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Epidemiological Updates from Ohio Substance Abuse Monitoring (OSAM) Network

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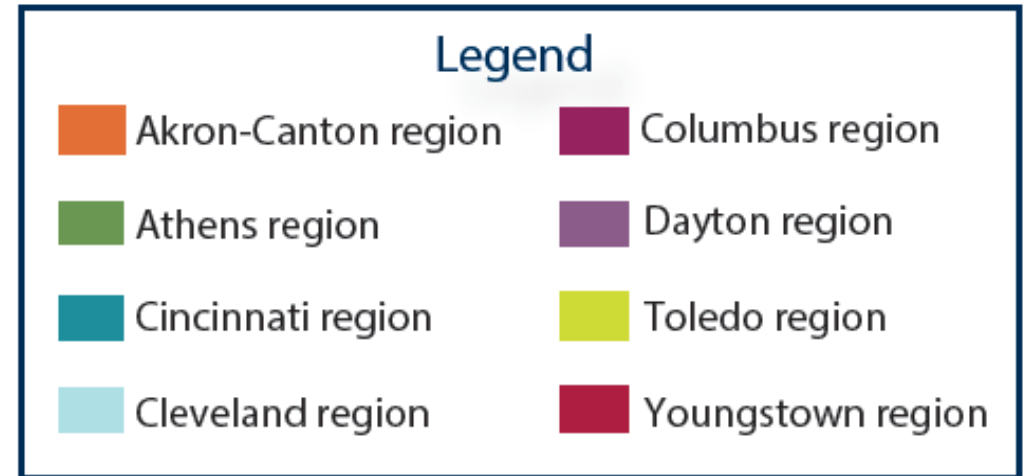
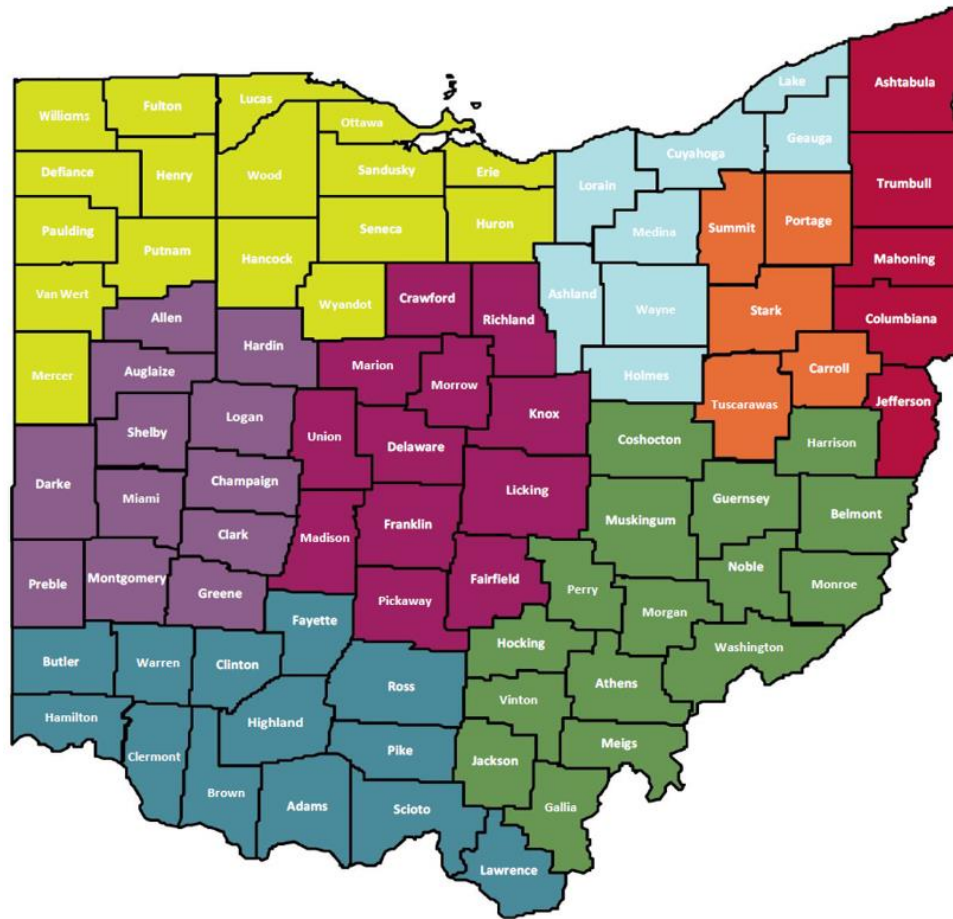
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OSAM Aim and Benefits

Aim: Conduct surveillance and report on new and emerging substance use patterns every six months using a mixed methods study design

- Benefits:
 - Identifies real-time drug trends
 - Assists in planning program needs
 - Aids with grant applications
 - Is a resource for publications, media, businesses and government

OSAM Regions



Demographic Overview

Surveillance of Drug Use Trends in the State of Ohio

Reporting Period	July – December 2022
Persons with SUD	334
Community Professionals	40 treatment providers and 44 members of law enforcement
Secondary Data Sources	Coroner and medical examiner offices, police and county crime labs and other drug testing labs, Ohio Bureau of Criminal Investigation (BCI), Ohio Department of Public Safety (ODPS), Ohio Dept. of Mental Health and Addiction Services (OhioMHAS), municipal and common pleas courts
Media Outlets	Regional drug seizures and related reports

Demographic Overview

Ohio Demographic Profile		
Indicator	Ohio¹	OSAM Drug Consumers²
Total Population, 2022	11,756,058	334
Gender (female), 2021	50.7%	38.3%
White, 2021	81.2%	76.6%
African American, 2021	13.2%	16.8%
Hispanic or Latino Origin, 2021	4.3%	5.1%
High School Graduation Rate, 2017-2021	91.1%	76.9%
Median Household Income, 2017-2021	\$61,938	\$14,000-17,999³
Persons Below Poverty Level, 2017-2021	13.4%	53.6%

¹Ohio statistics were derived from the most recent US Census.

