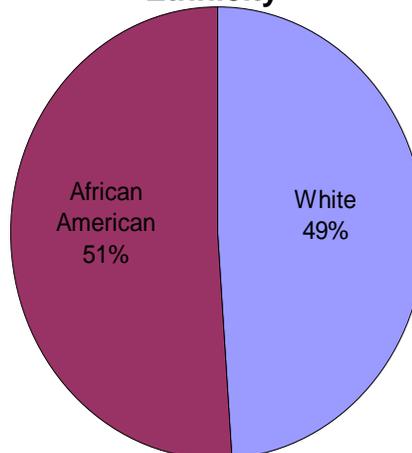
**Age  
Active/Recovering Users**



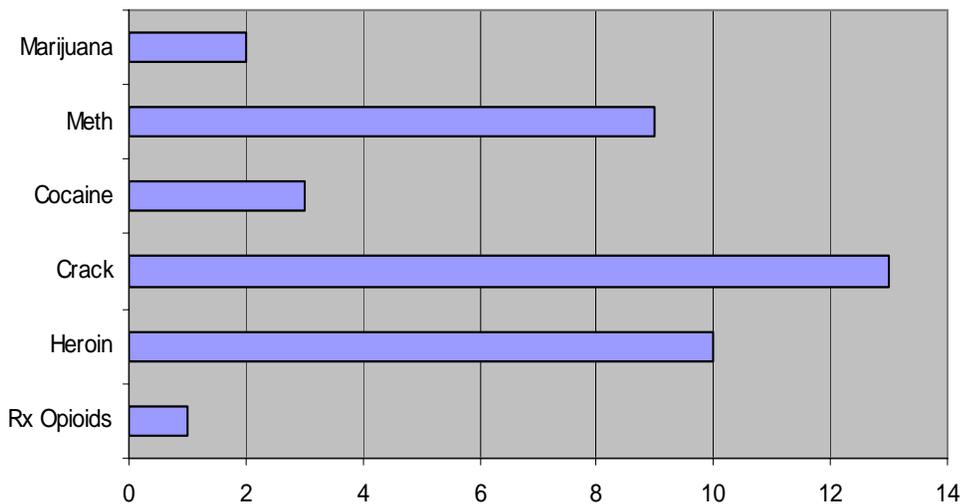
**Gender**



**Ethnicity**



**Primary Drug(s) of Use**



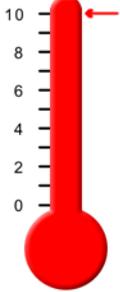
Note: Participants were asked to report what they considered their primary drug(s) of use. Each participant could have reported more than one primary drug of use.

## Crack Cocaine

### Current Trends

Of the 24 drug users interviewed for this round, 13 reported crack as one their primary drugs of abuse. The majority of them were male and African American (see table).

Crack Cocaine Availability



Similarly to the previous reporting periods, active and recovering drug users agreed that crack is very easy to find, and rated its availability at the level of 10, or “10+” (on a scale from 0 to 10). Some users felt that its availability has increased in the past six months. A crime lab professional indicated that crack availability has been high in the area, and it stayed at a similar level for the past six months.

### Participants who reported current use of crack (n=13)

Characteristics	No
Gender	
Male	8
Female	5
Ethnicity	
African American	10
White	3
Age (years)	
Range	32-63

According to drug users, anonymous “street corner” sales of crack cocaine remain common. In some inner-city areas known for their drug-dealing activities, a street dealer may offer “girl” or “hard,” according to the local street vernacular (see table), to strangers whom they meet on a street, in a gas station, or another public place. A 37-year-old white woman, heroin and cocaine user, indicated:

“ You stand in front of this grocery store, and some people come by, “Are you straight, you alright?” They’re asking you if you wanna buy dope...” ”

According to probation officers and drug users, adolescent and young adult involvement in street dealing of crack cocaine remains common, especially in the inner-city areas. Users noted seeing more young African-American women (19-20-year-olds) getting into crack dealing.

Some users believed that the quality of the crack cocaine increased slightly in the past six months. Others felt that the quality was unpredictable or poor. In contrast, a crime lab professional estimated that street level crack cocaine samples are of high purity (over 60%), and the quality has stayed the same. Similar to the previous reporting period, crack prices averaged \$40-\$50 per gram, \$60 per 1.5 gram, and \$90-\$125 per 3.5 grams (“eightball”).

Smoking remains the most common mode of administration. In the current reporting period, some increases in crack injection were reported by drug users. Crack injection is more common among heroin users who inject a mixture of heroin and powdered cocaine (“speedball”). Reportedly, some of these users choose to inject crack instead of powdered cocaine because of two distinct reasons: 1) in some situations, crack may be easier to obtain than powdered cocaine, and/or 2) some users believe that by dissolving crack in vinegar or lemon juice, purity of cocaine is increased, thereby resulting in a better high.

### Street names for crack

“Girl”
“Rock”
“Hard”
“Yank”
“Medicine”
“White”

Local adult substance abuse treatment agencies continue to see high levels of crack abuse among their clients. A treatment provider noted, “Crack [users] I see all the time, every day, all day long.” The majority of the crack using population seen in the local treatment agencies consists of middle aged individuals of lower socioeconomic status, and is overrepresented by Afri-

can Americans. Consistent with the previous reporting periods, new crack users were emerging among elderly populations. A treatment provider noted, *“It is surprising when you see somebody coming in and they’re 60 or 70. Like a grandma whose kids gave it to her, and she smoked it on a Thanksgiving dinner.”*

Although treatment providers, school counselors, and juvenile probation officers continue to see cases of crack abuse among adolescents, crack is perceived as a highly stigmatized drug in this population. A school counselor working with suburban youth, pointed out, *“It’s okay if you do the powder, but boy you are just nothing if you do crack.”* A treatment provider in reference to inner-city youth, indicated:

“ *The young...they’re not using it but they’ll sell it to other people. They don’t use because they seen what’s happened to their parents and their aunts and uncles and stuff.* ”

Relatively high levels of crack use among 20-year-olds continue to be reported by treatment providers and drug users. A 50-year-old African-American male crack and heroin user indicated:

“ *There’s been a couple of young dope dogs that’s been known to be rollin’ [selling crack] in the streets that done bit the dust. They’ll be tripping with the girls, and they end up tryin’ it [crack]. I’m starting to see that. I’m talkin’ about young black guys.* ”

Since the fall of 2002, local treatment providers have been seeing occasional cases of crack use among local community of recent Mexican and Central American immigrants. In the current reporting period, some crack use was reported among migrant Hispanic workers, although no Hispanics were interviewed to confirm this.

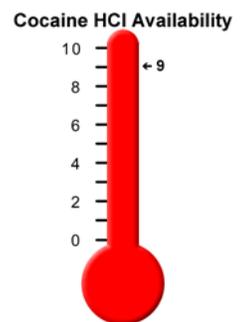
## Cocaine HCL

### Current Trends

Although none of the drug users interviewed considered powdered cocaine their drug of choice, the majority used it on occasional basis, and had current knowledge about its availability, prices and user trends.

