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## The Ohio Substance Abuse Monitoring Network: Overview and Recent Drug Trends

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# **The Ohio Substance Abuse Monitoring Network: Overview and Recent Drug Trends**

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**Boonshoft School of Medicine**

**Wright State University**

**Annual Midwest Association for Toxicology and Therapeutic Drug  
Monitoring Conference, May 2008**

# CITAR Research

- Weekend Intervention Program (NIAAA longitudinal study on recidivism)
- HIV prevention Research (1990s)
- Natural History & Health Services Research
  - Urban crack cocaine users
  - Rural stimulant users, Project OAK
  - MDMA users
  - Pharmaceutical analgesic abuse to identify correlates of transition to abuse/dependence.
- Case Management: Improving Linkage with Treatment
- Dayton Area Drug Survey since 1990
- Substance Abuse and Disability (SARDI)

# National Substance Abuse Epidemiologic Monitoring Systems

- What is Epidemiology?
- The study of the causes, distribution, and control of disease in populations. The prevalence (how common) of misuse of substances among particular groups over time.
- In 1976 National Institute on Drug Abuse established Community Epidemiology Work Group (CEWG), a national substance abuse monitoring system.
- Purpose is to provide descriptions of substance abuse trends in major metropolitan areas over time.

# **The Ohio Substance Abuse Monitoring Network (OSAM)**

- **A Statewide Substance Abuse Surveillance System Initiated in 1999. Funded by the Ohio Department of Alcohol & Drug Addiction Services**
- **Qualitative epidemiology**
  - **Describe local drug abuse trends, emerging user groups**
  - **What drugs of abuse are increasing, decreasing, stable**
  - **Characteristics of users: age, gender, ethnicity...**
  - **Availability, quality, price, methods of administration**
  - **Prevention and Treatment issues; trans of other diseases (eg HIV/HCV)**

# OSAM Network Purpose

- **Real-time Statewide Epidemiologic Monitoring of Substance Abuse Trends over time.**
  - **Identify changes in substance abuse trends over time to inform ODADAS, local boards, policy makers, and planners**
  - **Identify emerging drug abuse trends and new abuser groups**
  - **Identify health & treatment concerns**
- **Communication Network**
  - **Findings are communicated to ODADAS, local Boards, and policy makers as quickly as possible.**
  - **Collaboration with Ohio Early Warning Network (OEWN)**

# CEWG Compared to OSAM

- **CEWG findings largely based on statistical data. OSAM findings largely based on qualitative data**
- **Statistical and Qualitative data each have their own advantages and disadvantages**
- **Statistical Data: Increased coverage, but most often lags far behind “current” trends. Often based on data at least 12 months old. Increased cost of large surveys.**
- **Qualitative data: Real time findings based on current trends on the streets, yet less coverage.**
- **Ideal is to combine both, and OSAM does that to the extent possible.**
- **OSAM is a UNIQUE statewide monitoring system. 1-2 other states have monitoring systems based on different models, often using telephone surveys.**

# How It Works. OSAM Administrative Oversight

## I. Ohio Department of Drug and Alcohol Addiction Services (ODADAS)

- Sanford Starr, Chief, Planning, Outcomes & Research;
- OSAM Committee

## II. Wright State University (CITAR)

- Robert G. Carlson, PhD, PI
- Raminta Daniulaityte, PhD
- Russel Falck, MA
- Tamara Hansen, MPH
- Lawrence Hammar, PhD