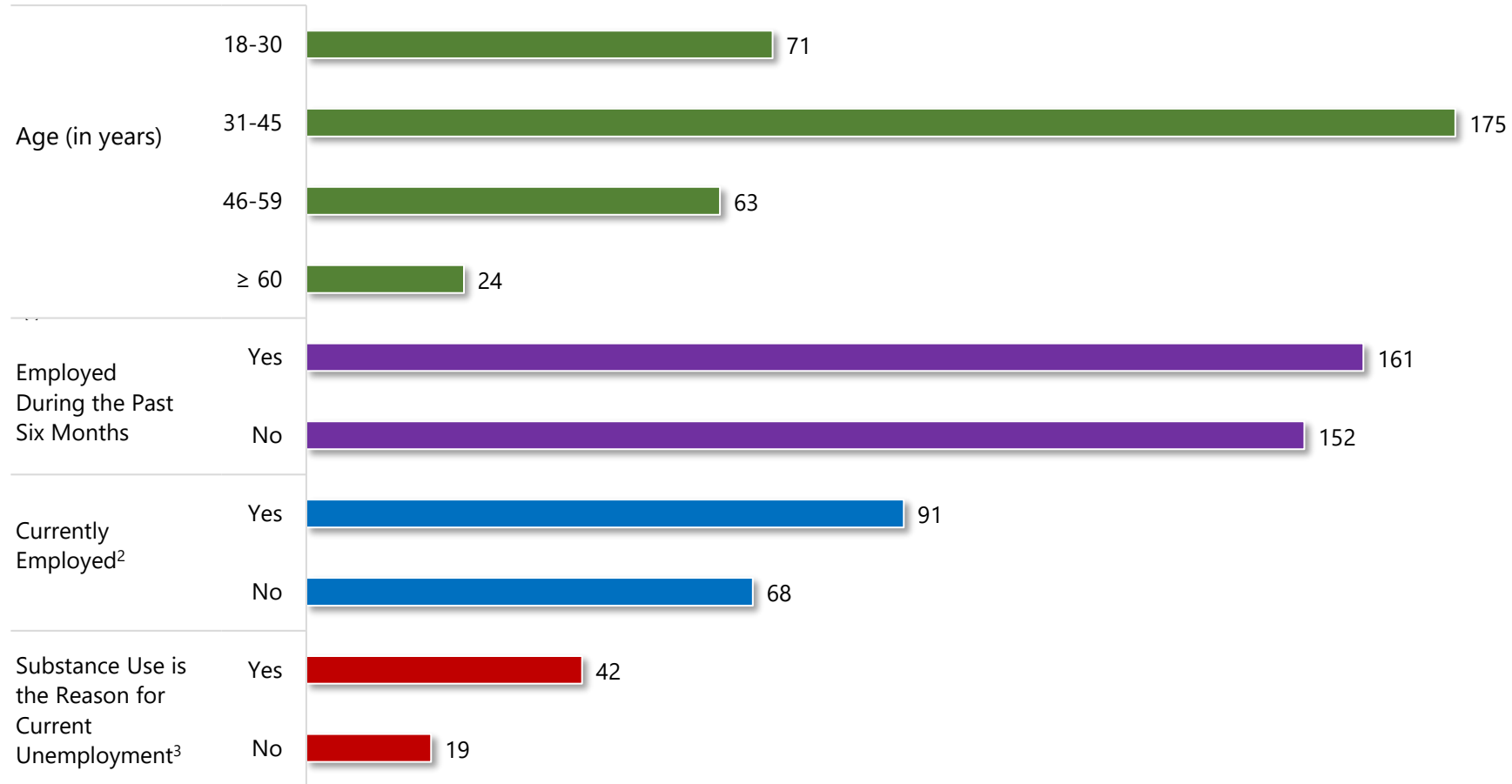
²Consumers from this reporting period: July through December 2022. Due to missing or excluded invalid responses, some percentages may not be based on the total number of consumers.

³Consumers reported income by selecting a category that best represented their household's approximate income for the previous year.



Age and Employment Status

Consumer Demographics (N=334)¹



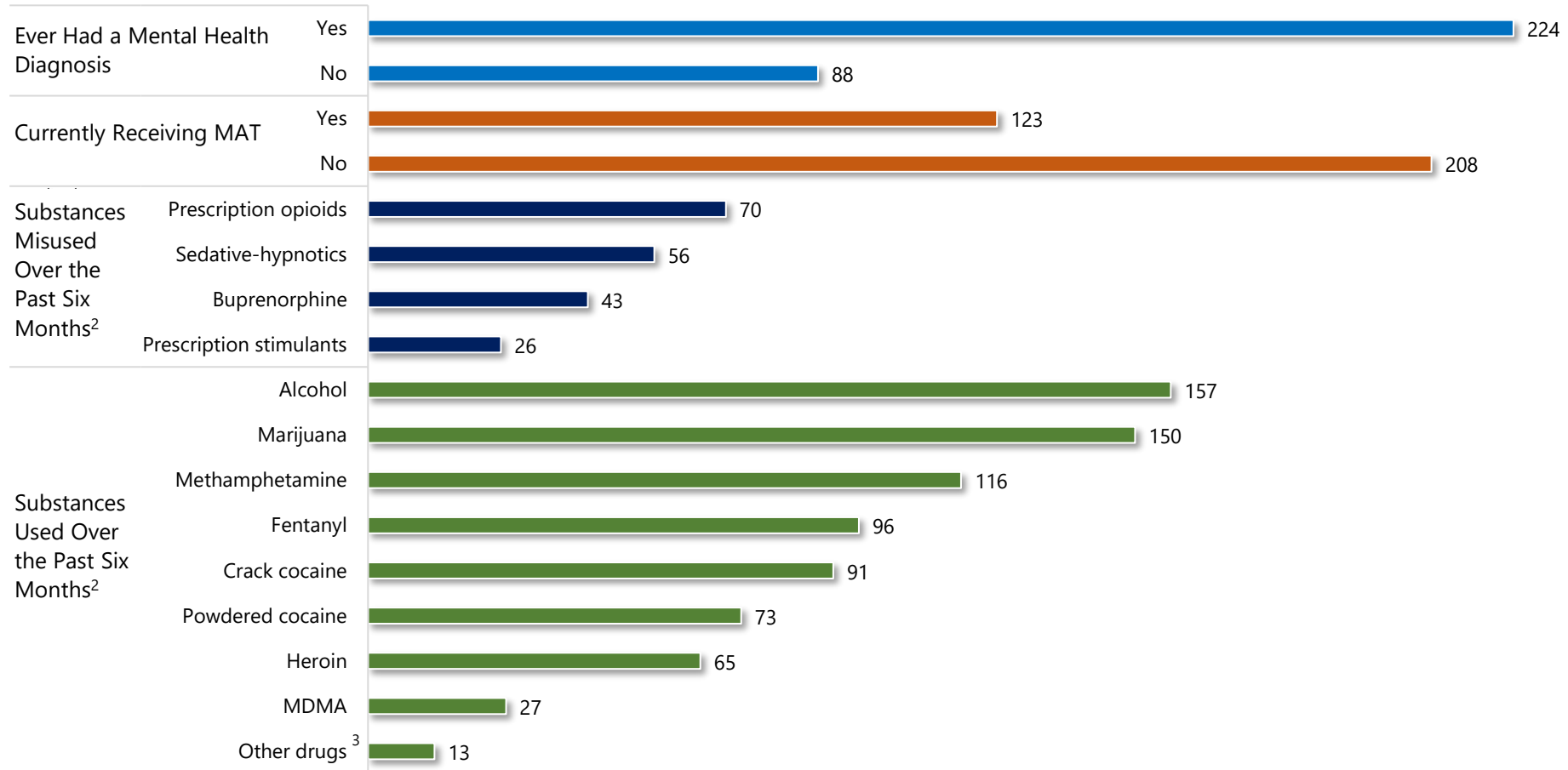
¹Due to missing or excluded invalid responses, some totals may not equal 334.