Similarly to the previous reporting period, drug users reported that although powder is not as prevalent as crack, it is still very easy to find. They rated powdered cocaine availability between 8 and 10 (on a scale from 0 to 10). Reportedly, many crack and heroin dealers also sell powdered cocaine or “soft,” according to the local street vernacular (see table). A crime lab professional reported an increase in powdered cocaine availability about a year ago, and noted that it has not changed in the past six months.

Some users felt that similarly to crack, the quality of powdered cocaine has increased slightly in the past six months. A crime lab professional felt that powdered cocaine available on the streets is of high purity (over 60%). He noted that the purity has not changed in the past six months.



Reported prices of powdered cocaine remained unchanged since the last reporting period. Similarly to crack, a gram of “coke” typically sells for \$40, and 3 grams for \$80-\$100 (some users noted that an “eightball” of crack equals 3.5 grams, while an “eightball” of powder equals 3 grams).

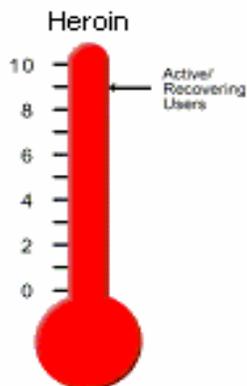
Intranasal inhalation remains the most common mode of administration. Injection is reportedly common among heroin users who like “speedball” (mix of heroin and powdered cocaine) injections. According to drug users and treatment providers, about 50% of heroin injectors also inject powdered cocaine. A crime lab professional also noted an increase in “speedballing” practices (use a mixture of heroin and powdered cocaine) both among injectors and “snorters.” “Speedballing” is reportedly more common among older heroin users. According to juvenile probation officers, some teenagers report smoking marijuana laced with powdered cocaine.

Similarly to the previous reporting periods, powdered cocaine users are typically described by treatment providers as individuals of higher socioeconomic status than crack users, more commonly whites than African Americans. Reportedly, powdered cocaine use is fairly prevalent among strip dancers who tend to use it at work. In the past six months, probation officers reported seeing some increases in powdered cocaine use among juveniles. School counselors working with suburban youth indicated that they observed a notable increase in powdered cocaine use about two years ago, and since then, the use has maintained at similar levels. According to school counselor and drug user reports, “coke” is often defined as a socially acceptable drug, similar to alcohol and marijuana. A school counselor commented:

“ In our district, I think our kids are using it pretty frequently.... It’s not just your druggie group using it, there’s also some other kids from different groups.... When I ask about drug use--marijuana, alcohol, cocaine really follows right next.”

## Heroin

### Current Trends



In the current reporting period, 10 individuals were interviewed who reported heroin as their primary drug of abuse. The majority were male and African American (see table).

Drug users continue to report easy access to heroin or “boy.” A crime lab professional reported some increases in heroin cases in the past six months to a year. Users rated heroin availability at the level of 9-10 (on a scale from 0 to 10). Some felt that its’ availability increased in the past six months, especially in the inner city areas, “Cause everybody tryin’ to have [sell] that now....” Some users reported that crack dealers are switching over to heroin dealing. A 62-year-old African-American male crack user commented,

Participants who reported current use of heroin (n=10)

Characteristics	No
Gender	
Male	6
Female	4
Ethnicity	
African American	8
White	2
Age (years)	
Range	24-63

“ A lot of ‘em that was selling crack switched over to selling heroin because they don’t want to be bothered with that crack clientele. Because the heroin clientele they got a set price. With crack you might, “Give me a 3 dollar piece,” or, “Give me a 4 dollar piece.” ”

Drug users continue to report that similar to crack, heroin may be sold in anonymous “street corner” transactions. However, inner city users reported that usually they deal with somebody who sells heroin from a house (typically, a rented “spot”). Suburban users often contact a dealer by phone or pager and arrange a meeting at a public place. Many heroin dealers also sell crack and powdered cocaine. As a 62-year-old crack user commented, “Usually, you expect ‘em to sell other things.” Reportedly, some heroin dealers sell new syringes.

Street names for heroin

“Boy”
“Raw”
“Dog food”

According to drug users, brown heroin (may vary in color from beige to dark brown) sold in a rock or powder form remains the most common type of heroin seen on the streets. Similarly to the previous reporting period, users continue to report sporadic availability of black tar heroin, which they perceive as being of better quality than brown heroin. A crime lab professional also indicated that brown powder or rock form heroin is the most commonly seen type in the area, but noted occasional cases of white and black tar heroin. He estimated heroin purity as moderate (30%-60%).

Some users noted potential decreases in heroin prices. Reportedly, heroin caps that used to sell for \$20 are selling for \$15 now. Some users reported buying a gram of heroin for \$100 - \$120.

According to treatment providers, heroin use continues to increase among a population of white suburban youth and young adults, many of whom come from middle class or upper middle class families. A 63-year-old heroin user commented, “You see little white kids pull up to the dope houses.” A treatment provider indicated, “I don’t see an increase in older people in 30’s or 40’s or 50’s, only in young people. I think we all got the message that heroin is pretty dangerous. But I think for the younger people... they didn’t get the message.” The majority of these new heroin users start off “snorting” heroin, but many eventually transition to injection.

Heroin use among African-American youth and young adults is less commonly reported by treatment providers or drug users. A 37-year-old female heroin user commented, “Black kids, they are not using it [heroin], they are selling it.”

According to treatment providers, increases in heroin abuse among white youth and young adults continue to be related to abuse of OxyContin® and other pharmaceutical opioids. A treatment provider commented:

“ They start out with Vicodin® or Percocet®. Usually it’s some kid in school selling them. It’s their parent’s prescription. And they like it and then after they get addicted to Percocet® or OxyContin®, then they switch to heroin. And that is the pattern for almost every young heroin user I’ve assessed. ”

As indicated previously, injecting speedball (mixing heroin and powdered cocaine) is very common, especially among older heroin abusers. Treatment providers also reported on an increasing trend of benzodiazepine and alcohol abuse among heroin users.

## Other Opioids

### Current Trends

Similarly to the previous reporting periods, Vicodin®, Percocet®, and OxyContin® continue to be the most commonly abused pharmaceutical opioids. According to the user reports, Vicodin® is the easiest pharmaceutical opioid to find on the streets, while OxyContin® has the highest demand among users. Participants reported occasional availability of methadone and morphine tablets. One participant knew about abuse of fentanyl patches. Drug users rated pharmaceutical opioid availability at the level of 5-7 (on a scale from 0 to 10). A 52-year-old female crack user described street availability of “pills” in the following way:

“ You’d have to go to a certain spot that you know about. It’s not in every neighborhood. Crack you can get on every street corner. Pills, you’re gonna have to do a little huntin’.”

