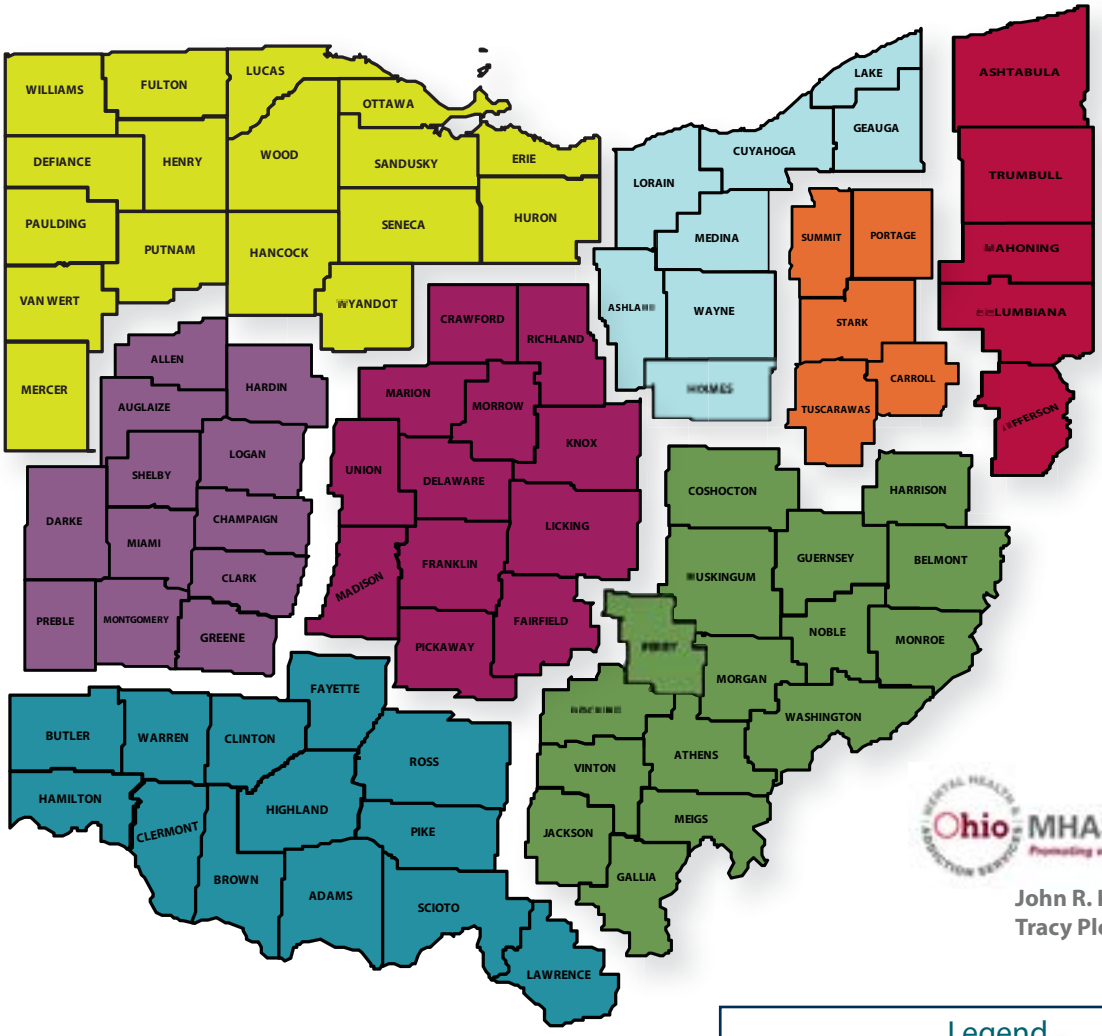
Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2012 - January 2013



Ohio MHAS
Promoting wellness and recovery

John R. Kasich, *Governor*
Tracy Plouck, *Director*

Legend

- Akron-Canton region
- Columbus region
- Athens region
- Dayton region
- Cincinnati region
- Toledo region
- Cleveland region
- Youngstown region

OSAM | Ohio Substance Abuse Monitoring Network

• **Ohio Department of Mental Health and Addiction Services** • Office of Quality and Planning •
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OSAM-O-Gram

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Surveillance of Drug Abuse Trends in the State of Ohio

June 2012 - January 2013

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Toledo Region

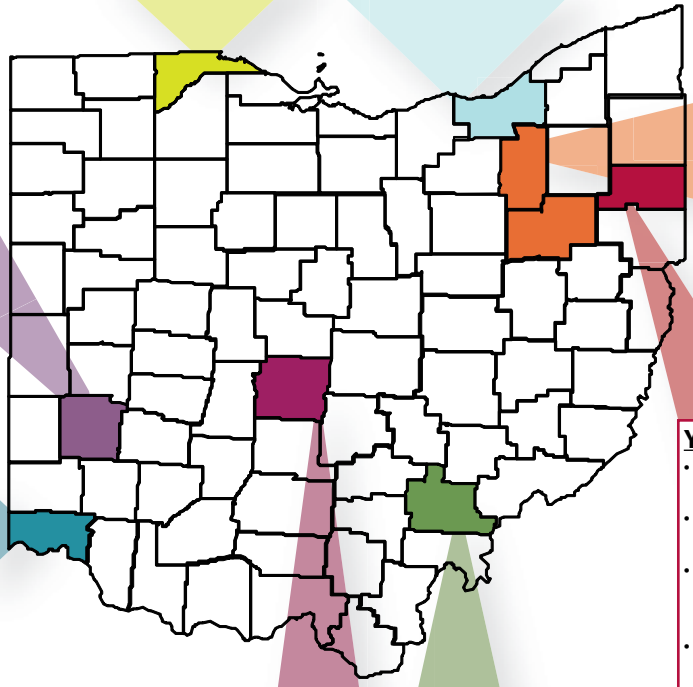
- Increased availability of heroin, Suboxone®; and likely increased availability of sedative-hypnotics and synthetic marijuana
- Increase in drug treatment requests for heroin addiction; typical users are in their late teens or early 20s; and those who likely abused prescription drugs before heroin use
- The BCI Bowling Green and Toledo Police crime labs report increase in powdered heroin and Xanax® cases
- Treatment providers report women more likely to abuse sedatives-hypnotics

Cleveland Region

- Likely increased availability of heroin and methamphetamine
- Likely decreased availability of powdered cocaine
- Treatment providers note a rise in the number of heroin addicted clients and continue to highlight "pill progression" from prescription opioids to heroin; noting that heroin's appeal to younger people including "high schoolers" is on the rise
- Current rise in availability of methamphetamine reportedly due to the ease of the "one-pot" method of production and increased production in nearby Akron
- Slight decrease in availability of powdered cocaine as dealers use the drug to manufacture crack cocaine to maximize profits
- Law enforcement attributes decrease in powdered cocaine use to recent large scale police busts

Dayton Region

- Likely decrease in availability of bath salts, powdered cocaine, sedative-hypnotics and Suboxone®
- Users are abusing Ambien® to stay awake and not to sleep; community professionals note benzodiazepine use combined with other substances has led to increased drug overdoses, particularly with heroin
- Miami Valley Regional Crime Lab notes a rising trend of methamphetamine use with heroin and an increase in intravenous use



Akron-Canton Region

- Increased availability of heroin and Suboxone®
- Likely increased availabilty of methamphetamine and sedative-hypnotics
- Decreased availability of Ecstasy and powdered cocaine
- Increased heroin availability attributed to difficulty obtaining prescription opioids
- In rural areas, increased availability and use of heroin
- Local billboards advertise free Suboxone®; individuals commonly share prescribed Suboxone® with friends

Cincinnati Region

- Likely decreased availability of bath salts and Ecstasy
- Heroin availability remains high, reportedly due to the high cost of abusing prescription opioids
- Drug Enforcement Agency (DEA) reports more black tar heroin in the region
- Illicit Suboxone® users typically use the drug until they can get heroin or into treatment
- High availability of methamphetamine in rural areas around Cincinnati
- The BCI London Crime Lab reports increase in methamphetamine cases processed

Youngstown Region

- Likely increased availability of methamphetamine and synthetic marijuana
- Heroin identified as the region's primary drug problem
- Participants report 6 to 8 out of 10 heroin users "speedball" with heroin and crack and/or powdered cocaine
- Mahoning County Coroner's Office reports prescription opioids present in 44 % of all drug-related deaths occurring over past six months
- Methamphetamine, heroin are easiest substances to obtain in Ashtabula County
- Boxes of Sudafed® are commonly exchanged for methamphetamine or heroin

Columbus Region

- Likely increased availability of heroin, methamphetamine and Suboxone®
- Community professionals express growing concern about younger heroin users and the growing number of users switching from prescription opioids to heroin
- Heroin easily obtainable.
- Law enforcement encounters more people who had predominately used crack cocaine, now using heroin because heroin is readily available at a low cost
- Treatment providers report that Suboxone® is used illicitly to get high and to self-medicate

Athens Region

- Increased availability of methamphetamine; and likely increased availability of heroin
- Likely decreased availability of powdered cocaine
- Poor quality of cocaine and ease by which methamphetamine is made today drive increased availability and use of methamphetamine
- Treatment providers report that the number of users entering treatment who identify heroin as their primary drug of choice has increased
- Law enforcement reports that many dealers get their supply of heroin in Columbus to sell locally in the region

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EXECUTIVE SUMMARY

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

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio, on February 1, 2013. It is based upon qualitative data collected by six REPIs from July 2012 through January 2013 via focus group interviews (Note: two REPIs covered two regions each). Participants were 365 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 101 community professionals via individual and focus group interviews, as well as to data surveyed from coroner's offices, family and juvenile courts, common pleas and drug courts, the Ohio Bureau of Criminal Investigation (BCI), police and county crime labs. In addition to these data sources, media outlets in each region were queried for information regarding regional drug abuse for July 2012 through January 2013. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported on in this section.

In addition to its primary responsibility for the prevention and treatment of substance use disorders, ODADAS is also responsible for the prevention and treatment of problem and pathological gambling. For this reason, the OSAM Network amended its protocol in June 2011 to include collection of data related to problem and pathological gambling. The OSAM Network now collects data related to problem and patho¬logical gambling, publishing its findings every six months in conjunction with its drug trend reports. A summary of gambling data is included in this executive summary. For previous gambling reports, please refer to Targeted Response Initiative (TRI) reports for January 2012 and June 2012 available for download via OSAM homepage on the ODADAS website: http://www.odadas.state.oh.us/public/OsamHome.aspx.

Powdered Cocaine

Powdered cocaine remains moderately to highly available in all regions; availability is currently high in Athens, Cleveland, Columbus and Youngstown and moderate in Akron-Canton, Cincinnati, Dayton and Toledo. Likely decreases in availability during the past six months exist for Akron-Canton, Athens, Cleveland and Dayton. Participants and community professionals In regions where availability has likely decreased attributed the following reasons for less powdered cocaine today: dealers not releasing powdered cocaine, but rather using it to manufacture crack cocaine to maximize profits; recent large scale police busts in the region involving the drug; large shipments being intercepted coming into the country; drug wars in Mexico impeding the flow of the drug across the border; and increased availability and popularity of other substances, such as heroin, decreasing the demand for cocaine. While participants noted a connection between heroin and powdered cocaine, discussing how many drug dealers now carry heroin and powdered cocaine for heroin users who like to use the two drugs together (aka "speedball"), treatment providers continued to note that powdered cocaine is not a primary drug of choice among clients entering treatment.

Participant quality scores for powdered cocaine varied throughout regions from '0' to '8,' with the most common score being between '4' and '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants continued to report that the quality of powdered cocaine varies

depending on dealer of purchase. Regional crime labs reported the following substances as used to cut (adulterate) powdered cocaine: boric acid, caffeine, diltiazem (high-blood pressure medication), inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars.

Current street jargon includes many names for powdered cocaine, with the most common names remaining "blow," "girl," "powder," "soft," "snow," "white" and "white girl." Depending on desired quality and from whom one buys, a gram of powdered cocaine currently sells for between $40-100 throughout regions.

Participants reported that the most common route of administration for powdered cocaine is snorting, followed by intravenous injection. However, participants in Cleveland reported that the most common way to use powdered cocaine is to smoke it as "rocked up" crack cocaine. Most participants agreed that intravenous injection of powdered cocaine is most common among individuals who also use heroin. Participants and community professionals generally described typical users of powdered cocaine as being of higher socio-economic status, often professionals and often White. Also, participants noted that powdered cocaine use is popular among drug dealers, and use is common in bars and clubs, with several participants noting common use in gay bars and clubs in particular. Additionally, participants continued to note that the drug is appealing to those who work long hours, and some treatment providers in Cincinnati reported more African-American males recently coming into treatment who have had experience with powdered cocaine than previously.

Reportedly, other substances used in combination with powdered cocaine include alcohol, Ecstasy, LSD (lysergic acid diethylamide), heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics and tobacco. Many participants reported that drugs often used in combination with powdered cocaine are used to "come down" from the stimulating effect of powdered cocaine. Participants and community professionals reported that it is common to pair powdered cocaine use with alcohol to allow a user to drink more alcohol and use more drugs. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. Mixing powdered cocaine with heroin, either together in the same syringe or in sequence, is called a "speedball." A Toledo participant commented that crushing an Ecstasy pill and mixing it with cocaine is called a, "pixie stick."

Crack Cocaine

Crack cocaine remains highly available in all regions. Participants in every region continued to most often report the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Many participants noted an increase in the demand for crack cocaine during the past six months, explaining that more people are using crack cocaine because it remains a cheap drug. Participants also frequently noted that crack cocaine remains highly profitable to sell. For example, participants in Cleveland and Columbus reported walk-up or door service was common in certain urban neighborhoods, whereas a phone call is generally required in suburban or rural areas. Participants in Dayton reported distribution of free samples of crack cocaine (aka "testers"). Yet, while some participants and community professionals commented that even though crack cocaine is still widely available, it is now being outpaced by heroin.

The most common participant quality score for crack cocaine varied throughout regions from '0' to '7,' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). There was consensus across participant groups that quality of crack cocaine continues to be dependent upon from whom and where (regionally) the drug is purchased. Moreover, several participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or "fake crack" (a product devoid of any cocaine). Participants in Akron-Canton referred to poor quality crack cocaine, containing very little cocaine and mostly baking soda, as "soda balls." Regional crime labs reported the following substances as used to cut crack cocaine: levamisole (livestock dewormer), local anesthetics (lidocaine and procaine) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine, with the most common names being "butter," "crack," "hard," "rock" and "work." Throughout regions, a gram of crack cocaine sells for between $40-100, depending on quality. However, many participants continued to report buying crack cocaine in dollar increments instead of measured amounts. Most participants reported buying crack cocaine in $10 or $20 amounts, with nearly all participants reporting that crack cocaine is typically purchased by the amount of money a

user has available. Many users in Cleveland noted that the decreasing quality of crack cocaine compels them to buy larger sizes which can be cooked down; particularly popular is the "$50 block," which reportedly is about the size of a quarter.

The most common route of administration for crack cocaine throughout regions remains smoking. Participants continued to note that a minority of users intravenously inject the drug; reportedly, those who inject are those who inject heroin. While there was no consensus throughout regions as to a profile of a typical crack cocaine user, several common themes emerged. Many respondents described typical users as being of lower socio-economic status, African American, often homeless, often unemployed, residing in an urban or inner city location and often involved in prostitution. Reportedly, other substances used in combination with crack cocaine include alcohol, Ecstasy, heroin, marijuana, prescription opioids and sedative-hypnotics. As is the case with powdered cocaine, typically, these other drugs are used with crack cocaine to help bring a user "down" from the intense high associated with cocaine.

Heroin

Heroin remains highly available in all regions. There was almost unanimous agreement among participant groups throughout regions that current availability of heroin is '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). During the past six months, heroin availability increased in Akron-Canton, and it likely increased in Athens, Cleveland, Columbus and Toledo. Many respondents continued to identify heroin as the primary drug problem and labeled its current status as "epidemic." Participants in Cincinnati reported that heroin is as easy to find as crack cocaine, which has consistently been among the easiest drugs to find in Cincinnati. In Cleveland, participants continued to cite many crack cocaine dealers as switching inventory to accommodate increasing demand for heroin.

Today, street-level dealers actively seek new clientele and encourage their existing clients to switch to heroin. Treatment providers in Athens, Cleveland and Toledo reported an increase in the number of users entering treatment who identify heroin as their primary drug of choice. Participants in Akron-Canton continued to note increased heroin availability and use in more rural areas.

Participants in Columbus explained that heroin is easily obtained by calling a dealer and arranging to meet in a parking lot. Participants continued to note that changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, has caused users to switch to heroin.

Treatment providers posit that the fact that heroin is cheaper than other opiates is due to the increase in popularity and availability of heroin. Many participants with experience using heroin reported using prescription opioids first which seemingly led to heroin use -- treatment providers also mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin users often undergo. While many types of heroin are currently available throughout regions, participants continued to report brown powdered heroin as most available in Akron-Canton, Cincinnati, Cleveland, Dayton and Youngstown; black tar heroin remains most available in Athens and Columbus; as white powdered heroin is currently most available in Toledo.

The most common participant quality score for heroin varied throughout regions from '3' to '10,' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also generally report that the quality of heroin has either remained the same or has varied during the past six months, some participants noted an increase in quality, particularly some participants in Athens who reported increased quality for the drug's "raw" form (aka "chunks" before it is broken up into "stamp bags" for sale, as it is at this point that heroin is often adulterated with other substances). Participants in Athens, Cincinnati, Cleveland, Columbus and Toledo believed heroin to occasionally or frequently be cut with fentanyl. Some participants in Toledo were convinced that in some cases "china white" heroin is dried and crushed fentanyl being sold as heroin. However, regional crime labs reported the following substances as used to cut heroin: caffeine, diphenhydramine (antihistamine), lidocaine (local anesthetic), noscapine (cough suppressant) and quinine (antimalarial). Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog," "dog food," "dope," "H" and "smack."

Participants continued to report that it is most common to purchase a single heroin "bag," "balloon," "berry," "fold" or "stamp" (1/10 gram), and then, once used to purchase another: 1/10 gram sells for between $5-25; a gram sells

for between $100-200, depending on location and quality of heroin. Participants in Dayton reported that brown and white powder heroin is primarily available in "caps" (capsules filled with approximately 1/10 gram of heroin) -- a cap typically sells for $10. Many participants in Athens commented that there is a significant difference in price if one were to buy heroin locally or chose to travel to a large city, such as Columbus.

Throughout regions, the most common route of administration for heroin remains intravenous injection, followed by snorting. Participants continued to note a progression of use with heroin; typically first-time users snort heroin before progressing onto intravenous injection. Participants and community professionals most often described the typical heroin user as White and under 30 years of age. Reportedly, other substances used in combination with heroin include alcohol, bath salts, crack cocaine, Ecstasy, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics. Heroin is used with other drugs to help balance or intensify the effects of heroin, although many participants reported that it is common not to use other substances with heroin.

Prescription Opiods

Prescription opioids remain highly available in all regions. Participants and community professionals listed the following prescription opioids as most popular in terms of illicit use: Dilaudid®, fentanyl, Opana®, OxyContin®, Percocet®, Roxicet®, Roxicodone®, Ultram® and Vicodin®. High availability of prescription opioids has generally remained unchanged during the past six months throughout regions. However, there were more mentions of Dilaudid® availability and popularity than previously, particularly in Athens and Cleveland. Despite the perceptions of many treatment providers, participants reported that users are not as likely to use the new abuse resistant formulations of OxyContin® and Opana® -- the old formulations of these drugs can no longer be found on the streets of most regions.

Many prescription opioids have been "proofed," or made resistant to crushing, putting other non-proofed opioids at a premium. This has reportedly impacted availability and given momentum to the pill-to-heroin progression. However, participants continued to report that many prescription opioids remain readily available through prescription and street purchase, although a number of respondents in Athens, Cleveland and Dayton reported that physicians are now more cautious about their prescribing.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the overall most common route of administration remains snorting, followed by intravenous injection and oral consumption (swallowing and chewing). In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources for prescription opioids: doctors, emergency rooms, family, friends and other people with prescriptions and pain clinics. Participants noted that prescription opioids are commonly traded through friends and family. A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants and community professionals continued to note growing popularity of prescription opioids abuse among younger people. Participants in Akron-Canton spoke about "pharm parties" as popular with adolescents (partygoers bring pills, put them into a bowl and swallow pills randomly).

Finally, There was almost universal agreement among respondents that illicit prescription opioids users are most often White. Reportedly, other substances used in combination with prescription opioids include alcohol, crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine and sedative-hypnotics. Participants reported that the combination of prescription opioids with the aforementioned drugs increases the intensity, euphoria and length of their "buzz" (high). Many participants reported that it is more common to use prescriptions opioids in combination with other substances than to abuse the drugs alone.

Suboxone®

Suboxone® is highly available in all regions with the exception of Dayton where current street availability remains moderate. Changes in availability during the past six months include increased availability for Akron-Canton and Toledo, likely increased availability for Columbus and likely decreased availability for Dayton. Participants continued to report the drug to be easily available by prescription, through treatment centers, the Internet, or from dealers and friends who use heroin.

Many participant groups reported that it is a common practice to sell one's prescriptions. According to several participants, the film/strip form of Suboxone® is typically taken as part of a treatment program or obtained by heroin users as a last resort when heroin cannot be found, and Subutex® or Suboxone® tablets are the more desirable form among illicit users because they can be crushed, snorted or injected. Participants posited that as opiate use continues to increase, so too does the street availability of Suboxone®. Participants also reported that in some counties there are now more Suboxone® programs.

Treatment providers reported that there seems to be a demand for Suboxone®, noting billboards advertising, "Free Suboxone®," and individuals prescribed Suboxone® commonly sharing it with friends. In Athens, while treatment providers noted that there are few doctors in the region who prescribe Suboxone®, they reported that there is enough available Suboxone® that if a user were in withdrawal, he/she could find the drug with little effort. In addition to those who self-medicate with it, treatment providers also reported knowledge of users who get high off Suboxone®.

Participants reported that users are switching from methadone to Suboxone®. They also reported an increase in use at treatment centers. In Dayton, current prescribing patterns are attributed to the decrease in the region, as community professionals reported doctors trying to limit diversion. Collaborating data also indicated the high presence of Suboxone® throughout regions; for instance, the Mahoning County Coroner's Office reported buprenorphine as present in 16 percent of all drug-related deaths during the past six months.

Current street jargon includes few names for Suboxone®, including "oranges," "strips" and "subs." Participants reported that an 8 mg tablet or strip of Suboxone® sells for between $5-25, with tablets generally selling for more as they can be crushed for snorting or injecting. The vast majority of participants continued to report most often taking Suboxone® sublingually (dissolving it under the tongue); however, in terms of illicit use, participants reported dissolving strips in water and injecting, and crushing tablets and snorting, as common. Suboxone® continues to be primarily acquired from doctors, friends and occasionally dealers who keep them to attract users to other inventory.

Participants and community professionals who had knowledge of illicit use of Suboxone® continued to describe heroin and prescription opioids addicts as those who typically abuse Suboxone® when they can't get what they want. Reportedly, other substances used in combination with Suboxone® include alcohol, crack cocaine, marijuana, methamphetamine, powdered cocaine and sedative-hypnotics. However, many participants reported that it is not too common to use other substances with Suboxone®.

Sedative-hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in all regions. Changes in availability during the past six months include likely increased availability for Akron-Canton and Toledo and likely decreased availability for Dayton. Participants throughout regions most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Many participants in Akron-Canton agreed that it is easy to find a physician who will prescribe benzodiazepines and easy to find these medications on the street; in addition, a number of participant groups in the region knew of availability of these medications on the Internet. Treatment providers in Toledo reported that the availability of sedative-hypnotics has increased during the past six months, especially for Xanax®; both reporting crime labs in the Toledo region also reported increases in the number of Xanax® cases they process. Participants in Dayton suggested that the perceived decline in availability of sedative-hypnotics is due to fewer prescription holders selling their drugs. Participants and community professionals reported Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use, followed by Ambien®, Soma® and Valium®.

Participants continued to report most often obtaining these drugs from individuals with existing prescriptions, or by feigning symptoms of anxiety and getting prescriptions from doctors. Participants reported that dealers often do not carry sedative-hypnotics, possibly due to their availability through other sources and their lower profitability; most of these drugs sell for no more than a few dollars per pill. While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral consumption and snorting, with some mention of intravenous injection and smoking. A few participants reported lacing marijuana with crushed sedative-hypnotics pills for smoking.

Participants and community professionals generally described the typical illicit user of sedative-hypnotics

as adolescent to "young" adult, White and female. The use of sedative-hypnotics with other drugs is common. Reportedly, other substances used in combination with sedative-hypnotics include alcohol, crack cocaine, heroin, marijuana, powdered cocaine and prescription opioids. Sedative-hypnotics are often used as a way of stabilizing from a high provided by stimulants such as cocaine. When used in combination with alcohol, participants in the Columbus region reported dissolving the drugs into beer and drinking.

Marijuana

Marijuana remains highly available throughout all regions. Participants from every region most often reported the overall availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals commonly reported that many users do not consider marijuana a drug; many community professionals also noted that the marijuana currently available is far more potent and fast acting than in the past. In addition, treatment providers noted that for many young people, marijuana is easier to obtain than alcohol.

Treatment providers in Athens reported that 90 percent of adolescents entering treatment report marijuana as their drug of choice. Law enforcement reported that marijuana is both grown locally and imported. In Cleveland, and in most regions, marijuana remains, by far, the most easily-obtained illegal drug, available to every socioeconomic group, rural and suburban. The bifurcation of the drug into two distinct categories continues to deepen: commercial-grade (low- to mid-grade marijuana) or hydroponically grown (high-grade) marijuana.

Community professionals were in agreement with participants in reporting that commercial-grade marijuana is available "everywhere," while purchase of hydroponic marijuana requires knowing whom to call and where to go to obtain it. In addition, several participants discussed either growing or having access to hydroponically grown marijuana; and participants in Toledo and Youngstown discussed having access to medical marijuana. Collaborating data also indicated that marijuana is readily available throughout regions. For instance in Dayton, the Montgomery County Juvenile Court reported that of the juveniles it drug tested during the past six months, 68.3 percent tested positive for the presence of an illicit drug; and of those positive, 71.7 percent were positive for the presence of marijuana.

Every grade of marijuana is available throughout regions, and participants continued to explain that the quality of marijuana depends on whether the user buys commercial-grade or hydroponically grown marijuana. Participants commonly rated the quality of commercial-grade marijuana as between '2' and '7,' while they rated the quality of high-grade marijuana most often as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A Toledo participant commented on an increase in the quality of marijuana in that region since Michigan voted to legalize the use of medical marijuana.

Current street jargon includes countless names for marijuana. The most commonly cited names for marijuana generally were "green," "pot," "trees" and "weed." Prices for marijuana continue to depend upon the quantity and quality desired: for commercial-grade marijuana, a "blunt" (cigar) or two "joints" (cigarettes) sells for between $5-10; an ounce sells for between $50-120. Higher quality (hydroponically grown) marijuana sells for significantly more: a blunt or two joints sells for between $10-30; an ounce sells for between $150-400.

The most common route of administration for marijuana remains smoking; however, participants again noted that marijuana can also be consumed in baked goods and by making tea. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that marijuana use is widespread across all population strata. Reportedly, other substances used in combination with marijuana include alcohol, crack cocaine, heroin, methamphetamine, PCP (phencyclidine), powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone®.

Participants also reported that marijuana intensifies the high of other substances. A participant group in Akron-Canton reported knowledge of using marijuana with embalming fluid or PCP, describing marijuana with either of the aforementioned as causing one to hallucinate. Participants did not agree on whether it is more common to use marijuana by itself or to use it with other substances; some participants posited that marijuana goes with everything.

Methamphetamine

Methamphetamine availability remains high for Akron-Canton and Cleveland and variable for Cincinnati, Columbus and Youngstown; availability is also variable for Dayton, low to moderate for Toledo, and moderate to high for Athens. Changes in availability during the past six months include increased availability for Athens and likely increased availability for Akron-Canton, Cleveland, Columbus and Youngstown. In regions were availability of methamphetamine is variable, generally lower availability exists for urban areas and higher availability exists for rural areas. However, Dayton participants reported high availability for the drug within the city and much lower availability in outlying areas.

Participants throughout regions reported on the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location. Participants throughout regions reported "shake-and-bake" methamphetamine as the most prevalent form of available methamphetamine.

Participants also reported that higher quality methamphetamine, commonly referred to as "ice," is very rare; additionally, participants named the more traditional form of locally produced "red phosphorous" methamphetamine, which large amounts were manufactured previously for sale on the streets, as also rather rare. In Athens, some participants believed that some methamphetamine is being moved into the region from southern states, and law enforcement reported that the availability of methamphetamine coming from Mexico (aka "Mexican ice") has decreased since users can now make their own methamphetamine.

Participants generally noted that methamphetamine is cheaper and easier to make than previously. However, treatment providers have not experienced an uptick in methamphetamine abuse among their clientele. The overall quality of methamphetamine continues to range from '5' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), with crystal methamphetamine being at the higher end of the scale. Participants in Columbus reported that the quality of methamphetamine has decreased during the past six months; they reported methamphetamine to be cut with baby laxative, MSM (methylsulfonylmethane – a dietary supplement), a mixture of over-the-counter chemicals, as well as salt. A participant group in Athens reported that methamphetamine is being mixed with cocaine and that some users are unaware that their cocaine contains the drug.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crank," "crystal," "glass," "ice," "meth," "speed" and "tweak." Prices for methamphetamine continue to depend on the quantity and quality of the drug: a gram sells for between $50-150. However, participants in Akron-Canton and Athens reported buying small bags of methamphetamine (1/10-2/10 gram) for between $20-30. Participants in Akron-Canton and Youngstown reported that methamphetamine is often traded for precursor ingredients, such as Sudafed®; many participants in the Youngstown region also discussed purchasing Sudafed® in exchange for other drugs, particularly heroin. While there were several reported ways of using methamphetamine, the most common route of administration remains smoking, followed by intravenous injection.