²Question was only asked of consumers who indicated that they were employed during the past six months.

³Question was only asked of consumers who indicated that they were not currently employed.

Mental Health, MAT, and Substances Used

Consumer Mental Health and Substance Use Characteristics (N=334)¹



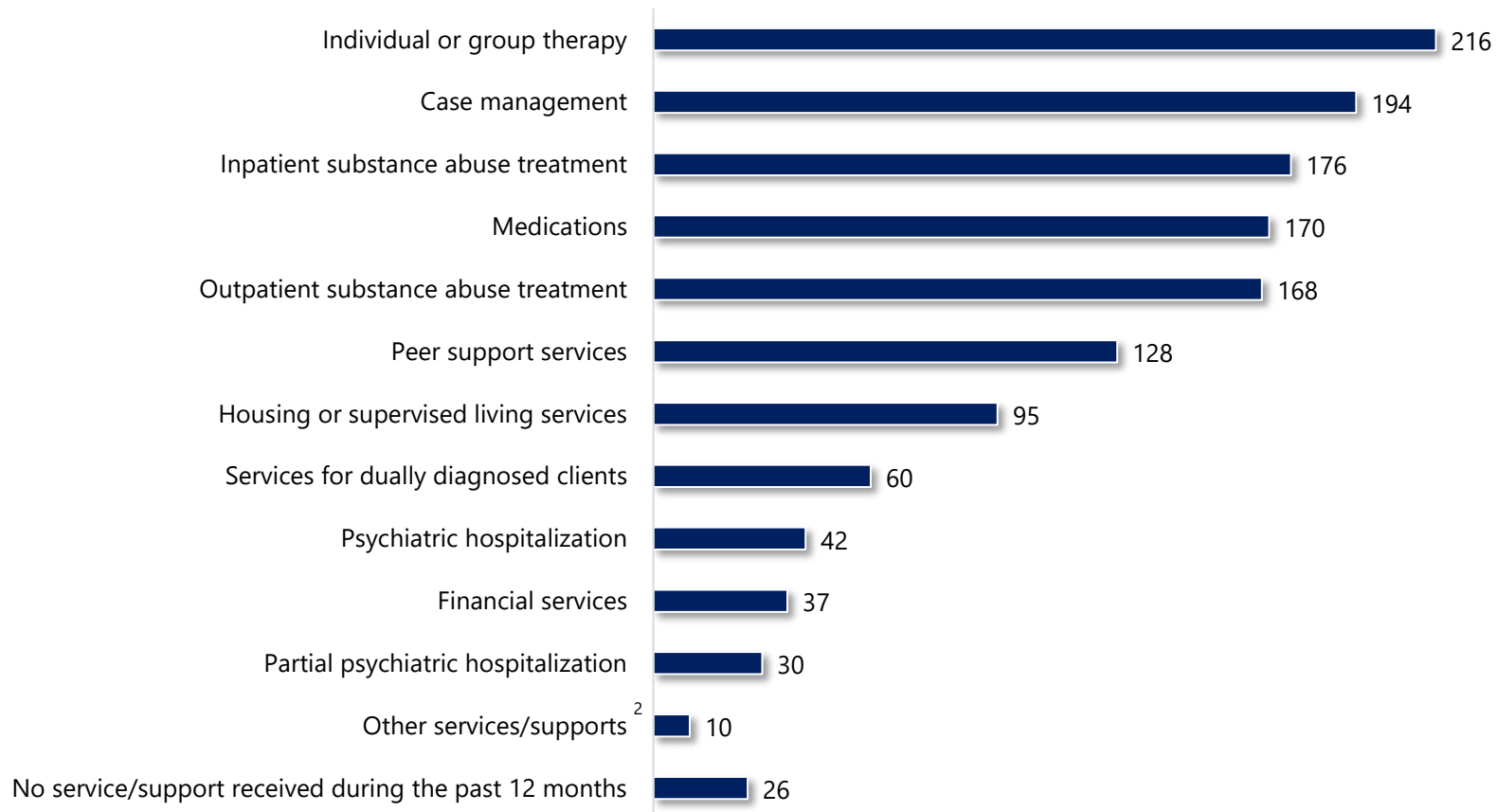
¹Due to missing or excluded invalid responses, some totals may not equal 334.