A crime lab professional noted that OxyContin® and other 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 remained similar to the previous reporting period. OxyContin® and methadone tablets may sell for \$0.50-\$1 per milligram, Vicodin® containing 7.5 mg of hydrocodone for about \$5, and Percocet® tablets for about \$6.

Probation officers reported continuing “popularity” of pharmaceutical opioids among juvenile offenders. Treatment providers continue to see increasing numbers of young white heroin users with a recent history of pharmaceutical opioid abuse. According to the school counselors, pharmaceutical opioids remain “huge” among suburban youth who often obtain “pills” from their parents’ medical cabinets and trade them at school.

“ School counselor 1: *I think that’s one of the harder ones in the school to kind of get a handle on, because they just carry the pill in their pocket and it’s so easy to dispose of it, or take, or hand it out.*”

School counselor 2: *We’ve been finding it in “chapstick” containers.... They sell a thing of “chapstick” for 5 bucks. You hand somebody a “chapstick” nobody ever sees it. It’s a perfect pill bottle.*

Pharmaceutical opioids are used for recreational purposes as well as for self-medication of everyday aches and pains. The majority of users perceive “pain pills” such as Vicodin® or Percocet® as “safe” and “socially acceptable”. A treatment provider commented:

“ *It’s like they don’t have any connection of how serious those medications are because they’re prescribed.... In fact, when I talk to them they have no idea that a Vicodin® is different than a Xanax®.*”

According to treatment providers and drug users, abuse of methadone tablets is increasingly common among heroin abusers who try to self-medicate their addiction or “boost” their prescribed methadone intake to experience the euphoric effects. A 37-year-old white woman commented, “There’s a lotta people that’s on methadone at the clinic that buy methadone pills on

*the street.... They're overmedicating themselves, tryin' to get high."*

Reportedly, some individuals who are on methadone regiment use Phenergan® (promethazine) to experience euphoric effects. Luvox® (fluvoxamine), a SSRI family drug prescribed for obsessive-compulsive disorder, is also sometimes used in combination with methadone for similar purposes.

## Marijuana

### Current Trends

Active users continue to report high availability of marijuana. According to probation officers, juvenile offenders often find it easier to access marijuana than alcohol. Some users noted that over the past six months, they have been seeing more of the high quality "weed." A crime lab professional noted that the number of cases involving marijuana has stayed the same over the past six months, and estimated marijuana quality or purity as "moderate."

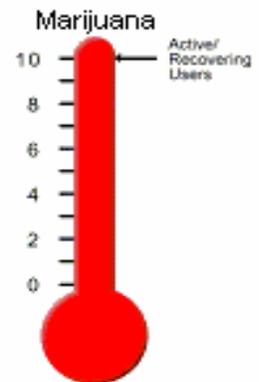
According to user reports, mid-grade "decent stuff" could be bought for \$25 - \$30 per 1/8 ounce and \$150 - \$175 per ounce. The highest quality marijuana ("hydro" or "purple") could be bought for \$50 per 1/8 ounce.

Drug users, treatment providers, probation officers, and school counselors continue to report high prevalence of marijuana use in diverse populations: *"It is universally used," "Everybody is doing it," "I don't know why they call weed a drug."*

School counselors and juvenile probation officers reported that cases of "family" or "generational" use of marijuana ("kids" smoking with their parents and even grandparents) are increasingly common. Reportedly, it is perceived as a socially acceptable drug that is "natural" and "harmless." A probation officer commented:

“ *I had a young lady come in today. She said that she used recently because she got into a fight, so they feel like it's a socially acceptable method of using to calm down, or motivate one's self, or socialize....* ”

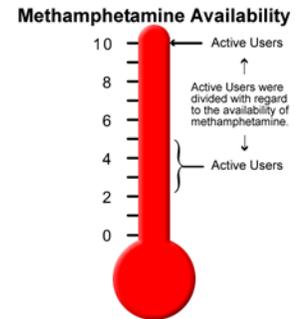
Drug users and juvenile probation officers noted that marijuana users are becoming increasingly younger. A 63-year-old heroin user noted, *"It's really a lot of kids that smoke weed too. I mean young kids. Like 8 or 9. They get it from their parents though."* According to user and treatment provider reports, heavy marijuana use is very prevalent among "dope boys," young heroin and/or crack dealers. A treatment provider noted, *"Young people aren't doing crack because they're doing very good weed. And they have it with a 40 ounce bottle of malt liquor. And that's supposed to be a very sweet high."*



## Methamphetamine

### Current Trends

For the current reporting period, 10 individuals with a history of methamphetamine abuse were interviewed in the Dayton area. As seen from the table, the majority were white and male, age ranged between 26 and 53. Four interviewees were incarcerated (see Table). The majority considered methamphetamine as their primary or one of their primary drugs of choice. Five interviewees were active users and reported their last use within the past two weeks. Four individuals reported that they injected methamphetamine at the most recent episode of their use.



User reports about methamphetamine availability varied. About half of the interviewees felt that it has been really easy to find, and rated its availability at 10 (on a scale from 0 to 10).

“ It changed tremendously yeah. It used to be scarce. It ain’t scarce no more. ”  
 (44-year-old white man)

“ It used to not be very available. And now it’s everywhere. Before I came in here [in the fall], there was people bringin’ it from California. They couldn’t find it around here so there was people goin’ and gettin’ ounces of it from other places. I mean it was pretty much everywhere. ”  
 (26-year-old white woman)

In contrast, other half of the interviewees felt that meth became harder to find over the past year, and rated its availability at the level of 2 to 5. They linked these decreases to the law enforcement efforts to curb local methamphetamine production and abuse.

“ They’re crackin’ down on it more, makin’ it harder for people to make it. ”  
 (42-year-old white man)

“ It was still around but there was only maybe one or two people who was still supplying it. And man, you had to drive 20, 30 miles to get it. ”  
 (39-year-old white man)

Although a few cases of “imported” meth (brought from outside the state) were reported by the interviewees, the majority believed that most meth is produced locally. Some noted an increasing involvement of African-American dealers in meth distribution. A crime lab professional indicated that cases involving methamphetamine seen in the lab have increased in the past six months. He noted that although most cases continue to be from rural areas, some meth labs were busted in the of Dayton as well.

Similar to the previous reporting periods, meth on average sold for \$50-\$70 per ½ gram, \$90-\$120 per gram, and \$350-\$400 per 1/8 ounce. The most common form of methamphetamine was described as white or yellowish powder with shiny crystals in it. This type of methamphetamine was typically referred to as “crystal.” African-American users reported seeing this type of methamphetamine available in a rock form. Another form of methamphetamine was referred to as “glass” or “ice,” and was reportedly less common in the area. A 26-year-old white woman compared the appearance of the two forms of meth, “The ‘crystal’ is like, it looks like little crys-

*tals, but it's got like a dull, it doesn't shine. But the 'glass' kinda has a shiny tint to it...."* A crime lab professional also noted that whitish powder type methamphetamine is the most common form seen on the streets, but reported seeing occasional cases of "glassy crystals." He estimated methamphetamine quality as moderate (30%-60%).