There was universal agreement among all respondent groups that typical methamphetamine users are almost exclusively White. In addition, participants noted the following groups of Whites as those most likely to use: "younger," rural, gay males, motorcycle gang members and truck drivers. Reportedly, other substances used in combination with methamphetamine include alcohol, crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics. Alcohol, marijuana and sedative-hypnotics assist the user in coming down from the extreme stimulant high produced by methamphetamine. Heroin is used in combination with methamphetamine for the "speedball" effect. The majority of participants noted that it is more common to use methamphetamine by itself, and if used with any other substance, it is used most often with alcohol.

Prescription Stimulants

Prescription stimulants are moderately to highly available in all regions; availability remains high in Athens, Cleveland, Columbus and Youngstown and moderate to high in Cincinnati; current availability is high in Akron-Canton and moderate to high in Dayton and Toledo. Participants explained that if prescription stimulants are desired, they can easily be found. A participant group

in Akron-Canton described extreme ease in being able to obtain prescription stimulants; they reported that a lot of school-aged children are prescribed Adderall® or Ritalin® and that many sell their medication. Participants reported that illicit users of prescription stimulants are not likely to obtain the drugs from a drug dealer. Many participants with use experience reported that the most convenient way to obtain prescription stimulants is by getting them from someone who is prescribed them; participants reported getting the drugs often from family members (younger siblings) who are being treated with the medication. Reportedly, Adderall® is the most popular prescription stimulant throughout regions in terms of illicit use, followed by Concerta®, Ritalin® and Vyvanse®. Community professionals reported that they do not typically see or deal with prescription stimulants abuse; however, many treatment providers reported that some individuals currently in treatment report past use of prescription stimulants.

Current street jargon includes a few names for prescription stimulants. The most commonly cited names were "addies" for Adderall®, as well as "kiddie coke," "meth in a pill," "poor man's coke," "speed" and "uppers" for prescription opioids generally. Participants reported that Adderall® 30 mg sells for between $3-10, depending on location.

While there were several reported ways of using prescription stimulants, the most common route of administration for abuse remains oral consumption (swallowing and eating) and snorting. Participants also reported knowing of some intravenous injections of prescription stimulants, but this was said to be rare.

Participants described typical illicit users of prescription stimulants as high school and college aged. Community professionals also described typical illicit users as between 18-25 years of age, most often enrolled in college who take the drugs during exam time. A couple of treatment provider groups noted that abuse of prescription stimulants is higher among women; providers in Akron-Canton reported that many women use the drugs for weight control.

Reportedly, other substances used in combination with prescription stimulants include alcohol, cocaine, marijuana, prescription opioids and tobacco. Prescription stimulants are used in combination with alcohol and marijuana when the user wants to "party" longer and continue to consume alcohol and/or use marijuana; they are used in combination with prescription opioids to enhance the high of prescription opioids.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout regions despite legislation that banned its sale and use in October 2011. Current availability remains high in Akron-Canton and Columbus and moderate in Cleveland, Dayton, Toledo and Youngstown; availability is moderate to high in Cincinnati and appears to be low in Athens. Packaged products of bath salts continue to be available from some of the same convenience stores, beverage drive-thrus, head shops, gas stations and smoke shops that sold bath salts previously. They are now "behind the counter" and available only to known users. In addition, participants noted that bath salts can still be found on the streets, but a user would have to know someone who deals in the drug. No matter what the perceived level of availability, all participant groups agreed that availability was higher before bath salts were banned. Also, respondents universally noted that legislative action has had an effect on availability.

However, a DEA agent in Cincinnati stated that while there may have been a decline in the use of bath salts, the drug remains obtainable to those who desire it. Participants in Athens noted that bath salts are still readily available in West Virginia, and hence, users go across the state line to purchase the drug. In addition, participants commented that users can still purchase bath salts over the Internet. Canton-Stark County Crime Lab reported that other substances similar to bath salts have been seen in the lab during the past six months; some of these substances are controlled (4-Fluoroamphetamine and 4-Fluoromethamphetamine) while others are uncontrolled chemical analogues.

Most participants expressed an aversion for bath salts and did not report attempting to purchase them; many participants were repulsed by media stories of the negative consequences of bath salts use. New labels for bath salts are emerging to help circumvent the laws; participants said bath salts are currently sold under labels like, "hookah cleaner," "incense," "pixie dust," "plant food," "salt" and "zombie salts." Prices for bath salts varied substantially between regions. A participant with experience purchasing the drug reported that the price of bath salts has recently increased. Participants reported that bath salts sell for between $20-60 per gram within Akron-Canton, Cincinnati and Columbus regions. In contrast, participants in Athens reported bath salts selling for between $40-180 per gram; participants within the remaining

regions reported current pricing as unknown to them. The most common routes of administration for bath salts are snorting and intravenous injection.

Participants and community professionals described typical bath salts users most often as younger than 30 years of age and likely on probation, monitored through urine drug screens. Reportedly, other substances used in combination with bath salts include alcohol, cocaine, heroin and marijuana. There was no consensus among participants as to whether regular bath salts users combined bath salts use with other substances. However, participants who had experimented with the drug reported using it with alcohol and marijuana.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains available throughout regions despite legislation that banned its sale and use in October 2011. Current availability remains high in Akron-Canton, Cleveland and Toledo; availability is moderate in Dayton and Youngstown; participants in Athens, Cincinnati and Columbus thought availability to be high, while community professionals in those regions viewed current availability as low to moderate. Likely increases in availability exist for Toledo and Youngstown.

As with bath salts, participants throughout regions reported that synthetic marijuana continues to be available on the street from dealers as well as from many convenience stores and head shops. However, participants and law enforcement reported that recent legislation has caused the drug to be far less available at retail outlets than previously, and those which continue to sell synthetic marijuana are much more discreet about it.

The general consensus among participants who have used synthetic marijuana was that the drug is not very desirable, as most users do not like the "high" produced from the drug, and thus most prefer to smoke marijuana. Law enforcement in Toledo and Youngstown regions believed that availability has slightly increased during the past six months. They cited that young people who use synthetic marijuana believe they will receive less of a penalty than being caught with marijuana. Additionally, some users reportedly smoke synthetic marijuana because they continue to believe that it will not show up on any drug screen.

New labels and names for synthetic marijuana are emerging to help circumvent the laws; however, the most commonly cited names continue to be "K2," "K3" and "Spice." Within most regions, a gram of synthetic marijuana currently sells for between $20-25. The only route of administration for synthetic marijuana remains smoking. Participants and community professionals described typical users of synthetic marijuana as "young" and without connections or resources to obtain real marijuana, or users who wish to avoid the negative sanctions of a positive marijuana test, such as probationers. Participants reported that generally, synthetic marijuana is not often used in combination with other drugs besides use with alcohol and/or marijuana.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability remains variable throughout regions. Current availability remains high in Cincinnati and Cleveland and moderate in Columbus and Youngstown; availability is moderate to high in Toledo, variable in Athens and appears to be low in Akron-Canton and Dayton. Changes in availability during the past six months include decreased availability for Akron-Canton and likely decreased availability for Cincinnati.

Participants generally reported regular use of Ecstasy to be uncommon, explaining that if there were a music festival in the area, one would hear about Ecstasy. Law enforcement in the Athens region reported on an annual festival where Ecstasy use is thought to be prevalent. A few participants with first-hand experience reported that if you know who deals Ecstasy, you can get it. Community professionals reported that Ecstasy use seems to be more uncommon than previously. Treatment providers noted that Ecstasy is sometimes heard about but mostly in the context of experimental use among high school and college students. Participants in Cincinnati reported that Ecstasy remains popular in the city but that a user would need a connection to buy the drug; Ecstasy is not a drug obtained on the street. However, participants in Cleveland thought dealers to carry Ecstasy as many dealers are believed to personally use the drug. Several participants in Youngstown noted an increase in pure MDMA, or "Molly," during the past six months.

Current street jargon includes a few names for Ecstasy. The most commonly cited names were "beans," "E," "Scooby snacks," "Skittles®" and "X." Participants reported that a "single stack" (low dose) Ecstasy tablet sells for between $2-10; a "double-stack" (high dose) tablet sells for between $10-20; a "triple stack" (highest dose) tablet sells for between $10-25; 1/10 gram of "Molly" sells for $15; a gram sells for between $60-100. These drugs are obtained from friends and dealers, often via a phone call or at nightclubs. Higher pricing can be expected at events or at nightclubs.

While there are few reported ways of using Ecstasy, the most common route of administration remains oral consumption. In addition, a few participants discussed "plugging" Ecstasy (insertion of the drug rectally); MDMA is most often snorted. Participants described typical users of Ecstasy as African Americans, club goers, hippies, urban youth and "younger" people. Participants and treatment providers alike continued to identify Ecstasy as a "rave" (underground dance party) drug, popular with college students. Participants explained that users of Ecstasy like to use it to enhance the night club experience or to enhance a sexual experience. Reportedly, other substances used in combination with Ecstasy include alcohol, cocaine, hallucinogens, heroin and marijuana.

Other Drugs

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions. Participants in Dayton continued to mention anabolic steroids as available at some fitness centers in the region. Hallucinogens [lysergic acid diethylamide (LSD), phencyclidine (PCP) and psilocybin mushrooms] remain available in many regions. In addition, the BCI London Crime Lab reported an increase in the number of cases involving 2C-E, 2C-I and 25I-NBOMe (psychedelic phenethylamines).

LSD is rarely to moderately available in most regions, with the exception of Akron-Canton where it is highly available, and Cincinnati, where the drug is moderately to highly available. Many participants indicated that LSD is considered a seasonal drug, with availability increasing in the spring and summer months, or at particular rock concerts. Current street jargon includes a few names for LSD. The most commonly cited names were "acid," "blotter" and "blotter acid." Reportedly, LSD sells for between $5-10 per "hit" (dose). The most common route of administration for LSD is oral consumption, followed by lacing a cigarette with the drug and smoking. While a typical user profile did not emerge in every region, respondents frequently reported LSD users as mostly White, hippies, teenagers and "young" adults.

Reportedly, PCP remains highly available in one area of the City of Cleveland, often referred to as "water world." Treatment providers in Cleveland reported an increase in the number of cases involving PCP during the past six months. Participants with experience purchasing the drug reported that one dip of a cigarette into liquid PCP sells for between $10-20. The most common route of administration for PCP remains smoking. Outside of Cleveland, no other region reported on PCP use.

Psilocybin mushrooms are moderately to highly available in most regions. Like other hallucinogens, participants said psilocybin mushrooms are seasonally available, found most often in the spring and summer months. Current street jargon includes a few names for psilocybin mushrooms. The most commonly cited names were "blue caps," "caps," "gold caps," "magic," "mushies" and "shrooms." Participants reported that psilocybin mushrooms are available for $8 per vial; 1/8 ounce of dried psilocybin mushroom material sells for between $20-30; 1/4 ounce sells for between $50-55; an ounce sells for between $120-200. The most common route of administration for psilocybin mushrooms remains oral consumption, but participants also continued to report smoking and making tea with them. Participants reported getting psilocybin mushrooms from dealers, chemists, chemical engineers and professors. Participants reported typical users as "young" adults and college students.

Reportedly, other substances used in combination with hallucinogens include alcohol, cocaine, Ecstasy, inhalants and marijuana. Inhalants are highly available throughout most regions, but these substances are not preferred by most drug users. Inhalants are breathed into the lungs, or "huffed." Participants and community professionals identified the most commonly abused inhalants as computer duster (aka "duster") and Freon. Typically, inhalants users are junior- and high-school aged adolescents who have little access to other drugs. Reportedly, other substances used in combination with inhalants include alcohol and LSD. Over-the-counter (OTC) and prescription cough and cold medications remain highly available throughout most regions. Participants

mentioned using these medications, especially Coricidin®, to get high. Typically, users combine these medications with soda. Like inhalants, participants identified OTC and prescription cough and cold medicines as substances that individuals in middle and high school are more likely to abuse than others.

Gambling

Several themes regarding the popularity of particular gambling types are common to all OSAM regions. Lottery and scratch-offs are the most common forms of gambling within each region. Internet cafes also continue to grow throughout the state, and may be directly related to drug use in some areas. A Cleveland participant reported that drug dealers frequent Internet cafes and drugs are often obtained at these businesses.

Participants in every region reported participation in casino gambling during the past six months, with 20 percent of Columbus participants reporting casino gambling. Casino gambling may be more prevalent in regions closer to existing casinos in Indiana, Pennsylvania and West Virginia. Dice, poker and other street games are popular in the Cincinnati, Columbus, Dayton, Toledo and Youngstown regions. Bingo is also common, particularly in the Akron-Canton, Athens, Columbus, Dayton and Youngstown. Finally, while not as prevalent as other forms of gambling, sports gambling is available throughout regions.

There was no consensus among participants as to a relationship between alcohol and other drug (AoD) use and gambling. Participants in Athens, Cleveland and Dayton gave mixed reports on the topic. However, some patterns did emerge from the data. Participants in Columbus generally agreed that AoD use and gambling are in some way related to one another. Most Columbus respondents who shared this viewpoint referred to alcohol use as very common among gamblers. Although participants in the Akron-Canton region were split as to whether or not a relationship between alcohol and gambling exists, some participants suggested that there is a significant relationship. The connection between alcohol use and gambling was also supported by participant reports in Athens, Toledo and Youngstown. Similarly, Cleveland participants suggested that both marijuana and alcohol use are prevalent among gamblers.

Several participants reported that there may be an indirect relationship between drugs and gambling. Specifically, the tendency to gamble in order to buy drugs was mentioned by several participants within Athens, Columbus and Youngstown especially. In addition, some participants in Athens, Columbus and Toledo reported gambling more when they used drugs. However, Cincinnati participants reported gambling as secondary to drug use, suggesting that they would only gamble with additional funds after obtaining their drug of choice.

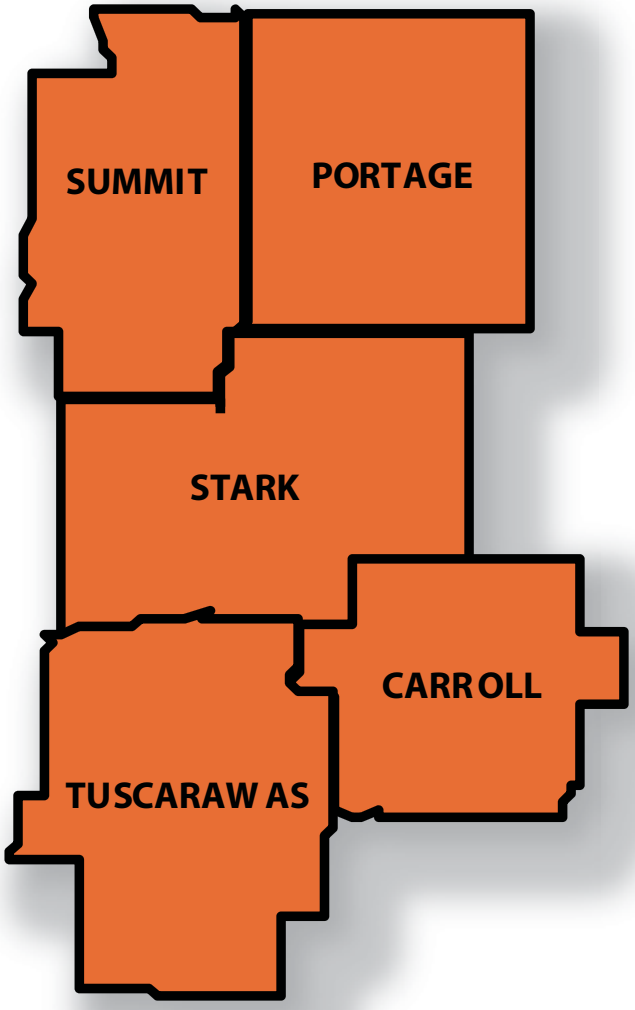
Reports suggest that most participants believed that gambling is potentially addictive. In addition, some participants suggested that personality influences one's susceptibility to gambling addiction. However, very few participants reported struggling with problem or pathological gambling. No participants in Cincinnati or Columbus regions reported experiencing any problems with gambling. Most descriptions of problem and pathological gambling were made in reference to family members or friends. However, some participants reported borrowing money from others to cover gambling debts. In addition, two participants in Toledo reported seeking help for an addiction to gambling, with one receiving treatment.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Akron-Canton Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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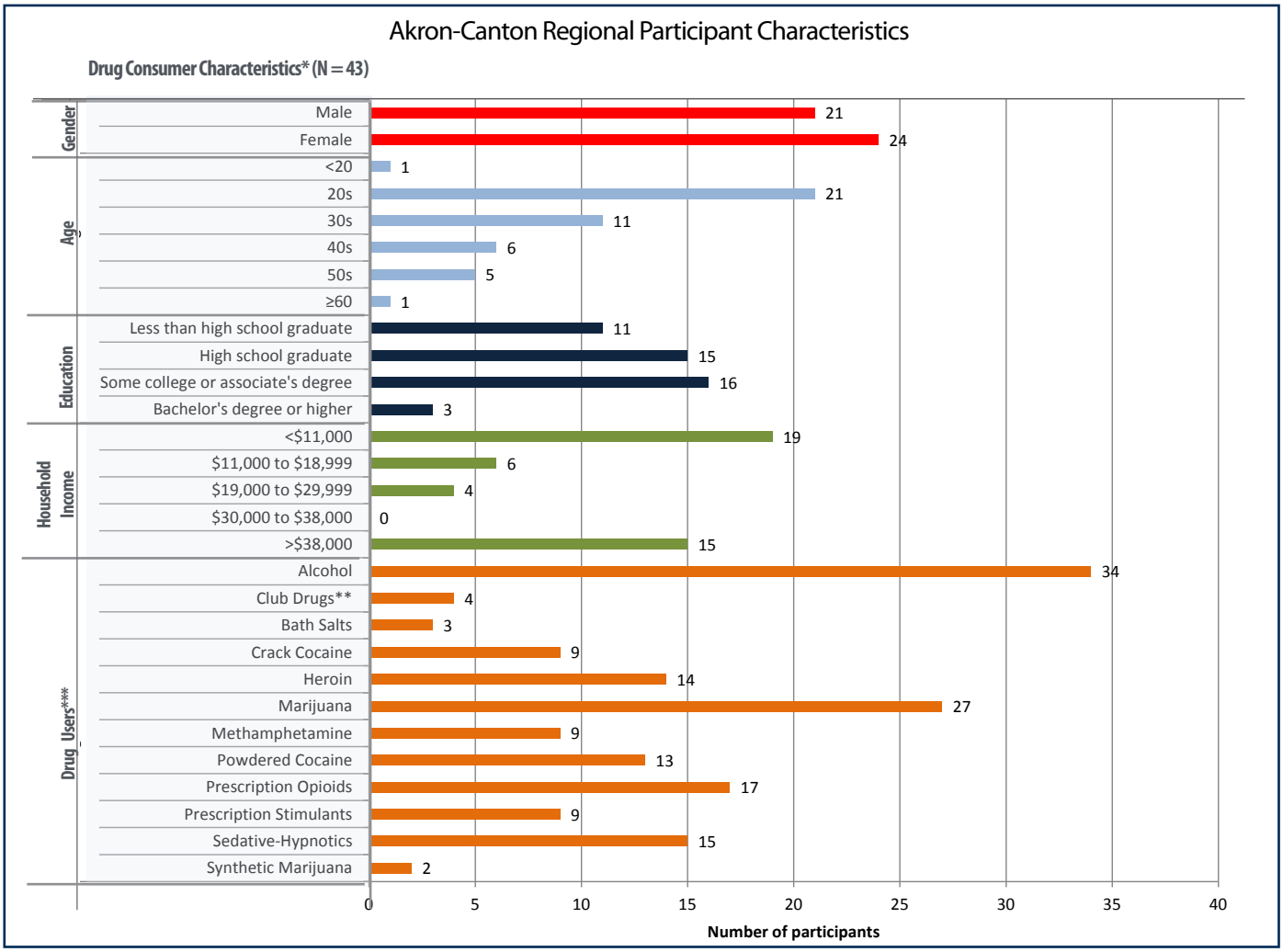
Indicator[1]	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	45
Gender (female), 2010	51.2%	51.5%	53.3%
Whites, 2010	81.1%	85.4%	77.8%
African Americans, 2010	12.0%	9.4%	22.2%
Hispanic or Latino origin, 2010	3.1%	1.6%	0.0%
High School Graduation rate, 2010	84.3%	86.3%	75.6%
Median Household Income, 2011	$45,803	$44,250	$11,000 to $18,999[2]
Persons Below Poverty Level, 2011	16.3%	15.9%	55.6%[3]

[1]Ohio and Akron-Canton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.
[3]Poverty status was unable to be determined for 1 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and community planners) via individual and focus group interviews, as well as to data surveyed from the Summit County Juvenile Court and the Bureau of Criminal Investigation (BCI) Richfield Office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers and law enforcement most often reported availability as '8.' Many treatment providers noted that powdered cocaine was not commonly identified as a primary drug of choice. Participants and community professionals most often reported that the availability of powdered cocaine had remained the same during the previous six months. Canton-Stark County Crime Lab reported that the number of powdered cocaine cases that it processes had decreased during the previous six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Canton-Stark County Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: baking soda, levamisole (livestock dewormer), lidocaine and procaine (local anesthetics). Participants reported that 1/4 gram, or "baggie," of powdered cocaine sold for $20; a gram sold for between $50-100. The most common route of administration for powdered cocaine remained snorting.

A profile for a typical powdered cocaine user did not emerge from the data, though some participants commented that the typical user of powdered cocaine was from the upper-middle class. Treatment providers described typical users as White, middle- to upper-class, and generally "older," although some providers reported an increase in use among younger, college-aged individuals.

Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), with the exception of participants in Tuscarawas County who most often reported current availability as '10.' Many participants reported that powdered cocaine is currently difficult to find, while participants in Tuscarawas County reported that availability of the drug depends on who one knows and where to find it, describing high prevalence of the drug in bars. Community professionals across the region most often reported current availability as '5.' However, treatment providers noted that powdered cocaine remains available to those who want it. Treatment providers continued to report that powdered cocaine is not usually a primary drug of choice. A treatment provider stated, "For people with alcohol dependence, cocaine is their side dish. It keeps them going a little longer."

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In December, troopers from the Ohio State Highway Patrol arrested two Akron men and seized 750 grams of cocaine during a traffic stop in Summit County (www.nbci4.com, Dec. 19, 2012). Participants from most groups in the region reported that the availability of powdered cocaine has decreased during the past six months. Participants identified a number of reasons for the decrease in availability such as police targeting major dealers of the drug and large shipments being intercepted coming into the country.

One participant stated, "*No one wants to take the risk of having kilos [of cocaine] in their trunk anymore.*" Treatment providers reported that availability of powdered cocaine has remained stable or decreased, while law enforcement reported that availability has generally remained stable during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Participants most often rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Overall, participants indicated quality to be poor, reporting that powdered cocaine is cut with acetone, baby laxative, baby powder, baking soda, creatine, "Malibu" (a numbing agent sold in head shops specifically to cut cocaine), methamphetamine, Orajel®, prescription opioids, Similac® and various vitamins (B-12, C, pre-natal). Participants reported that the quality of powdered cocaine has decreased during the past six months and noted that if the appearance of powdered cocaine is more crystal like, it is better quality.

The BCI Richfield Crime Lab reported that powdered cocaine is cut with diltiazem (high-blood pressure medication), levamisole (livestock dewormer), lidocaine and procaine (local anesthetics). Current street jargon includes many names for powdered cocaine. The most commonly cited names were "snow" and "white girl." Participants listed the following as other common street names: "bitch," "blow," "candy," "chowder," "Christine Aguilera," "Coca-Cola®," "coke," "cuckoo dust," "fish scales," "powder," "pow wow," "soft," "that girl," "white," "(the) white house," "ya-yo," "yip-yak Cadillac smack" and "yola."

Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-100, depending on the quality; 1/16 ounce, or "teener," sells for $100; 1/8 ounce, or "eight ball," sells for between $100-200; an ounce sells for $1,500 (reportedly between $800-1,200 in urban areas). A law enforcement representative noted from a recent buy that the price of powdered cocaine has increased significantly during the past six months.

Participants continued to report that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately nine would snort and one would intravenously inject or "shoot" the drug. A profile for a typical powdered cocaine user did not emerge from the data. However, a few participants described typical users of powdered cocaine as being from the "upper class." Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics.

Participants and community professionals commonly noted that powdered cocaine is often used with alcohol to allow the user to drink more alcohol and party longer. Users that combine sedative-hypnotics and marijuana use with powdered cocaine use reportedly do so to help in coming down from the stimulant high produced by powdered cocaine. Some participants reported using heroin and/or prescription opioids with cocaine to produce, "*the speed ball effect*." A participant stated, "*I never liked all the way down or all the way up. The two together [speedball] become the perfect thing*." Additionally, many participants noted that it is common to use powdered cocaine by itself.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while law enforcement reported availability as '7.' Participants continued to report that crack cocaine was easier to obtain than powdered cocaine. However, participants in Stark County commented that it was difficult to find crack cocaine at times. As in previous reports, participants continued to note that it was common for heroin dealers to also sell crack cocaine. Participants generally agreed that the availability of crack cocaine had increased during the previous six months. Treatment providers and law enforcement reported that availability of crack cocaine had remained the same during the previous six months. Canton-Stark County Crime Lab reported that the number of crack cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants typically reported that the quality of crack cocaine varied from dealer to dealer. Participants agreed that users could purchase crack cocaine in any quantity; however, the drug was most commonly purchased as a "rock" for between $10-50, depending on size; participants reported $20 rocks as most common. The most common route of administration for crack cocaine remained smoking. A profile for a typical crack cocaine user did not emerge from the data.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Typical comments regarding availability included: *"It's everywhere; You don't have to be in big drug areas. I was asked on the bus today; You can stop at a stop sign … they [crack cocaine dealers] come up to the car."* Treatment providers most often reported the drug's current availability as '9;' the representative from law enforcement in Stark County, however, reported the drug's current availability as '3,' noting,

"We're not hearing about it [crack cocaine]." Participants reported that the availability of crack cocaine has increased during the past six months. It was commonly reported that availability continued to increase due to how "cheap" the drug is. A participant stated, *"You got $20 in your pocket, you get crack [cocaine]. If you have diapers, you can get crack. A lot of people trade for it … diapers, lottery tickets."* Treatment providers reported that availability of crack cocaine has remained the same during the past six months. A treatment provider stated, *"Availability [of crack cocaine] stays the same. Dealers change, but availability remains [unchanged]."*

The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months. Most participants rated the current quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is primarily cut with baking soda. Participants noted that quality is related to how crack cocaine is manufactured, reporting that poor quality crack cocaine, containing very little cocaine and mostly baking soda, is referred to as, "*soda balls*." Participants most often reported that the quality of crack cocaine has increased during the past six months. The crime lab also reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "work." Participants listed the following as other common street names: "crack," "crank," "rock" and "stones." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for $100, depending on the quality; 1/16 ounce, or "teener," sells for between $70-80; 1/8 ounce, or "eight ball," sells for between $150-250. However, participants continued to report that the most common unit of purchase is "pieces" of varying amounts. Many participants agreed that most commonly the drug continues to be purchased in $20 pieces.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine would smoke and one would intravenously inject or "shoot" the drug. A profile of a typical user of crack cocaine did not emerge from the data. However, treatment providers noted that crack cocaine use seems to be more prevalent among people of lower socio-economic status. A treatment provider stated, "*Socio-economic status is more the determinant now [for crack cocaine use], not race*."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A participant who reported using crack cocaine with alcohol explained that doing so, "*makes you even, keeps you on level mode*." Participants reported that marijuana and sedative-hypnotics help users come down from crack cocaine use. Additionally, some users like to use crack cocaine with heroin to "speed-ball."

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and treatment providers most often reported overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '8.' While many types of heroin remained available in the region, participants overwhelmingly agreed that the most available type of heroin continued to be brown powdered heroin. Participants rated the availability of black tar heroin as '3.' Participants unanimously reported that the availability of powdered heroin had increased during the previous six months, while treatment providers and law enforcement most often reported that availability had remained the same. However, treatment providers in Tuscarawas County noted a significant increase in availability of heroin in rural areas. Canton-Stark County Crime Lab reported that the number of heroin cases it processes had increased during the previous six months.

Most participants rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The majority of participants agreed that the quality of heroin had remained the same during the past six months. Canton-Stark County Crime Lab reported that the heroin cases it processes had been almost exclusively powdered heroin; the crime lab also reported that heroin was cut with diphenhydramine (antihistamine) and lactose. Participants reported that powdered heroin was available in "bags" or "folds" (1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie), which sold for $20; a gram sold for between $100-150. Reportedly, the most common way to purchase heroin was by the bag.

Participants reported that the most common route of administration for heroin remained intravenous injection. Most participants reported that injection needles were readily available in stores with pharmacies and could be purchased with few questions asked. While no profile for the typical heroin user was offered, there was consensus among participants and community professionals that there had been a noted increase in heroin use among younger people, with some commenting that use begins as early as adolescence.

Current Trends

Heroin remains highly available in the region. Participants most often reported current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants reported that brown powdered heroin remains most available. Participants continued to report the availability of black tar heroin as low, rating its current availability as '3.' Treatment providers most often reported the current overall availability of heroin as '9;' law enforcement reported current availability as '10.' Community planners in Stark County reported that the coroner has declared heroin overdoses an epidemic.

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants continued to note an increase in heroin availability and use in more rural areas of the region. Treatment providers attributed the increase of heroin availability to increasing difficulty in obtaining prescription opioids. A treatment provider stated, *"When they [users] don't have access to prescription medications, they are going over to heroin."* Treatment providers also noted that prescription opioids have become too expensive. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months.