## III. The University of Akron

### Institute for Health and Social Policy

- Sonia Alemagno, PhD, PI
- Richard Stephens, PhD
- Peggy Shaffer-King, MA



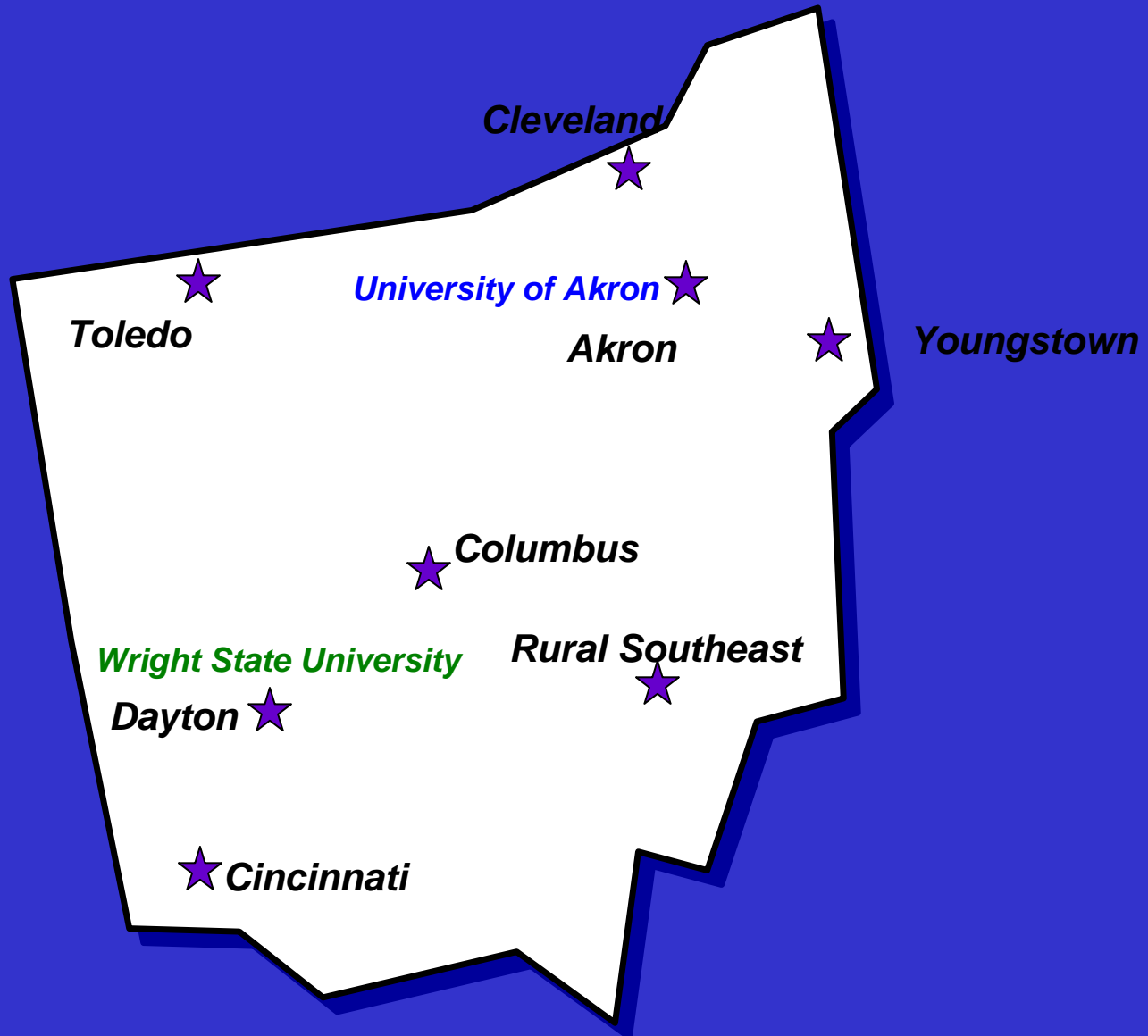
# OSAM Network Structure

- Core Scientific Component
  - Wright State University (CITAR)
    - Directs Statewide operations of Regional Epidemiologists (REPIs)
    - Develops data collection and reporting protocols
    - Produces and disseminates Reports
    - All IRB/Human Subjects Issues (Informed consent)
    - Certificate of Confidentiality from Dept of Health and Human Services

# OSAM Network Structure

- **Regional Epidemiologists (REPIs)**
  - 8 sentinel sites throughout the State
  - “Roving Regional Epidemiologist” to respond to requests throughout the state not covered.
  - Work as Consultants with WSU or UA.