²Consumers were allowed to choose more than one substance. Substances are not mutually exclusive.

³Other drugs included: cough syrup (dextromethorphan [DXM]), gabapentin, gamma hydroxybutyrate (GHB), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], psilocybin mushrooms), hexen (substituted cathinone, aka "bath salts"), K2 (synthetic cannabinoids), inhalants (aka "poppers"), kratom, and phencyclidine (PCP).

Treatment/Support Services

Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=332)¹



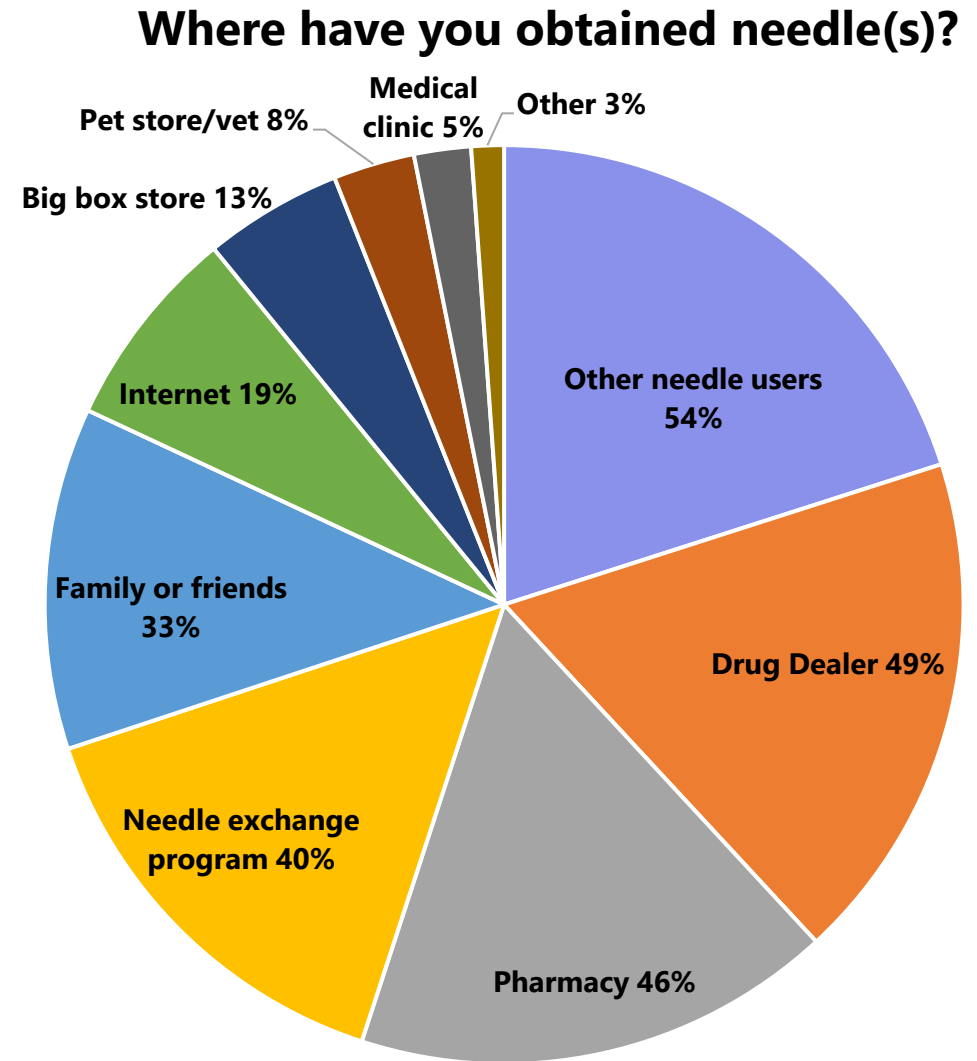
¹Excludes missing data (N=2). Consumers were allowed to choose more than one treatment/support service.

²Other services/supports included: drug court, harm reduction program, hospital, intervention counseling in jail, Narcotics Anonymous (NA) meetings, and probation addiction treatment program.

Needle Use

Of the 314 consumers who responded to survey questions regarding needle use, 41% reported having used needles to inject drugs.

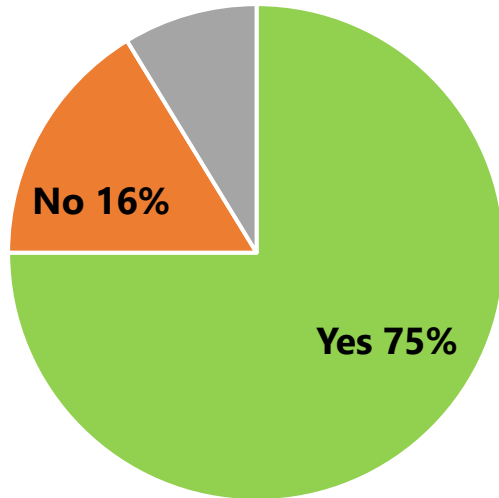
71% of these consumers reported having shared a needle with other users.



Hepatitis C and HIV

Have you ever been tested for Hepatitis C? (N=332)

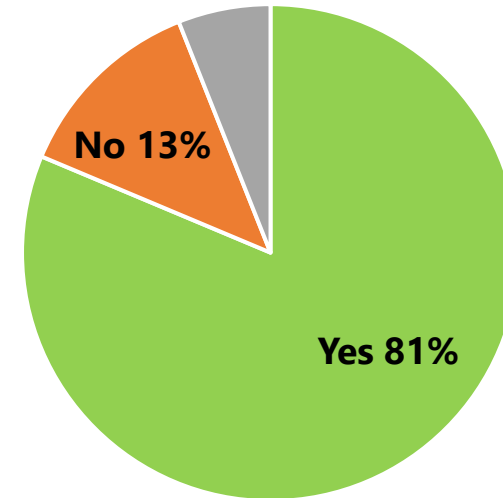
Don't Know 9%



37% reported having been told by a medical professional that they have Hepatitis C.