Participants most often rated the general quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that brown powdered heroin in the region is cut with baby formula, caffeine pills, cocaine, laxatives, prescription opioids, quinine (antimalarial medication), sedative-hypnotics (Xanax®), sugar (brown and white) and vitamins (B-12). Many participants reported that the quality of heroin varies; there was no agreement as to whether the quality of heroin has increased or decreased during the past six months. The BCI Richfield Crime Lab reported that heroin is cut with lidocaine (local anesthetic) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food" and "H." Participants reported that powdered heroin is available in different quantities: "folds" or "papers" (1/10 gram) sell for $20; "bundles" (10-12 small packs) sell for between $80-120; 1/2 gram sells for $70; a gram sells for between $100-150. Participants continued to report that users most commonly purchase individual "baggies" for between $20-40. Overall, participants reported that heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, generally, the most common routes of administration are intravenous injection and snorting. Out of 10 heroin users, participants reported that approximately eight would intravenously inject and two would snort the drug. A few participants also reported that some users smoke heroin, but reported smoking as rare. Interestingly, participants reported that it is becoming more difficult to buy needles without a prescription at area pharmacies making it common for individuals to share needles. Participants noted that there are no needle exchange programs in the immediate area, though some reported knowledge of such programs in Cleveland and Pittsburgh.

A profile of a typical heroin user did not emerge from the data. While participants reported that people from a broad spectrum of the population use heroin, they were quick to point out that people one would not suspect are using heroin. Treatment providers likewise were not able to identify any portion of the population that is more apt to be heroin users, though a couple of treatment provider groups noted that users are more likely to be White.

Reportedly, heroin is used in combination with alcohol, cocaine, marijuana and sedative-hypnotics. Some participants reported that people use heroin with alcohol and sedative-hypnotics because these drugs potentiate the high produced by heroin. Participants reported that cocaine is the most commonly mixed drug with heroin, primarily for the "speedball" effect. Additionally, some users combine heroin with marijuana reportedly because marijuana, "*kicks in the nodding [a semi dreamlike state produced by heroin].*"

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while identifying morphine, Opana®, Percocet®, Roxicet® and Vicodin® as most popular in terms of illicit use. Treatment providers most often reported availability as '8' and identified Percocet® and Vicodin® as most popular. Law enforcement reported availability as '6' and reported a rising trend in the availability of Opana®. Participants reported that the availability of prescription opioids had increased during the previous six months. Treatment providers also reported an increase in availability, particularly for methadone and Opana®.

Overall, most participants reported that it was relatively easy to obtain prescriptions for these medications and to purchase them on the street. Canton-Stark County Crime Lab reported that the number of cases it processes had increased during the previous six months for fentanyl, morphine, Opana®, Tylenol® 3 and 4 and Vicodin®. Reportedly, many different types of prescription opioids were sold on the region's streets. While there were a few reported ways of consuming prescription opioids, participants reported that whenever possible the preferred route of administration was intravenous injection. A profile for a typical illicit prescription opioids user did not emerge from the data. However, treatment providers noted that the illicit use of Percocet® and Vicodin® was becoming more popular with high-school aged youth.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while identifying Opana®, Percocet®, Roxicet® and Vicodin® as most popular in terms of illicit use. Treatment providers most often reported current availability as '8' and identified Opana®, Percocet® and Vicodin® as most popular. Law enforcement reported as '7' and noted that Percocet® and Vicodin® are easily prescribed. An officer from Stark County reported, *"There are no known pill mills [in the Canton area], but there are some doctors we are watching."* Media outlets in the region reported on police seizures and arrests involving prescription opioids this reporting period. In December, two men were arrested for allegedly selling morphine to undercover drug task force agents in Ravenna (Portage County) (www.recordpub.com, Dec. 14, 2012).

Participants reported that the overall availability of prescription opioids has increased during the past six months; an exception noted was a decrease in availability of the original formula Opana® which can be crushed and injected/snorted. Treatment providers and law enforcement reported that overall availability has decreased during the past six months. Treatment providers noted that prescription opioids use is decreasing due to high drug pricing. A treatment provider commented, *"They [prescription opioids users] are going to heroin because it is cheap."* Community planners reported that an increase in awareness and drug-take-back programs seems to have had an effect on availability. A law enforcement officer noted, *"You have to know the right people to get these drugs [prescription opioids]."* The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months. Reportedly, many different types of prescription opioids are currently sold on the region's streets.

In the Akron-Canton Region, current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (aka "D's," 4 mg sells for $10; 8 mg sells for between $10-20), morphine (100 mg tablets sell for between $20-25; 200 mg tablets sell for between $30-35; otherwise the drug sells for $0.50 per milligram), Opana® (aka "O's,""Obamas,""pans,""pandas" and "skittles;" sells for between $0.50-2 per milligram; 40 mg tablets, aka "bigs," sells for $100 for the old formula and $30 for the new formula), OxyContin® old formulation (aka "OC's" and "oxy's;" sells for $1 or greater per milligram; 80 mg sells for upwards of $110), OxyContin® new formulation (aka "OP's;" sells for $0.50 per milligram; 60 mg often sells for $20), Percocet® (aka "P's" and "perc's;" 5 mg sells for between $2-3; 10 mg sells for between $7-10), Roxicodone® 30 mg (aka "blues" and "roxi's;" sells for between $15-20) and Vicodin® (aka "vic's;" 5 mg sells for between $2-3; 6 mg sells for between $4.50-5; 7.5 mg sells for between $5-7; 10 mg sells for $7).

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors, hospital emergency rooms, and most commonly, from individuals who have legitimate prescriptions and sell them. There were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids. Generally, the most common routes of administration are intravenous injection and snorting. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Participants also reported that it is common to chew these medications when taken orally. Some participants spoke of dissolving pills in alcohol to increase the absorption rate of the medications.

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, a participant focus group noted that abuse of prescription opioids is becoming common among high-school aged individuals; participants spoke about "pharm parties" as popular with adolescents (partygoers bring pills, put them into a bowl and swallow pills randomly). Community professionals likewise commented on the growing popularity of prescription opioids use among younger people. Some treatment providers also reported that illicit prescription opioids users are more likely to be White, while noting that illicit use is increasing in the African-American community. Stark County law enforcement noted that many of the deaths by overdose are occurring in the more affluent areas of the county.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). Participants reported that the combination of prescription opioids with the aforementioned drugs increases the intensity, euphoria, and length of the "buzz" (high). There was consensus among participants that it is more common to use prescriptions opioids in combination with other substances, especially alcohol and marijuana, than to abuse the drugs alone.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants most often reported availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that Suboxone® was used both to avoid withdrawal symptoms and as a drug to get high. Treatment providers most often reported the drug's availability as '8' and reported that heroin users use Suboxone® when they couldn't obtain heroin. Law enforcement reported availability of Suboxone® as '3.'

Participants reported that the availability of Suboxone® had increased during the previous six months. Treatment providers also reported that availability had increased while noting that Suboxone® was being prescribed more often. Treatment providers expressed concern that many users were being offered treatment with Suboxone® without being referred to substance abuse treatment. Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes had remained the same during the previous six months. Participants reported that a Suboxone® 8 mg pill sold for between $5-20; Suboxone® strips/film sold for between $10-20. Participants reported that sublingual use of Suboxone® remained the most common route of administration for the drug. Reportedly, very few users used Suboxone® by intravenous injection.

Current Trends

Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments regarding availability included: *"Grocery store easy; Pretty easy to get, everyone is getting them [prescribed]."* All participant groups reported that it is a common practice to sell one's prescriptions. However, as one participant commented, "*You sell it [Suboxone®], but every addict keeps a few in case you can't get heroin.*" Treatment providers most often reported the drug's current availability as '7.'

Treatment providers reported that there seems to be a demand for Suboxone® indicating that there are billboards advertising, "Free Suboxone®." They also reported that it is common for individuals who are prescribed Suboxone® to share it with friends. Participants reported that the availability of Suboxone® has increased during the past six months. Participants posited that as opiate use continues to increase, so too does the availability of Suboxone®. Participants also reported that in some counties that there are more Suboxone® programs. Treatment providers were evenly split as to whether the availability of Suboxone® has increased or remained stable during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants did not identify street jargon for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg (strips and tablets) sells for between $10-25. Participants commonly reported that the most common form of Suboxone® available is the strip form. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from physicians, Suboxone® clinics and friends who have been prescribed Suboxone®. Participants in Summit and Portage counties reported easy access to treatment with Suboxone®. A participant group reported that heroin dealers have Suboxone® to sell to customers if they don't have heroin. While there were a few reported ways of consuming Suboxone®, participants most often reported taking Suboxone® sublingually. Out of 10 Suboxone® users, nine participants reported that they sublingually ingested Suboxone®, and one intravenously injected it. Participants also reported that if one is able to access Subutex® (buprenorphine without the opiate antagonist), it is preferred as one is able to easily crush and snort Subutex®.

A profile for a typical illicit Suboxone® user did not emerge from the data. A number of treatment providers noted that illicit Suboxone® users are more likely to be white. A participant commented, "*If you get high every day, you take Suboxone® to stop being dope sick. If you are not an opiate user, you [take Suboxone® to] get high*." Reportedly, Suboxone® is used by itself, not in combination with other substances. Participants reported that due to the antagonist quality of Suboxone®, one would not experience the effects of other drugs.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported availability as '10' for Ativan®, Klonopin® and Xanax®, and '7' for Valium®; law enforcement most often reported general availability as '5.' Participants and treatment providers identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; law enforcement identified Valium® and Xanax® as most popular.

Participants were divided as to whether the availability of sedative-hypnotics had increased or remained the same during the previous six months; treatment providers and law enforcement reported that availability had remained the same. Canton-Stark County Crime Lab reported that the number of sedative-hypnotics cases it processes had increased during the previous six months; only Ativan® had decreased in availability. Reportedly, many different types of sedative-hypnotics were sold on the region's streets. While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remained snorting and oral ingestion. In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting the drugs from doctors. Participants also reported that users with prescriptions for sedative-hypnotics would sell them to obtain another drug.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. However, some treatment providers expressed the opinion that sedative-hypnotics use in general was more common among women. Some treatment providers also said that there seemed to be an increase in the illicit use of sedative-hypnotics among young people, especially among those who use heroin.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on sedative-hypnotics availability included: "*It's like candy, very easily prescribed. Just read up on anxiety, go to the doctor; You can always find someone with a prescription ...*" Treatment providers most often reported current availability as '9.' Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. A treatment provider stated, "*Anyone who wants Xanax® can get it prescribed by their doctor*." Participants and treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months. Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets.

Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "klonies" and "pins;" sells for $1 per milligram) and Xanax® (aka "wagon wheels," "X's," "xanies" and "Z's;" 0.25 mg, aka "basketballs," "footballs" and "peaches;" sells for between $0.50-3; 0.5 mg, aka "green footballs;" sells for between $2-3; 1 mg, aka "blue footballs," "blue jays" and "blues;" sells for between $3-6; 2 mg, aka "bars," "blackouts" and "xanibars;" sells for between $5-10).

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting the drugs from doctors, family members and over the Internet. Many participants agreed that it is easy to find a physician who will prescribe benzodiazepines and easy to find these medications on the street. A number of participant groups knew of availability of these medications on the internet. A participant commented, "*If you have the money, 'cause it's kind of expensive, go on line and order them [sedative-hypnotics], and they are delivered right to you.*"

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration is snorting. Out of 10 sedative-hypnotics users, participants reported that nine would snort and one would swallow or chew them. Participants also noted that some users intravenously inject benzodiazepines while some users crush and smoke them laced in marijuana; however, these practices were described as being rather rare.

Participants described typical users of sedative-hypnotics as White, "older" and having mental health issues (depression and anxiety). Participants also noted that opiate abusers tend to illicitly use sedative-hypnotics more than other users to help alleviate withdrawal symptoms. Treatment providers reported that users generally tend to be White, "older" and middle class or above socio-economically.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, cocaine, marijuana and prescription opioids. Sedative-hypnotics use with alcohol reportedly intensifies the high produced by alcohol, getting the user more intoxicated quicker. Many participants commented that use combined with alcohol causes blackouts and referred to Xanax® with alcohol as, "the blackout pill." Participants also reported that sedative-hypnotics are commonly used with powdered and crack cocaine use to help users come down from the stimulant high of cocaine. Participants agreed that it is more common to use sedative-hypnotics with other drugs, as opposed to singular use.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants did not think of marijuana as a dangerous or addictive drug. Most participants reported that the availability of marijuana had increased during the previous six months. Canton-Stark County Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participants reported that there were a number of grades of marijuana available. Participants most often rated the quality of lower-grade (aka "commercial") marijuana as '3' and higher-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); and they further reported that the overall quality of marijuana continued to increase.

Participants also reported that commercial-grade marijuana was the cheapest form -- a blunt (cigar) or two joints (cigarettes) sold for between $3-10; 1/4 ounce sold for between $20-25. Higher-grade marijuana sold for significantly more: a blunt or two joints sold for between $15-20; 1/4 ounce sold for between $70-100.

While there were several reported ways of consuming marijuana, the most common route of administration, by far, remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants continued to report that people from every population use marijuana; treatment providers and law enforcement agreed. Additionally, treatment providers expressed that many clients reported using marijuana for the first time at a very early age, beginning as young as nine years of age.

Current Trends

Marijuana remains highly available in the Akron-Canton region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals commonly reported that many users do not consider marijuana a drug; many community professionals also noted that marijuana currently available is far more potent and fast acting than in the past. A treatment provider stated, "*It's not your dad's weed [marijuana].*" In addition, many treatment providers noted that for young people, marijuana is easier to obtain than alcohol.

Law enforcement reported that marijuana is both grown in the region and imported. A law enforcement officer stated, "*This year, much [marijuana] is grown in homes due to the drought. We flew Stark County twice [air surveillance, looking for marijuana growth] did not find outside growth.*" Collaborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported marijuana as present in 20.5 percent of all drug screens for marijuana during the past six months. Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participant quality scores of marijuana ranged from '5' to '10' with the most common score being '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Low-grade marijuana was described as being

"seedy," containing stems and seeds, brown in color, compressed, usually coming out of Mexico and poor in quality. High-grade marijuana was often described as having some crystals evident, at times with a purple tint. Participants also reported that growers continue to discover ways to grow even higher grades of marijuana.

Current street jargon includes countless names for marijuana. The most commonly cited name remains "weed." Participants listed the following as other common street names: "brown frown," "brown weed," "Charlie Brown," "dirt weed," "swag" and "Youngstown brown" for commercial-grade marijuana; "beaster," "middies" and "regi's" for mid-grade marijuana; "bubble gum," "dro," "fire," "fruity sticky," "hydro," "kill," "kind buds," "kush," "loud," "nuggets," "purp," "purple haze," and "white widow" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $10; 1/8 ounce sells for between $15-20; 1/4 ounce sells for between $25-30; an ounce sells for $100; a pound sells for between $1,400-1,600. Higher-grade marijuana sells for significantly more: a blunt or two joints sells for between $20-30; 1/8 ounce sells for between $45-65; 1/4 ounce sells for between $75-100; an ounce sells for $350; a pound sells for between $3,500-4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately 10 would smoke the drug. Participants again noted that marijuana can also be consumed in baked goods and by making tea. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that marijuana use is widespread across all population strata.

Reportedly, marijuana is used in combination with alcohol, cocaine, methamphetamine and PCP (phencyclidine). Participants reported that marijuana intensifies the high of other substances. One participant group reported knowledge of using marijuana with embalming fluid or PCP, describing marijuana with either of the aforementioned as causing one to hallucinate. Participants did not agree on whether it is more common to use marijuana by itself or to use it with other substances. Some participants posited that marijuana goes with everything. A participant commented, "*[Marijuana] it's like Heinz 57® or like duct tape. Marijuana is all purpose*."

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often rated availability as '7.' While reportedly high in availability in Summit County, some participants from other counties did not believe methamphetamine to be very available; participants from Portage and Stark counties reported lower availability scores.

Participants reported that methamphetamine continues to be most available in powdered form, produced by the "one-pot" or "shake-and-bake" method; using common household chemicals, along with ammonium nitrate found in cold packs, and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. The majority of participants and community professionals reported that the availability of methamphetamine had increased during the previous six months. Canton-Stark County Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Participants with experience using methamphetamine most often rated the quality of powdered methamphetamine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that an individual could purchase a "rock" or "vial" of powdered methamphetamine for $20; 1/4 gram sold for $25; 1/2 gram sold for $50; a gram sold for between $80-150. Participants reported that the most common route of administration for methamphetamine was smoking. There was consensus among participant groups that methamphetamine was predominately used by Whites. Treatment providers also generally reported that methamphetamine users were almost exclusively White and from lower to middle class, with some treatment providers adding that users tended to be younger.

Current Trends

Methamphetamine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on methamphetamine's current availability included: "*It's the next big thing after heroin; Everyone is doing it in Summit County; Everywhere you turn,*

people you don't even think about are using meth [Methamphetamine]." Participants from across the region commented about the "one-pot" or "shake-and-bake" forms of methamphetamine as being prevalent in the region. Participants commonly reported that the higher quality of methamphetamine, commonly referred to as "ice," is very rare in the region; additionally, participants named the more traditional form of locally produced methamphetamine, "red phosphorous," by which large amounts were manufactured for sale on the streets, as rather rare. Treatment providers most often reported the drug's current availability as '9.' Community professionals in Stark County viewed methamphetamine as less available, reporting current availability most often as '4.'

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In October, Cuyahoga Falls Police Narcotics Unit (Summit County) was called to a Metro Park trail after a backpack containing a mini methamphetamine lab was found (www.cuyahogafalls.patch.com, Oct. 18, 2012). Participants reported that the availability of methamphetamine has increased during the past six months.

Participants noted that methamphetamine is cheaper and easier to make than previously. A participant commented, "*With shake-and-bake method, it's a whole different ball game. You don't need a dealer. You just need the recipe.*" Treatment providers reported that availability of methamphetamine has remained stable, while law enforcement reported that availability has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants most often rated the quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of methamphetamine has decreased during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crystal," "ice," "meth," "that girl" and "tweak." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for between $50-100. A participant group reported that methamphetamine is sold in bags containing between 1/10-1/20 gram for $20. Participants also reported that methamphetamine is often traded for ingredients, such as Sudafed®. While there were several reported ways of using methamphetamine, the most common route of administration is intravenous injection. Out of 10 methamphetamine users, participants reported that six would intravenously inject, three would smoke and another one would snort the drug. Snorting methamphetamine was reported as rare. A participant explained that snorting methamphetamine burns the nostrils and tastes like, "battery acid."

Participants described typical users of methamphetamine as White, from working/middle class to lower class socioeconomically, "younger," more often male, though some treatment providers noted an increase in use among females. Reportedly, methamphetamine is used in combination with alcohol, heroin and marijuana. Alcohol and marijuana reportedly assists the user in coming down from the extreme stimulant high produced by methamphetamine. Heroin is used in combination with methamphetamine for the "speedball" effect. The majority of participants noted that it is more common to use methamphetamine by itself, and if used with any other substance, it is used most likely with alcohol.

Prescription Stimulates

Historical Summary

While not mentioned by participants and community professionals, Canton-Stark County Crime Lab reported several prescription stimulants as present in the region. The crime lab reported having processed cases of Adderall®, Dexedrine®, Ritalin® and Vyvanse® during the previous six months

Current Trends

Prescription stimulants are highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant group in Summit County described extreme ease in being able to obtain prescription stimulants; they reported that a lot of school-aged children are prescribed Adderall® or Ritalin® and that many are selling their medication. However, another participant group reported that it is not as easy for college students to obtain a prescription for stimulants as it was in the past. Treatment providers did not agree on the availability of stimulants.

Many treatment providers reported that most individuals currently in treatment report past use of prescription stimulants,

but it is rather rare to encounter a current prescription stimulants abuser. Another treatment provider group reported that prescription stimulants use is, "*rampant in colleges*."

Law enforcement reported that amphetamine use is specific to younger people, beginning with early high school students. The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Ritalin® and Focalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months with the exception of a decreased number of Ritalin® cases. No slang terms or common street names were reported for prescription stimulants.

Participants did not have first-hand knowledge regarding current street prices for prescription stimulants. In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from students who have been prescribed the medication. Participants described typical illicit users of prescription stimulants as college students who use the drugs as study aids. Treatment professionals and law enforcement agreed that typical illicit users are students, who use prescription stimulants to increase study performance, or when special school projects needed to be completed. A treatment provider group noted that abuse of prescription stimulants is higher among women, many of whom use the drugs for weight control. Law enforcement noted that the drug is more prominent among more affluent people

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Despite the law that went into effect in October 2011 which banned their sale, bath salts continued to be readily available in the region. Participants reported that bath salts were commonly sold as glass cleaner and pipe cleaner and marketed by names such as "Eight Ball" and "Rush."

Treatment providers most often reported availability of bath salts as '7' and believed that availability of bath salts had decreased during the previous six months. In addition, treatment providers generally felt that the new law and increased law enforcement efforts were having some positive effects. However, despite the threat of police raids, treatment providers said some stores and gas stations still sold bath salts illegally. Law enforcement also reported some continued availability of bath salts, with one law enforcement official explaining that enforcement was difficult because these drugs were constantly being chemically reengineered with producers remaining ahead of the law.

Canton-Stark County Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. The crime lab also reported that other substances similar to bath salts had been seen in the lab; some of these substances were controlled (4-Fluoroamphetamine and 4-Fluoromethamphetamine) while others were uncontrolled chemical analogues. There was no consensus among participants regarding quality of bath salts. Participants reported that the most common way to buy bath salts was to purchase a "vial" (about 1/2 gram), which sold for between $25-30; participants also reported that larger quantities could be obtained with 1/2 ounce selling for $500.

While there were several reported ways of consuming bath salts, the most common route of administration was snorting. Participants reported that typical users of bath salts tended to be younger than 30 years of age and likely on probation, monitored through urine drug screens

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to report that bath salts remain available at certain head shops, convenience stores and beverage drive-thrus. Participants explained, "*You have to know the right people. They are sold under the counter; You have to ask … be discreet; They [store clerks] have to know you*." Another participant added, "*If you don't know what store to go to, then [availability is] '0*.'"

Community professionals most often reported the drug's current availability as '7.' Treatment providers noted that there was a "spike" in reported use a few months ago, but now use seems to be "back down." Participants and treatment providers reported that the availability of bath salts has decreased during the past six months. Both groups of respondents reported that legislative action has had an effect. A number of participants also noted the popularity of bath salts as decreasing. Law enforcement reported that availability has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants did not comment on street names for bath salts. Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for $50 per gram. Participants reported that bath salts are most commonly purchased in canisters or vials, selling for between $20-40 and as high as $60 per canister/vial. A participant group reported that the price of bath salts has increased since legislation prohibiting their sale was enacted. In addition to continued availability in certain stores, participants reported that bath salts continue to be available on the street from dealers as well through Internet sales. A participant commented, "*You can buy it [bath salts] on the Internet, but you might get ripped off. You're not sure what they will send you.*" Another participant commented, "*Some people go out of state, load up, and bring it [bath salts] back.*"

While there were several reported ways of using bath salts, the most common route of administration remains snorting. Out of 10 bath salts users, participants reported that approximately six would snort and four would intravenously inject the drug. Participants also reported that intravenous use of bath salts is becoming more prevalent. Participants described typical users of bath salts as anyone who uses methamphetamine or anyone who likes stimulants. Treatment providers noted that typical bath salts users are individuals who need to avoid urine drug screen detection (i.e. probationers). Law enforcement reported that bath salts users are almost always high-school aged youths or young adults.

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Despite the ban on its sale that went into effect in October 2011, participants reported that they could still easily obtain synthetic marijuana. Treatment providers also reported that synthetic marijuana was still available in the region, though there was no agreement regarding the level of availability. Some treatment providers reported that suppliers started to call synthetic marijuana "potpourri." Law enforcement reported that they infrequently encountered synthetic marijuana. Canton-Stark County Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The most common route of administration for synthetic marijuana remained smoking. Participants and treatment providers continued to note that individuals who used synthetic marijuana tended to be people on probation who were using the substance to avoid screening positive on urine drug screens.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Many participants reported that despite legislation, synthetic marijuana continues to be available on the street from dealers as well as from many convenience stores and head shops, even out on the shelves. Law enforcement reported, however, that recent legislation has caused synthetic marijuana to be far less available at convenience stores and that those which do sell it are much more discreet. Community professionals most often reported the drug's current availability as '6.' Participants and community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Participants reported that the most common street name for synthetic marijuana is "spice." Participants did not have current information regarding prices for synthetic marijuana. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Out of 10 synthetic marijuana users, participants reported that 10 would smoke the drug. A profile for a typical synthetic marijuana user did not emerge from the data, though many participants continued to identify typical users as, "*people on probation*."

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately to highly available in the region. Participants most often reported availability of the drug from '6' to '10' (median score '7') on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Portage County reported that availability of Ecstasy had increased during the previous six months, while participants in Stark County reported that availability had remained the same. Treatment providers also reported that availability had remained the same, while law enforcement reported that availability varied throughout the year. Law enforcement also reported that most of the area's Ecstasy tablets originated in Canada. Reportedly, powdered Ecstasy (aka "Molly") occasionally came from Pittsburgh and was marketed at area universities. Canton-Stark County Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants were unfamiliar with street prices for the drug. Reportedly, the most common route of administration remained oral ingestion. Participants continued to report that Ecstasy was most commonly used by people who like the club scene. Treatment providers agreed and reported that individuals who used Ecstasy tended to be young, most commonly college students.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) seems to be low in availability in the region. Most of the participants interviewed reported having no first-hand knowledge of the drug, and no participant reported buying Ecstasy "in a while." However, many participants reported that Ecstasy is "still around." Treatment providers, community planners and law enforcement likewise reported that they rarely hear reports of Ecstasy use. A treatment provider reported, "[Ecstasy has] lost its steam, people report past use." Another treatment provider noted that Ecstasy is sometimes heard about but mostly in the context of experimental use among high school and college students. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months. Participants did not identify any street jargon for Ecstasy.

Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low-dose tablet) sells for between $5-10; a "double stack" (high-dose tablet) sells for between $10-15; a "triple stack" (highest-dose tablet) sells for between $15-25. A participant with experience using the Ecstasy reported about its effect: "*It [Ecstasy] intensifies your senses, used for pleasure pretty much. The high lasts for four to eight hours, depending if you use a single stack, double stack or triple stack pill.*" Participants and community professionals described typical users of Ecstasy as students.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms]. LSD was moderately available in the region. Participants most often reported LSD's availability as '5' or '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement agreed with participants who spoke about limited availability of LSD. Canton-Stark County Crime Lab reported that the number of LSD cases it processes had decreased during the previous six months.

Psilocybin mushrooms were moderately available in the region; participants most often reported availability as '5' or '6.' Treatment providers throughout the region reported little knowledge regarding use of psilocybin mushrooms, other than to report that they were more available during summer months and that users tended to be "young." Canton-Stark County Crime Lab reported that the number of psilocybin mushrooms cases it processes had decreased during the previous six months. The general view of treatment providers was that the availability of all forms of hallucinogens had remained steady over some time, viewed as relatively low. No participant reported recent use, and participants could not comment on the quality or pricing of hallucinogens in the region.

Current Trends

Participants and community professionals listed a few other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms]. Participants in Tuscarawas County reported on the availability of hallucinogens in the region; participants in other counties did not report on hallucinogens. Participants reported that LSD (aka "acid") is highly available in Tuscarawas County. Participants most often reported the availability of LSD as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants stated, "*Tuscarawas County is notorious for hallucinogens; A lot of people come to Tuscarawas County to get acid.*"

Participants said that psilocybin mushrooms are also available in Tuscarawas County, but this drug is seasonal. Community professionals noted that they have heard little about hallucinogen use in some time. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months while the number of psilocybin mushroom cases has remained the same.

Participants reported that LSD is rather inexpensive. Reportedly, a "hit" (a single dose amount) of LSD sells for $8; 10 hits sell for $50. While there were a few reported ways to use LSD, the most common route of administration is oral ingestion. Participants also reported that LSD comes in liquid form, which is ingested by lacing a marijuana cigarette with it

and smoking, and some users put drops of liquid LSD in their eyes. A participant stated, "*It [liquid LSD dropped in the eye] burns, but it's intense*."

In addition to hallucinogens, a few participants and community professionals reported on the presence of "*lean syrup*," described as a combination of codeine and dextromethorphan (cough suppressants), promethazine (anti-nausea medication) and 7-Up® soda. Treatment providers reported that the practice is commonly referred to in contemporary music and has caught on with "young" people.

Conclusion

Bath salts, crack cocaine, heroin, marijuana, methamphetamine, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Akron-Canton region; also highly available in the region are prescription stimulants. Increases in availability exist for heroin and Suboxone®. Data also indicated likely increases in availability for methamphetamine and sedative-hypnotics. A decrease in availability exists for Ecstasy; a likely decrease in availability exists for powdered cocaine.

All data sources indicated an increase in heroin availability during the past six months. Community planners in Stark County reported that the coroner has declared heroin overdoses an epidemic. Treatment providers attributed the increase of heroin availability to increasing difficulty in obtaining prescription opioids. Participants continued to note an increase in heroin availability and use in more rural areas of the region. Brown powdered heroin remains the most available type of heroin. Intravenous injection remains the most common route of administration for the drug. However, participants reported that it is becoming more difficult to buy injection needles without a prescription at area pharmacies and that it is common for individuals to share needles. Participants also noted that there are no needle exchange programs in the immediate area.

Participants also posited that as opiate use continues to increase, so too does the availability of Suboxone®. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Treatment providers reported that there seems to be a demand for Suboxone®. Treatment providers noted that there are billboards advertising free Suboxone® in the region and that it is common for individuals who are prescribed Suboxone® to share it with friends.

Participants from across the region commented about the "one-pot" or "shake-and-bake" forms of methamphetamine as being prevalent in the region and reported that the availability of methamphetamine has increased during the past six months. Participants noted that methamphetamine is cheaper and easier to make than previously. Participants described typical users of methamphetamine as White, from working/middle class to lower class socioeconomically, "younger," more often male, though some treatment providers noted an increase in use among females.