# OSAM Network REPI Coverage



# Who are the “REPIS”?

- **Summit & Stark Counties: Jackie Pollard, PCC, LSW, CCDC-I (Marla Fowler, Recorder)**
- **Rural Southeast: Timothy Heckman, PhD, O.U.**
- **Cincinnati: Jan Scaglione, PharmD, DABAT**  
**Cincinnati Drug and Poison Information Center and U. Cincinnati**
- **Cleveland: Paul Lubben, BS (Lyn Lubben, AAS, Recorder)**
- **Columbus: Randi Love, PhD. OSU**
- **Dayton: Raminta Daniulaityte (WSU team)**
- **Toledo: Tamara Hansen (WSU team)**
- **Columbiana and Mahoning Cos: Doug Wentz, MA, OCPSIII (Beth Bonish, BS, LSW Patricia Sciaretta, LSW)**

# How Does OSAM Produce Findings?: Data Collection and Analysis

- **Primary Data Sources: Focus Groups and individual qualitative interviews with:**
  - Active/recovering substance abusers
  - Treatment providers
  - Crime lab professionals
  - Law enforcement personnel, and others.
- **Statistical Data (When available):** Treatment admissions, school surveys, emergency room data, coroner data, criminal justice and law enforcement statistics.
- **Other sources:** Monitoring of local press and news outlets, information from community professionals.

# **Focus Groups: Qualitative Interviewing**

**Focus groups are interactive group conversations focused on a specific research topic and facilitated by a trained moderator and co-facilitator.**

**--Usually 5-7 people.**

**--Last about 1-1.5 hrs.**

**--Audiotape recorded.**

**--Follow semi-structured protocol.**

**--Informed consent.**

**--Participants compensated \$20 or gift cards when in treatment**

**--REPIs conduct up to 6 focus groups every 6 months for general drug trend reports.**

# Multiple Data Sources Increase Validity of Qualitative Findings

- Interpreting how data from different sources support—or do not support—a particular observation, such as increases or decreases in use, emerging user groups.
- Data triangulation enables us to demonstrate confidence in our findings based on multiple focus groups/individual interviews.

# Law Enforcement

FY2000- 36 meth Labs

FY2002- 135 meth Labs

FY2003- 275 meth Labs

FY2004- 345 meth Labs



# Law Enforcement

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FY2002- 135 meth Labs

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FY2004- 345 meth Labs

# Active Users

Active users report increases in abuse among middle-aged individuals of lower SES and college-age youth (“club drug scene”).

## **Law Enforcement**

**FY2000- 36 meth Labs  
FY2002- 135 meth Labs  
FY2003- 275 meth Labs  
FY2004- 345 meth Labs**

## **Treatment Providers**

**Akron area treatment providers report  
increases in treatment admissions (2002)**

**Dayton area treatment providers report  
increases in treatment admissions (2004)**

## **Active Users**

**Active users report increases in abuse among  
middle-aged individuals of lower SES and  
college-age youth (“club drug scene”).**

## Law Enforcement

FY2000- 36 meth Labs  
FY2002- 135 meth Labs  
FY2003- 275 meth Labs  
FY2004- 345 meth Labs

Greater confidence that  
methamphetamine availability  
and abuse are increasing in  
Ohio—(At least in 2004)

## Treatment Providers

Akron area treatment providers report some  
increases in treatment admissions (2002)

Dayton area treatment providers report some  
increases in treatment admissions (2004)

## Active Users

Active users report increases in abuse among  
middle-aged individuals of lower SES and  
college-age youth (“club drug scene”).

# Strengths of OSAM-like Data

- Qualitative data are highly responsive to emerging substance abuse trends.
  - Data derived from interviews with users often predates treatment admission data by 12 to 18 months.
- Qualitative data are more flexible; responsive to regional and local variations in drug abuse trends.
- Dynamic perspective: Monitoring trends over time.

# OSAM REPORTS

## **Statewide Epidemiologic Drug Trend Reports *Every 6 Months***

- **WSU prepares Executive Summaries and distributes every six months**
- **Uploaded on ODADAS web site.**

# Targeted Response Initiatives (TRI)

--Specialized studies conducted over 6 month periods on issues of interest to ODADAS.

- **January 2000:** House Bill 484
- **June 2000:** Drug Use among Youth
- **January 2001:** Drug Use on College Campuses
- **June 2001:** Methamphetamine
- **January 2002:** Young/New Heroin Users
- **June 2002:** Compulsive Gambling & Subst. Abuse
- **January 2003:** Heroin Abuse in Marietta/Washington County
- **June 2003:** Pharmaceutical Opioid Abuse
- **June 2005:** Methamphetamine
- **June 2006:** Young/New Heroin Users
- **January 2007:** Substance Abuse Issues among Older Adults
- **Current:** Substance Abuse Trends in Rural OH

# OSAM-O-Grams

- 1-page reports summarizing key findings
- Easily distributed by email & fax
- Provides an immediate means to relay critical information without burdening people with full reports.
- Produce 5 OSAM-O-Grams every 6 months as well as Executive Summaries.
- Sign up to receive these at ODADAS or CITAR website.
- About 550 individuals receive Osamograms.