The interviewees indicated that meth use has increased or stayed the same in the past six months. A 32-year-old African-American man explained it in the following way, *"I think that the economy.... and people are depressed, and their job situation.... I think it's increasing."* However, meth use was perceived as a relatively "minor" issue compared to the widespread use of other drugs, especially crack. As a 42-year-old white man, former meth user, pointed out, *"Compared to crack use, it is almost nonexistent."* In the current reporting period, treatment providers have not observed any increases in methamphetamine-related treatment admissions:

““ *As far as my seeing an increase in numbers of the people, I haven't seen it and I'm surprised.* (Treatment provider A) ””

““ *I've heard about meth for years, but very, very rarely. I keep looking for it because it's on the cover of Newsweek and every place else. But I'm not hearing any more than I usually do which is maybe once a month....* (Treatment provider B) ””

Meth users continue to be described as 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 living in the "trailer parks." Similar to the previous reporting period, meth use is spreading among crack users, who may perceive meth as a less expensive but better (i.e. longer lasting, less degrading, and more "productive") high.

““ *All the people that I serve, they was all smoking crack before they started the crystal. And they said they don't know how they ever started smokin' crack when they knew that crystal meth was out there.* (44-year-old white man) ””

““ *I introduced a bunch of people to meth. At the time, thought I was savin' somebody because they would substitute meth for their addiction to crack. Tellin' 'em, this is better than crack....* (26-year-old white woman) ””

““ *Actually, I fiddled with crack for a while, and I grew to dislike it. And what I liked about crank was, crank had some lasting power to it.... It's like I can function a lot better on it.* (53-year-old white man) ””

One treatment provider reported about meth use in the local gay community. In the current reporting period, we obtained more reports about meth use among African Americans.

Smoking remains the most common mode of administration, but intranasal inhalation and ingestion are also fairly common. Some users reportedly are rubbing methamphetamine in the gums, putting it in coffee, or wrapping it in paper and swallowing ("parachuting") it to avoid "blisters" in the mouth. In the current reporting period, we also obtained more reports about increases in methamphetamine injection.

## Other Notable Trends

### MDMA/Ecstasy

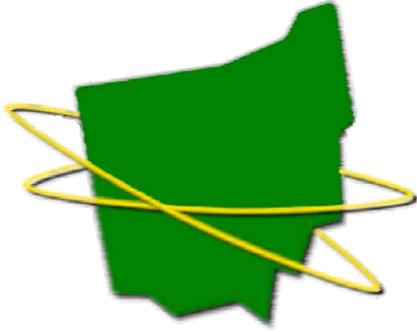
After increasing rapidly in availability and abuse among young whites beginning in late 1999, MDMA (ecstasy) reportedly began to decline in the Dayton area as reported in June 2003. Decreasing abuse of the drug continued to be reported in January 2005. In the current reporting period, a crime lab professional reported continuing decreases in MDMA cases seen in the local crime lab. Treatment providers and juvenile probation officers also noted a decrease in ecstasy abuse. In contrast, school counselors reported some increases in ecstasy use among suburban middle and high school students.

### Pharmaceutical Tranquilizers

Active users, school counselors, treatment providers, juvenile probation officers, and a crime lab professional reported high availability and abuse of benzodiazepines, especially Xanax® (alprazolam), and to some extent Klonopin® (clonazepam) and Ativan® (lorazepam). Availability and abuse of Valium® (diazepam) has reportedly decreased. Active users and a crime lab professional indicated high street availability of Soma® (carisoprodol) tablets.

### DXM

A treatment provider and school counselors noted that abuse of over-the-counter medications containing dextromethorphan (DXM) has increased among juveniles. A treatment provider indicated, *“When kids admit to doing that, they think it’s no big deal. It’s a fad. Other kids are doing it, and they’ve heard it’s a good high, and they can get it over the counter.”*



The  
**Ohio Substance Abuse  
Monitoring Network**

July 2005 — December 2005

Meeting Twelve  
February 3, 2006

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

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

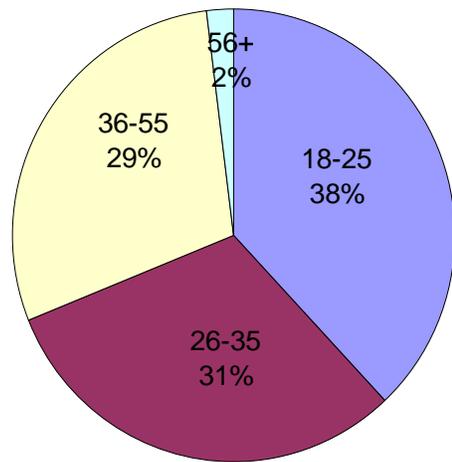
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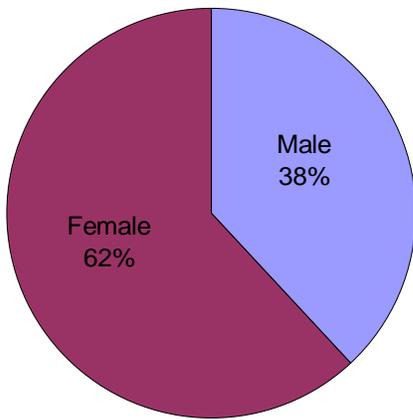
**Qualitative Data Sources**

Focus Group	Participants	Type of Participants
09/25/2005	8	18-20-year-old group
10/24/2005	8	University of Toledo Active Drug Users
10/28/2005	7	Hospital Treatment Center
11/10/2005	8	Hospital Treatment Center
11/14/2005	7	Probation Officers, Counselors, Physician
12/19/2005	8	Homosexual Users
<b>Total</b>	<b>Total</b>	
6	46	
<b>Interviews</b>		
6	52	