Many participants agreed that it is easy to find a physician who will prescribe sedative-hypnotics, and it is easy to find these medications on the street. Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. Participants noted that opiate abusers tend to use sedative-hypnotics more than other users to help alleviate withdrawal symptoms.

All data sources indicated a decrease in Ecstasy availability during the past six months. Treatment providers noted that Ecstasy is sometimes heard about but mostly in the context of experimental use among high school and college students. Participants from most groups in the region reported that the availability of powdered cocaine has decreased during the past six months. Participants identified a number of reasons for the decrease in availability, such as police targeting major dealers of the drug and large shipments being intercepted coming into the country.

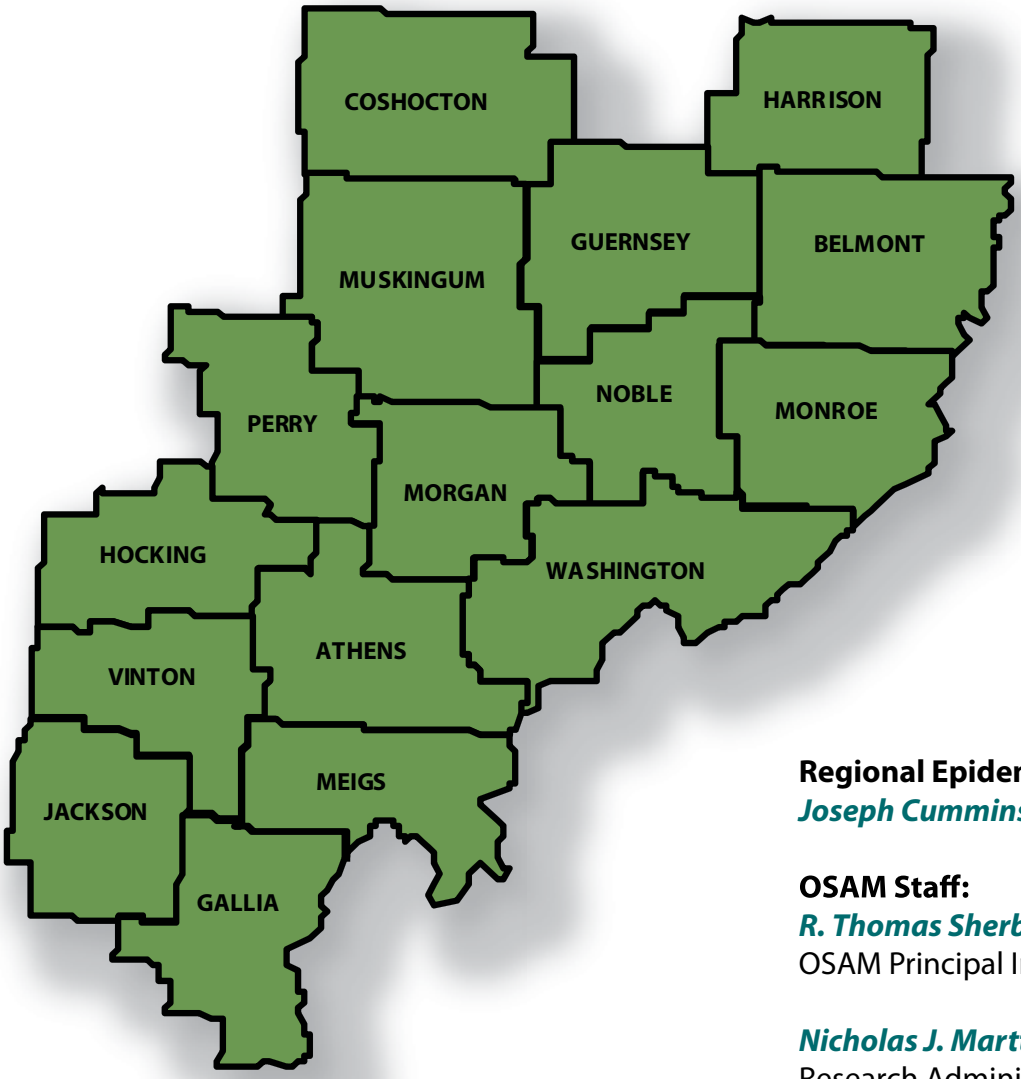
Participants and community professionals reported that despite legislation, bath salts and synthetic marijuana continue to be available on the street from dealers as well as from many convenience stores and head shops. Law enforcement noted, however, that recent legislation has caused bath salts and synthetic marijuana to be far less available at retail stores in the region and that those stores which do sell these drugs are much more discreet.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Athens Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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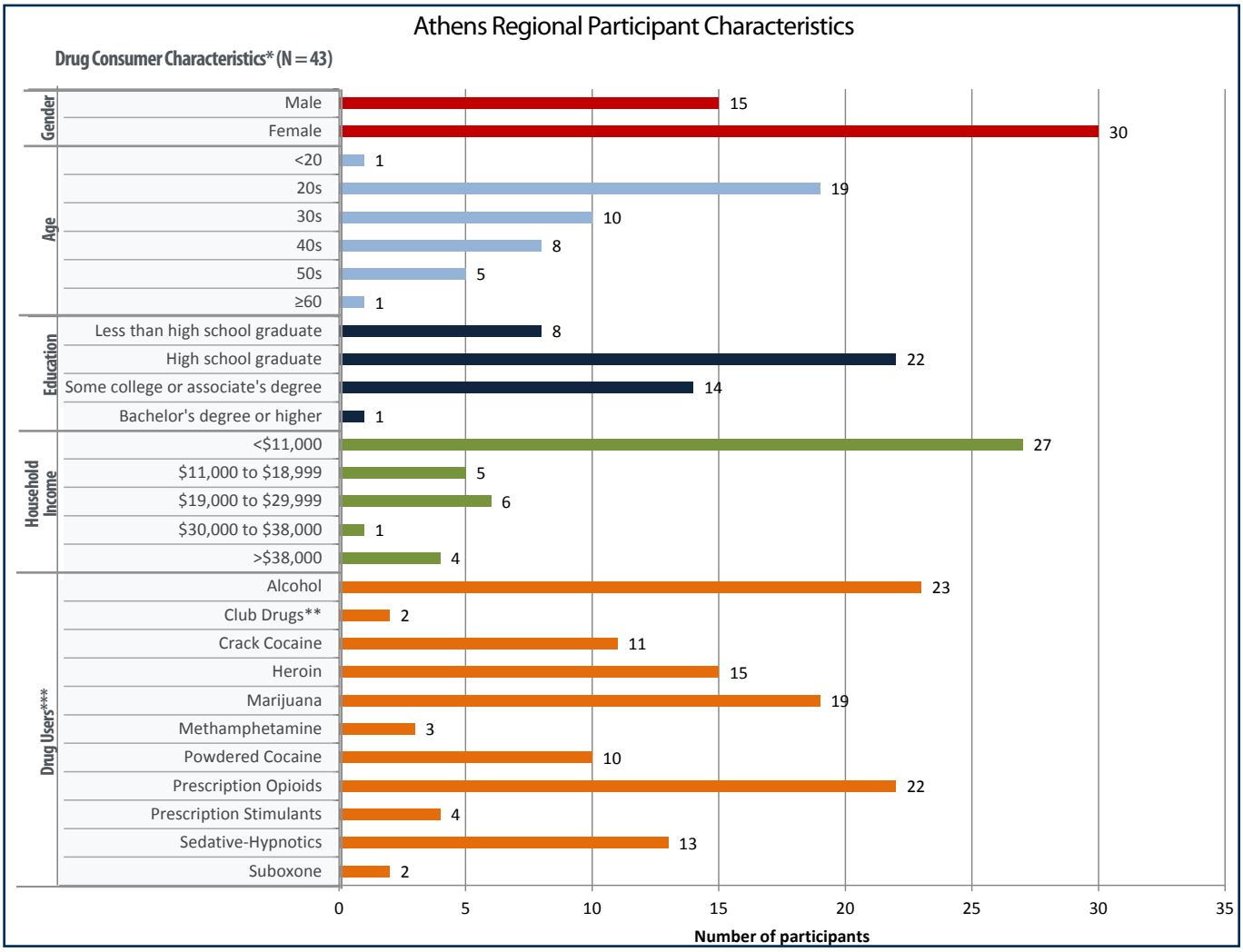
Indicator[1]	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	45
Gender (female), 2010	51.2%	50.4%	66.7%
Whites, 2010	81.1%	94.7%	93.3%
African Americans, 2010	12.0%	2.1%	4.4%
Hispanic or Latino origin, 2010	3.1%	0.8%	7.0%
High School Graduation rate, 2010	84.3%	92.9%	82.2%
Median Household Income, 2011	$45,803	$38,150	Less than $11,000[2]
Persons Below Poverty Level, 2011	16.3%	19.8%	55.6%[3]

[1]Ohio and Athens statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 2 participants due to missing data.
[3]Poverty status was unable to be determined for 2 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Belmont, Guernsey and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement, treatment providers and other health and human services professionals) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. Secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Most community professionals described availability as low. However, Scioto County's coroner reported that cocaine was present in 21.4 percent of all drug-related deaths. Participants reported that the availability of powdered cocaine had increased during the previous six months, while community professionals reported a decrease in the availability. The The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had decreased during the previous six months. Most participants rated the quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic), sorbitol (sweetener) and table sugar. Participants reported that 1/10 gram, or "point," of powdered cocaine sold for $10; 1/2 gram sold for $50; a gram sold for between $80-100; 1/8 ounce, or "eight ball", sold for between $180-320; an ounce sold for between $1,200-1,500. The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection and smoking. Participants described typical powdered cocaine users as White, middle- to upper-class and generally "older." Some participants also commented that the typical user of powdered cocaine worked jobs which required long hours. Community professionals identified powdered cocaine use as more common among professionals.

Current Trends

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported the drug's current availability as '8' and law enforcement most often as '5.' Participants reported that the availability of powdered cocaine has remained stable or decreased during the past six months. Some participants posited that the demand for powdered cocaine has decreased. A participant stated, "*We are in the middle of an opiate epidemic. No one cares about cocaine anymore*." Participants also noted the influence of law enforcement as a factor in the likely decrease in availability, and a participant group noted the effect of gang wars in Mexico as having an effect on cocaine coming into the U.S. There was general consensus among community professionals that the availability of powdered cocaine has decreased during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with acetone, aspirin, baby formula, baby laxative, baking soda, Benadryl®, ether, isotol (diuretic), lactose, Mentos® (candy), methamphetamine, Orajel® and vitamin B-12. Participants reported that the quality of powdered cocaine has decreased during the past six months, commonly reporting that the drug is cut more than in the past. BCI London Crime Lab reported the following cutting agents for

powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars.

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "powder" and "snow." Participants listed the following as other common street names: "baby powder," "bad girl," "blow," "Christina," "Coca-Cola®," "coke," "fish scales," "girl," "let's go skiing," "nose candy," "soft," "sugar," "toot," "white," "white cloud," "white girl," "yay" and "ya-yo." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for $100, depending on the quality; 1/8 ounce, or "eight ball," sells for between $150-250. Some participants reported that it is most common to purchase an "eight ball." Other participants reported purchasing much smaller amounts, depending on how much money they had to spend. Many participants reported purchasing powdered cocaine for $20 or $10 at a time. Participants reported that the most common ways to use powdered cocaine are snorting and intravenous injection. Out of 10 powdered cocaine users, participants reported that approximately five would snort and five would intravenously inject or "shoot" the drug. Participants also reported that some people smoke powdered cocaine, although this was said not to be common in the region.

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as coming from all walks of life, including doctors and lawyers. Participants reported that powdered cocaine is commonly used in bars and clubs. Participants continued to note that the drug is appealing to those who work long hours. Treatment providers reported no specific descriptors for the typical powdered cocaine user, while law enforcement noted that powdered cocaine users tend to be White affluent males who are long-time users.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Many participants reported that using cocaine with alcohol allows one to drink longer. Alcohol, marijuana and sedative-hypnotics are used in combination to counteract the extreme stimulant effects of powdered cocaine. Reportedly, powdered cocaine is combined with opiates by individuals seeking the "*speedball*" effect. Participants reported that powdered cocaine is more commonly used with other substances than by itself. A participant group noted that powdered cocaine use is becoming more socially acceptable. A participant stated, "*[Powdered cocaine use is] becoming like marijuana in terms of being acceptable*."

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). There was no consensus among community professionals as to an availability score for crack cocaine. However, participants and community professionals alike most often reported that the availability of crack cocaine had decreased during the previous six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that 1/10 gram of crack cocaine sold for $10; 1/2 gram sold for $50; a gram sold for between $80-100. The most common route of administration for crack cocaine remained smoking. A profile for a typical crack cocaine user did not emerge from the data. Participants reported knowledge of crack cocaine users as young as 18 years of age.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Most participant groups continued to speak of crack cocaine as being, "*everywhere*." Participants reported that crack cocaine is easier to find than powdered cocaine. A participant stated, "*Most people, if you ask if you have powder [cocaine], will say 'no, but I have hard [crack cocaine].'*" Community professionals most often reported the drug's current availability as '8.' Participants reported that the availability of crack cocaine has increased during the past six months. Many participants also noted an increase in the demand for crack cocaine, explaining that more people are using crack cocaine because it remains a cheap drug. Additionally, participants commonly

noted that crack cocaine remains highly profitable to sell. A participant reported, "*Dealers make a lot of money selling crack. They buy an ounce of cocaine, and cook it into two ounces of crack*." Interestingly, both participant groups in Athens County noted that crack cocaine use is not as common as it once was. Law enforcement reported that crack cocaine is less available. An officer stated, "*[Crack cocaine] it's becoming harder and harder to come down the highway [from Columbus to Athens without police interception]*." Generally, however, community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the Athens region is cut with ammonia, baking soda and ether. Participants commonly reported that the quality of crack cocaine is poor and that quality has decreased during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "boy," "butter," "chip," "crack," "drop," "girl," "hard tack candy," "melt," "pneumonia pebbles," "snow," "white girl" and "white horse." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for $100, depending on the quality; 1/8 ounce, or "eight ball," sells for $200. However, nearly all participants reported that crack cocaine is typically purchased by the amount of money a user has available. A participant explained, "I*f you tell them [dealers] you have $30, he will cut you a 30 piece [$30 piece of crack cocaine]*." Reportedly, it is common for users to go back to the dealer multiple times during a use episode.

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine would smoke and one would intravenously inject the drug. It was reported that usually those who inject crack cocaine also inject heroin. A participant group noted that using crack cocaine by intravenous injection, while still relatively rare, is a growing practice.

A profile of a typical user of crack cocaine did not emerge from the data; however, a few participants reported that users of crack cocaine tended to be people of, "lower class, inner city." Treatment professionals reported that crack cocaine users tend to be of lower socioeconomic status, and were more likely to be male. Law enforcement noted that crack cocaine use continues to be found in some African-American communities. Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. Participants reported that alcohol, marijuana and sedative-hypnotics help with coming down from the stimulant high produced by crack cocaine use. Participants reported that heroin is used in combination with crack cocaine by those seeking the "*speedball*" effect.

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants most often reported the drug's overall availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.' Participants and community professionals alike most often reported that the availability of heroin had increased during the previous six months. The BCI London Crime Lab reported that the number of black tar and brown powdered heroin cases it processes had increased during the previous six months.

Most participants rated the quality of black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants most often rated the quality of brown powdered heroin as '7' and white powdered heroin as '8' or '9.' The BCI London Crime Lab cited diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that 1/10 gram, or "berry," of black tar heroin sold for between $10-30; a gram sold for between $80-90.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data, though community professionals reported that the typical heroin user ranges in age from teens to early thirties.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Participant comments on current availability included: "*[Heroin] it's actually become the most popular drug around here; It's the easiest thing to find now. Most dealers switched to [heroin sales] because they knew you need it. Once you shoot [inject heroin], you have to use it.*" Treatment providers reported an increase in the number of users entering treatment who identify heroin as their primary drug of choice. Participants rated black tar heroin's availability as '10;' participants from most areas of the region reported that powdered forms of heroin are rarely available. Participants reported that black tar heroin is more potent than powdered heroin; therefore, most users prefer black tar over powdered heroin. However, an exception was noted in Belmont County where participants reported powdered heroin as most available. Law enforcement reported that many dealers are getting their supply of heroin in Columbus and selling locally.

Participants and community professionals alike reported that the availability of heroin has increased during the past six months. A participant commented, "*Six months ago, I didn't know anything about it [heroin]. It was unheard of. You couldn't find it. Now, it's everywhere.*" Participants continued to note that changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, has caused people to switch to heroin. Treatment providers posited that the fact that heroin is cheaper than other opiates is the reason for the increase in popularity and availability of heroin. The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Most participants generally rated the overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that black tar heroin in the region is cut with caramel coloring, Coca Cola®, coffee grounds, laxatives, shoe polish, tea and vinegar. Participants reported that powdered heroin is cut with baby laxative, baking soda, fentanyl, lactose and talcum powder. While participants generally reported that the quality of heroin has remained the same during the past six months, participants in Belmont County noted an increase in quality, particularly in the quality of powdered heroin purchased in its "raw" form (aka large "chunks," before it is broken up into "stamp bags" for sale, as it is at this point that the heroin is often adulterated with other substances). The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants reported that heroin is available in different quantities: "balloons" or "berries" (between 1/10-2/10 gram of black tar heroin, rolled in a little ball, wrapped in plastic wrap and put in a balloon) sells for $20; "stamp bags" or "points" (1/10 gram of powdered heroin) sell for between $20-30; a gram heroin sells for between $100-200. Many participants commented that there is a significant difference in price, depending if one travelled to a large city (aka Columbus) or if they bought locally. Participants reported that it is most common to purchase a single heroin "bag," "balloon," "berry" or "fold" at a time, and then, once used, go and buy another.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately nine would intravenously inject and one would snort the drug. Participants reported that it is increasingly more difficult to purchase needles at pharmacies. Participants noted acquiring needles from friends and family members who have prescriptions or stealing them from doctors' offices or from diabetics. Many participants reported that it is common to share needles. Participants were very aware of the health risks associated with this practice. However, a participant stated, "*You will do whatever you need to do to get rid of the sickness [heroin withdrawal].*" Participants reported no knowledge of needle exchange programs in the region.

A profile of a typical user of heroin did not emerge from the data. Participants and community professionals nearly unanimously reported that heroin users come from all segments of the population. However, treatment providers reported that they are noticing an increased number of young females presenting for treatment for heroin use. Community professionals also reported higher representation among individuals of lower to working class

in terms of socioeconomic status, with law enforcement noting an increase of heroin users in their late teen years. Reportedly, heroin is used in combination with alcohol, cocaine and sedative-hypnotics. Participants described that sedative-hypnotics use with heroin enhances the heroin high by producing, "*a real mellow feeling*." Cocaine is used with heroin for the "*speedball*" effect. Reportedly, some users will put both substances in the same syringe and inject together, while other users use heroin and cocaine back to back. Most participants reported that it is more common to use heroin by itself, not with other substances.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of prescription opioids had remained the same during the previous six months, with the exception of a reported increase in the availability of Opana® by community professionals. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months, with the following exceptions: an increase in Opana® cases and a decrease in OxyContin® cases.

Participants continued to report obtaining prescription opioids from a variety of sources, including dealers, doctors, emergency rooms, pain clinics, friends and family members. The most common route of administration for prescription opioids remained snorting. A profile for a typical illicit prescription opioids user did not emerge from the data. Participants commented that the secrecy among people who use prescription opioids illicitly made it difficult to describe a typical user. Community professionals suggested that illicit prescription opioids use spread across all demographic categories.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '6.' Participants identified Opana®, Roxicet® and Vicodin® as the most popular prescription opioids in terms of illicit use; community professionals identified Dilaudid®, Percocet® and Vicodin® as most popular. Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In November, authorities in Meigs County reported that they had charged a pharmacy technician and her boyfriend for stealing and trafficking in hydrocodone (www.10tv.com, Nov. 30, 2012).

Many participants reported that many prescription opioids remain readily available through prescription and street purchase, although a number of participants noted that physicians are more cautious about their prescribing. Treatment providers also reported that physicians seem to be more cautious with prescription practices, prescribing these medications for a few days at a time, rather than for a week(s). A treatment provider stated, "*The supply [of prescription opioids] has tightened, but they are still readily available*."

There was no consensus among participants and community professionals as to a change in availability of prescription opioids during the past six months. However, most respondents thought that availability has either remained the same or has decreased. Participants continued to note that changes in formulation of OxyContin® and Opana® to more tamper-resistant formulations has had an effect on the demand for and availability of these medications; they also continued to point out heroin as a cheaper and more popular alternative to prescription opioids use. The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (4 mg sells for $15; 8 mg sells for between $20-30), morphine (sells for between $0.50-1 per milligram), Opana® (aka "OP's," "pandas" and "pans;" old formulation sells for $2 per milligram; new formulation sells for $1 per milligram), OxyContin® (old formulation, aka "80's," "meanie greens," "OC's," "ocean city," "round boys," "roxy oxy" and "oxy's;" sells for $2 per milligram; new formulation, aka "OP's" and "oxy's;" sells for $1 per

milligram), Percocet® (aka "perc's;" sells for $1 per milligram), Roxicet® (aka "3's,""30's,""blue herons,""blues,""cupcakes," "perc 30's" and "roxi's;" 30 mg sells for between $25-45) and Vicodin® (aka "vic's;" 5 mg sells for between $2-3).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration remains snorting. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Participants noted that oral use is not favored and that users would typically chew and not swallow pills if taken orally. Some participants reported smoking of prescription opioids. A participant reported, "*I learned in rehab how to smoke a pill. They [users] are smoking roxi's now.*"

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from friends or family members who are prescribed them, pain clinics from Columbus and Florida and other physicians. A number of participants reported on the practice of going to Florida to acquire these medications, reporting this to be still occurring, though less common. Law enforcement reported, "*The pill mills were killing us in Florida. They've tightened a little. It still happens though*." Law enforcement also reported about a network of individuals that not too long ago were recruited to go to Columbus to acquire prescription opioids. They were taught what to say to prescribers to get the medication and would bring it back to the region. Reportedly, these individuals could then keep half of the pills for themselves. A profile of a typical illicit user of prescription opioids did not emerge from the data. However, some participants reported that illicit users tend to be, "*a younger crowd*," and some participants also reported that illicit users tend to be people from the working to the upper-middle class. Community professionals noted how there seems to be many younger females who are now abusing prescription opioids.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, cocaine, heroin, marijuana and sedative-hypnotics. Participants explained that alcohol and marijuana combined with prescription opioids intensifies one's high. Participants who reported using prescription opioids with sedative-hypnotics (benzodiazepines) shared that they would crush up the pills and snort them, together. Cocaine is used in combination with prescription opioids for the "speed ball" effect. Using heroin and prescription opioids together was described as a, "*double whammy*."

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants most often reported the drug's availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers and law enforcement most often reported availability as '5' or '6'. Participants most often reported that the availability of Suboxone® had increased during the previous six months. Community professionals had mixed perceptions regarding a change in availability of Suboxone® during the previous six months. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® 8 mg sold for between $15-20. The most common route of administration among those who abused Suboxone® remained snorting, followed by intravenous injection. A profile for a typical illicit Suboxone® user did not emerge from the data, though treatment providers continued to note that opiate users substituted Suboxone® when they could not obtain heroin or prescription opioids.

Current Trends

Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many participants reported it is very easy to find Suboxone®, some participants noted that availability varies depending on the time of the month. A participant explained, "*Most people go to fill their scripts [prescriptions] early or late in the month. People have to pay to see the doctor, and they have money in the beginning of the month. It's hard to find [Suboxone®] in the middle of the month*." Another participant commented, "*[Availability] is '10' at the beginning of the month [and] '1' at the end of the month*." Treatment providers most often reported the current availability of Suboxone® as '9.' While treatment providers noted that there are few doctors in the region who prescribe Suboxone®, they reported that there is enough

available Suboxone® that if a user were in withdrawal, they usually could find the drug with little effort. Law enforcement thought current availability to be lower than reported by other respondents. A law enforcement officer reported, "*We are not buying any Suboxone® here [Zanesville].*"

Participants reported that the availability of Suboxone® has decreased during the past six months. A number of participants noted that Suboxone® is getting more difficult to find. A participant commented, "I missed my doctor's appointment yesterday, so I needed to get Suboxone® off the street. It was hard [to find]." Treatment providers reported that availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Participants did not identify any street jargon for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between $10-20 for both pill and strip forms, though the pill could sell for $25. A participant group noted that pricing depends on the time of the month. A participant stated, "*The last two weeks [of the month], [Suboxone®] will cost more.*" Reportedly, strips are the more common form of Suboxone® currently available in the region.

Participants reported that the most common route of administration for Suboxone® is sublingually. In terms of abuse, the most common routes remain snorting, followed by intravenous injection. Out of 10 abusers of Suboxone®, five would snort, four would use by injection and one would use sublingually. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from friends or family who have been prescribed Suboxone®, reporting that these individuals will often sell Suboxone® or trade it for other drugs. A participant noted that individuals will seek Suboxone® from doctors and clinics for this purpose of selling or trading for other drugs: "*You go to the clinic, have a dirty urine a few times, then you get a prescription [of Suboxone®].*"

Participants and community professionals described typical illicit users of Suboxone® as abusers of other opiates. In addition, treatment providers reported that seemingly a lot of their female clients in their 20's and early 30's are on Suboxone®. Providers also stressed that illicit users tend to be individuals who don't want to experience opiate withdrawal. Reportedly, Suboxone® is almost exclusively used by itself, not in combination with other substances.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. However, some exceptions were noted. Participants noted increased availability of both Klonopin® and Xanax®, while also noting that Soma® and Valium® had become less available. Treatment providers reported a rise in prescription sleep aids during the previous six months.

The Scioto County Coroner's office reported sedative-hypnotics as present in 7.1 percent of all drug related deaths during the previous six months. The most common route of administration for sedative-hypnotics remained oral ingestion, followed by snorting and smoking. Participants reported obtaining sedative-hypnotics from a variety of sources, including dealers, doctors, friends and family members, and locations outside of the Athens region. Participants described a typical illicit sedative-hypnotics user as someone who works in a high-stress environment. Treatment providers described typical users generally as White men and women, aged early 20's to 50's.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and treatment providers most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); other community professionals, including law enforcement, most often reported current availability as '9.' Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; all groups of community professionals identified

Xanax® as the most popular sedative-hypnotic. A number of community professionals (housing providers, child protective services) commented that the use of sedative-hypnotics is a real problem. They stated, "*Parents can't handle the stress of parenting … Isn't it a pre-requisite to having a family to have Xanax® in the medicine cabinet?*"

Most participants reported that the availability of sedative-hypnotics has remained the same during the past six months, although some participants complained that doctors are writing fewer prescriptions. Community professionals reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level user (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "forget-a-pins," "forget-me-nots," "green monsters," "klomps" and "k-pins;" sells for between $1-2 per milligram), Xanax® (aka "xanies," 0.25 mg, aka "footballs," sells for between $0.50-1; 0.5 mg, aka "footballs," "peaches," "peach footballs" and "peach pies," sells for $1; 1 mg, aka "blues," "blue boys," "blue footballs," "footballs" and "purples," sells for $2; 2 mg, aka "bars" and "xanibars," sells for between $4-6), Xanax® XR (3 mg sells for $5), and Valium® (aka "V's," 5 mg sells for $1; 10 mg sells for between $2-3).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration are oral ingestion and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would orally ingest and four would snort the drugs. In addition, a participant group reported that some users intravenously inject, but this was said to be rare.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting them from their own doctors or from others who have these medications prescribed. A profile of a typical illicit user of sedative-hypnotics did not emerge from the data.

Participants and community professionals alike reported that use of sedative-hypnotics is spread across the general population. Some treatment professionals noted that use is very popular among teens and young adults, reporting increased illicit use among adolescents. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, cocaine, heroin, marijuana and prescription opioids. Participants reported that using sedative-hypnotics with alcohol, heroin, marijuana and prescription opioids enhances one's high. However, participants often noted the risks associated with combining sedative-hypnotics use with alcohol consumption (blackouts and overdoses). Participants commonly reported that sedative-hypnotics help with coming down from the stimulant high produced by cocaine. A participant stated, "*Xanax® is the first choice to come down … Xanax® slows the heart down*."

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Most participants rated the quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reported quality varied according to grade of marijuana. Low- to mid-grade marijuana was most often rated '7,' while high-grade marijuana was most often rated '10.' Participants cited the following substances as occasionally used to cut marijuana: Italian spices, oregano, pencil shavings and powdered cocaine.

Participants reported that the cost of marijuana varied according to grade: a blunt (cigar) or two joints (cigarettes) of low- to mid-grade sold for $3; 1 or 2 grams sold for between $5-10; an ounce sold for between $125-150. Reportedly, high-grade marijuana sold for significantly more: 1 or 2 grams sold for between $10-20; an ounce sold for between $275-300. The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants

and community professionals reported use across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on marijuana availability included: "*It's always been easy to find; It's practically legal now; Cops are not into finding it, they're not searching for it.*" Law enforcement reported, "*We grow it [marijuana] here. Indoor grows are huge. Outdoor grows are as well. When we send up a helicopter, within minutes we get called [to a sighting], and we get called multiple times during a flight.*" Treatment providers reported that 90 percent of adolescents report marijuana as their drug of choice. Media outlets in the region reported on marijuana seizures and arrests this reporting period. In October, Athens County deputies raided an Athens home and seized 20 pounds of marijuana from a home grow operation (www.nbci4.com, Oct. 10, 2012). Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana ranged from '2' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants described commercial weed as consisting of all seeds and stems, brown in color, "*looks like dirt.*" Higher grade marijuana was described to be more greenish in color. Participants described that most users will buy higher grade marijuana if available, and if they have the money. Reportedly, higher grade marijuana is more available between October and January after area home grown marijuana is harvested. Otherwise, January through October, commercial-grade marijuana is most prevalent. Hydroponic grades of marijuana become intermittently available about every 90 days when there is a new harvest.