# OSAM-O-GRAM



DATE: June 2006  
DATELINE: Dayton, Ohio

Wright State University & the University of Akron

## Targeted Response Initiative on Young Heroin Users in Ohio Part II: Initiation to Heroin Use

The majority of heroin users had extensive histories of multiple drug use, including alcohol, marijuana, powdered cocaine, pharmaceuticals, LSD, MDMA, crack, and other drugs. Many reported first drug use between the ages of 12 and 13. Heroin was the last drug that participants tried. The average age at which heroin was used for the first time was 21 years.

Almost 65% of the participants believed they were addicted to non-prescribed pharmaceutical opioids before trying heroin for the first time. About 70% of these participants reported that OxyContin® was the pharmaceutical drug they most commonly abused before transitioning to heroin. Four interrelated factors contributed to their transition to heroin: 1) rapidly increasing tolerance to pharmaceutical opioids; 2) decreasing

availability and high street prices of OxyContin®; 3) high availability and comparatively low prices of heroin; and 4) a commonly shared belief that heroin is the "same thing as OxyContin®," which

diminished stigma and initial fears associated with its use. For example, a 29-year-old white woman from Dayton commented:

*I was sick one time and couldn't find any pills.... I was really, really sick... and I laid sick for quite some time. And I couldn't work, and I couldn't do much, and a friend of mine that was already usin' heroin turned me onto the heroin. And he said that it would take the dope sick away. And from there on, you know, it's cheaper, it's quicker....*

About 64% of participants reported using heroin for the first time in the context of close social relationships—with a boyfriend or girlfriend, a relative, or a close friend. Over 70% initially used heroin by intranasal inhalation.

In summary, these data show that many participants had very extensive drug use histories before initiating heroin use. Nevertheless, pharmaceutical opioid abuse appears to be a critically important factor contributing to the eventual transition to heroin among the "new generation" of heroin users in Ohio.

Substance	Lifetime use (%)	Mean age at first use (SD)
Alcohol	98.2%	12.6 (2.0)
Marijuana	98.2%	13.3 (1.9)
Pharm. opioids	96.4%	17.6 (3.6)
Powdered cocaine	92.7%	17.1 (2.8)
Benzodiazepines	75.9%	17.4 (4.2)
LSD	66.7%	16.3 (2.9)
MDMA	63.0%	19.0 (3.3)
Crack	60.0%	19.6 (4.0)
Methamphetamine	57.4%	19.6 (3.9)
Peloccybin	51.9%	17.6 (3.1)
Ketamine	44.4%	18.8 (4.0)
Pharm. stimulants	33.3%	17.6 (3.4)
Inhalants	27.8%	16.5 (4.4)

First heroin use	No. (%)
<b>Age at first heroin use</b>	
Range	14 - 30
Mean (SD)	21.1 (3.9)
<b>Administration at first use</b>	
Intranasal inhalation	41 (70.7%)
Injection	17 (29.3%)
<b>Addicted to pharmaceutical opioids before first heroin use?</b>	
No	21 (36.2%)
Yes	37 (63.8%)
<b>If yes, pharmaceutical opioids used most frequently:</b>	
OxyContin®	27 (71.1%)
Vioalin®	5 (12.2%)
Percocet®	2 (5.3%)
Other	4 (10.5%)
<b>Who introduced to heroin?</b>	
Close friend	22 (38.6%)
Casual friend	12 (21.1%)
Boyfriend/girlfriend	8 (14.0%)
Relative	6 (10.5%)
Dealer	5 (8.6%)
Other	4 (7.0%)
<b>How long before second heroin use?</b>	
Within a week	47 (82.5%)
More than a week later	10 (17.5%)

OSAM-O-GRAMS report key findings of the Ohio Substance Abuse Monitoring (OSAM) Network. Informants located throughout the state use qualitative and quantitative data to provide semiannual monitoring of substance abuse trends. The OSAM Network is funded by the Ohio Department of Alcohol and Drug Addiction Services by contract to Wright State University and by subcontract to the University of Akron. This OSAM-O-GRAM is based on the June 2006 OSAM Network meeting.