Have you ever been tested for HIV? (N=332)

Don't Know 6%



3% reported having been told by a medical professional that they have HIV.

Naloxone (e.g., Narcan[®], opiate overdose reversal medication)

81% of consumers reported having heard of naloxone.

- 43% reported having had naloxone used on them to reverse an opioid overdose.
- 35% reported having used naloxone on another individual to reverse an opioid overdose.

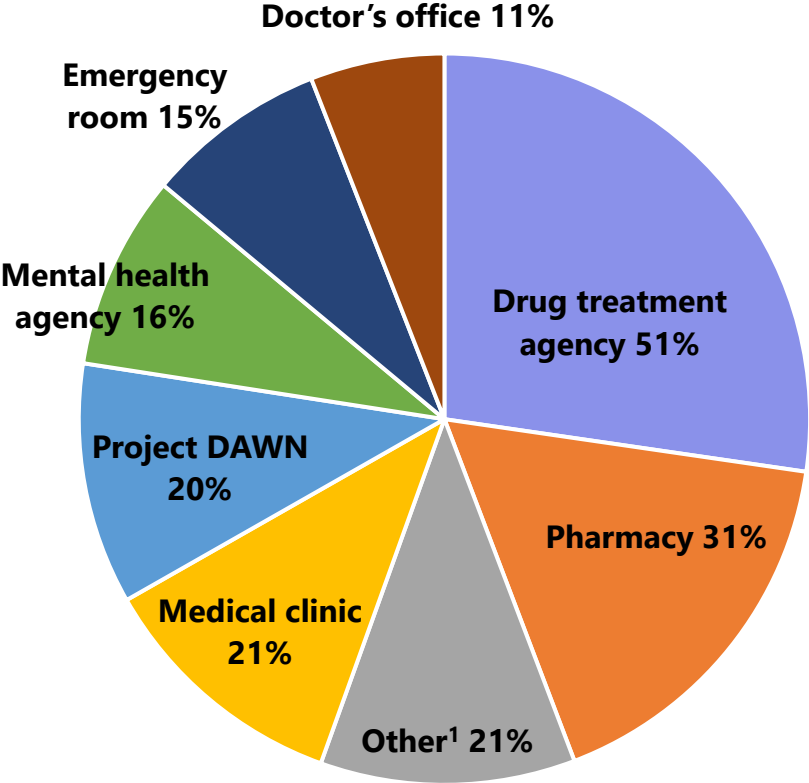
67% reported that they know where to obtain naloxone.

- 82% reported having ever obtained naloxone.
- 47% reported currently possessing naloxone.
- Of those who have ever obtained naloxone, 79% reported having been trained on how to use naloxone when they obtained it.



Naloxone

Where have you obtained naloxone? (N=181)



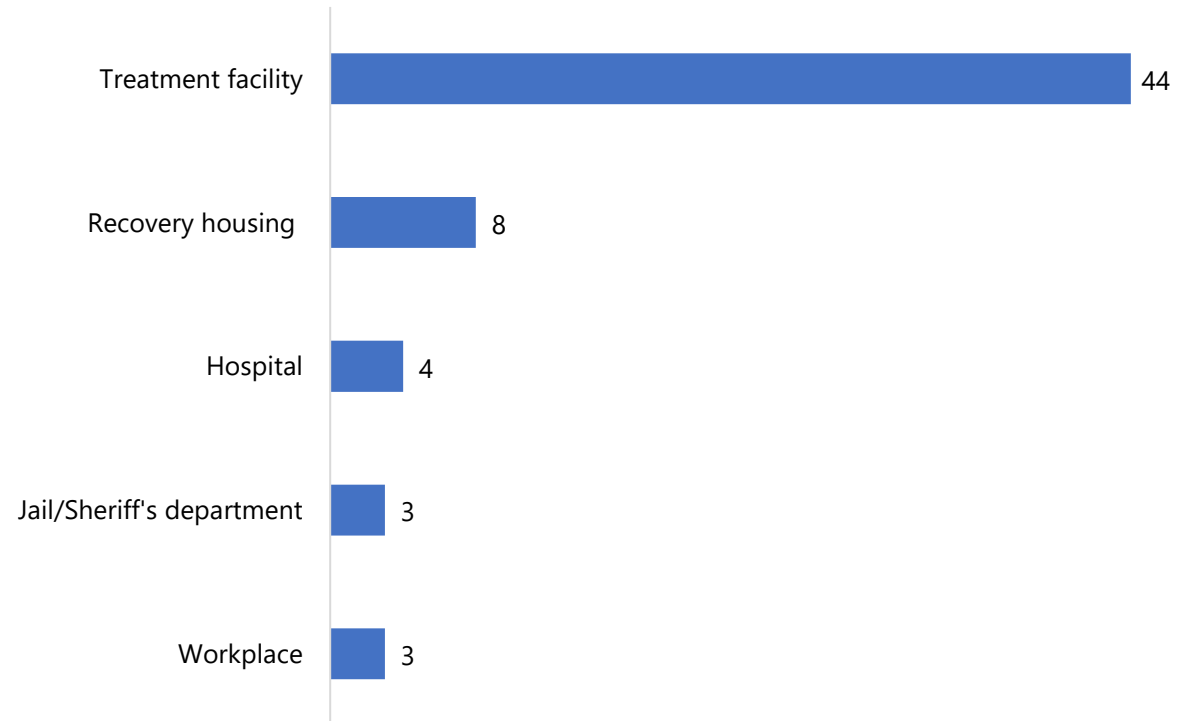
¹Church, driver intervention program, fire department, friends, harm reduction program, health department, hospital, jail/prison release, needle exchange program, online, open shelter, other drug users, outreach event, police department, street outreach, and workplace.



Naloxone Emergency Kits ("NaloxBox")

26% of consumers reported seeing a naloxone emergency kit in a public place.

Where have you seen a naloxone overdose emergency kit?