Current street jargon includes countless names for marijuana. The most commonly cited names were "dank" and "weed." Participants listed the following as other common street names: "brick weed," "dirt weed," "middies," "mids" and "pressed pot" for commercial grade; "bubble gum," "chronic," "dro," "hydro," "kush," "loud" and "skunk" for high-grade or hydroponically grown marijuana. Participants emphasized that there are countless names for marijuana. A few participant groups referenced a poster available for purchase in various retail stores, listing "hundreds" of different names for marijuana. The price of marijuana depends on the quality desired.

Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for between $5-10; 1/8 ounce sells for between $20-30; an ounce sells for between $70-100; a pound sells for $500. Higher quality marijuana sells for significantly more: a blunt or two joints sells for $20; 1/8 ounce sells for between $50-75; an ounce sells for between $240-400; a pound sells for $4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately ten would smoke the drug. While participants noted that marijuana can also be consumed orally (i.e. used in baking, made into a tea) and by vaporizing, these practices were described as rather rare.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that people from all population groups use marijuana. Participants reported that there are two kinds of marijuana users, those who use marijuana by itself and those who use marijuana to enhance other drug use. A participant stated, "*Weed goes with everything.*" Another participant reported, "*Every other marijuana dealer asks you, 'Do you want any pills?'*"

Reportedly, when combined with other substances, marijuana is often used in combination with alcohol, cocaine, heroin and prescription opioids. Participants reported that marijuana is used with cocaine to help the user come down from cocaine's stimulant high; marijuana is used with alcohol, heroin and prescription opioids to intensify one's high.

Methamphetamine

Historical Summary

In the previous reporting period, participants reported low availability of methamphetamine in the region. Participants most often reported the drug's availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as either '7' or '8.' Participants and community professionals most often reported that the availability of methamphetamine had increased during the previous six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months.

Most participants rated the quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for $100, and other unknown quantities were available for between $25-30. Participants reported several methods of consuming methamphetamine, including smoking, snorting and intravenous injection. A profile for a typical methamphetamine user did not emerge from the data, though some treatment providers described typical users as prostitutes and people of lower socioeconomic status.

Current Trends

Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often rated current availability as '10.' While the majority of participants interviewed did not report first-hand experience with methamphetamine, participants from Athens County reported methamphetamine to be readily available. Additionally, a number of participants reported that methamphetamine is, "*moving into this area*." A participant reported, "*[Methamphetamine is] everywhere in Meigs County and Hocking County*." A Guernsey County participant stated, "*[Methamphetamine is] making its way. It's in Newark and Zanesville, slowly coming this way*."

Some participants believed that some methamphetamine is being moved into the region from southern states. A participant group reported that methamphetamine is being mixed with cocaine and that some users are unaware that their cocaine contains the drug. A participant explained, "*People are taking it [methamphetamine] without knowing it [is mixed with their cocaine], but [they] like the experience … will now use it [methamphetamine]*." Participants from across the region commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location. Most participants reported that this is the only type of methamphetamine in the area.

While participants made mention of imported methamphetamine of much higher quality (aka "ice") from other parts of the mid-west or Texas, imported methamphetamine was said to be relatively rare in the region. Law enforcement reported that the availability of methamphetamine coming from Mexico (aka "Mexican ice") has decreased since users can now make their own methamphetamine.

Participants did not agree whether the availability of methamphetamine has remained the same or increased during the past six months. Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region is the reason for increased use of methamphetamine. Participants explained, "*People are bored with what they are using now, they are looking for something different; Meth lasts a lot longer than cocaine*." Community professionals reported that availability of methamphetamine has increased during the past six months. Many community professionals cited the ease by which methamphetamine is made today as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants did not have first-hand knowledge regarding the quality of methamphetamine. However, participants thought the current quality of methamphetamine to be between '5' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A few participants reported hearing that the current quality is not

good. Participants reported that quality depends on where one obtains the drug and on how it is made. Others compared the quality of methamphetamine with that of cocaine, noting that with the quality of cocaine being so poor in the region, methamphetamine is better in quality. A participant added, "*[Methamphetamine is] cheap, and [its high] lasts longer [than the high produced from cocaine use]. One line [of methamphetamine], you will be up for three days*." Participants generally believed that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crank," "crystal," "glass," "ice" and "meth." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for between $50-150. Participants reported that it is most common to purchase $20 or $30 worth at a time. Participants noted that while methamphetamine is more expensive than cocaine, "*[users] get a lot more out of it*."

While there were several reported ways of using methamphetamine, the most common routes of administration are smoking and intravenous injection. Out of 10 methamphetamine users, participants reported that approximately five would smoke, three would intravenously inject, and two would snort the drug. Participants reported that intravenous injection of the drug is increasing due to the opiate epidemic as, "*people [users] are secure with needles*."

Participants and community professionals agreed that methamphetamine users tend to be White and of lower socioeconomic status. Additionally, some participants reported that methamphetamine use is popular with "bikers" and "truckers." Reportedly, methamphetamine is used in combination with alcohol, marijuana and sedative-hypnotics. Participants explained that the aforementioned other substances are used in combination to bring a user down from the extreme stimulant high of methamphetamine. However, most participants reported that it is more common to use methamphetamine by itself, not in combination with other drugs.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of illicit use. Community professionals reported moderate availability of prescription stimulants within the region, with no consensus on an availability rating.

Participants and community professionals most often reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months. Participants reported that prices for prescription stimulants varied according to type: Adderall® 30 mg sold for between $2-5; Ritalin® sold for between $1-2.

The most common route of administration for prescription stimulants was swallowing. Several participants and community professionals made reference to the high rate of prescription stimulants diversion. Participants and community professionals agreed that adolescents (12 years and older) and young adults in their twenties were those most likely to abuse prescription stimulants.

Current Trends

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While few participants reported first-hand experience with the drugs, participants reported that it is very easy to acquire these medications. Community professionals reported little knowledge about the availability of prescription stimulants and were not able to provide an availability score. However, a law enforcement officer reported, "*There is some Adderall®. They [users] cut it up and snort it*." Participants with knowledge about the availability of these drugs reported that availability has increased during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants, though one participant referred to Adderall® as, "*poor man's coke*." Current street prices for prescription stimulants were variable among participants with experience buying the drug. The following prescription stimulants are available to street-level user: Adderall® (5 mg sells for $3; 30 mg sells for $10). A participant reported that

a friend of his sold his Adderall® capsules for between $5-6, though he did not know number of milligrams per capsule.

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from family members (often younger siblings) who are being treated with the medication. While there were several reported ways of using prescription stimulants, the most common route of administration for abuse is snorting. Out of 10 abusers of prescription stimulants, it was reported that nine would snort them. Participants also reported knowing of some intravenous injection of prescription stimulants, but this was said to be rare. Participants continued to describe typical users of prescription stimulants as "younger" and use of these drugs as more common among college students.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained available in the region. While most participants did not have personal knowledge of bath salts, community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants reported that the availability of bath salts had decreased during the previous six months while community professionals most often reported that availability had increased. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants reported that bath salts sold for $40.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that due to recent legislation, it is more difficult to purchase bath salts at retail outlets, such as convenience stores, gas stations and head shops. Participants noted that bath salts can still be found on the streets, but they often reported that a user would have to know someone who deals in the drug. A participant group noted that bath salts are still readily available in West Virginia, and hence, users go across the state line to purchase the drug. In addition, participants commented that users can still purchase bath salts in some gas stations in the region as well as over the Internet.

Community professionals were not able to provide an availability score for bath salts, though they like participants noted a decrease in availability in the region during the past six months. In addition to the newly illegal status of bath salts, treatment providers noted two other factors to explain decreased availability. First, there are now urine drug screens that detect recent bath salts use; secondly, clients report negative experiences with the drug. Law enforcement reported that legislation enacted in October 2011 made it really difficult to buy bath salts. However, a law enforcement officer commented, "It's hard to prosecute [manufacturers of bath salts]. They change the formula and argue whether it is legal or not." A participant reported, "I heard of some college students who put together a formula similar to bath salts." The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New street names for bath salts are emerging to help circumvent the laws; one participant group reported that when purchasing bath salts at a convenience store or head shop, one must use code phrases. Current street prices for bath salts were variable among participants with experience buying the drug.

Reportedly, bath salts sell for between $40-180 per gram. A participant reported that one usually purchases a half-gram. While there were several reported ways of using bath salts, the most common routes of administration are snorting and intravenous injection. Out of 10 bath salt users, participants reported that approximately five would snort and five would intravenously inject the drug. A profile for a typical bath salts user did not emerge from the data.

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") was moderately available in the region. Participants most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported moderate availability of synthetic marijuana within the region, with no consensus on an availability rating.

Participants and community professionals agreed that the availability of synthetic marijuana had decreased during the previous six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. Participants reported that a gram of synthetic marijuana sold for $10; 3.5 grams sold for between $30-40. The most common route of administration for synthetic marijuana remained smoking. A profile for a typical synthetic marijuana user did not emerge from the data.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains available in the region. However, only one participant group had first-hand knowledge and experience regarding the drug. These participants most often reported that the current availability of synthetic marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants across groups reported that despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from some retail outlets (convenience stores, head shops), although these establishments are more discrete about whom they sell to, and they do not openly advertise the drug's availability.

Community professionals did not assign an availability score to synthetic marijuana, but treatment providers and law enforcement reported that availability is decreasing. Participants varied on whether the availability of synthetic marijuana has remained the same or decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Participants did not report any street names for synthetic marijuana. Current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for less than $20 per gram. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Out of 10 synthetic marijuana users, participants reported that 10 would smoke the drug. While a profile for a typical synthetic marijuana user did not emerge from the data, some participants continued to report that individuals (probationers) use synthetic marijuana to avoid urine drug screen detection.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was moderately available in the region. Participants most often reported the drug's availability as between '4' and '9,' with an average score of '6.5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and community professionals most often reported that the availability of Ecstasy had remained the same during the previous six months. The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months. The crime lab also cited the following substances as commonly included within Ecstasy tablets: caffeine, cathinones (amphetamine like substances), dimethyltryptamine (DMT) and benocyclidine (psychoactive drug).

Participants reported that Ecstasy sold for between $15-30, depending on the type of pill. The most common route of administration for Ecstasy was swallowing. A profile of a typical Ecstasy user did not emerge from the data.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. A few participants reported about the availability of Ecstasy; they reported regular use of Ecstasy to be uncommon, explaining that if there were a music festival in the area, one would hear about Ecstasy. However, a participant with first-hand experience reported, "*If you know the dealer, you can find it [Ecstasy]*."

Treatment providers and law enforcement likewise reported that Ecstasy use seems to be more uncommon than previously. Law enforcement in Muskingum County reported on an annual festival where Ecstasy use is thought to be prevalent. The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months. Reportedly, a "double stack" (double dose) Ecstasy tablet sells for $15. Participants and community professionals described typical Ecstasy users as college students.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (psilocybin mushrooms) and inhalants. Psilocybin mushrooms were highly available in the region.

Participants most often reported the availability of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers reported availability as '5.' Participants and community professionals most often reported that the availability of psilocybin mushrooms had increased during the previous six months, as they became seasonally available. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months.

Participants did not rate the quality of psilocybin mushrooms. Participants reported that psilocybin mushrooms sold for between $15-20 a bag; 1/4 ounce sold for $40. The most common route of administration for psilocybin mushrooms was oral consumption. Participants reported that psilocybin mushrooms were most commonly used by college students, particularly at outdoor concerts.

In addition to psilocybin mushrooms, the BCI London Crime Lab also reported increases in cases involving other hallucinogens, particularly LSD (lysergic acid diethylamide) and powdered DMT (dimethyltryptamine). Lastly, inhalants were reported as available in the region. Participants described inhalants as inexpensive and easily accessible. Drug court staff reported that the number of cases involving inhalants had increased during the previous six months. Participants and community professionals agreed that the typical inhalant user was often junior high and high school aged.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and dextromethorphan (cough suppressant). A couple of participant groups reported about the availability of hallucinogens in the region. Participants reported that LSD (aka "acid") and psilocybin mushrooms are not as readily available as in the past; they reported hearing little about the use of these hallucinogens. Reportedly, psilocybin mushrooms are only available in the spring. The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens reported, BCI London Crime Lab noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Media outlets in the region reported on seizures and arrests this reporting period related to hallucinogens. In September, troopers from the Ohio State Highway Patrol found a bottle containing 2C-E strips along with marijuana during a traffic stop in Guernsey County (www.10tv.com, Sept. 5, 2012).

Participants described typical users of hallucinogens as, "the younger crowd" and "hippies." Treatment providers reported that many clients report that they used to use hallucinogens, but rarely report recent or current use. Treatment providers reported the use of hallucinogens, in general, seems to be uncommon. Law enforcement reported the use of hallucinogens to be more prevalent among college students, but otherwise, not very commonly available in the region.

Lastly, a participant group in Guernsey County reported that the popularity of dextromethorphan use in the region is growing, especially among teenagers. Common street names for the drug include "skittles" and "triple C's." A participant reported that eight pills is enough, "to trip" (to produce a high), with users typically consuming upwards of 30 to 40 pills. The usual route of administration for these drugs is oral consumption.

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Athens region. Changes in availability during the past six months include: increased availability for methamphetamine, likely increased availability for heroin and likely decreased availability for powdered cocaine.

Methamphetamine is moderately to highly available in the region. Participants from Athens County reported methamphetamine to be readily available. Participants from across the region commented about the production

of "one-pot" or "shake-and-bake" methamphetamine, which most participants reported as the only type of methamphetamine in the area. Law enforcement reported that the availability of methamphetamine coming from Mexico has decreased since users can now make their own methamphetamine.

Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region is the reason for increased use of methamphetamine. Many community professionals cited the ease by which methamphetamine is made today as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants and community professionals agreed that methamphetamine users tend to be White and of lower socioeconomic status.

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Treatment providers reported an increase in the number of users entering treatment who identify heroin as their primary drug of choice. Law enforcement reported that many dealers are getting their supply of heroin in Columbus and selling locally. Participants and community professionals alike reported that the availability of heroin has increased during the past six months. Participants continued to note that changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, has caused users to switch to heroin. Treatment providers posited that the fact that heroin is cheaper than other opiates is the reason for the increase in popularity and availability of heroin. Participants in Belmont County noted an increase in quality, particularly in the quality of powdered heroin purchased in its "raw" form.

The most common route of administration remains intravenous injection. Participants reported that it is increasingly more difficult to purchase needles at pharmacies. Many participants reported that it is common to share needles; participants were very aware of the health risks associated with this practice. Treatment providers reported that they are noticing an increased number of young females presenting for treatment for heroin use. Community professionals also reported higher representation among individuals of lower to working class in terms of socioeconomic status, with law enforcement noting an increase of heroin users in their late teen years.

While powdered cocaine remains highly available in the region, there was general consensus among community professionals that the availability of powdered cocaine has decreased during the past six months. Some participants posited that the demand for powdered cocaine has decreased as the demand for heroin has increased. A participant stated, "*We are in the middle of an opiate epidemic. No one cares about cocaine anymore.*" Participants also noted the influence of law enforcement as a factor in the likely decrease in availability. Participants reported that the quality of powdered cocaine has decreased during the past six months, commonly reporting that the drug is cut more than in the past.

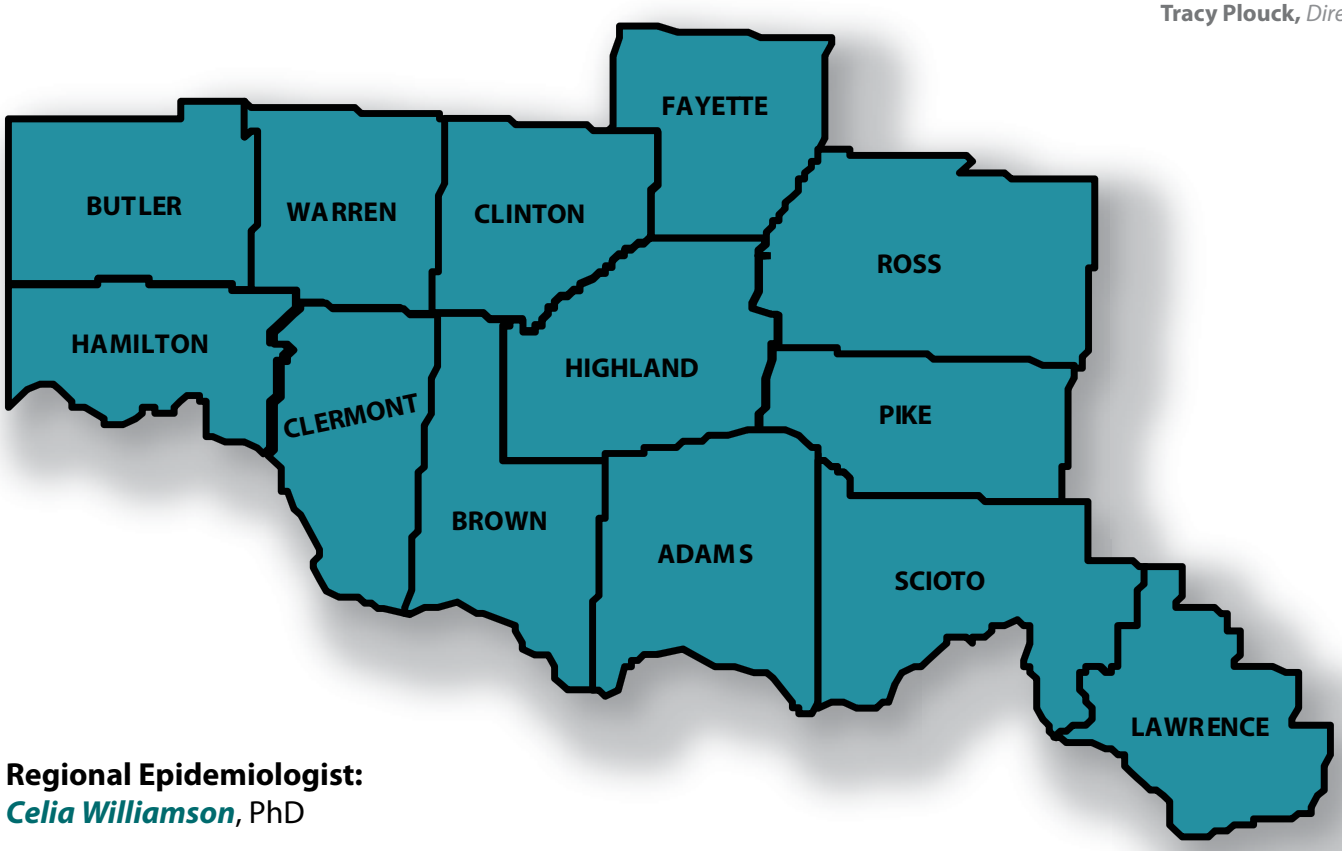
Lastly, participants across regions reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops). However, these outlets are more discrete about who they sell to, and generally do not openly advertising the drug's continued availability.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cincinnati Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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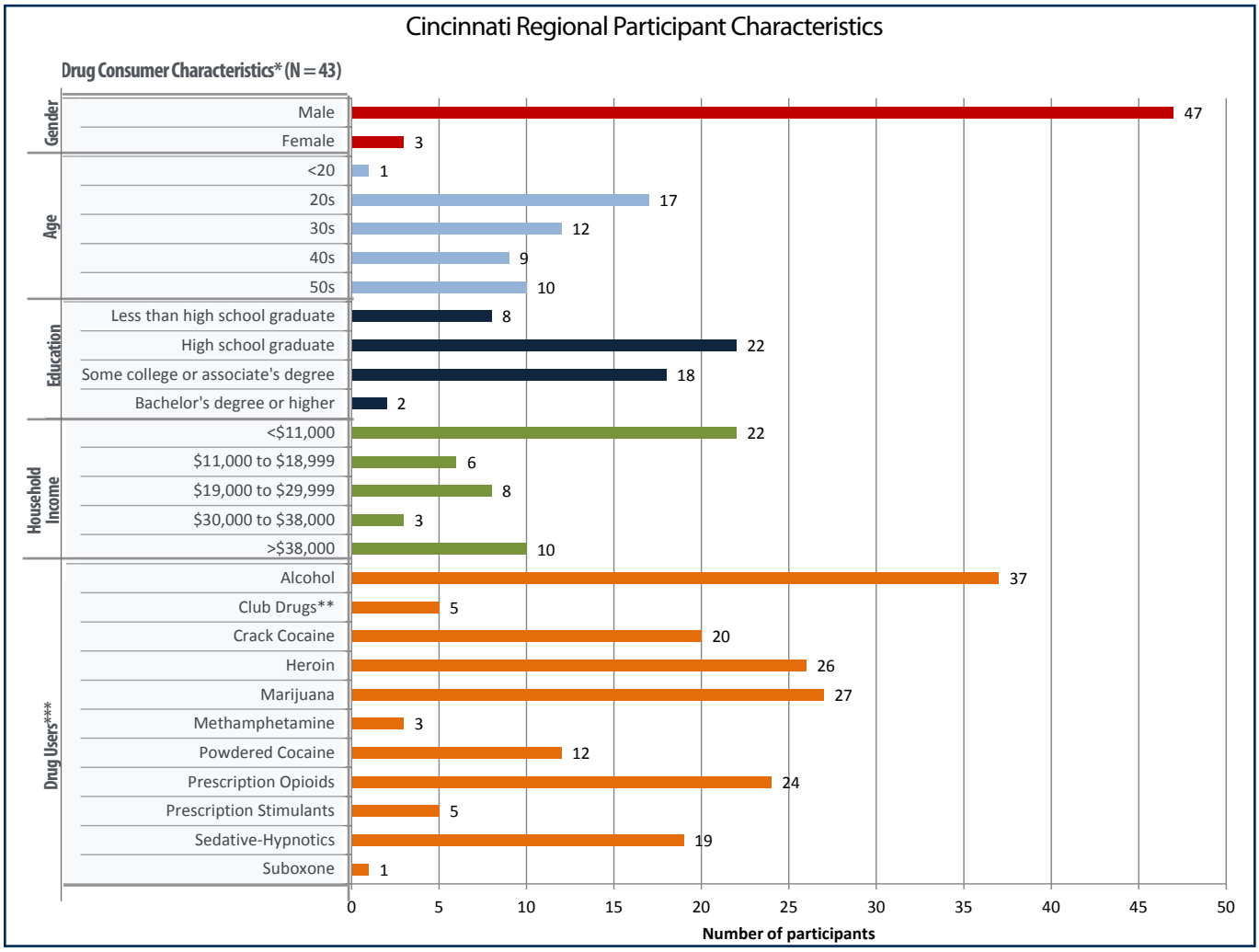
Indicator[1]	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	50
Gender (female), 2010	51.2%	51.1%	6.0%
Whites, 2010	81.1%	81.3%	67.3%
African Americans, 2010	12.0%	12.5%	30.6%
Hispanic or Latino origin, 2010	3.1%	2.3%	4.2%
High School Graduation rate, 2010	84.3%	88%	84.0%
Median Household Income, 2011	$45,803	$44,046	$11,000-$18,999[2]
Persons Below Poverty Level, 2011	16.3%	17.7%	56.0%[3]

[1]Ohio and Cincinnati statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.
[3]Poverty status was unable to be determined for 1 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. Secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine was moderately to highly available in the region. Participants most often reported the drug's availability as '5' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants from rural counties reported availability as '5,' while participants from urban Cincinnati reported availability as '10.' Community professionals most often reported availability as '5.' Participants and treatment providers most often reported that the availability of powdered cocaine had decreased during the previous six months; in contrast, law enforcement reported that availability had remained the same. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had decreased during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in virtually every sample of powdered cocaine it processes. Participants reported that a gram of powdered cocaine sold for between $40-60, and up to $80 in rural areas; 1/8 ounce, or "eight ball," sold for between $150-200; an ounce sold for between $900-1,500. The most common route of administration for powdered cocaine remained snorting. Participants commented that the typical user of powdered cocaine was White and between the ages of 18-40 years. Treatment providers described typical users as middle- to upper-class and between the ages of 20-35 years.

Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Powder [cocaine] is hard to come by these days; powder is the hardest thing you can find."* Another participant reported, "*If you find powder … most everybody's cookin' it up [using it to manufacture crack cocaine] to sell it or just smokin' it [as crack cocaine]."* Treatment providers most often reported the drug's current availability as '6.' A treatment provider commented, "*[Powdered cocaine] it's not as popular as it has been in the past years."* The Drug Enforcement Agency (DEA), which investigates larger cases of drug importation and sales in the region, reported current availability of powdered cocaine as '9,' but along with participants and treatment providers, an agent commented, "*[Powdered cocaine] it's available, but the demand is down for that. I mean, if you want it, it's there. It's a lot more expensive. The prices have gone way up."* Another DEA agent who has worked in the region for over 10 years reported, "*When I came here in 2000, it [most available drug] was more crack [cocaine], then shifted to powder. Now it's heroin.*"

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In September, Chillicothe (Ross County) law enforcement executed a search warrant on a Chillicothe home and found a large amount of cocaine along with large amounts of heroin and money; three men were arrested at the home (www.nbc4i.com, Sept. 14, 2012). In January, officers with the Ohio Highway Patrol stopped a car traveling near Lucasville (Scioto County) for a traffic violation and arrested the car's two occupants after uncovering 15 grams of cocaine and 299 oxycodone pills (www.whiotv.com, Jan. 30, 2013).

Treatment providers and participants alike reported that the availability of powdered cocaine has remained the same during the past six months. A participant stated, "*It [powdered cocaine] used to be everywhere … before heroin came around a*

couple of years ago ... I think heroin just got so big that it started shuttin' it [powder cocaine] down." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut (adulterated) with B-12, baby formula, baby laxatives, baking soda, ibuprofen, or as one participant put it, "*any white powder*." Participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars.

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl," "soft," "white" and "white girl." Participants listed the following as other common street names: "blow," "coke" and "raw." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-90, depending on the quality; 1/16 ounce, or "teener," sells for between $100-200; 1/8 ounce, or "eight ball," sells for $200; an ounce sells for between $1,100-1,600.

Participants reported that the most common route of administration for powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately six would snort and four would intravenously inject the drug. However, participants were quick to point out that if a user prefers intravenous injection, they will inject any drug. A participant responded, "*People may even smoke it [powdered cocaine], but if you're talking about us, we're going to shoot [inject] it*."

Two types of powdered cocaine users emerged from the data. Participants described those who snorted the drug as individuals who desired to be around people in a social setting. A participant described the powdered cocaine "snorter" as someone, "*that likes to go out*" because the drug is, "*definitely a social thing*." Those who preferred to inject powdered cocaine however, were typically intravenous drug users who prefer to, "shoot in private." However, participants noted that powdered cocaine is typically not the drug of choice for injectors, heroin is. Participants generally described the typical user of powdered cocaine as, "*older White males; people who go to gay clubs; professional people; people who can afford it*." While most treatment providers reported that there was not a "type" of person they were more likely to see having used powdered cocaine, some providers reported more recently seeing more African-American males coming into treatment who had experience with powdered cocaine.

Reportedly, powdered cocaine is used in combination with alcohol, heroin (aka "speedball"), marijuana, methamphetamine and sedative-hypnotics. Participants explained that alcohol or marijuana enhances the effectiveness/high of cocaine. Participants also reported use powdered cocaine with benzodiazepines to enable the user to later, "*come down*" and "*sleep*." In terms of marijuana, some participants reported that they've, "*seen people roll it [powdered cocaine] up in their weed [marijuana] and smoke it too*."

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '5.' Participants most often reported that the availability of crack cocaine had remained the same during the previous six months, while community professionals reported that availability had decreased. The BCI London Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '4' or '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for between $25-60; 1/8 ounce, or "eight ball," sold for between $150-200; an ounce sold for between $700-900. The most common route of administration for crack cocaine remained smoking. Participants described the typical crack cocaine user as African American, male and between the ages of 18-60 years. Treatment providers described typical users as African American, economically disadvantaged, unemployed, having only a high school education and between the ages of 25-55 years.

Current Trends

Crack cocaine remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants and community professionals commented that even though crack cocaine is still widely available, it is now being outpaced by heroin. A participant reported the sentiments of many others when he said, "*Heroin is the drug of choice now*." Reportedly, dealers who sell crack cocaine are now likely to also have other desirable drugs to sell such as heroin.

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In October, troopers from the Ohio State Patrol stopped a vehicle near Lucasville (Scioto County) after observing criminal indicators; a Portsmouth (Scioto County) woman was arrested for possession of 71 grams of crack cocaine and 75 grams of marijuana (www.nbci4.com, Oct. 5, 2012).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider reported, "*[Crack cocaine] it's less desirable because it's getting edged out by heroin*." A DEA agent commented, "*I'm sure you can get it [crack cocaine], but I don't even hear people talk about it now*." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with B-12, baking soda, benzene, ibuprofen and laxatives. Additionally, a participant commented that there is, "*a lot of counterfeit*," meaning that some crack cocaine being sold is devoid of any cocaine. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "butter" and "hard." Participants listed the following as other common street names: "milk," "rock," "white" and "yellow." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of crack cocaine sells for between $40-60, depending on the quality; 1/16 ounce, or "teener," sells for between $80-100; 1/8 ounce, or "eight ball," sells for $150; an ounce sells for $800. However, participants reported that most users purchase small quantities of crack cocaine at a time. As a participant put it, "*If I got $10, I'm running to the dope boy*." Another participant commented that throughout the day, "*You always buy more than you intend to*." Participants described crack cocaine users as spending almost every penny they have on more crack cocaine.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking, usually smoked in a "*crack pipe*." While participants most often reported that out of 10 crack cocaine users, all 10 would most likely choose to smoke the drug, a few participants s differed and reported they would intravenously inject. A participant reported, "*There are more people shootin' it [injecting crack cocaine] now than there used to be*." While many participants reported that anybody could be found smoking crack cocaine, they described typical users of crack cocaine as, "*urban*" and "*older*."