# Uses for OSAM Network Data

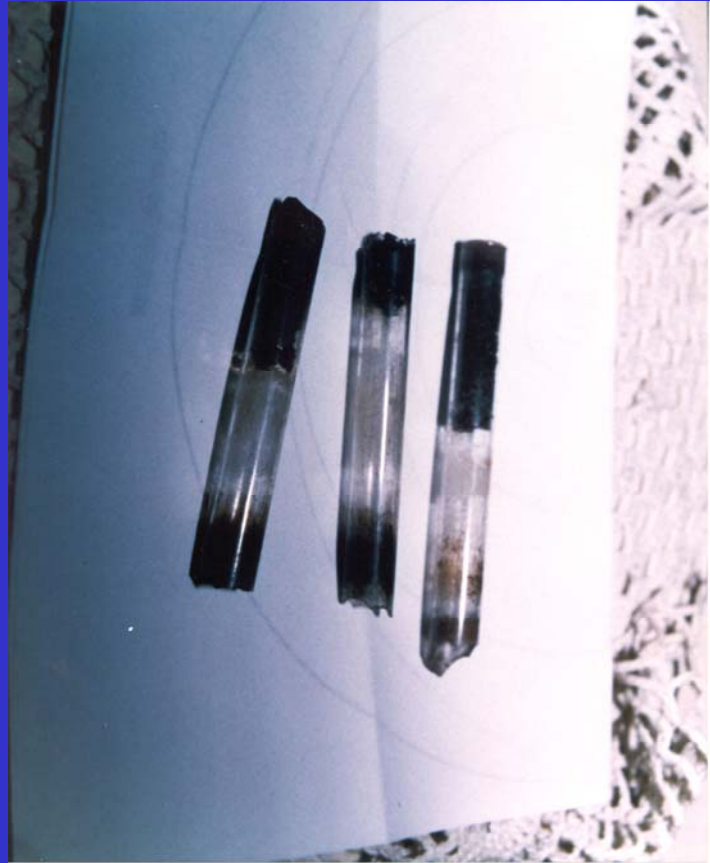
- Inform ODADAS, local ADAS/ADAMHS Boards, legislators, treatment agencies of current and emerging substance abuse trends.
- Needs Assessments
- Reports often used by ODADAS to present findings to state legislature
- Geographical variation in drug abuse trends in Ohio
- Timely and relevant guide to policy, planning, and resource allocation.
- Respond to media requests.

# **Drug Trends in Ohio: Recent Findings**

# Crack Cocaine

- Perceived high availability; increasing across state. Consistent since 2000.
- Wider acceptance of use reported in many areas
- Despite user reports of low-quality crack, most crime labs report 60%+ purity
- Decreasing prices: \$25-\$50/gram, \$80-\$125/eighth-ounce
- Reports of users as young as 12
- Older adults initiating use
- Smoking is primary method of use, but instances of injection reported