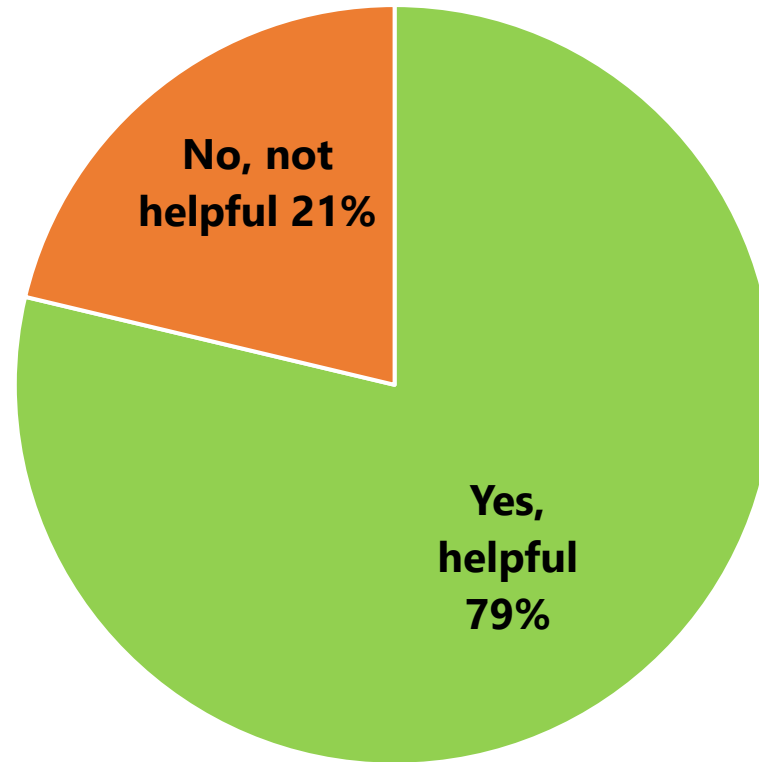


Hotline/Crisis Support Services

- 15% of consumers reported calling and/or texting one or more local or national hotline or crisis support number.
 - Of those 48 consumers, 37 reported only calling a hotline or crisis support service, eight reported calling and texting, and three reported only texting.
 - 10 called and 2 texted 211
 - 5 called Suicide Prevention Lifeline
 - 3 called a local treatment service hotline
 - 2 called and 1 texted National Domestic Violence Hotline
 - 1 texted Crisis Text Line (741741)
 - 1 called a homeless support hotline
 - 1 texted Veterans Crisis Line
 - 31 did not specify which hotline or support service they called or texted

Hotline/Crisis Support Service Satisfaction

Did you find the hotline/crisis support service helpful? (N=47)



Note: consumers were allowed to specify more than one way the hotline/crisis support service was helpful or not helpful.

Hotline/Crisis Support Service Not Helpful - Specified

not provided dv support

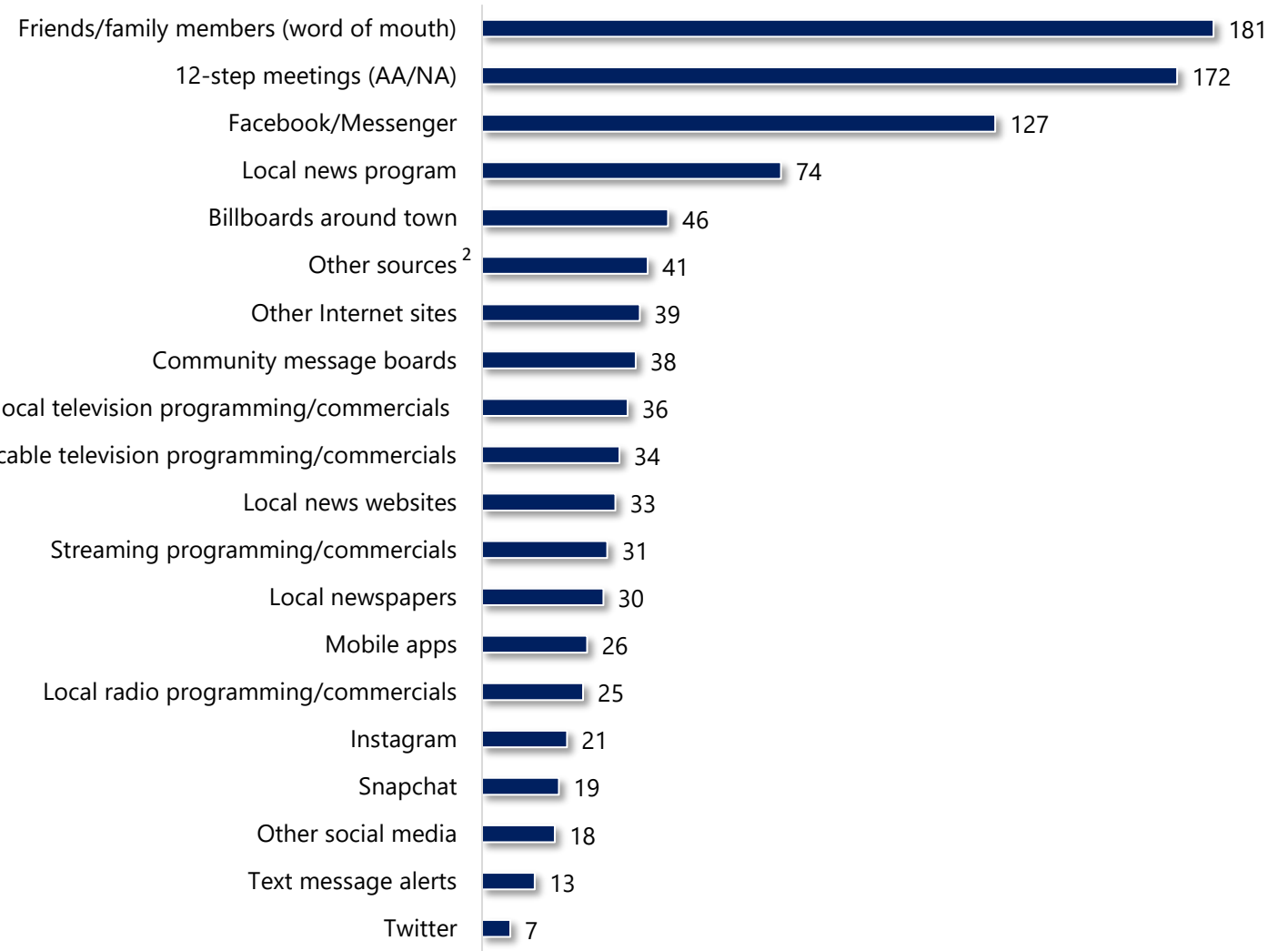
lack of understanding

not provided helpful info

Hotline/Crisis Support Service Helpful - Specified

substance use treatment
food assistance bill assistance
counseling
id card
useful resources
housing
good listener
suicide prevention crisis services
inpatient treatment
domestic violence support
mental health support