Reportedly, crack cocaine is used in combination with alcohol, heroin and sedative-hypnotics (Xanax®), primarily, "*to come down*" from the stimulant high of crack cocaine. Crack cocaine is also combined heroin (speedball) and combined with marijuana in a "joint" (cigarette).

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported brown powdered heroin as most available within the region. Participants and law enforcement reported that the availability of heroin had increased during the previous six months. The BCI London Crime Lab reported that the number of heroin cases it processes had increased during the previous six months.

Most participants rated the quality of heroin as '7' or '10'on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab reported that diphenhydramine

(antihistamine) was most often used to cut heroin. Participants reported that a gram of heroin sold for between $110-180; 1/4 ounce sold for between $400-550; an ounce sold for between $1,200-2,500. The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data, though some participants commented that typical users were between the ages of 15-60 years, with "younger" users more likely White and "older" users more likely African American.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants reported that heroin is as easy to find as crack cocaine, which has consistently been among the easiest drugs to find in Cincinnati. A participant stated, "*What I found recently in Cincinnati is [that] there is less crack [cocaine] and more heroin [available].*" Treatment providers commented, "*Cincinnati is a hot bed for heroin; [Heroin use] it's an epidemic.*" While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Participants also reported the availability of white powdered heroin to be high, rating its current availability as '10' as well; participants reported the availability of black tar heroin to be moderate, rating its availability as '5.' However, with the right connection and resources, one can obtain black tar heroin. The DEA, which investigates larger criminal enterprises, reported that they see more black tar heroin coming into the region.

Media outlets in the region also reported on heroin seizures and arrests this reporting period. In September, Washington Court House police and Fayette County Sheriff's officers executed three search warrants at a Washington Court House apartment complex and found an unspecified amount of heroin, marijuana, cash and weapons (www.nbci4.com, Sept. 27, 2012). In October, agents from the Southern Ohio Drug Task Force found 70 grams of heroin in Portsmouth (Scioto County) which led to the arrest of a Dayton man for felony possession of heroin (www.10tv.com, Oct. 30, 2012). In November, plainclothes police officers in Cincinnati bought heroin from three individuals, and when officers tried to arrest the individuals, they opened fire on police who returned fire, killing one of them (www.news.cincinnati.com, Nov. 23, 2012). In December, Chillicothe police arrested three people for possession of heroin and drug trafficking after executing two separate search warrants (www.nbci4.com, Dec. 12, 2012).

The demand for heroin is reportedly high because the high cost of abusing prescription opioids encourages the user to seek a cheaper alternative such as heroin. A participant echoed the sentiments of others who graduated from prescription opioids to heroin when he said, "Pills [prescription opioids] started getting so expensive." Treatment providers reported, "*Our [treatment] population majority consists of heroin and prescription opiate users.*" Participants and treatment providers alike reported that the availability of brown and white powdered and black tar heroin has remained the same during the past six months. A participant clarified, "[*Availability of heroin] it's been a '10' [highly available] for five years.*" The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Participants with experience using the drug rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants reported that the quality of heroin has varied somewhat during the past six months. Participants reported that heroin in the region is cut with baby laxatives, benzodiazepines, cocaine, codeine, fentanyl, melatonin, powdered milk, sleeping pills, Trazadone®, vitamins or any white pill. The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog." Other street names include "bobby," "Bobby Brown," "pup" and "puppy." Participants reported that brown and white powdered or black tar heroin costs the same and is available in different quantities: "baggies" or "chunks" (1/10 gram) sells for between $10-20; a gram sells for between $120-140; 1/4 ounce sells for $600; an ounce sells for $2,500. Reportedly, in Cincinnati, heroin is typically provided in, "baggies" or sold in, "chunks." A participant reported, "*They [dealers] put it [heroin] in little sandwich baggies and tie it off. If it's chunky, they sometimes just put it in your hand.*"

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection, followed by snorting. Out of 10 heroin

users, participants reported that eight would inject and two would snort the drug. However, a participant was quick to point out that, "*the two that would snort it [heroin], will eventually get to shootin [injecting] it.*" When asked where participants got their needles to inject heroin, participants replied, "*diabetics or garbage cans.*" Another participant responded, "[*Local] pharmacy; you can just buy a bag of them [injection needles].*" However, another participant cautioned, "*But if you get busted with a needle, you're in trouble.*"

Participants and community professionals described typical users of heroin as White and between 18-70 years of age. Many female and male responders reported that women have an easier time obtaining, "*fronts*," meaning they are more likely to be provided heroin up front and are able to pay back their dealer at a later date. Reportedly men aren't provided this option. When asked why this service would be available to women, a participant responded, "*... because of the possibility of getting sex.*"

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. While some users prefer to use cocaine at the same time as heroin (aka "speedball"), other users prefer to use one drug before the other. A participant described, "*You do crack first, and then get speed going on … and then come down by doing heroin.*" However, most participants agreed that heroin simply goes best with more heroin.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers identified OxyContin®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of illicit use.

Generally, participants reported that the availability of prescription opioids had remained the same during the previous six, and also addressed the increased availability for Opana® and immediate-release oxycodone (Roxicodone® and OxyIR®). Treatment providers reported that overall availability of prescription opioids had remained the same or had increased slightly, while law enforcement reported that availability had remained the same. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months.

Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants continued to report obtaining them from hospital emergency rooms, pain clinics, stealing prescription pads, doctor shopping, buying bulk from online pharmacies and traveling to Florida or Georgia to pain clinics and transporting the opioids back to Ohio.

Several participants described ways of consuming prescription opioids and noted variations in methods of use for different types of prescription opioids. However, the most common routes of administration were oral consumption and snorting. Treatment providers reported illicit prescription opioids use as most common among white individuals between the ages of 18-30 years. Law enforcement reported typical illicit users to be white and between the ages of 12-70 years. In addition, some participants commented that the age of first illicit use for prescription opioids was getting "younger."

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Percocet® and Roxicet®, followed by Opana® and fentanyl, as the most popular prescription opioids in terms of illicit use; treatment providers identified Percocet®, followed by OxyContin®, as the most popular prescription opioids. However, some treatment providers thought the popularity of OxyContin® to be waning, as one treatment provider put it, "*You don't hear as many clients using 'oxy's' [OxyContin®] anymore …*" Another treatment provider added, "*They'll do that [OxyContin®] when they can't get anything else.*"

Despite the perceptions of some treatment providers, participants reported that users are not as likely to use the new formulation of OxyContin® (OxyContin® OP), and the old formulation (OxyContin® OC) can no longer be found on the streets of Cincinnati. A participant reported that the new formulation OxyContin® is, "*junk.*" Another participant commented, "T*hey [OxyContin® OP] got a wax coating on them, so you can't shoot [inject] them.*" In addition, some

participants and community professionals reported that methadone is moderately available for abuse in the region. Participants reported that methadone can be obtained in pill form or liquid form, with most users reporting getting the drug from a clinic. A participant reported, "*You can be put on the liquid at a methadone clinic and then sell your take homes*." The DEA reported Percocet®, Roxicet®, and to a lesser degree, higher dosage Vicodin® as the most desired prescription opioids in the region.

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In July, Ohio Attorney General Mike DeWine reported that 318 pounds of prescription drugs, including oxycodone, hydrocodone and methadone were collected from residents in Scioto County during a drug take back event (www.nbci4.com, July 24, 2012). In September, the Ohio State Highway Patrol arrested a man and a woman from Michigan after a traffic stop and short pursuit in Scioto County; the couple was arrested after troopers found 42 grams of heroin and 305 oxycodone pills (www.nbc4i.com, Sept. 27, 2012). Also in September, the Ohio State Highway Patrol seized OxyContin®, Percocet® and Xanax® during a traffic stop in Ross County (www.10tv.com, Sept. 29, 2012).

Participants and treatment providers alike reported that because of the continued easy access to prescription opioids, the availability of these drugs has generally remained the same during the past six months. However, participants reported that Opana® is not as available as previously. A participant commented that abuse of Opana® used to be, "*through the roof,*" but there have been, "*a lot of busts with pain clinics in Ohio prescribing that freely*." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids (aka "beans" or "biscuits") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (50 mg patch sells for $20; 75 mg patch sells for $25), Opana® (20 mg sells for $10; 40 mg sells for $20), OxyContin® OP (aka "oxy;" 40 mg sells for $15; 60 mg sells for $20; 80 mg sells for between $20-40), Percocet® (5 mg sells for between $3-5; 10 mg sells for $10), Roxicodone® (aka "Perc 30's;" 30 mg sells for between $25-30) and Vicodin® (5 mg sells for between $1.50-3).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration are snorting and intravenous injection. Out of 10 prescription opioids abusers, participants reported that approximately eight would snort and two would intravenously inject the drugs. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them by buying prescriptions from others and getting them from doctors and pain clinics. A participant described the illegal activity of writing prescriptions: "*There are so many scams out there [that] it's ridiculous. I mean … I know guys that are writing scripts [prescriptions] by the hundreds, printing these scripts. I mean … they're getting their initial script from a doctor, but they can reprint scripts with different names on them for pharmacies everywhere*." A treatment provider, reporting on how users will obtain the drug from doctors and pain clinics, reported, "Y*ou have to go through the dance. You got to imitate someone with chronic pain. You have to find a compliant doctor and all that*." Treatment providers also reported that both users and dealers may even venture out of state to obtain prescription opioids.

A profile of a typical illicit user of prescription opioids did not emerge from the data. While a few participants described a typical illicit user as a young White male, other participants reported that typical illicit users are, "*everybody*." A participant commented that anyone could be involved because after all, "*What's not to like? The only thing you don't like is the destruction it [prescription opioids abuse] causes in your life*." Treatment providers described typical illicit prescription opioids users entering treatment during the past six months as middle-class individuals in their mid-30s. Reportedly, prescription opioids are most often used in combination with alcohol, marijuana, sedative-hypnotics and, "*anything*" to enhance the effect of the drug.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained moderately to highly available in the region. Participants most often reported the drug's availability as '10' on a scale of

'0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as between '2' and '6' depending on area within region. Participants and community professionals most often reported that the availability of Suboxone® had increased during the previous six months. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that a Suboxone® 8 mg tablet sold for between $6-20; 8 mg strips sold for between $10-12. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Out of 10 Suboxone® users, participants reported that approximately 6-8 would dissolve them under the tongue, while the rest would either crush the tablets and snort them or crush and dissolve the tablets or strips for intravenous injection. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from clinics, doctors, online pharmacies or from people who were prescribed Suboxone® legitimately.

Participants described typical illicit users of Suboxone® to be as young as 16 years of age. Treatment providers most often described typical illicit users as White, between 18-30 years of age, and more likely male than female. Law enforcement noted an increase in doctors writing prescriptions for off-label use of Suboxone® for pain management.

Current Trends

Suboxone® is highly available in the region. Participants and community professionals most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Suboxone®] they're everywhere now*." Another participant reported that heroin users use Suboxone®, "*so [they] don't get sick*." A treatment provider commented, "*[Suboxone®] it's going up ... [opiate users] they'll use this until they can get to the heroin or get into treatment*."

Participants and treatment providers reported that the availability of Suboxone® has remained the same during the past six months. However, a treatment provider thought availability has increased, as she pointed out, "*More doctors are able to prescribe it [Suboxone®] now*." The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Participants did not identify any street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for $10. While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration remains sublingual. However, a participant reported melting the strips and injecting them intravenously, stating, "I was eating them [Suboxone®] and shooting them."

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting them while incarcerated. A participant reported, "People are getting them [Suboxone®] in prison." Participants described the typical illicit user of Suboxone® as someone addicted to heroin or prescription opioids who does not want to experience symptoms related to opiate withdrawal.

Reportedly, Suboxone® is used in combination with marijuana, powdered cocaine and sedative-hypnotics (Xanax®). However, participants stated that the majority of users do not combine Suboxone® with other substances.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.' Reportedly, many different types of sedative-hypnotics were sold on the region's streets. Participants identified Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals identified Xanax® as most popular.

Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining the drugs from legitimate prescriptions or from someone they

knew who had a legitimate prescription. While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration were oral consumption and snorting. Participants continued to describe typical illicit users of sedative-hypnotics as female, White and between the ages of 18-35 years. Law enforcement reported age of first illicit use to be about 12 years.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). In order of popularity, participants and community professionals identified Xanax®, Valium and Klonopin® as the most desired sedative-hypnotics in terms of illicit use. However, community professionals reported that sedatives-hypnotics are often not the drug of choice for many users. A treatment provider commented, "*Those [users] that come in [for treatment] … they're using it [sedative-hypnotics] with something else. It's not their drug of choice*."

Participants and treatment providers alike reported that the availability of sedative-hypnotics has remained the same during the past six months. Several reports from participants suggested the continued ease with which one can obtain sedatives-hypnotics from a doctor. A participant stated, "*Anybody can go to a doctor and get Xanax®*." The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "forget-me-nots," "goofballs" and "sillies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (0.5 mg sells for between $0.50-1.50; 1 mg sells for between $1-3; 2 mg sells for between $2-6) and Xanax® (0.25 mg, sells for between $0.25-0.50; 0.5 mg, aka "footballs," sells for between $0.50-1; 1 mg, aka "blues" and "footballs," sells for between $2-4; 2 mg, aka "xanibars," sells for $5). Prices varied for Valium® with some participants reporting that the prices are consistent with Xanax®.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately five would orally ingest and five would snort the drugs. A participant reported on why someone would prefer to snort sedative-hypnotics, saying, "*They hit you faster.*" In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from doctors and people with prescriptions.

Participants continued to describe typical illicit users of sedative-hypnotics as women and, "*White suburban people*." Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin and methamphetamine. Participants who used sedative-hypnotics with other drugs called them, "forget-me-nots" because, as one participant put it, "*They [combination of sedative-hypnotics with other drugs] make you forget and black out*."

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings for the quality of marijuana ranged from '6' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Law enforcement believed the overall quality of marijuana had increased. Participants reported that quality depended upon whether the user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form:

a blunt (cigar) or two joints (cigarettes) sold for $5; a gram sold for between $5-10; an ounce sold for between$40-100; a pound sold for between $800-1,000. High-grade marijuana sold for significantly more: a blunt or two joints sold for $15; a gram sold for between $10-40; an ounce sold for between $280-600; a pound sold for between $2,000-5,000.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants continued to report that use stretched across all demographic categories. Participants reported first use of marijuana as typically occurring between 12-13 years of age.

Current Trends

Marijuana remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*Marijuana is always available … always has been*." Another participant commented that marijuana is so prevalent one could almost, "*close [their] eyes and walk into a pile of it*."

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In July, Warren County prosecutors reported that a 17-year-old high school student was charged with running a $20,000 a month operation selling high-grade marijuana to students in Mason (www.daytondailynews.com, July 16, 2012). In August, Ohio Attorney General Mike DeWine reported that BCI agents in a helicopter found over 1,200 marijuana plants in the beginning stages of growth in Pike County believed to be tied to a Mexican drug cartel (www.nbci4.com, Aug. 16, 2012). In November, undercover sheriff's deputies in Fairfield (Butler County) seized 937 pounds of marijuana after intercepting the large shipment from Mexico; the price of the marijuana was estimated at $1.1 million (www.nbci4.com, Nov. 7, 2012).

Participants and treatment providers alike reported that the availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months. Current quality scores for marijuana varied. Several participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often scored the overall quality of commercial-grade marijuana a '7'and that of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality).

Current street jargon includes countless names for marijuana. The most commonly cited names were "weed" and "kush." Participants listed the following as other common street names: "regular" for commercial-grade marijuana; "bubblegum," "chronic," "dro," "high power," "higher power," "loud," "Obama," "pressure," "purp," "purple" and "strawberry" for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $10; 1/4 ounce sells for between $20-25; an ounce sells for between $80-100; a pound sells for $1,100. High-grade marijuana sells for significantly more: a blunt or two joints sells for $20; an ounce sells for $300; a pound sells for between $3,000-4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that all 10 would most likely smoke the drug. A profile for a typical marijuana user did not emerge from the data.

Participants and community professionals alike continued to describe typical users of marijuana as, "anybody." Reportedly, marijuana is used in combination with alcohol, sedative-hypnotics and, "everything" to enhance the effect/high of the marijuana.

Methamphetamine

Historical Summary

In the previous reporting period, the availability of methamphetamine remained variable within the region. Participants most often reported the drug's availability as '2' or '3' in urban areas and '10' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported overall availability as '10,' while law enforcement most often reported overall availability as '7.' Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported a slight increase in availability.

The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months.

The crime lab also reported having seen an increase in powdered methamphetamine, and suggested that "one-pot" or "shake-and-bake" methamphetamine was becoming more popular. "One-pot" or "shake-and-bake" refers to production of methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location. Most participants rated the quality of crystal methamphetamine as '10' and powdered methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for between $50-70, with a price of up to $120 if the buyer was unknown to the cook.

The most common routes of administration for methamphetamine were smoking, snorting and intravenous injection. Participants reported that the typical users of methamphetamine were White males between the ages of 18-34 years.

Current Trends

Methamphetamine availability remains variable in the region. Participants and community professionals alike reported low availability in the City of Cincinnati and high available in rural areas around Cincinnati. Participants and community professionals most often reported the drug's availability as '1' or '2' in the city and '10' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported more methamphetamine in Hamilton County, toward Harrison, and somewhat on the east side of Cincinnati. Participants reported that methamphetamine is available in powdered and crystal forms.

Participants from the Cincinnati area commented about the production of "one-pot" or "shake and bake" methamphetamine. A participant stated, "*Bathtub meth [one-pot methamphetamine] is just cooked up in somebody's shed. It's white power or crystal meth that looks like broken glass. It might be brown, brownish white or white*." A treatment provider reported, "*Meth is not what they [users] want [in Cincinnati]. It's more of a rural thing*." Another treatment provider reported, "*We don't get a lot of meth users [in treatment] ... [Methamphetamine] It's not big in the city. [When we do], we see people using it with something else*." A participant reported, "*[Methamphetamine] it's in the rural areas like Clermont and Butler [counties]*." Another participant reported, "*You can't find any meth in the city. If you do find it, it's because some cowboy dropped it out of his pocket*."

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In December, Fayette County Sherriff's deputies found a methamphetamine lab in a Washington Court House home (www.nbci4.com, Dec. 11, 2012). In January, police in Middletown (located in Butler and Warren counties) reported finding what they call a "significant" methamphetamine lab in the basement of a home (www.whiotv.com, Jan. 28, 2013). Participants and community professionals alike reported that the availability of methamphetamine has remained the same during the past six months. In reporting on why methamphetamine availability is consistently high in the rural areas, a participant responded, "*It only costs $10 to make 3 grams [of methamphetamine]*." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants were unable to report on the current quality of powdered or crystal methamphetamine. Even though participants weren't sure about the current quality of methamphetamine in Cincinnati, a participant commented, "There ain't no good meth around here. That's for sure." Participants generally reported that available methamphetamine in the city has consistently been of poor quality. Current street jargon includes a few names for methamphetamine. The most commonly cited name was "meth." Current street prices for methamphetamine were varied among participants. A few participants with experience buying methamphetamine reported that crystal or powdered methamphetamine sells for $50 a gram. A treatment provider reported that methamphetamine seems to be, "*more for personal consumption than for resale*."

While there were several reported ways of using methamphetamine, the most common routes of administration remain smoking, snorting and intravenously injection. Participants could not determine the most popular way to use methamphetamine.

Participants described typical users of methamphetamine as White and living in rural areas. A treatment provider reported, "T*here are different social groups … some white people like meth for whatever reason ... a lot of black people don't mess with it ... the black people we've talked to wouldn't touch that. They think it makes you crazy*." Reportedly, methamphetamine is used in combination with alcohol and heroin.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were moderately to highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported availability as '5,' and law enforcement most often reported availability as '6.' Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of illicit use.

While participants did not report a change in availability, community professionals reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Participants reported the following prescription stimulants as available to street-level users: Adderall® (30 mg sold for between $4-5), Concerta® (27 mg sold for $2.50; 36 mg sold for between $2-3) and Ritalin® (sold for between $2-3 per pill). The most common routes of administration for prescription stimulants were oral consumption and snorting.

In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from others who were prescribed them. Participants described illicit prescription stimulants use as most common among Whites, young people and college students.

Current Trends

Prescription stimulants remain moderately to highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while treatment providers most often reported current availability as '4.' Participants explained that if the drug is desired, it can be easily found; however, a user would need to know someone with the drug. A participant commented, "It [availability of prescription stimulants] depends on who you know and if it's your drug of choice … then [availability] it's a '10.'" A treatment provider commented, "*I know guys that have relapsed over that [prescription stimulants use]. They found out they were ADHD [attention deficit-hyperactivity disorder], and then started to use it, and then abuse it*."

Participants and treatment providers alike reported that the availability of prescription stimulants has remained the same during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Reportedly, Adderall® is the most highly available prescription stimulants in the region. Current street prices for Adderall® were consistent among participants with experience buying the drug. Adderall® 15 mg and 20 mg sells for $1; 30 mg sells for $3. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from others who were prescribed them. A participant reported, "*A lot of high school kids have them [prescription stimulants]*."

While there were several reported ways of using prescription stimulants, the most common routes of administration remain oral consumption and snorting. Participants described typical illicit users of prescription stimulants as high school and college students who use the drugs to study. Reportedly, prescription stimulants are used in combination with alcohol and marijuana when the user wants to stay awake and/or continue to consume alcohol. A participant stated, "*Some use it [prescription stimulants] just to keep drinking [alcohol]*."

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '3' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '3.' The BCI London Crime Lab reported that the number of bath salts cases it processes

had increased during the previous six months. In addition, the crime lab reported that as soon as one drug was banned (MDPV) another chemical analogue was likely to take its place (alpha-PVP).

Participants reported that bath salts were sold in vials or baggies: 500 mg sold for between $16-20; a gram sold for between $30-40. Participants reported several ways of using bath salts: oral consumption, intravenous injection, smoking and snorting. Participants described bath salts use as most common among Whites between the ages of 30-45 years.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, there was no consensus among participants as to the current level of availability. Some participants reported current availability of bath salts as '3,' while other participants thought current availability to be higher at between '6' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability of bath salts included: "*[Availability] was a '10' when they [retailers] sold it [bath salts] on the shelves; I think [availability] it's higher if you know people that use it. They know where to get it; I still know stores I can go to and get it.*"

Overall, participants reported that bath salts remain available in Cincinnati and that no matter what the perceived level of availability, all agreed, availability was higher before bath salts was banned in 2011. Treatment providers most often reported the drug's current availability as '10,' but they reported that desirability for the drug has dramatically decreased. A treatment provider reported, "*[Bath salts use] it was rampant. You could buy it at the corner store ... Now it's just not as popular as it once was.*" The DEA reported that there may have been a decline in the use of bath salts, but that the drug remains obtainable to those who desire it. Treatment providers reported that availability of bath salts has decreased during the past six months. A treatment provider stated, "*[Bath salts use] it seemed to be a trend, experimental use.*" The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Participants reported that new street names for bath salts have emerged to help circumvent the law; bath salts may be sold under names like "*incense*" or "*plant food*." Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts are distributed in little baggies and sell for between $20-40 per gram. Participants reported that there are several ways of using bath salts: smoking, snorting and intravenous injection. Although participants couldn't identify which mode of administration is most popular, a participant reported, "*Well, I'd rather shoot it [inject bath salts] than smoke it.*"

In addition to obtaining the drug on the street, participants continued to report that bath salts remain available at select convenience stores. A profile for a typical bath salts user did not emerge from the data. Participants described typical users of bath salts as, "*anybody who likes doing drugs; people who like to speed.*" It was unknown to participants whether regular users combined bath salts use with other substances. However, participants who had experimented with the drug reported using it with alcohol and marijuana.

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained available in the region; however, participants and law enforcement reported variable availability. Despite the legal ban of its sale in 2011, law enforcement reported that synthetic marijuana continued to be sold in convenience stores, stored under the counter and sometimes given to consumers free of charge with the intent to get them, "*hooked on it.*"

The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The crime lab also reported that as soon as one drug was banned (JWH-018) another chemical analogue was likely to take its place (AM2201). Participants reported that synthetic marijuana sold for $15 for 500 mg; a gram sold for between $10-40.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '10' on a scale

of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers didn't assign an availability score for synthetic marijuana current availability. However, a treatment provider commented, "We don't hear much about it [synthetic marijuana]." Another treatment provider reported, "*They took it off the market [legislation banned its sale], but [synthetic marijuana] it's readily available*." A participant also reported, "*[Synthetic marijuana] it's back on the market*." A DEA agent rated current availability as '2.'

Participants and treatment providers alike reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. New street names for synthetic marijuana have emerged to help circumvent the law; participants said synthetic marijuana may be sold under names like "incense" or "spice."

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for $10; however, users couldn't identify the quantity that they had purchased in the past. Despite legislation enacted in October 2011, synthetic marijuana continues to be available in smaller, non-corporate convenience stores.

While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking. Out of 10 synthetic marijuana users, participants reported that all 10 would most likely smoke the drug. Participants described typical users of synthetic marijuana as individuals who are afraid they may be tested for drugs. A participant reported, "*A lot of people on probation like smoking it [synthetic marijuana] 'cause you can't test for it*." Reportedly, synthetic marijuana is used in combination with alcohol.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained highly available in the region. Participants most often reported the drug's availability as '8' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '10.' Participants most often reported that the availability of Ecstasy had remained the same during the previous six months, while treatment providers reported increased availability.

The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months. The crime lab cited the following substances as commonly used to cut Ecstasy: benocyclidine (psychoactive drug), caffeine, cathinones and dimethyltryptamine (DMT). Participants reported that Ecstasy tablets sold for between $6-20. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data, though some participants commented that the typical user of Ecstasy was between the ages of 19-35 years.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Ecstasy] it's here big time in the city [Cincinnati]*." However, another participant noted, "*You gotta have a connection. [It's] not like you can drive around to find it [Ecstasy]. You're gonna have to know somebody*." Treatment providers most often reported the drug's current availability as '8.' However, a treatment provider commented, "I think [Ecstasy] it's used more often than we know. [Users] they're just not coming into treatment for it."

Participants and treatment providers alike reported that the availability of Ecstasy has decreased during the past six months. A participant commented, "*Beans' [Ecstasy] are not so easy to come about recently*." The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes several different names for Ecstasy. The most commonly cited name was "X." Other common street names include: "beans," "cut-outs," "rolls" and "transformers." Current street prices for Ecstasy were variable among participants with experience buying the drug. However, participants commonly reported that the prices for Ecstasy have dropped dramatically from just a few years ago. As one participant put it, "It *[price of Ecstasy] went down a lot*

in the past few years. I remember paying $20 a pill." Participants most often reported that a "single stack" (low dose) tablet sells for $8; "double stack" or "triple stack" (higher doses) sell for between $10-20.

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. Participants described typical users of Ecstasy as African Americans, club goers, hippies, urban youth and "younger" people. Participants explained that users of Ecstasy like to use it to enhance the night club experience or to enhance a sexual experience. A few participants reported that Ecstasy can be found in nightclubs, as one participant reported, "*[Ecstasy] it's big time in the gay club*." Another participant responded, "*There's certain clubs you can walk into, and [Ecstasy use] it's wide open on the dance floor or in the bathroom.*" Reportedly, Ecstasy is used in combination with alcohol and marijuana.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids and hallucinogens [lysergic acid diethylamide (LSD), psilocybin mushrooms, DMT (dimethyltryptamine) and salvia divinorum]. Anabolic steroids were relatively rare in the region. Participants did not rate availability. Law enforcement most often reported the drug's street availability as '4' or '5,' and availability in fitness centers as '8' or '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that on the Internet a vial of testosterone sold for $150; 150 tablets of anabolic steroids sold for $200. Law enforcement described the typical anabolic steroid users as White males aged 18-40 years with an interest in body building.

Hallucinogens were available in the region. LSD was rarely to moderately available; psilocybin mushrooms were most available in the dried form, while fresh mushrooms became more available in late summer months; several participants mentioned DMT, which is a synthetic hallucinogenic tryptamine, along with salvia divinorum as being available, but not widely used. Participants reported both substances were found on the Internet or through someone who had purchased them. Overall, participants most often reported hallucinogen availability as '2' to '5' in urban areas and '10' in rural communities. Treatment providers most often reported availability as '5' and law enforcement as '6.' The BCI London Crime Lab reported that the number of LSD, DMT and salvia divinorum cases it processes had increased during the previous six months, while the number of psilocybin mushroom cases had remained the same.

Participants reported that LSD sold for between $5-10 per "hit" (dose). A profile for a typical user of LSD did not emerge from the data. First-time use of LSD was reported to occur as young as 14 years of age. Spores to grow psilocybin mushrooms were reportedly available for $8 per vial; 1/8 ounce of dried psilocybin mushroom material sold for between $20-30; 1/4 ounce sold for between $40-60; 1/2 ounce sold for between $70-80.

Current Trends

Participants and community professionals listed other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD)]. Participants with experience using LSD reported it is as occasionally available. A participant stated that all hallucinogens, "*come in waves*." Another experienced participant agreed by reporting, "*It [availability of hallucinogens] comes and goes*." When it is available, participants most often reported availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported current availability as '6.' The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased.

In addition to the aforementioned hallucinogens reported, BCI London Crime Lab noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Current street jargon includes a couple of names for LSD. The most commonly cited names were "acid" and "blotter acid." Participants reported that when LSD is available, the street price is anywhere between $5-10 a hit. The most common route of administration for LSD is oral consumption. Participants described typical users of LSD as, "people in their 20's or later teens; new age hippies." Treatment providers reported that hallucinogens such as LSD are, "more recreational and youth oriented."

Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Cincinnati region; also highly available is Suboxone®. Changes in availability during the past six months include: likely decreased availability for bath salts and Ecstasy.

The demand for heroin reportedly remains high because the high cost of abusing prescription opioids encourages users to seek a cheaper alternative such as heroin. While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. However, the Drug Enforcement Agency (DEA), which investigates larger criminal enterprises, reports that they see more black tar heroin coming into the region.

Participants and community professionals most often reported the current street availability of Suboxone® as '10' (highly available). Treatment providers noted more doctors being able to prescribe Suboxone® than previously; they also reported opiate addicted individuals as using the drug until they can get heroin or into treatment. Participants agreed, describing the typical user of Suboxone® as someone addicted to heroin or prescription opioids who does not want to experience symptoms related to opiate withdrawal.

Methamphetamine availability remains variable in the region. Participants and community professionals alike reported low availability in the City of Cincinnati and high available in rural areas around Cincinnati. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Availability of Ecstasy remains high in the region, though participants and treatment providers alike reported that the availability of Ecstasy has decreased during the past six months. Participants described typical users of Ecstasy as African Americans, club goers, hippies, urban youth and "younger" people. Participants explained that users of Ecstasy like to use it to enhance the night club experience or to enhance a sexual experience.

Lastly, participants across the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops), although these outlets are more discrete about whom they sell to, not openly advertising the drug's continued availability. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while the number of bath salts cases has decreased. Treatment providers reported that availability of bath salts has decreased during the past six months. While the DEA reported that there may have been a decline in the use of bath salts, they also reported that the drug remains obtainable to those who desire it.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cleveland Region

June 2012 - January 2013

Ohio MHAS
Promoting wellness and recovery

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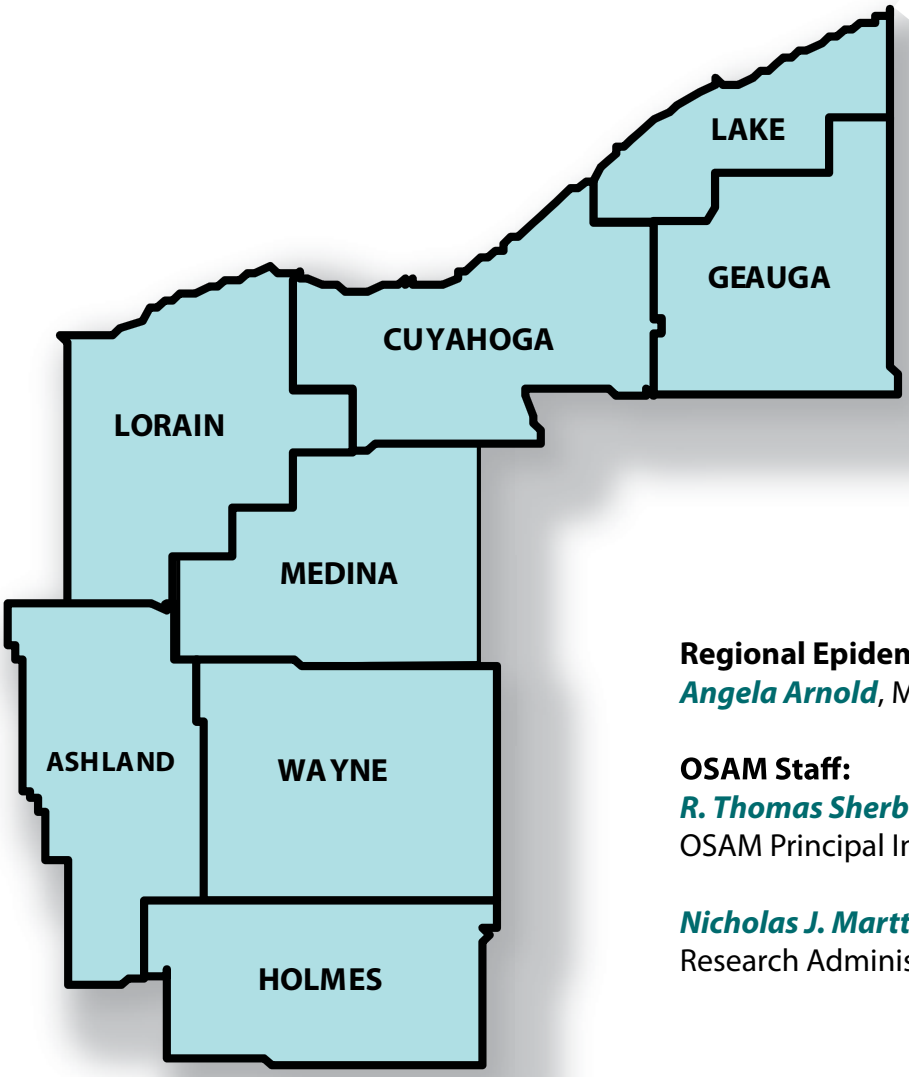

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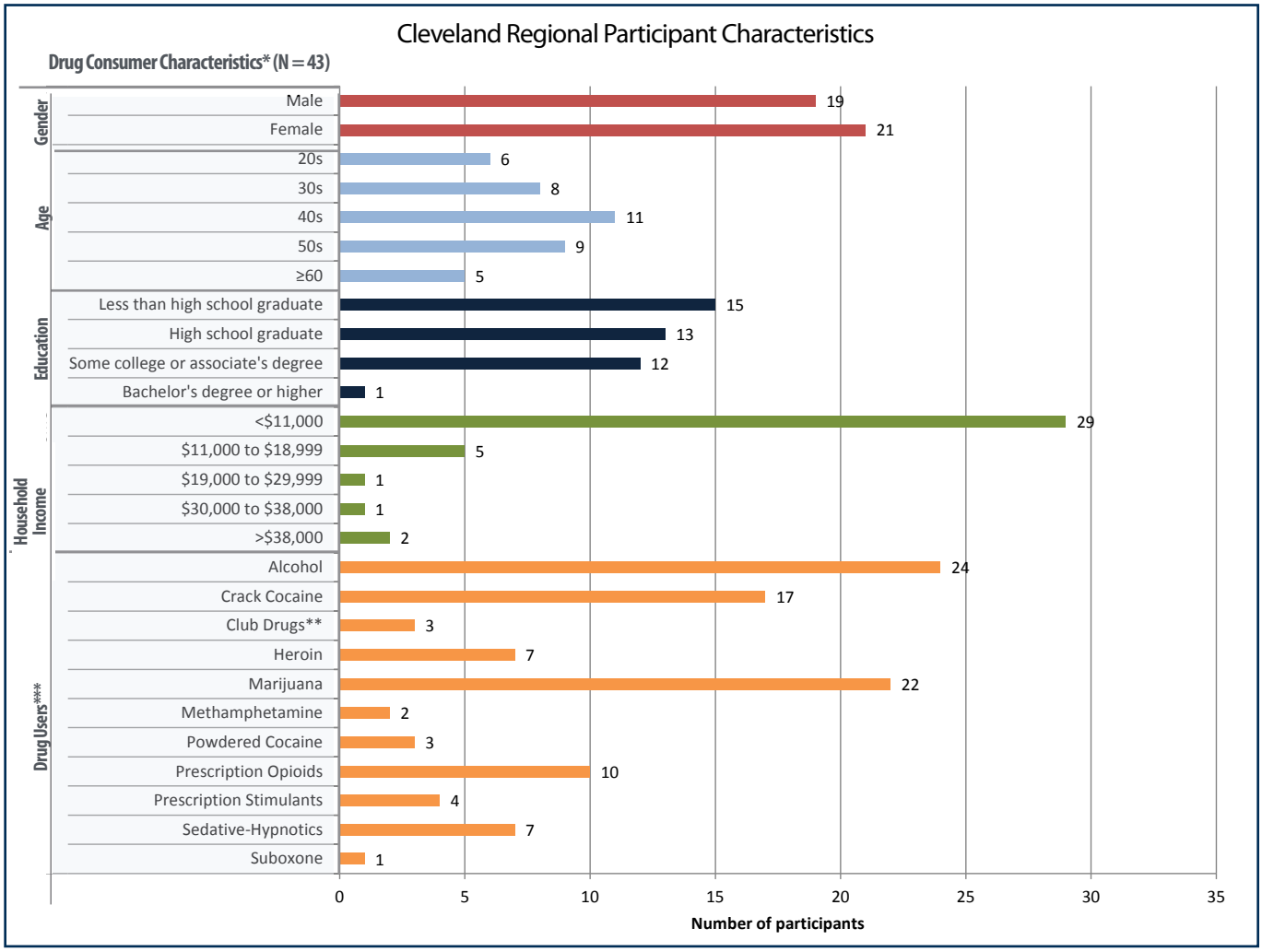
Indicator[1]	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	41
Gender (female), 2010	51.2%	51.8%	52.5%[2]
Whites, 2010	81.1%	74.0%	36.6%
African Americans, 2010	12.0%	18.0%	56.1%
Hispanic or Latino origin, 2010	3.1%	4.4%	6.7%
High School Graduation rate, 2010	84.3%	82.8%	63.4%
Median Household Income, 2011	$45,803	$50,957	Less than $11,000[3]
Persons Below Poverty Level, 2011	16.3%	12.9%	80.5%[4]

[1]Ohio and Cleveland statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Gender was unable to be determined for 1 participant due to missing data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participants due to missing data.
[4]Poverty status was unable to be determined for 3 participants due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Lake County Crime Lab and the Bureau of Criminal Investigation (BCI) Richfield Office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine was moderately available in the region. Participants most often reported the drug's availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '6.' Although participants commonly reported that the drug was often held by dealers, participants most often reported that the availability of powdered cocaine had remained the same during the previous six months. However, a few participants thought that powdered cocaine was becoming less available, citing the displacement of the drug by heroin and its "less trendy" status. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: diltiazem (high-blood pressure medication), lidocaine and procaine (local anesthetics). Participants reported that a gram of powdered cocaine sold for between $50-80; 1/8 ounce, or "eight ball," sold for between $130-300.

The most common route of administration for powdered cocaine remained snorting. Participants described the typical user of powdered cocaine as White, mature, suburban and professional who prefers to snort the drug or heroin users who inject cocaine with heroin (aka "speedballing"). No participant indicated powdered cocaine as a primary drug of choice.

Current Trends

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Also, it should be noted that participants always described powdered cocaine trends with regard to the traffic of crack cocaine, as it is the primary ingredient of crack cocaine. Despite the high ranking most commonly reported by participants, participants reiterated that availability of this drug varies greatly, depending on a user's relative closeness to a mid- to high-level supplier; participants most often rated street availability of powdered cocaine without a close connection as '5.' A participant explained, "Y*ou can get crack [cocaine] from anywhere, but for powder [powdered cocaine] you have to know somebody and buy it in weight*." Community professionals most often reported the current availability of powdered cocaine as '8.'

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In August, 12 people were charged in connection to a cocaine-trafficking ring that brought cocaine to Cleveland from Texas via privately chartered planes (www.cleveland.com, Aug. 7, 2012). In October, a federal grand jury in Cleveland indicted 18 people for involvement in a large-scale cocaine-trafficking network; the suspects allegedly conspired to distribute cocaine in Northern Ohio (www.cleveland.com, Oct. 2, 2012). Also, in October, The Plain Dealer reported that recent drug sweeps in Cleveland had created a void in the cocaine trade, which led to an increase in slayings in east side

neighborhoods as opposing drug dealers battled for control of the city's drug trade (www.cleveland.com, Oct. 27, 2012).

Participants reported that the availability of powdered cocaine has slightly decreased during the past six months. A participant described, "*Dealers don't want to give it [powdered cocaine] to anybody, and the street gangs want to keep it for themselves to sell.*" Another participant explained, "*The reason why it's hard to get powder is because the dealer is losing money if he just sells the powder. He can make 10 times his money [selling crack cocaine] off the little they cook up.*" Participants also reported that police activity has influenced current availability. Community professionals were split on their opinions about the availability of powdered cocaine during the past six months. A treatment provider stated, "*The availability [of powdered cocaine] is about the same, but I seem to have less clients doing that.*"

However, law enforcement corroborated participants' views on decreased availability during the past six months. An officer explained, "*When we started buying [powdered cocaine] ounce levels up in that district [east side neighborhoods] it was $1,100 per ounce. After the bust, it was $1,600 [per ounce]. We arrested 86 people and wiped them out in that neighborhood … The trend is that [powdered cocaine] it's getting more expensive. There are very few people who have that kind of access.*" The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months, while Lake County Crime Lab reported that the number of cocaine cases it processes has decreased (Note: the crime lab does not differentiate between crack and powdered cocaine).

Participants reported the current quality of powdered cocaine as between '0' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the average current quality score was '5.' Participants reported that powdered cocaine in the region is cut with baking soda, crack cocaine, methamphetamine, prescription opioids and vitamin B-12. A participant indicated, "*Dealers put in speed [methamphetamine] or crack because they don't have any powder.*" Another participant said, "*I heard they were putting in Percocet® and OxyContin® to strengthen it [powdered cocaine] up.*" Participants reported that the quality of powdered cocaine has decreased during the past six months. The BCI Richfield and Lake County crime labs cited diltiazem (high-blood pressure medication), levamisole (livestock dewormer) and local anesthetics (benzocaine, lidocaine and procaine) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "powder" and "white girl." Participants listed the following as other common street names: "candy," "smack," "snow" and "ya-yo." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for between $50-80, depending on the quality; 1/8 ounce, or "eight ball," sells for between $150-485, with higher prices reported from rural or outlying suburbs; an ounce sells for between $1,400-1,500. Law enforcement reported that a kilo sells for about $37,000.

Participants reported that the most common way to use powdered cocaine is to smoke it as "rocked up" crack cocaine. A participant stated, "*Everybody I know with powder cocaine rocks it up to sell [as crack cocaine].*" Out of 10 powdered cocaine users, participants reported that approximately two would snort, 2-3 would intravenously inject or "shoot" and another 5-6 would smoke the drug.

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical users of powdered cocaine to include crack cocaine users who "rock up" powdered cocaine, "younger" users and intravenous injectors who pair powdered cocaine with heroin for injection. A treatment provider stated, "I'm sometimes surprised who tells me they're doing it [powdered cocaine]. It used to be a rich person's party drug but that's no longer true." Another treatment provider reported, "*I've heard a lot of younger users who only like it [powdered cocaine] in a primo [with marijuana].*" Another participant said, "I*'ve seen little kids snort, like 10 year-olds … and their older siblings supply it for them. They start young.*" No participant indicated powdered cocaine as a primary drug of choice.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and tobacco. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. Mixing powdered cocaine with heroin, either together in the same syringe or in sequence, is called a "speedball." A participant said powdered cocaine is combined with marijuana, "*to boost it up higher, to raise the bar with it.*"

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '9.' There was no consensus among participants regarding any change in the availability of crack cocaine during the previous six months. However, participants and law enforcement described many crack cocaine dealers as switching inventory from crack cocaine sales to heroin. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Participants most often rated the quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). In addition, many participants felt that it had become standard practice to "re-cook" crack cocaine to remove additives and cutting agents. Other participants noted the growing popularity of yellow-colored crack cocaine (aka "butter"). Participants reported that a .4 gram crack cocaine "rock" (piece, aka "twomp") sold for $20; 1/8 ounce sold for between $125-300; an ounce sold for between $850-1,350. The most common route of administration for crack cocaine remained smoking. A profile of the typical crack cocaine user did not emerge from the data.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments included: "*Sure, [crack cocaine] it's available. [Dealers] they're on foot or you call them up; [Crack cocaine] it's extremely easy to get. It's all over the place; You don't even need to ask, they [dealers] come up to you.*" Walk-up or door service is more common in the urban areas of Cleveland within certain neighborhoods, whereas a phone call is required in suburban or rural areas. Community professionals most often reported current availability of crack cocaine as '7.' A treatment provider observed, "C*lients talk about the ease that they can get it [crack cocaine], and so many clients have crack as part of their drug repertoire.*" Law enforcement officers commented on recent trends on the east side of Cleveland: "*It used to be all crack. Then it was all heroin, now crack is coming back; The guys who were all selling heroin, now they've got both [heroin and crack cocaine]. If someone's got both, they're rolling [very successful] … now they've got more customers.*"

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In January, the Ohio State Highway Patrol stopped a vehicle on the Ohio Turnpike in Lorain County for a traffic violation and found five ounces of crack cocaine, worth more than $15,000 in the vehicle (www.nbc4i.com, Jan. 29, 2013). Participants reported that the availability of crack cocaine has remained the same during the past six months. However, some participants noted occasional scarcity of crack cocaine. A participant explained, "*Sometimes there's a drought [scarcity of crack cocaine]. But, everybody comes to my neighborhood to come get crack … people from Parma and Strongsville … now you tell me that isn't a drought where they're from*?" Treatment providers reported that availability has increased during the past six months. A treatment provider reported, "*I think [crack cocaine] it's more available. You hear about clients just making it themselves. They rock it up themselves and sell it. Many of my clients have gotten into legal trouble making it.*" Law enforcement was mixed on their views of availability change during the past six months. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants reported the current quality of crack cocaine as between '0' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the average current quality score was '4.' A participant declared, "*[Crack cocaine] it's all garbage.*" Several participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or "*fake crack.*" Participants reported that the quality of crack cocaine has decreased during the past six months. Participants reported that crack cocaine in the region is cut with aspirin, baby formula, baby laxative, baking soda, boric acid, inositol (dietary supplement) and vitamin B-12. The BCI Richfield Crime Lab reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock." Participants listed the following as other common street names: "butter," "chicken wings," "cream," "melt," "sizzle" and "stone." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that crack cocaine, when sold

anonymously in $10, $20 and $50 units, varied in size from peanut to chocolate chip-sized pieces. Reportedly, these transactions are quick, and the drug is seldom measured by users. Many users noted the decreasing quality of crack compels them to buy larger sizes which can be cooked down. A participant explained the popularity of the $50 "block," which is, "*about the size of a quarter*." When weighed, users reported better pricing: a .4 gram rock sells for $20; 1/8 ounce sells for between $125-225; an ounce sells for around $900. Like powdered cocaine, crack cocaine prices are reportedly higher on the far east or west sides of Cleveland.

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately 10 would smoke the drug; however, participants felt that a small number of users would also inject.

A profile of a typical crack cocaine user did not emerge from the data. Participants continued to note that the drug is consumed by older and younger people, Whites and Blacks, east-siders and west-siders, as well as rural and urban dwellers. However, a treatment provider noted, "… *but for younger users, it's more cool to snort powder or do the primos [smoke marijuana laced with cocaine] than smoke crack. I hear a lot about primos*." Another treatment provider stated, *"Older. It seems like [crack cocaine use] it's older*."

Reportedly, crack cocaine is used in combination with alcohol, Ecstasy, heroin (aka "speedball"), marijuana and prescription opioids. Participants described the purpose of these combinations is primarily one of bringing the user down from the stimulant high of crack cocaine. Participants explained, "A *lot of times they'll use marijuana and alcohol to level you off; If I'm smoking crack, I'm going to need something to take off the ease, like some beer ...*"

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.' Participants and community professionals reported brown and white powdered heroin as the most available type of heroin in the region, while noting the availability of black tar heroin as much lower. Participants and community professionals reported that the overall availability of heroin had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of both black tar and powdered heroin cases it processes had increased during the previous six months.

Most participants rated the quality of brown powdered heroin as '7' or '10,' white powdered heroin as '9' and black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The crime lab also reported the following substances as commonly used to cut heroin: diltiazem (high-blood pressure medication), lidocaine (local anesthetic) and noscapine (cough suppressant). Participants reported that a "bag" (1/10 gram) of heroin sold for $10; a "bundle" (8-12 bags) sold for between $75-120; 1/2 gram sold for between $50-80; a gram sold for between $110-160; 1/8 ounce, or "eight ball," sold for $325; a "finger" (7 to 10 grams) sold for between $500-1,000; an ounce sold for $2,000.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. Community professionals reported heroin use as common across all demographic categories, while noting that they encountered more White users in treatment facilities and jails.

Current Trends

Heroin remains highly available in the region. Participants most often reported overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While several types of heroin remain available in the region, participants continued to report the availability of brown powdered heroin as most available across both the east and west sides and within the City of Cleveland. Participants thought white powdered heroin to be slightly less available and black tar heroin to be even less available. A few participants had knowledge of black tar heroin. A participant said, "*I know a dude who was selling white [powdered] heroin, and another guy was getting tar [black tar heroin]. Some of it [black tar heroin] is clumped up like peanuts. There's some powder that's like a dark brown*."

In addition, participants reported that gray powdered heroin continues to be available, as well as "china" white heroin,

a very high quality powdered variant of the drug, which reportedly is somewhat scarce in the region. Generally, almost all participants continued to report heroin as easy or very easy to get. A participant reported, "*Yes, [heroin] it's easy to get. Walking down the street, they [heroin dealers] would ask me, 'are you looking [to buy heroin]?' How much easier can it get than that*?" Community professionals also most often reported heroin's current availability as '10.' Treatment providers cited a rise in the number of clients they treat for heroin addiction. They mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin these users often undergo.

Media outlets in the region reported on heroin use this reporting period. In September, The Plain Dealer reported that the number of deaths by heroin overdose in Cuyahoga County could reach a record number that would exceed the number of people killed by homicides in the county if the current trend of heroin overdose continued; as of mid-June 2012, there were 79 heroin overdose deaths compared to 107 for all of 2011 (www.cleveland.com, Sept. 26, 2012).

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants continued to cite many crack cocaine dealers as switching inventory to accommodate increasing demand for heroin. Street-level dealers and "dope boys" who sell small amounts to individuals on a first-come, first-served basis have traditionally supplied crack cocaine or marijuana. Today, street-level dealers actively seek new clientele and encourage their existing clients to switch to heroin.

Law enforcement noted that successful enforcement efforts have shifted the dynamics of the marketplace. An officer related, "*In the mid-2000s there was a crackdown … most law enforcement worked nights chasing crack. Now there's such a shortage of cocaine in this city right now, and the potency of heroin is so much greater. It's a business thing. If I can't sell milk anymore, I'm going to sell gas … same thing with crack and heroin. We really pounded those coke dealers for five years. That, and the pharmaceutical path to addiction, it's a natural progression that [the heroin explosion] was going to happen*." The BCI Richfield Crime Lab reported that the overall number of powdered heroin cases it processes has increased during the past six months, while Lake County Crime Lab reported a decrease in powdered heroin cases; both crime labs reported that the number of black tar heroin cases has remained the same.

Most participants generally rated the quality of brown powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) Quality of white powdered heroin was also rated '10,' while black tar heroin received a quality score of '5.' Participants reported that heroin is cut with dissolvable powders such as Similac® baby formula. In addition, participants continued to cite the occasional presence of fentanyl in heroin. Generally, participants reported that the quality of heroin has remained the same during the past six months. The BCI Richfield and Lake County crime labs reported that heroin is cut with diphenhydramine (antihistamine), lidocaine (local anesthetic), noscapine (cough suppressant) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants listed the following as other common street names: "dope," "H," "heron," "mantequilla/manteca/man (butter)," "Ronald," "smack," "son" (as in, "I'm looking for my son") and "tar." Note that among different users, "dope" generally refers to their specific drug of choice (usually heroin or crack cocaine). Participants reported that powdered heroin is available in different quantities, and it is less desirable for it to be sold in traditional balloons or bundles. Instead, heroin in the region most likely sells in small amounts in a wax paper or foil fold, and occasionally as a bundle of baggies, or more commonly, as a loose chunk scraped off a solidified block. A participant described, "*Loose is how I was getting it [heroin] recently. They broke it off and weighed it out right there*."

Reportedly, a "bag" (1/10 gram) sells for $10; a "bundle" (8-12 bags) sells for between $75-120; 1/2 gram sells for between $50-80; a gram sells for between $120-190. A law enforcement officer stated, "*[Heroin users] they're buying gram quantities in .5 gram or a gram. That's because it's cheaper now. They're not buying bundles or bricks. Used to be you pay $20 per bag, now it's so available, you make just as much selling grams as you do bags*." Several officers commented that suburban Whites are more likely to pay a premium for heroin obtained in the city. Participants reported pricing that is consistent with previous reports.

Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. Reportedly, users are able to obtain needles through pharmacies with relative ease by indicating they have diabetes or that they are getting needles for a relative. Participants reported

that some pharmacies require proof of a diabetic diagnosis prior to dispensing needles. Most participants were aware of disease transmission and did take precautions to obtain clean needles or "bleach" their used needles. However, all participants who discussed needles felt that when withdrawal symptoms become severe enough, concern about needles becomes secondary. Participants continued to report that those who are new to heroin would more likely snort the drug before progressing to intravenous injection.

A profile of a typical heroin user did not emerge from the data. Participants and community professionals continued to note that heroin is popular with all ages, races and socioeconomic levels. A law enforcement officer commented, "*We do low- and mid-level [drug] busts; I see a wide spectrum [of users for heroin] … young suburban White kids, middle-aged housewives, 40-50 year old users and sellers. I see a huge range. In two hours I might arrest a 21-year-old female, a 32-year-old male and a 65-year-old guy. Usually they have an area near the freeway where they grab their stuff and go. We get all kinds that way.*" Participants and community professionals were able to supply two specific observations about users. Heroin use spans all different ages, but many respondents felt heroin appeals more to younger people. A law enforcement officer said, "*We see the numbers changing. It's younger and younger. You used to have to be a hippie to use heroin, now it's high schoolers.*" A treatment provider reported, "*I am thinking about my clients [who use heroin], and they're younger. East, west, suburbs, it doesn't seem to matter.*" In addition, participants and community professionals reported that they do not tend to encounter many young Black heroin users. A law enforcement officer stated, "*With crack, we would come across young [Black] crack heads. I've yet to come across young, African-American heroin users. A big part of that is the pill [prescription opioid] issue: young White suburban kids will start with the pills. I don't know many African Americans that pop pills to get high, and that's why I don't recall many African Americans at all with heroin, as opposed to the White 19-22 year olds.*"

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics (benzodiazepines). A participant reported, "I would smoke it [heroin] with coke [powdered cocaine] or crack, sometimes together on a foil. That's 'chasing the dragon.'" "Speedball" (mixing heroin with cocaine) continues to be popular among heroin users. Participants made several statements about this practice: "Most of my dealers had both heroin and crack because they went hand in hand. Speedball is more popular now; Both young and old are doing the speedball … people in their 20s." Participants noted several additional reasons for combining other drugs with heroin: "*I used to smoke crack and use heroin to come down [from the stimulant high of cocaine]; I would do marijuana laced with heroin … that makes it [your high] last [longer].*"

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals also most often reported high overall availability of prescription opioids. Participants and community professionals continued to identify methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use.

Participants and law enforcement most often reported that the availability of prescription opioids had remained the same during the previous six months; treatment providers disagreed and reported decreased availability. The BCI Richfield Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Reportedly, many different types of prescription opioids were sold on the region's streets. While there were a few reported ways of consuming prescription opioids, the most common route of administration was oral consumption.

In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources for prescription opioids: friends, relatives, doctors, pain clinics and emergency rooms. Several participants noted the rise in thefts of these drugs. Law enforcement and participants again reported dealer connections to people in medical careers. Participants described typical illicit users of prescription opioids as from every socio-economic level, all ages and all races. However, all respondent groups mentioned increasing illicit use among younger users (15 years of age and older). Lastly, there was consensus among community professionals that prescription opioids provided a gateway to heroin use.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of

these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to identify Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use, with many new mentions of Dilaudid®. Prescription opioids remain highly available through friends, doctors, family members, dealers, to all ages (teenagers to seniors), races and locales. A participant reported, "*These pills [prescription opioids] are the easiest to get drugs around here*." Another participant noted that prescription opioids are traded commonly through friends and family, saying, "*Yes, you can get them. Somebody's mom, cousin or kid has some. And dope boys sell everything*."

Many prescription opioids have been "proofed," or made resistant to crushing, putting other non-proofed opioids at a premium. This has reportedly impacted availability and given momentum to the pill-to-heroin progression. A participant explained, "*After they [Purdue Pharma] proofed the OxyContin® OPs, everybody wanted Opana's® … and after the Opana's® were proofed, everyone wanted heroin … you spend $200 for a quick high on Opana® versus $20 for heroin*." Participants also report that doctors have become more cautious when prescribing these drugs. A participant said, "*When I was going to the doctor to get pills to sell them, they would give me Tramadol® instead of 'perc's' [Percocet®] and 'vic's' [Vicodin®]. They'll give you those in a heartbeat*."

Community professionals most often reported the current availability of prescription opioids as '7.' Community professionals also frequently cited the pill progression to heroin. A law enforcement officer stated, "*Pills are feeding the whole system. Kids and young adults think it's a legitimate drug, a pharmaceutical company made it, and it's not like heroin. They get started and there it goes—right to heroin*." Community professionals continued to identify Opana®, OxyContin® OP, Percocet® and Vicodin® as the most popular prescription opioids they encounter.

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In December, Solon Police (Cuyahoga County) arrested a Solon woman at a local pharmacy after it was determined that she was trying to fill a phony prescription for Percocet® (www.cleveland.com, Dec. 10, 2012).

Participants reported that the availability of prescription opioids has increased during the past six months, while treatment providers felt that availability has remained the same, and law enforcement felt that demand, and availability, has slightly increased. The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months, while Lake County Crime Lab reported decreased cases for Opana®, OxyContin®, Percocet® and Vicodin® and increased cases for Dilaudid® and fentanyl.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (aka "dilaula," "K4" and "la-la;" sells for between $40-60), fentanyl (sells for between $1-1.25 per milligram), methadone (aka "dones;"10 mg sells for between $3-7), Opana® (aka "stop signs;" sells for between $2-4 per milligram); OxyContin® OP (*new formulation*, aka "OP's;" sells for between $.15-.20 per milligram), Percocet® (aka "perc's" and "school buses;" 5 mg, aka "512s;" sells for between $4-5; 10 mg sells for between $8-9), Roxicet®(aka "blues" and "roxi's;" 30 mg sells for approximately $30) and Vicodin® (aka "V's" and "vikes;" 5 mg, aka "baby vikes," sells for approximately $4-5; 7.5 mg sells for between $4-6; 10 mg sells for between $6-10).