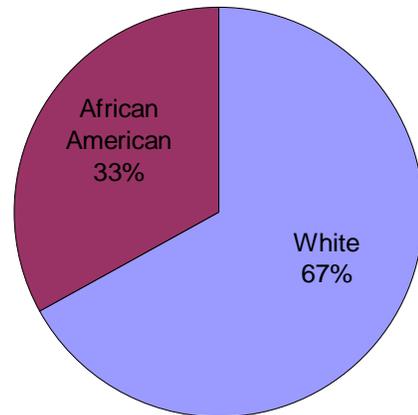
**Age  
Active/Recovering Users**



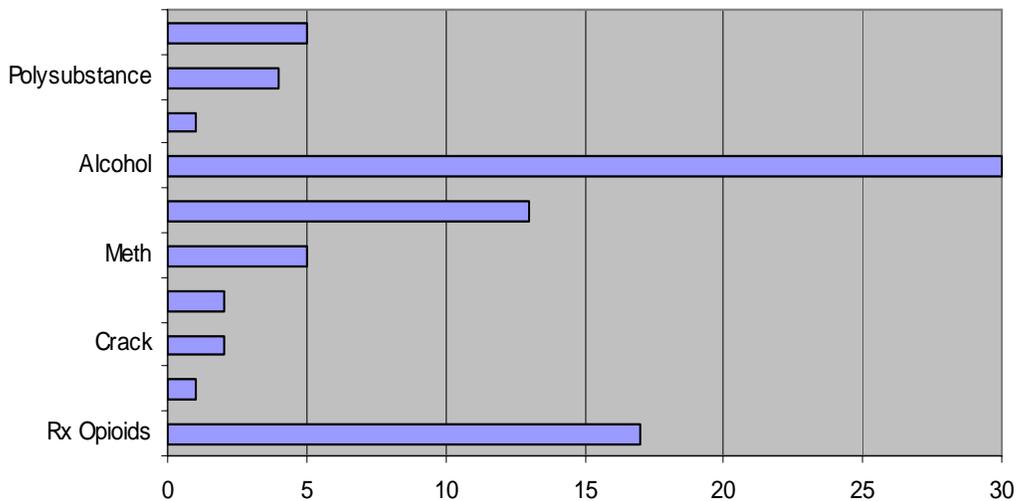
**Gender**



**Ethnicity**



**Drug(s) of Use**



## Crack Cocaine

### Current Trends

Crack cocaine use is reported by participants as having remained consistently available, and this is confirmed by the Toledo Police Department Forensic Lab. Use remains very high in various downtown areas (old west end) of Toledo according to participants. According to one black female, crack cocaine is easy to find with prices at \$10-\$20 for 1/10 of a gram (a small rock). For a large rock (¼th gram) prices range \$30-\$60. The quality of crack-cocaine is perceived to be fair as long as the user knows where to obtain it.

Participants have consistently described a broad range of crack cocaine users in Toledo in terms of their ethnicity, gender, and age. However, participants report that most users are black males and females between the ages of 36 to 55. Likewise, black males between 14 and 18 years of age are consistently reported as a growing population of crack-cocaine users.

## Cocaine HCI

### Current Trends

Users report that there has been a steady decrease in powdered cocaine quality in Toledo and surrounding communities over the last 18 months. However, the Toledo Police Department Forensic Lab reports that the purity quality has been moderate and unchanged in the past six months. Availability of the drug has remained high according to participants. In contrast, the Toledo Police Department Forensic Lab reports moderate availability of powdered cocaine with an increase in the amount seen. Despite the decrease in quality, the price of powdered cocaine has remained steady and is reported to be approximately \$80-\$125 per 1/8-ounce. A 40-year-old black female, who is an active cocaine user, said:

“ Blow [powdered cocaine] is easy to get, I don't know where it comes from, at least around here. But when I use it I don't go overboard too much. Overall quality 'aint no good no more. ”

According to several participants, powdered cocaine use is most commonly seen in populations between the ages of 18 to about 57 years of age. Among the older users, these are typically males, whereas both men and women are among the younger users. Newer users seen over the last six months include young high school males and females. This was corroborated by group members. This is consistent with information reported over the last 18 months.

A common route of administration of powdered cocaine is snorting, especially among younger users. Often drugs such as benzodiazepines (Valium®) and synthetic opiates (OxyContin®, Darvocet®, Percocet®) and heroin are used in conjunction with powdered cocaine. These drugs are believed to help “control” the cocaine high and also ease the user in coming down. Overall, powdered cocaine is perceived to be readily available in Toledo, but the quality of the drug continues to be poor.

## Heroin

### Current Trends

Overall, heroin use and availability was perceived by participants as decreasing in Lucas County, perhaps due to a major heroin seizure in early 2005, though the number of cases seen by the Toledo Police Department Forensic Lab involving heroin remained the same. The average age of the population using heroin seems to be decreasing. Heroin was perceived as being difficult to obtain in the city, and even more so in suburban areas, which corresponds to the low availability of heroin reported by the Toledo Police Department Forensic Lab. This trend differs from trends that are reported throughout Ohio. According to an emergency room physician at St. Vincent's Mercy Hospital, "Heroin use and overdose has definitely decreased over the last year."

The lab also reported heroin in Toledo to be of moderate purity, with the quality remaining unchanged from the previous round. Brown powder was the type of heroin most commonly seen by the Toledo Police Department Forensic Lab, but black tar heroin was seen as well.

## Other Opioids

### Current Trends

The trend from the previous rounds continues. Opioids such as Vicodin® (hydrocodone), Percocet® (oxycodone), and Darvocet® (propoxyphene) are readily available. According to many participants, especially the college-aged users, prescription analgesics have continued to increase in popularity over the last 18 months. Vicodin®, Darvocet®, and Percocet® abuse and availability have remained high. According to active prescription drug users, Vicodin® and Percocet® remain the most accessible prescription analgesics. According to users, the Internet has allowed people to gain access to prescription medications that are often delivered right to their door. The Toledo Police Department Forensic Lab reports seeing moderate levels of OxyContin® and other oxycodone products, but low availability of other pharmaceutical opioids.

According to participants, individuals who abuse prescription analgesics are commonly middle-to-upper-class, white, men and women aged 18-56 years. Abuse of Vicodin®, and Percocet® is also reported as being common among athletes at the college level. Abuse of these analgesic drugs is reportedly becoming increasingly common among high school students. These reports were corroborated by addiction professionals and recovering users. According to reports from active users and substance abuse treatment professionals, prescription analgesic abuse has become more widespread over the last 18 months. It is also significant to note that it is common for users to take prescription analgesics in combination with alcohol in order to "boost" the drugs' effects.

## Marijuana

### Current Trends

Active users and substance abuse treatment providers report that the availability of marijuana remains high despite fluctuations in quality. The Toledo Police Department Forensic Lab also reports high and unchanged availability, though they characterize the marijuana to typically be of high quality. Participants reported that an emerging population of users continues to be young users ages 14 and above. In general, there was a reported high level of marijuana use among suburban high-school-aged males and females.

Prices for marijuana fluctuate depending on quality and location of purchase; however, 1/8<sup>th</sup> ounce of marijuana was consistently reported as costing: \$25-\$45. An ounce of marijuana was reported to cost between \$100-\$150. These prices remain relatively consistent.

## Methamphetamine

### Current Trends

During this round, participants reported that methamphetamine availability and abuse was leveling off or possibly even decreasing in the Toledo area. According to the Toledo Police Department Forensic Lab, methamphetamine availability was low and unchanged, which is consistent with participant reports.

Both the powder and the glass forms of methamphetamine were seen by the Toledo Police Department Forensic Lab, but the most common form of methamphetamine seen by the lab was within tablets with ecstasy. The lab found methamphetamine to be typically of moderate purity, with the quality unchanged from the previous round.