Consumer Sources of Learning About Recovery News, Activities, or Events in Consumer Communities (N=333)¹



¹Consumers were allowed to choose more than one source. ²Other sources included: case management, church, community support systems, drug court, homeless shelter, hospital, jail/prison, medication-assisted treatment (MAT) clinic, mental health and substance use disorder treatment facility, peer support services, and probation services.

Consumer Sources of Learning About Recovery News, Activities, or Events in Consumer Communities (N=333)¹

Surveillance of Drug Use Trends in Ohio

July – December 2022

Substances Covered in the Report:

- Fentanyl
- Heroin
- Prescription Opioids
- Buprenorphine
- Sedative-Hypnotics
- Marijuana
- Methamphetamine
- Crack Cocaine
- Powdered Cocaine
- Other Drugs (Anabolic Steroids, Bath Salts, Gabapentin, GHB, Hallucinogens, Inhalants, Ketamine, Kratom, MDMA, Nitazene, OTCs [over-the-counter medications], Prescription Stimulants, Promethazine, Synthetic Marijuana, Xylazine)

Principle Study Variables:

- Current Drug Availability
- Change in Drug Availability during the Past Six Months
- Adulterants
- Street Names
- Street Pricing
- Routes of Administration
- Typical Use Profile
- Other Substances Used in Combination

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Fentanyl

Reported Change in Availability of Fentanyl during the Past 6 Months

Region	Current Availability	Availability Change	BCI Fentanyl Case Incidence Change
Akron-Canton	High	Increase	Decrease
Athens	High	No Consensus	Increase
Cincinnati	High	No Change	Decrease
Cleveland	High	Increase	Decrease
Columbus	High	Increase	Increase
Dayton	High	No Change	Decrease
Toledo	High	No Change	Decrease
Youngstown	High	No Change	Increase

Treatment provider (Akron-Canton region):
 “[Fentanyl is] the main one (drug of choice)... I’ve had more people say fentanyl is their drug of choice [during the past six months than previously].”

Law enforcement (Cincinnati region):
 “[Fentanyl] is widely available. Pretty much anybody in Butler County can get fentanyl. It’s popular because it’s cheaper, and it has more of a kick (potency) to it [than heroin] ... dealers can cut it with other agents (baby powder), and it still would have the same effect as heroin.”

Consumers (Multiple regions):
 “I don’t know if I just have a ‘user look,’ but [dealers] would walk up to me and just hand me a [fentanyl] sample for free, like, to try to get a customer; When I would try to withdraw [from opioids] at home, I’d make it like, day four and [my drug dealers] would realize I’m not spending money and then they would ‘hit me up’ (contact me) with the free stuff (fentanyl) to try to draw me back in.”



Fentanyl

Typical Use Profile

- Most respondents...
 - No profile of typical fentanyl use
 - *"It doesn't matter your demographics, your skin's color, your economics, your religion. You literally could be impacted by fentanyl, whether you're a 'fentanyl user' or not."* – Law enforcement (Cincinnati region)
- Other common descriptors of fentanyl use...
 - Heroin use
 - Low socio-economic status
 - White people
 - Young people (aged 20 to 40 years)

Most Common Substances Used in Combination

- Crack/powdered cocaine
- Heroin
- Methamphetamine
 - *"Speedball effect ... when you use something to make you go down (fentanyl), then you need something to make you come up (cocaine/methamphetamine). If you use something that takes you up, then you need to use something to make you come down. I liked to use [fentanyl and cocaine/methamphetamine] together."* – Consumer (Akron-Canton region)

Heroin

Treatment provider (Toledo region):

"There really is next to no heroin in Toledo, it's all fentanyl, like it's sold as 'heroin,' it's marketed ... as 'heroin,' but it's not heroin, it's fentanyl and whatever else they put in it."

Law enforcement (Multiple regions):

"We haven't seen true heroin in a while; It's common knowledge with our (law enforcement) sources ... that, when ... ordering up 'heroin,' you know what you're getting is fentanyl.... I think even in talking, we (law enforcement) use the terms ('heroin' and 'fentanyl') interchangeably at this point."

Consumer (Athens region):

"Heroin has gone out of style."

Reported Change in Availability of Heroin during the Past 6 Months				
Region	Current Availability	Availability Change	Most Available Type	BCI Heroin Case Incidence Change
Akron-Canton	Low	No Change	Brown Powdered	Increase
Athens	No Consensus	No Change	Black Tar	Decrease
Cincinnati	No Consensus	No Consensus	Powdered	Increase
Cleveland	No Consensus	No Change	Powdered	No Change
Columbus	Low	No Change	Brown Powdered	Decrease
Dayton	No Consensus	No Change	Powdered	Decrease
Toledo	No Consensus	No Change	Powdered	Decrease
Youngstown	No Consensus	No Change	Powdered	Decrease



Heroin

Typical Use Profile

- Most respondents...
 - No profile of typical heroin use
 - 'Anybody/Anyone' & 'Everybody/Everyone'
- Other common descriptors of heroin use...
 - Low socio-economic status
 - White people
 - Age 20s to 40s
 - Other opioid use
 - Chronic pain issues
 - Manual labor
 - *"Tend to be like blue-collar, working-class, labor workers, like construction or factory workers, the type of professions that tend to be really hard on the body; People with chronic pain will turn to [heroin] for relief..."*
 - Treatment providers (Multiple regions)

Most Common Substances Used in Combination

- Crack/powdered cocaine
- Fentanyl
- Methamphetamine

"There's a 'speedball' where they mix [heroin] with 'meth' (methamphetamine). You've got the energy, but you are falling (nodding) out at the same time."
– Consumer (Toledo region)

Methamphetamine

Consumers (Multiple regions):

"[Methamphetamine is] just hitting like a tidal wave. It's coming from Mexico and it's so cheap; You just get so much [methamphetamine] for such little money so people want it."