# Used Crack Pipes



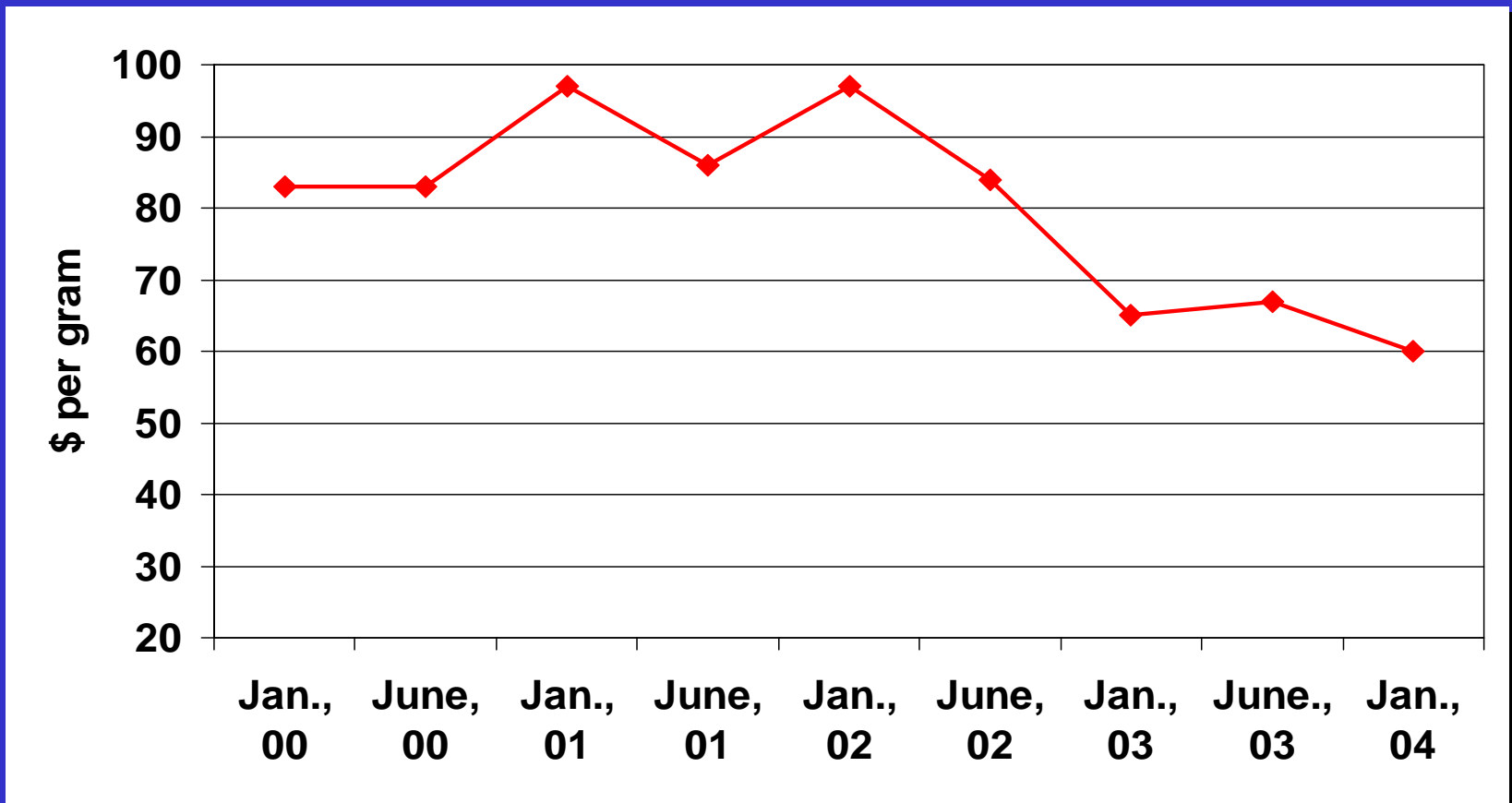
# Smoking “Cigamo:” Tobacco and Crushed Crack