Methamphetamine abuse was typically associated with white, lower socioeconomic groups. According to an addiction professional, high-school-aged youths (mostly female) are experimenting with methamphetamine as a way to lose weight. According to addiction professionals, abuse of methamphetamine has been popular in clubs.

## Other Notable Trends

### Prescription Stimulants

Abuse of Ritalin among young adults, specifically white, middle-class, high school-aged populations, remains consistent. According to the Toledo Police Department Forensic Lab, the level of prescription stimulants seen by the lab is low. Many people who are prescribed these stimulants for the treatment of attention deficit hyperactivity disorder reportedly sell them to other students. According to those who use Ritalin®, prices fluctuate between \$1 and \$6 a tablet. The most common route of administration for Ritalin® is to take the drug orally.

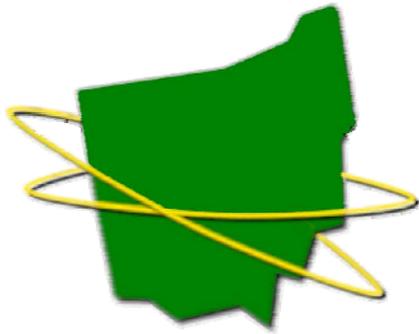
## **MDMA/Ecstasy**

Focus group participants report a continued increase in the availability and use of ecstasy in Toledo. This trend is at variance with what has been reported over the last 12 months. The Toledo Police Department Forensic Lab reports a moderate availability of ecstasy in the area. Ecstasy is often associated with parties involving middle and upper class white adolescents. Ecstasy sells for \$10-\$25 a tablet. Overall availability has reportedly increased over the last six months.

## **Inhalants**

The use of inhalants is reportedly steady with young middle school-aged youth. The use of these products is seen across all races, colors, genders, and ethnicities. It is reported that lower socioeconomic status white males between the ages of 10-14 are most likely to use inhalants. There has been no change in the reported use of inhalants.





The  
**Ohio Substance Abuse  
Monitoring Network**

June 2005 — December 2005

Meeting Twelve  
February 3, 2005

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

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

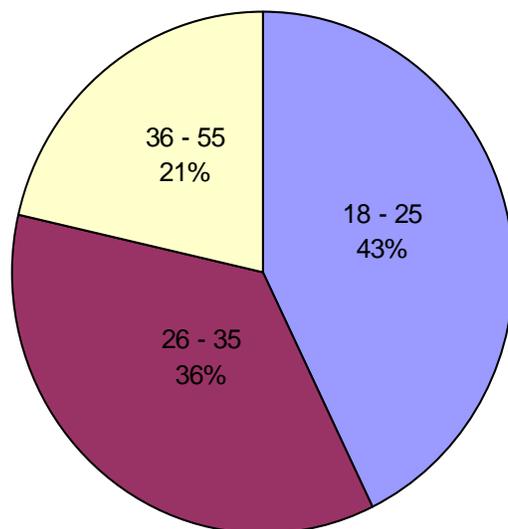
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**Qualitative Data Sources**

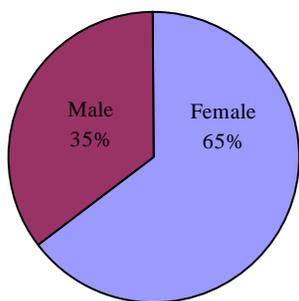
Focus Group	Participants	Type of Participants
10/6/2005	8	Addiction Programs of Mahoning County
10/25/2005	3	Juvenile Diversion Programs of Mahoning County
10/26/2005	5	Recent High School Graduates
10/28/2005	9	Women's Center Resident
10/31/2005	3	Students in Early Recovery at Juvenile Justice Center
<b>Total</b>	<b>Total</b>	
5	28	
<b>Interview</b>		
11/9/2005	1	Methamphetamine
11/30/2005	1	Methamphetamine
12/1/2005	1	Dare Officer - South Range School District
<b>Total</b>	<b>Total</b>	
3	31	

**Age  
Active/Recovering Users**

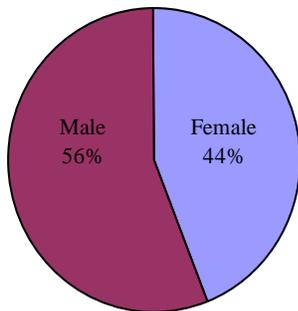


**Gender**

**All Participants**

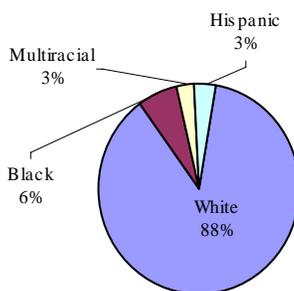


**Users**

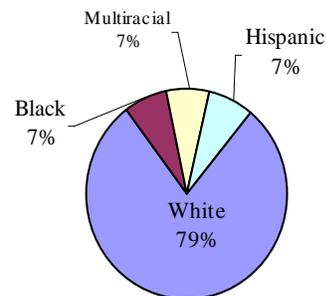


**Ethnicity**

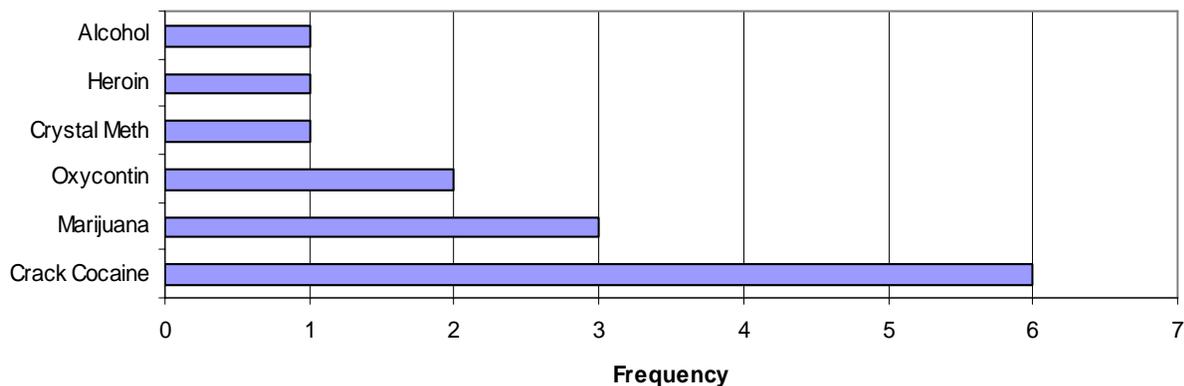
**All Participants**



**Users**



**Primary Drug of Abuse**



## Crack cocaine

### Current Trends

Focus group participants this round reported that crack cocaine (“crack,” “rock,” “hard,” “yellow”) remains very easy to get in most urban areas in Mahoning and Columbiana Counties. Users estimated its availability at the level of 9-10 (scale 0 to 10). Crack is reported as especially easy to purchase in Youngstown, Salem, and Lisbon. An adult female in treatment described availability of crack cocaine:



“It’s crazy how fast you can get it [crack cocaine]; you can practically find it on every street corner in the projects. You can get crack in Austintown, Warren... [You can buy crack pipes] in [convenience] stores You can get “Chore Boy and a pipe” at any gas station. It’s called “Brown Bag Special.”