Treatment provider (Akron-Canton region):

"[MAT clients] don't view [methamphetamine] as their drug of choice, so they use it thinking it's okay when they are trying to quit [opioids]."

Law enforcement (Multiple regions):

"When people can't get heroin or fentanyl or whatever, [dealers] hook them up with meth; One of my informants told me that when they are trying to detox off heroin, they use methamphetamine to prevent sickness (experiencing opioid withdrawal symptoms), and they get addicted [to methamphetamine as well]...."



Reported Change in Availability of Methamphetamine during the Past 6 Months

Region	Current Availability	Availability Change	BCI Methamphetamine Case Incidence Change
Akron-Canton	High	No Change	Decrease
Athens	High	No Change	Decrease
Cincinnati	High	No Change	Decrease
Cleveland	High	No Consensus	Decrease
Columbus	High	Increase	Increase
Dayton	High	No Change	Decrease
Toledo	High	No Change	Decrease
Youngstown	High	No Change	Decrease

Methamphetamine

Typical Use Profile

- Most often described typical methamphetamine use as associated with...
 - Low socio-economic status
 - White people
 - Young people (aged 20s to 40s)
 - People who work long or late hours (e.g., long-haul truck drivers, bartenders, third-shift workers)
- Other common descriptors of methamphetamine use...
 - Cocaine use
 - Heroin/Fentanyl use
 - Gay men
 - Manual laborers (e.g., factory workers)

Most Common Substances Used in Combination

- Alcohol
- Heroin/Fentanyl
- Marijuana
- Sedative-hypnotics

"Sometimes, what I do with the needle is, you shoot meth up and get so high, you're like, 'I got to come down right now.' Then you got to do heroin or fentanyl to come down, so I mean it's either [used] together or one after the other; Or you do the meth after the fentanyl to bring you back up because you're scared [of overdosing]." – Consumers (Columbus region)

Cocaine

Consumer (Columbus region): “[Crack cocaine is] *one of those drugs. It’s on every street corner.*”

Law enforcement (Akron-Canton region): “*You don’t have people on street corners selling [powdered cocaine].... But it’s very easy for us to find sources that can get [powdered] cocaine.*”

Reported Change in Availability during the Past 6 Months					
Region	Crack Cocaine		Powdered Cocaine		BCI Cocaine Case Incidence Change ¹
	Current Availability	Availability Change	Current Availability	Availability Change	
Akron-Canton	Moderate to High	No Change	No Consensus	No Change	No Change
Athens	Moderate	No Change	No Consensus	No Change	No Change
Cincinnati	High	No Change	No Consensus	No Change	Increase
Cleveland	High	No Change	High	No Change	Decrease
Columbus	High	No Change	Moderate to High	No Change	Increase
Dayton	High	No Change	High	No Change	Decrease
Toledo	High	No Change	High	No Change	Decrease
Youngstown	High	No Change	High	No Change	Increase

¹BCI labs do not differentiate between crack/powdered cocaine.

Typical Use Profile

Crack cocaine

Most respondents...

- No profile for typical crack cocaine use

Other common descriptors of crack cocaine use...

- African American
 - Low socio-economic status
 - Older people (aged 40+ years)
 - Sex work
-

Powdered cocaine

Most often described typical powdered cocaine use as associated with...

- Alcohol use
 - Businesspeople/professionals (e.g., lawyers)
 - College students
 - Middle to high socio-economic status
-

Substances Used in Combination

Crack
cocaine

Most common...

- Alcohol
- Heroin/Fentanyl
- Marijuana

Others...

- Methamphetamine
- Prescription opioids
- Sedative-hypnotics

Powdered
cocaine

Most common...

- Alcohol
- Heroin/Fentanyl
- Marijuana

Others...

- LSD
- MDMA
- Methamphetamine
- Prescription opioids
- Sedative-hypnotics

Southwest Ohio Recruitment

- **Seeking agencies to participate in:**

- Client focus groups
 - In-person
 - 2 hours
 - ~3-8 clients per group
- Treatment provider interviews
 - In-person or virtual
 - 1 hour
 - ~1-5 providers per interview
- Law enforcement interviews
 - In-person or virtual
 - 1 hour
 - ~1-5 professionals per interview



If interested, please contact:

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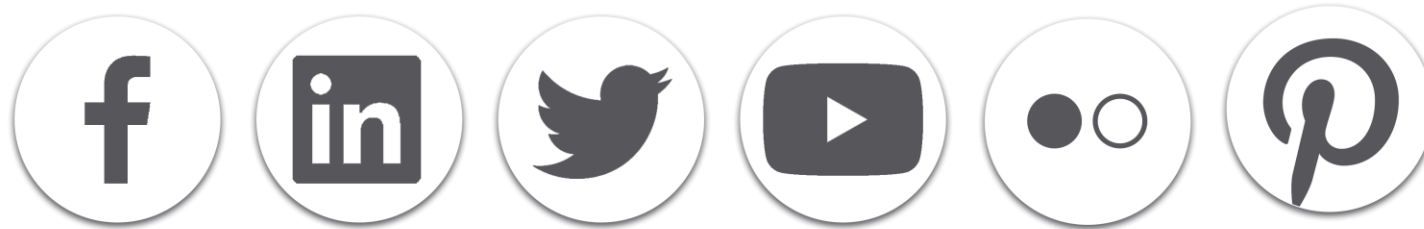
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Questions?



<http://mha.ohio.gov/>

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