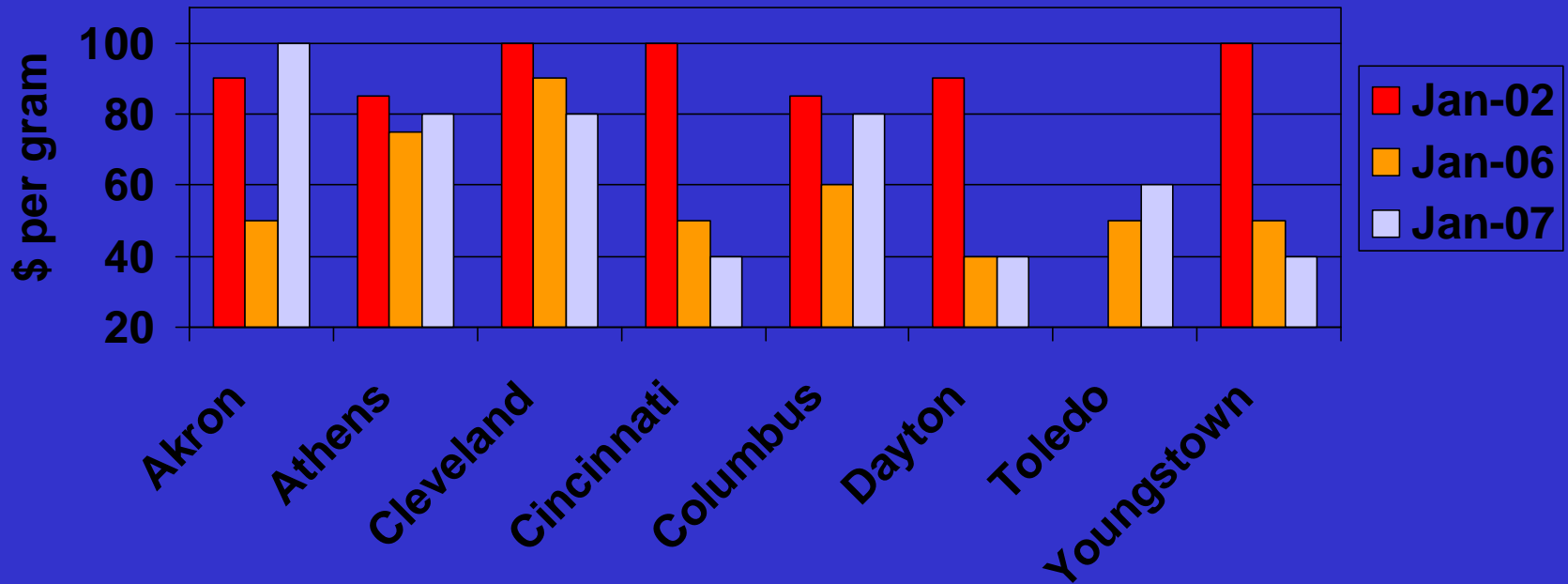
# Powdered Cocaine

- Moderate to high availability across the state
- Perceived increase in use among young adults (ages 16-27) as a “party drug”
- “Snorting” most common method; injection use more common among heroin users (speedballers)
- Prices as low as \$30-\$60/gram; Cleveland, Akron, Athens, and Columbus reporting average prices \$80 and up to \$100/gram