In this round, the state crime lab covering areas around Cleveland, Akron, and Youngstown, the Ohio Bureau of Criminal Investigation & Identification-Richfield (BCI&I-Richfield), was also contacted for information on drug trends that they observed, as the area that they covered included Youngstown. According to BCI&I-Richfield, the availability of crack cocaine was high but unchanged. It is important to remember that BCI&I-Richfield covers a much larger area than Youngstown alone, so some differences between reports from the crime lab and reports from participants in Youngstown should not be surprising.

Prices this round for crack cocaine in this area remained the same - \$50 - \$60 per gram with rocks available for \$5, \$10 or \$20 depending on the size of the rock. Some users reported that crack is available at any price with dealers asking, “Do you have a dollar?” “Shake bags” and “crumbs” are always available. One user reported that crack can be obtained by “renting” your car for crack so that dealers can make a “run,” called a “Fiend Ride.”

The quality of crack cocaine in the area was described as variable. BCI&I-Richfield reported that the purity was high and unchanged from the previous round. Users reported that the best approach is to make your own crack:

“...cook it with baking soda, nail polish remover, ether...you know, everything you need is at the home improvement store—a pot, baby jars, spoons, baking soda — all you have to do is to cook it, let it cool down, cut it, sell it, smoke it.

The level of crack-cocaine use over the past six months was described as “stable.” Focus groups with younger users reported increased crack availability among juveniles as young as 14. Use was reportedly higher among adolescents involved in athletics. One 18-year old male commented on crack availability to adolescent users: “It’s really easy to get [crack]. You can get it in the mall parking lot if you know the right people. It seems like there are more girls selling crack now.”

A treatment provider explained high prevalence of crack-cocaine use:

“With crack the dealers are going to push their products cheaper to get you started...like 50 cents or a dollar to just get you hooked. Then they’ve got you every 20 minutes. Dealers here don’t want to deal methamphetamine. They want their money every 20 minutes instead of every three days.

As in the previous rounds, users reported that there is a diverse group of crack users in the area. One adult female in treatment commented:

“ It seems like crack is used by all ages, all races, with no boundaries. Most of my friends started regular use by their late teens. There are some people starting later, though, like some women here in treatment who started using crack after 40. You hear about people at [local factory] using crack because they have the money. ”

## Cocaine HCL

### Current Trends

Availability of powdered cocaine (“powder,” “coke,” “snow,” “blow”) in the area was consistent with previous rounds, with greater availability reported in Youngstown. Users estimated powdered cocaine availability at the level of about 7 (scale 0 to 10). The group of women in recovery reported that “powder” is less available because dealers prefer to sell crack. One woman commented that crack is always available but you have to “request” the powder. BCI&I-Richfield had observed moderate availability of powdered cocaine in the area, which was unchanged from the last reporting period.



Prices reported by users remained as in the previous rounds at \$50 for a gram and \$130—\$150 for an “eightball” (1/8 ounce). As in the previous round, the powdered cocaine was described as low in quality, cut with over-the-counter sinus medicine and baking soda. BCI&I-Richfield reported high and unchanged purity of powdered cocaine for the period.

Similar to previous reports, focus groups described intranasal inhalation and some injection use as routes of administration for powdered cocaine. Law enforcement officers reported that the most common use of powdered cocaine is for conversion to rock form.

Participants described powdered cocaine users as young individuals, some high school students. One focus group participant commented:

“ Girls do it at parties and they stay up straight for three days to talk; the guys just leave. Guys do it for the feel and then they fall asleep. ”

Adolescent users were reported as primarily “snorting” powdered cocaine. Participants agreed that older users were more likely to progress to injection use. During this round, young users reported hearing of powdered cocaine use at college parties.

Treatment providers reported that the majority of their clients in treatment have progressed to crack use by the time they enter treatment. Mixing cocaine and heroin (“speedball”) is considered “old school.” Reportedly, it is more common now for users to mix alcohol, Valium® (diazepam) and other benzodiazepines to come down when they get too “geeked” on cocaine.

Treatment providers reported that use of powdered cocaine is seen as a recreational activity. Many users do not see “real” consequences of powdered cocaine use, and it is difficult to get them go for treatment. Law enforcement officials also reported that juveniles think powdered cocaine is not as addictive and harmful as crack and are willing to experiment with it.

## Heroin

### Current Trends

During this round, continued high availability of heroin (“skag,” “H,” “horse,” “boy,” “dog food,” “black tar,” “China white”) was reported in Youngstown. Users estimated heroin availability at the level of about 6 (scale 0 to 10). Some users felt that there is a continuing increase in the availability of heroin in Mahoning County. Continued availability was also noted in East Liverpool, Salem, Wells-ville and Salinsville. BCI&I-Richfield reported high availability of heroin in the area, which was unchanged from the last reporting period. Networking was described as the most efficient means of obtaining heroin in this area.



The price of heroin was consistently reported as \$20 per bag or bundled (10 bags) for \$200. A gram was reported to cost \$100 - \$150, a “finger” (10 grams) for \$1,000. Heroin was reported to be coming from New York, Pittsburgh, and Chicago, with New York heroin described as “purer.” Quality of heroin in the area was once again reported to be variable, depending on the source and dealer. BCI&I-Richfield also reported moderate and unchanged quality of heroin, with brown powder as the most common form seen, though some black tar was seen as well.

Treatment providers felt that use was still increasing among white juveniles and young adults (16-25), especially of middle-class and upper-middle class backgrounds. One provider commented, “That’s the big change in this area.” A user expressed the following opinion:

“ Heroin is still pretty much a thing for the older users. Kids are afraid of the needles, but some kids in the high schools are using it. Girls in Youngstown who use heroin also seem to be increasing. ”

Reportedly, some heroin users self-medicate heroin withdrawal symptoms with benzodiazepines. One treatment provider commented:

“ I think when they get sick of heroin, Klonopin® becomes the favorite substance. Whenever they withdraw, they run to the family doctor, and he prescribes Klonopin® sort of to ease that. And then they like it. ”

## Other Opioids

### Current Trends

Most focus group participants reported continued high availability (estimated level of 8-9 on a scale of 0 to 10) of OxyContin® (oxycodone controlled-release), Vicodin® (hydrocodone & acetaminophen), Percocet® (oxycodone & acetaminophen), Darvocet® (propoxyphene & acetaminophen), and Ultram® (tramadol). A shift away from primarily OxyContin® to “a variety” of pharmaceuticals was described as a new trend by several user groups. BCI&I-Richfield reported the following availabilities of pharmaceutical opioids: OxyContin® —high, other oxycodone products—high, hydrocodone—high, methadone tablets/wafers—moderate, hydromorphone—moderate, propoxyphene—low, and buprenorphine—low.



Availability was perceived as highest in the Struthers and Youngstown areas, with less availability in the Poland area. Younger users commented that pharmaceutical opioid availability has been high among high school students, but it has decreased among 18 - 25-year-olds. A treatment provider commented on pharmaceutical availability to juveniles:

“ Most everyone has a little pharmacy in their house. If you have an injury or problem like a tooth ache and you go to the doctor, they give you a medication. People never want to throw medicine away so it sits on the counter or someplace out in the open and not locked up. Kids are selling whatever they can find like creative little entrepreneurs. They nickname the pills, calling them their “vitamins,” and sell them for quick cash. ”

Cost was reported as variable with the price of OxyContin® still considered to be higher than in the past. A user commented, “If a rich kid wants it, it’s 20 bucks. Kids know the history of their buyers. There is no consistency in the price of pills.”

One treatment provider explained an increasing trend of pharmaceutical opioid abuse among white youth:

“ White boys use the pills because they are depressed and have low self-esteem. They are the outcasts. White female students do not necessarily have low self-esteem. Kids think the pills are easier to hide—they don’t smell like alcohol or tobacco does. ”

A young recovering user commented on an increasing trend of pharmaceutical opioid abuse among college-age youth:

“ People just start taking pills all of a sudden because it’s all they have access to... everybody in college does it. There really are no age or race differences. People don’t want to spend \$20 on weed, so they get the pills. ”

## Marijuana

### Current Trends

Focus groups during this round of data collection again indicated that marijuana is very available (“blunts,” “fatties,” “skunk,” “Buddha,” “stinky,” “dink,” “Youngstown brown,” “good green,” “orange hairs,” “purple hairs”). All users reported being able to get marijuana easily and that marijuana is now the “most acceptable of all the drugs.” Users estimated marijuana availability at the level of 10 (scale 0 to 10). According to BCI&I-Richfield, marijuana availability was high and unchanged from the previous period for this region.



Younger users reported that marijuana can be easily obtained at school, at gas stations and at fast food restaurants “as long as you know the person.” Most focus group participants reported increased ability to find better grades of marijuana in the past six months. Reportedly, more users are growing their own marijuana. One young user stated:

“ Lots of people are doing ‘research’ and learning how to grow it – a lot more so in the past few years. It’s cheaper to invest like \$500 to \$1000, buy plants and just grow the good stuff yourself. ”

All groups reported that the quality of marijuana “goes up and down,” but that during this round, users could get many different types of marijuana in the area including “better grades” that come in from Cleveland (less compact, green and fluffy), poor grade (brown, looks like catnip), and hydro (higher grade). BCI&I-Richfield reported that marijuana was typically of moderate quality in the region.

Prices were consistent with previous rounds. Marijuana sells for \$5 - \$10 per bag or \$5 per joint, with variability in cost related to quality.

Participants continue to report about an increasing trend of marijuana use among adolescents. Reportedly, among young users marijuana is often used in combination with a number of other substances, including pharmaceuticals, powdered cocaine, and cough syrup containing dextromethorphan.

“ Weed goes with everything. You can use it with coke, alcohol, ecstasy, Vicodin®.... You know, it just goes with anything. Some kids use it with cough medicine. They take 1 bud of ‘Hydro’ in an ice cube tray, fill it with Tussinex and freeze it. It sells for \$15 - you can get them on the east side and south side of Youngstown. You just have to know someone. No one dies from weed. ”

## Methamphetamine

### Current Trends

In the current reporting period, a local DARE officer reported that the availability of methamphetamine in the area is low, even though curiosity is high. Treatment providers felt that methamphetamine is not available in urban areas, but is somewhat available in rural areas. They felt that methamphetamine is “moving in closer” but they are not seeing “real” increases in clients with methamphetamine problems. In contrast, BCI&I-Richfield (covering Akron, Youngstown and Cleveland) reported that methamphetamine was highly available in the region, and that its availability was increasing in the recent reporting period. BCI&I-Richfield also reported moderate and unchanged quality for the reporting period, with the powder form being seen more frequently than the glassy crystal form.

A group of younger users reported that they have “no clue” about methamphetamine. Two methamphetamine users interviewed for this round, reported that methamphetamine is not easy to get in the area. One user stated that methamphetamine she had access to came from Akron where her boyfriend purchased it. Focus groups during this round reported methamphetamine use in the area as generally scarce. Users estimated methamphetamine availability at the level of 1 or 2 (scale 0 to 10).



## Hallucinogens

Since June 2002, LSD has been reported as available, although during this round, users stated that “it is not around much,” yet still available in Akron. BCI&I-Richfield reported that LSD availability for the region was moderate. Mushrooms were described as “not very available.” Prices were reported as \$35-\$45 for “3 big caps and 5-6 stems.” BCI&I-Richfield reported that mushroom availability for the region was moderate.

Mahoning and Columbiana County reports in 2002 seemed to show that ecstasy use was on the rise. During this round, one user group described ecstasy as available in city areas at a cost of \$10 - 15 per “pill.” BCI&I-Richfield reported that ecstasy availability for the region was moderate.

In June and January of 2003, there were some indications of the use of “wet” or “dip” (marijuana possibly laced with PCP or other unknown substances). During this round of data collection, little knowledge of PCP was reported in the Mahoning and Columbiana County area. Users commented that PCP is “a Cleveland thing” and they only see it when users bring it from Cleveland. BCI&I-Richfield reported that PCP availability for the region was low.

## Other trends

### Depressants

As in previous reports, some street availability of depressants was noted. Treatment providers, substance users and law enforcement all indicated that Valium® (diazepam), Ativan® (lorazepam), Klonopin® (clonazepam), and Xanax® (alprazolam) were available and that use continues as in the previous reporting periods.

Pharmaceutical tranquilizers including Valium®, Xanax®, and Klonopin® were reported as being “around” by younger users but not their drug of choice. These drugs are typically mixed with alcohol, soft drinks, hot tea (to melt them) or other pharmaceuticals. Younger users perceived the abuse of pharmaceutical tranquilizers to be “a college thing.” However, BCI&I-Richfield reported that Xanax® and other benzodiazepines were highly available in this region.

### Amphetamines

As in previous rounds, there were reports of Ritalin® (methylphenidate) and Adderall® (amphetamine mixed salts) being abused, particularly by high school and college students. Focus groups reported parents who are selling or using Ritalin® prescribed for their children. One user stated that Ritalin® and Adderall® are available at some area gas stations for \$2 - \$5 per tablet. BCI&I-Richfield reported that overall pharmaceutical stimulant availability for the region was moderate.