# Changes in Average Prices for a Gram of Cocaine as Reported Across the State



# Comparison of Reported Powdered Cocaine Prices Across the State in 2002, 2006 and 2007

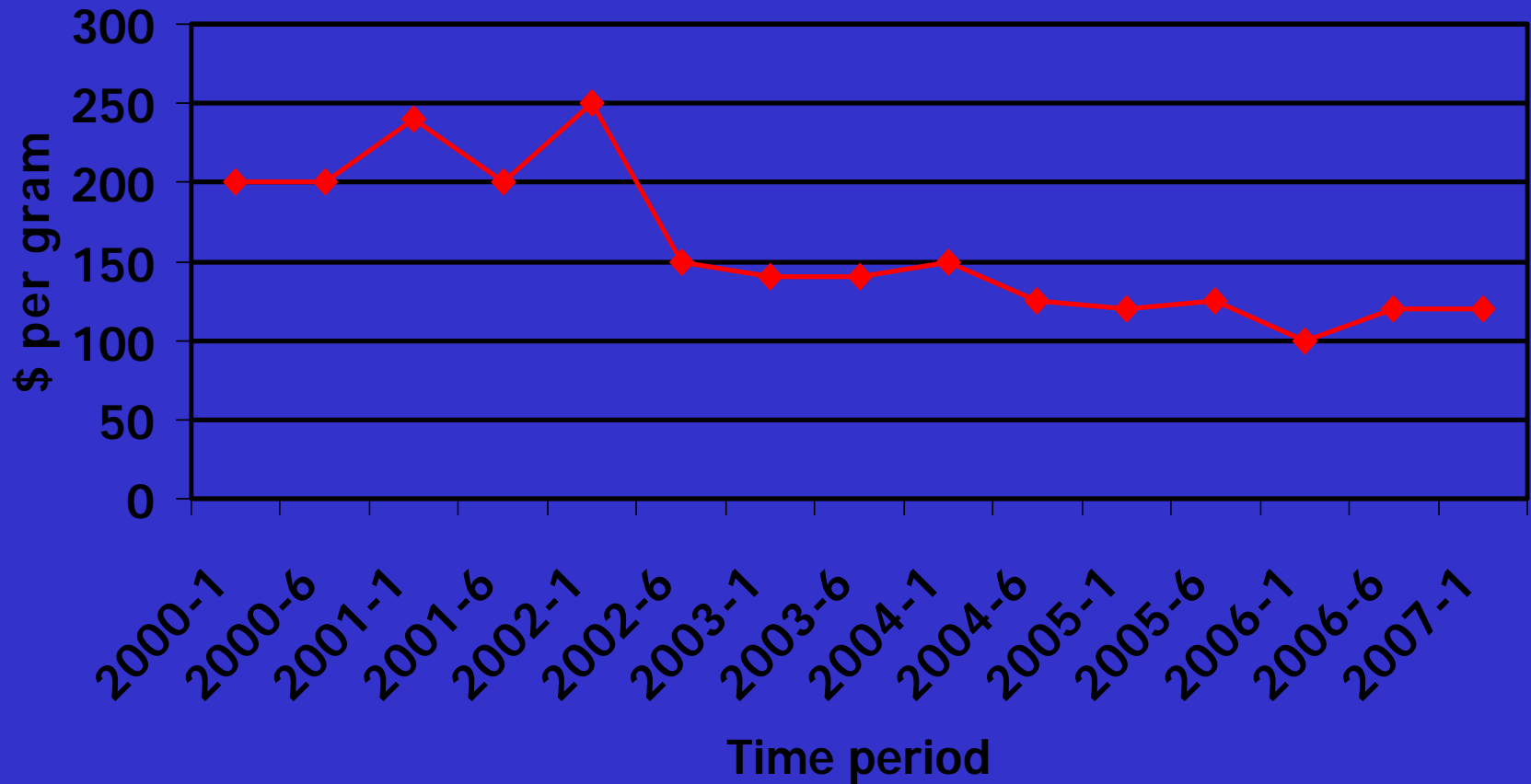




# Heroin

- Availability moderate to high in most areas
- Columbus crime lab reports significant increase in heroin-related cases over past 6 months
- Brown powder most common; tar available, especially in Columbus
- Perceived increase in use and distribution of heroin among Hispanic populations in Youngstown, Cleveland, and Toledo
- Prices range from \$90/gram in Dayton to \$300/gram in Akron

# Changes in Heroin Prices in Dayton



# Methamphetamine

- Availability low and declining in most areas of the state; greater availability in rural areas
- Powder form of the drug most common in most areas; Cleveland reporting “glass” more common
- Crime labs report finding meth in MDMA (ecstasy) tablets
- Primarily white individuals age 25-35, and gay males are two most typical groups of meth users
- Because meth is difficult to obtain, some meth users are turning to crack cocaine

# Illicit Pharmaceutical Opioids

- **Readily available on street and through “doctor-shopping”**
- **OxyContin® availability perceived as decreasing slightly**
- **Increasing street availability of methadone tablets and wafers**
- **Duragesic® (fentanyl) availability and abuse continues to be reported in Toledo, Cleveland and Dayton**
- **Reports of Dilaudid® abuse**
- **Street availability and abuse of Suboxone® limited but reported in Dayton**
- **Some methadone programs seeing increasing numbers of young, white Rx opioid users**

# The OxyContin® – Heroin Connection: An Emerging Trend: June 2001

- Abuse of OxyContin® prior to the abuse of heroin appears to be a common pattern, statewide.
- As an 18-yr old woman said,

*A: I think if, um, all my friends had never tried OxyContin, it would have never led to the heroin, never.*

*Interviewer: Do you know of anybody who went straight to shooting heroin?*

*A: No.*

*Interviewer: Everybody that you know who uses heroin...*

*A: ...started out with OxyContin.*

# The Relationship Between OxyContin® and Heroin Abuse

1. A person is introduced to OxyContin® by friends and begins swallowing or snorting it. (May or may not have previous experience with other non-prescribed opiates)
2. Weekend abuse leads to daily abuse and dependence.
3. As tolerance increases, the OxyContin® habit becomes extremely expensive and/or the drug becomes difficult to obtain regularly.
4. Through friends, a person hears that heroin is less expensive, easy to get, and provides similar effects.

# The Relationship Between OxyContin® and Heroin Abuse

5. He/she tries snorting heroin and finds the high similar or even better than OxyContin®.
6. As tolerance increases, inhaling heroin becomes very expensive.
7. Through social networks, a person learns that injecting heroin is less expensive than snorting it, and he/she is introduced to injection.

Increased Risks of HIV, HBV, HCV infection

# Other Drugs

- Tranquilizers
- Cannabinoids
- Hallucinogens
- Esoterics



# Thank You

- To learn more about CITAR and Osamograms
- <http://www.med.wright.edu/citar/osam.html>