Many participants continued to describe pricing for these pills in terms of "premium" and "not-premium." Reportedly, premium pills sell for over $1 per milligram because they can be crushed, snorted or used as cutting agents, and prices are rising. Participants reported premium pills to include Dilaudid®, fentanyl, Opana® (crushable formulation) and Roxicet®.

While there were a few reported ways of consuming prescription opioids, the most common route of administration is snorting. Out of 10 prescription opioid abusers, participants reported that approximately three would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"), 4-5 would snort and 2-3 would inject the drugs. However, participants noted exceptions based on medication formulation (liquid, pill, wafer, mucosal irritant) and the nature of the drug's effect on the body. A participant explained, "*It [route of administration] depends on the pill. Vicodin®, perc's you take by mouth ... oxy's they shoot*." Another participant reported, "*I've had perc's crushed up in grape juice. That's called a 'PercDrink.' They do that on the south side*."

In addition to obtaining prescription opioids on the street from dealers, doctors and family, participants also reported

getting them from sophisticated pill dealer networks. Several participants with legitimate prescriptions had been approached by pill buyers. A participant stated, "*I'm not selling my script. I need them for my disability, but a couple of guys have come up to me to ask me how much I want for them. They say, 'I know you got pain pills.'*" A diversion specialist observed that this is just one facet of the complex pill networks that have recently developed. The officer said, "*Our investigations in the last year involve multiple people at different levels filling [fake scripts], stealing, writing or producing. There are defined jobs in these organizations. It used to be one person who went to a doctor. Now there's a person who steals, writes, handles people with insurance, drives them, gives out their cut, recruits people who have some type of insurance. It's the greatest drug game there is. You're getting your drug for free!*"

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants felt sale and use of prescription opioids is more heavily skewed towards females. Law enforcement officers felt typical illicit users to be Whites from 16 to 45 years of age and working class persons in a labor intensive field with a legitimate injury. Treatment providers described abusers of prescription opioids as someone with a legitimate injury, "younger" people and anyone looking to sell insurance-based medicine for extra income.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics. Participants often reported using sedative-hypnotics to enhance the effects of prescription opioids.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '7.' Participants reported Suboxone® to be available by prescription, through treatment centers, the Internet, drug dealers and friends who use heroin. Heroin users reported it was common to reserve Suboxone® for times when heroin could not be obtained.

Participants and community professionals most often reported that the availability of Suboxone® had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® 8 mg strips or tablets sold for between $10-20. The most common route of administration for Suboxone® was sublingual. Participants described the typical illicit Suboxone® user as heroin users trying to avoid heroin withdrawal symptoms.

Current Trends

Suboxone® remains highly available in the region. Participants and community professionals most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to report the drug to be easily available by prescription, through treatment centers, the Internet, or from dealers and friends who use heroin. According to several participants, the film/strip form of Suboxone® is typically taken as part of a treatment program or obtained by heroin users as a last resort when heroin cannot be found, and Subutex® or Suboxone® tablets are the more desirable form among illicit users because they can be crushed, snorted or injected. A participant observed, "*The 'sub' [Suboxone®] pills are rare ... If you're in a [treatment] program, you get the strips because they're numbered.*" Another participant said, "*If I wanted to get some sub, I would get them from a heroin addict who says they're recovering but wasn't recovering.*" A participant explained why pill forms are more desirable, saying, "*You can still use [opiates] when you're taking [Subutex® pills].*" A law enforcement officer commented, "T*here are so many people on a [Suboxone®] program. A user just asks another user to get it [Suboxone®].*"

Participants reported that the availability of Suboxone® has generally remained the same during the past six months; however, participants were divided on their opinions about a change in availability for Suboxone® and Subutex® tablets. A participant stated, "*Subutex® is getting easier to get on the streets.*" Another participant reported, "*[Suboxone®] strips are more prevalent. It used to be tabs [tablets], but people were snorting them. So, now it's all strips.*" Community professionals did not report on change in availability for Suboxone®. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® cases they process has increased during the past six months; Lake County Crime Lab also reported an increase in Subutex® cases.

The only street name reported for Suboxone® remains "subs." Participants indicated that Suboxone® 8 mg strips sells for between $10-15; Suboxone® and Subutex® tablets sell for $25. Out of 10 Suboxone® strip users, participants reported that approximately nine would take them sublingually as indicated and one would intravenously inject. Out of 10 Suboxone® tablet users, participants reported that approximately three would take them sublingually as indicated, four would snort and three would intravenously inject or smoke.

Suboxone® continues to be primarily acquired from doctors, friends and occasionally dealers who keep them to attract users to other inventory. A participant commented, "*My dealers always kept Suboxone® and weed [marijuana] to get you to come back*." Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained. Participants did not report use of other substances with Suboxone®.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals reported Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use; treatment providers also named Klonopin® as popular. Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months.

Reportedly, many different types of sedative-hypnotics were sold on the region's streets. While sedative-hypnotics reportedly were occasionally obtained on the street from dealers, participants continued to report primarily obtaining them from doctors, friends and family members, as well as from the Internet and from Mexico. The most common route of administration for sedative-hypnotics remained swallowing, followed by snorting. A profile of the typical illicit sedative-hypnotics user did not emerge from the data.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals continued to identify Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. A participant said, "*[Sedative-hypnotics] they're out there and easy to get*." A law enforcement officer stated, "*If you know the game, by 6:00 p.m. tonight, we'll have a prescription [for sedative-hypnotics] for you*."

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months, although a handful of participants felt these drugs are less attractive compared to other, more potent drugs. A participant commented, "*I don't think people would want these [sedative-hypnotics]. They want to be high*!" The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, while Lake County Crime Lab reported that the number of cases it processes generally remained the same with the exception of increased cases for Klonopin® and Xanax®.

Reportedly, many different types of sedative-hypnotics (aka, "benzo's" and "downers") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users: Ambien®, Klonopin®, Valium® and Xanax® (aka "busses," "footballs" and "xani's"). Participants reported that all sedative-hypnotics typically sell for between $2-5 per pill.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration remains oral consumption. In terms of alternative routes of administration, reportedly, Xanax® is more commonly injected than other sedative-hypnotics. Participants reported primarily obtaining these drugs from doctors, friends and family, while reporting that dealers do not typically carry sedative-hypnotics.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as, "*anyone who has a doctor to*

give them to you." Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack cocaine, heroin and marijuana. A participant reported, "*A lot of people smoking crack don't like the feeling of the comedown [from the stimulant high], so they use these pills [sedative-hypnotics] with crack.*" Sedative-hypnotics are also partnered with heroin and prescription opioids to enhance the opiate effect.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants most often reported that the overall availability of marijuana had remained the same, while the availability of high-grade marijuana had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes had remained the same during the previous six months.

Participant ratings on the quality of marijuana ranged from '5' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality depended upon whether the user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported that commercial-grade marijuana was the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for $5; 1/8 ounce sold for between $15-20; 1/4 ounce sold for $25; an ounce sold for between $90-100. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between $10-20; 1/8 ounce sold for between $40-60; 1/4 ounce sold for between $100-125; an ounce sold for between $250-350.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Marijuana remains, by far, the most easily-obtained illegal drug in the region, available to every socioeconomic tier, east side, west side, rural and suburban. A participant stated, "*You can get it [marijuana] quicker than any other drug.*" The bifurcation of the drug into two distinct categories continues to deepen: high-grade and commercial-grade marijuana. Nearly every participant supplied a current availability score of '10' for both kinds. Although marijuana was not included as part of detailed discussions with community professionals, a law enforcement officer said, "*[Marijuana] it's probably the most widespread of all the drugs, but we don't have the deaths connected to the drug like we do with heroin and pharmaceuticals. But, there is violence connected to the sales of it.*"

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In November, Cleveland Police confiscated 100 marijuana plants from an unoccupied warehouse a half mile east of FBI headquarters downtown (www.cleveland.com, Nov. 13, 2012). In December, Ohio State Highway Patrol arrested a Wisconsin man after finding 30 pounds of gift-wrapped hydroponic marijuana during a traffic stop on the Ohio Turnpike in Lorain County (www.cleveland.com, Dec. 14, 2012). In January, Ohio State Highway Patrol arrested a Maryland man for possession of marijuana and drug trafficking after a traffic stop on the Ohio Turnpike in Lorain County (www.nbci4.com, Jan. 29, 2013).

Participants reported that the availability of marijuana has increased during the past six months. A participant stated, "*[Marijuana] it's plentiful right now because it's the end of the growing season.*" Law enforcement reported that availability has remained the same, while treatment providers did not report on change in availability for marijuana. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months, while Lake County Crime Lab reported a decreased number.

Most participants rated the quality of commercial-grade marijuana as '3' and the quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Higher grade is preferred. A law enforcement officer stated, "*You have a lot of [marijuana] grow operations now instead of shipping it in. We see tons of those with the hydroponics.*" Additionally, many users discussed an increasing trend with marijuana additives. Additives are often synthetic cannabinoids or artificial flavors that enhance the potency, add fruit flavors or disguise low quality marijuana. A participant commented, "*People are spraying chemicals*

on it [marijuana] just like tobacco like with flavors." Another participant related, "I *saw the spray synthetic. We got this stuff with seeds in it and it didn't smell like 'dro' [hydroponic marijuana], but my boyfriend sprayed this stuff, and when you smoked it, it tasted like 'dro.' He bought this stuff from [a head shop] and sold [the enhanced marijuana] for $20 per gram. He called it 'loud.'*"

Current street jargon includes countless names for marijuana, with "kush," "loud" and "hydro" most commonly mentioned. Consumers listed the following as common street names for high-grade marijuana: "bubble gum," "dro/hydro," "green crack" (does not contain crack cocaine), "incredible hulk," "monkey paw," "northern light," "nuggs," "purp" and "purple haze." Continuing with previously reported trends, fruity-flavored marijuana is popular, as is branding with creative names to help to popularize certain strains. "Loud" is used as both a noun and an adjective. Consumers listed the following as common street names for commercial-grade marijuana: "merch," "merchandise," "reggie" and "regular."

Two tiers of standard pricing correspond with the two grades of marijuana. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for $5; 1/8 ounce sells for between $15-20; 1/4 ounce sells for $25; 1/2 ounce sells for $50; an ounce sells for about $100. High-grade or hydroponically grown marijuana continues to sell for significantly more: a blunt or two joints sell for between $10-20; all other pricing is roughly two to three times commercial-grade pricing.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants reported 100 percent preference for the smoking of marijuana, but they mentioned the drug is ingested in foods like brownies, butters or "weed cakes." Users also mentioned administration with bongs and nebulizers. Some participants had experience with marijuana pills, but as one participant said, "*The pills take all the enjoyment out of smoking it [marijuana].*"

A profile for a typical marijuana user did not emerge from the data, as participants most often continued to describe typical users of marijuana as everyone. There was consensus among participants that marijuana is consumed by every age group, socioeconomic group, race and gender across all sectors of the region. A treatment provider said, "*I think there's a real shift in thinking. Users say, 'Why is there a problem with marijuana?' It's one of the hardest addiction cases to work with because they don't see it as a problem. States are legalizing it.*" Marijuana, reportedly, is used in combination with alcohol, crack and powdered cocaine, other grades of marijuana, PCP (phencyclidine) and sedative-hypnotics.

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine remained highly available within the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); however, community professionals most often reported availability as '3.' Participants most often reported that the availability of methamphetamine had increased during the previous six months, while community professionals reported that availability had remained the same. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months, and suggested that the "one-pot" method of methamphetamine production was becoming more popular.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/10 gram of methamphetamine sold for $30; 1/4 gram sold for between $40-60; a gram sold for between $100-150; 1/8 ounce, or "eight ball," sold for between $450-500. The most common routes of administration for methamphetamine remained snorting and smoking. A profile of the typical methamphetamine user did not emerge from the data. However, participants reported that typical methamphetamine users were gay males and motorcyclists.

Current Trends

Methamphetamine remains highly available in the region. Participants with experience buying methamphetamine most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). However, participants reported that the availability of methamphetamine fluctuates, and that the region is currently experiencing a period of high availability. Participants attributed high availability to the ease of the "one-pot" method of production,

with increased production in nearby Akron. The "one-pot" or "shake-and-bake" method uses common household chemicals, along with ammonium nitrate found in cold packs, and pseudoephedrine, typically found in some allergy medications; drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. Participant comments on current availability included: "*For users, those that know about it, [methamphetamine] availability is high. It's sold in certain circles. In Akron, I see it all the time; It's getting popular in Akron. It looks like rock salt. It's much cheaper than crack, and it lasts longer … and you use less of it. It's out there, and it's coming this way. The guys that sell crack cocaine are selling meth [methamphetamine], and it's easy for them to get because it's a homemade product; In Akron [methamphetamine use] it's really bad. You can cook it more easily in the country*."

Community professionals most often reported the current availability of methamphetamine as '6.' A law enforcement officer observed, "*For years you could never find it [methamphetamine] in Cuyahoga County. It was mainly [found in] Summit [County], Ashtabula … rural areas. We would do two or three busts every year. We've had six this year.*" Another officer said, "*If you go to the right neighborhood, [methamphetamine] it's highly available … White suburban places, and it goes hand in hand with the diversion of other pills.*" As to why availability ebbs and flows, and why the drug is not widespread evenly across the city, an officer explained: "*[Methamphetamine production] it's mostly personal use, not shipped in. We see smurfing [users trading raw ingredients for finished product], but if it was moving in wholesale, it would be the same cartels that move cocaine …the meth place we've encountered was not producing it in huge quantities. You've got to wait for them to put it together. They're not sitting around with ounces and ounces of it like crack.*" Treatment providers have not experienced an uptick in methamphetamine abuse among their clientele.

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In December, Cleveland Police arrested four people on the city's west side after discovering components of a methamphetamine lab in a residence while serving an arrest warrant (www.clevleand.com, Dec. 7, 2012).

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months, whereas treatment providers felt availability has remained the same. A participant said, "*[Methamphetamine] it's coming back. I've seen it where it looks like rock candy, and I've heard about them using Adderall® to make it, too.*" The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has remained the same.

One participant rated the quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants sampled for this report were primarily city dwellers who did not have first-hand experience with methamphetamine. Current street jargon included several names for methamphetamine. The most commonly cited names remain "crank" and "ice." Only one participant had experience buying methamphetamine, reporting that 1/2 gram sells for $20. While there were several reported ways of using methamphetamine, the most common route of administration is smoking. A participant reported, "*I've seen a few guys smoke it [methamphetamine], and I worry about it here in Cleveland because the price of crack is going up … and it'll be a mess if it comes here. Twenty dollars of meth lasts you all day.*"

A profile for a typical methamphetamine user did not emerge from the data. Participants supplied their perceptions about who uses the drug including several groups of Whites: "younger," rural, gay male and motorcycle gang members. A participant commented, "*[Methamphetamine] it's a White man's drug. You're not going to go to West 25th [Street in Cleveland] and get some meth.*" Law enforcement and treatment professionals agreed. Law enforcement said about methamphetamine users: "*You can get it [methamphetamine] in gay bars … It's there, but we don't see them because it's hard to infiltrate. That rave scene, the club scene, you can't just show up there; Meth and African Americans don't go together; They are selling to a very select clientele. You're not infiltrating the Hell's Angels with a street level user to get meth.*"

Reportedly, methamphetamine is used in combination with marijuana and prescription stimulants. A participant said, "*They use marijuana with it [methamphetamine] … to boost it [enhance the high].*"

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale

of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '9.' Participants continued to report Adderall®, Concerta® and Vyvanse® as most popular in terms of illicit use. The BCI Richfield Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Reportedly, prescription stimulants sold for between $2-5 per pill, with Vyvanse® selling for as high as $7 per pill. According to participants, these drugs continued to be obtained from friends and family. While there were a few reported ways of abusing prescription stimulants, the most common route of administration remained snorting. Participants and community professionals described prescription stimulants abuse as more common among young people, particularly high school and college students.

Current Trends

Prescription stimulants remain highly available in the region, particularly Adderall®. While other drugs such as Concerta® and Vyvanse® were mentioned by name in the previous report, participants of this data collection cycle had very limited knowledge of these drugs. Participants and law enforcement most often reported the general availability of prescription stimulants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

These drugs remain highly available by prescription and from friends and family; reportedly, they are not typically available through street dealers. Participants said, "*You can get them [stimulants] prescribed; Adderall® isn't in the street*." A law enforcement officer stated, "*I'm not coming across it [prescription stimulants] because the majority of clients who are using it aren't breaking the law. But, it's readily available in high school and college*." Law enforcement reported that the availability of prescription stimulants has increased during the past six months. A law enforcement diversion specialist made several observations about availability, saying, "*If you want it [prescription stimulants], I will get it for you. If you're plugged in, it's extremely available. It's crack in a pill … I'm seeing a large increase in abuse of stimulants … ADHD drugs … Adderall®, Vyvanse®, Focalin®. And also, I see pill abusers are doing opiates and they're doing Adderall®. Used to be they did one or the other, but now they do both. They're doing that combination*."

Participants and treatment providers did not report on change in availability for prescription stimulants. The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Ritalin® and Focalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months with the exception of a decreased number of Ritalin® cases; Lake County Crime Lab reported a decreased number of cases for Adderall® and Ritalin®.

No slang terms or common street names were reported for prescription stimulants. Participants were unable to report pricing or administration routes. A profile for a typical prescription stimulants user emerged from the data: law enforcement and participants continued to think college and high school students as most likely to abuse these drugs. A participant said, "*I hit up the high schoolers to get this stuff [prescription stimulants]*." A law enforcement officer reported a mom taking her child to six different doctors to get these pills [prescription stimulants. A participant reported, "*Whoever's a meth addict, they're the ones looking for these [prescription stimulants]*." Reportedly, prescription stimulants are used in combination with prescription opioids to enhance the high of prescription opioids.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) were moderately available in the region, despite the ban of their sale in October 2011. Participants and law enforcement most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, these synthetic chemicals were available from the some of the same convenience stores and smoke shops that sold bath salts previously before their ban went into effect.

Participants and law enforcement both reported that bath salts producers had adapted to the ban by changing labels and formulations. Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participant ratings on the quality of bath salts ranged from '4' to '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a small jar (quantity uncertain) of bath salts sold for between $30-40. The most common route of administration for bath salts remained snorting. A profile for a typical bath salts user did not emerge from the data, except for observations that use continued to appeal to users less than 30 years of age.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. However, participants did not have enough familiarity with the drug to provide availability scoring. Law enforcement officers most often reported the current availability of bath salts as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Reportedly, despite 2011 legislation that banned the sale of these synthetic chemicals, packaged products continue to be available from some of the same convenience stores and smoke shops that sold bath salts previously. They are now "behind the counter," and available only to known users. A participant explained, "*You can find them [bath salts] in the [convenience] stores. It's very available*." Another participant said, "*You'll see it [bath salts], and you can get some, but you have to ask*." Law enforcement officers agreed, with one saying, "*It [bath salts] is readily available. You need a pedigree. You can't just walk in to a joint. If they don't know you, they're not selling*." Another officer summarized availability as, "*When it [bath salts] was first out there, it was a '10' [extremely easy to get], and it's down now … but, it's out there*."

Media outlets in the region reported on bath salts this reporting period. In December, The Plain Dealer reported Ohio Attorney General Mike DeWine as naming bath salts as an emerging drug and a growing problem in Ohio; DeWine stated that the Attorney General's Office will target bath salts in its ongoing fight against drugs (www.cleveland.com, Dec. 7, 2012).

Treatment providers said they did not often encounter clients who report bath salts use, but they may have seen a few more cases during the past 12 months. A treatment provider reported, "*We haven't had very many [clients] where [bath salts] that's their primary drug of choice*." Another treatment provider said, "*I hear that the effects are not pleasant, so a lot of my clients are staying clear [of bath salts]*." The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of bath salts cases. Participants were unable to supply quality, pricing or administration information for bath salts. A profile for a typical bath salts user did not emerge from the data. However, a treatment provider stated, "*No older people and bath salts ... Not one person over 30 years of age reporting use of this*."

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained highly available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '5.'

Reportedly, synthetic marijuana was still widely available from head shops, and less so at convenience stores and independent gas stations. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The crime lab also reported that new chemical analogues to synthetic marijuana emerged monthly.

Participants with knowledge of the drug reported the overall quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of synthetic marijuana sold for between $1.50-3; 3.5 grams sold for as much as $40. Participants and law enforcement reported the typical synthetic marijuana user as young, White and in high school.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants described this drug's high availability from convenience stores and head shops: "*You can get it [synthetic marijuana] at head shops. But, I went to the head shop in Elyria [Lorain County], and they said they didn't know it … then after a couple times, they would sell it*

to me; They have to know you at the gas station [in order to sell you synthetic marijuana]. If you talk a couple times to the attendant, you can get it. You have to ask for potpourri." A law enforcement officer said, "*It's the same thing as bath salts … you've got to know how to ask for it [synthetic marijuana] or you'll never get it.*" Participants and treatment providers continued to note the drug's appeal for users who are routinely screened for marijuana.

Participants were split as to a change in availability for synthetic marijuana during the past six months. Some participants felt that availability has decreased because users have to know where to go for the drug and they must use specific code words to obtain it; other participants felt availability had remained the same; community professionals did not report on change in availability for synthetic marijuana. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of synthetic marijuana cases.

Participants were able to supply anecdotal information about the quality of synthetic marijuana, reporting that it is generally good, but that it is less reliably good than it used to be. A participant reported, "*My friend was addicted to marijuana, got a felony, and he started using Spice. He was so addicted to it [that] he was doing the same stuff [that] I was doing to get heroin. A lot of his friends smoke that now because they say it's better than weed.*"

Participants reported that the drug is often marketed as potpourri and cited the following brands as available: "Arabic Incense," "Happy Thing," "K2," "K3," "Mad Hatter" and "Mr. Smiley." Participants reported that the products are either sold in a jar or foil baggie and, "looks like a store product." Pricing varies, but participants reported pricing as low as $1.50 and as high as $5 per gram. The only administration route reported was smoking.

Participants described typical users of synthetic marijuana as being either 1) young and without connections or resources to obtain real marijuana, or 2) users who wish to avoid the negative sanctions of a positive marijuana test. A treatment provider reported, "*Young people, and people who are trying to avoid getting caught use this [synthetic marijuana]. Other people want the good stuff [marijuana] and don't want to waste their money [on synthetic marijuana].*" Participants reported no other substances used in combination with synthetic marijuana.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '3.'

A few participants felt that the purest form of Ecstasy (aka "Molly") was becoming more available as knowledge about the drug grew. In fact, the two forms of Ecstasy were often discussed interchangeably; indicating where there was one, there was the other. Participants and law enforcement most often reported that the availability of Ecstasy had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months.

Participants most often reported the overall quality of Ecstasy as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a single Ecstasy tablet sold for between $5-10; a triple stack (high dose) sold for $25. The most common route of administration for Ecstasy remained oral consumption. Participants reiterated Ecstasy's status as a club drug used by "younger" people.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '9.' A participant commented that dealers often carry Ecstasy: "*Dope boys [drug dealers] carry it [Ecstasy] because they're the ones that do it.*" Another participant noted that availability for Ecstasy is higher during the summer when more outdoor shows occur. Law enforcement also reported availability of "Molly," a pure powdered form of MDMA, most often reporting its availability as '2' or '4.' A treatment provider commented, "*[Ecstasy] it's one of those media drugs you hear about. Even rappers are starting to sing about it … like it's weed.*"

Media outlets in the region reported on seizures and arrests this reporting period involving Ecstasy. In October, Berea Police (Cuyahoga County) arrested three university students after their off-campus home was raided and police found a lab for making Ecstasy; police also found psychedelic mushrooms and significant evidence of marijuana use in the home (www.19actionnews.com, Oct. 19, 2012).

Participants reported that the availability of Ecstasy has slightly decreased during the past six months. Community professionals did not report on change in availability for Ecstasy. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has remained the same. Quality remains difficult for users to predict. A participant stated, "*There have been times when it [Ecstasy quality] was like aspirin and other times it was good.*"

Current street jargon includes only a few names for Ecstasy. The most commonly cited names were "Molly," "skittles" and "X." Molly is typically sold as a yellowish loose powder, and Ecstasy in tablet form is sold as small colored pills featuring logos or images. Participants reported a "single stack" (low dose) Ecstasy tablet sells for between $2-5; a "double stack" or "triple stack" (higher doses) sell for between $10-15. According to participants, these drugs are obtained from friends and dealers, often via a phone call or at nightclubs. Higher pricing can be expected at events or at nightclubs. While there are few reported ways of administering Ecstasy, the most common route of administration remains oral consumption.

A profile for a typical Ecstasy user did not emerge from the data. However, participants felt that this drug is favored by younger users, both Black and White. They also noted its prevalence in nightclubs and its use as an aphrodisiac. A participant stated, "You take this drug [Ecstasy] with alcohol and sex." Community providers agreed, with more specificity. A law enforcement officer reported, "*The White kids take it [Ecstasy] because they like to look at the lights and dance and get goofy. The east side [Black] guys take it because they think they're champs in the sack.*" Another officer observed, "*[Ecstasy] it's for African Americans and White kids …*"

Reportedly, Ecstasy is used in combination with alcohol and marijuana. A participant explained, "*[Ecstasy] it's a bar drug and that's why it goes with alcohol.*"

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [DMT (dimethyltryptamine) and PCP (phencyclidine)] and prescription cold and cough medications. Participants did not rate the availability of DMT, as most participants did not have personal experience with the drug. The BCI Richfield Crime Lab reported that the number of DMT cases it processes had increased during the previous six months. A participant with knowledge of DMT rated its quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of DMT sold for between $90-120. The most common routes of administration for DMT were smoking and snorting.

Participants most often reported the availability of PCP as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The BCI Richfield Crime Lab reported that the number of PCP cases it processes had decreased during the previous six months. Participants most often rated the quality of PCP as '10.' Reportedly, liquid PCP was still commonly sold on a per-dip basis. The crystalline powdered form was reported to be very rare. Participants reported that one dip of a cigarette sold for between $10-20. The most common route of administration for PCP was smoking.

In regards to other hallucinogens, The BCI Richfield Crime Lab also reported that the number of cases it processes involving psilocybin mushrooms had remained the same, while the numbers of cases for LSD and salvia divinorum had decreased during the previous six months.

In the previous reporting period, prescription cold and cough medications were highly available to some participants in the region, and somewhat available to others. Participants most often reported the availability of these drugs as '3.' Participants reported that prescription cough and cold medicines sold for between $10-20 per dose, or $100 for a "big bottle." The most common route of administration for prescription cough and cold medications was oral consumption. Participants and law enforcement described the typical prescription cough medicine abuser as young and African American.

Current Trends

Participants and community professionals discussed one other drug as remaining present in the region, but this drug was not mentioned by the majority of people interviewed. A few participants reported use of PCP (phencyclidine), which is rarely available in the region outside of one area of Cleveland. The few participants with knowledge of PCP rated its current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

As with the last reporting period, most participants reported obtaining PCP (aka, "embalming fluid," "sheep," "sherm," "water," "wet" or "woo") from an area referred to as "water world" on Cleveland's east side. A participant said, "*Out here [on the west side] it's harder to get [PCP] within the last six months*." Another participant said, "*No, [PCP] it's not easy to get*." However, community professionals felt the drug is more highly available; they most often reported availability as '10.' A treatment provider stated, "*Where I'm from on the east side of Cleveland, in water world, there is somebody on the corner and you just pick it [PCP] up. It's always there … you just have to know who to call." Another treatment provider said, "I've heard more about this [PCP] in the last year than in all the other years I've been here. I'm not sure what that's about*." A treatment provider hypothesized why they have seen more clients using this drug recently, saying, "*[The increase in PCP use] could be related to increased marijuana use. Ten years ago they used to dip cigarettes [in PCP], now they dip marijuana*."

The BCI Richfield Crime Lab reported that the number of PCP cases it processes has decreased during the past six months. Liquid PCP is still commonly sold on a per dip basis. The crystalline powdered form was not reported. A treatment provider reported, "*You don't hear about it [PCP] as dust, it's always wet [liquid]*."

Pricing remains consistent with the previous reporting period: one dip of a cigarette costs between $10-20. Participants could not supply a quality score for PCP. The most common route of administration remains smoking. A participant explained, "*You dip your cigarette in it [PCP], put it in freezer for an hour, then pull it out and smoke it.*" PCP is most commonly used with alcohol, marijuana and tobacco.

In regards to other hallucinogens, The BCI Richfield Crime Lab also reported that the number of cases it processes involving psilocybin mushrooms had remained the same, while the numbers of cases for LSD and salvia divinorum had decreased during the previous six months.

Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region. Changes in availability during the past six months include: likely increased availability for heroin and methamphetamine; and likely decreased availability for powdered cocaine.

While several types of heroin remain available in the region, participants continued to report the availability of brown powdered heroin as most available across both the east and west sides and within the City of Cleveland. Treatment providers cited a rise in the number of clients they treat
with heroin addiction. They mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin these users often undergo. The BCI Richfield Crime Lab reported that the overall number of powdered heroin cases it processes has increased during the past six months. Heroin use spans all different ages, but many respondents felt heroin appeals more to younger people, including "high schoolers." In addition, participants and community professionals reported that they do not tend to encounter many young African-American heroin users.

Participants reported that the availability of methamphetamine fluctuates, and that the region is currently experiencing a period of high availability. Participants attributed current high availability to the ease of the "one-pot" method of production, with increased production in nearby Akron. Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants and law enforcement supplied their perceptions about who uses the drug including several groups of Whites: "younger," rural, gay male and motorcycle gang members.

Despite the high ranking most commonly reported by participants, participants reiterated that the availability of powdered cocaine varies greatly, depending on a user's relative closeness to a mid- to high-level supplier; participants most often rated general street availability of

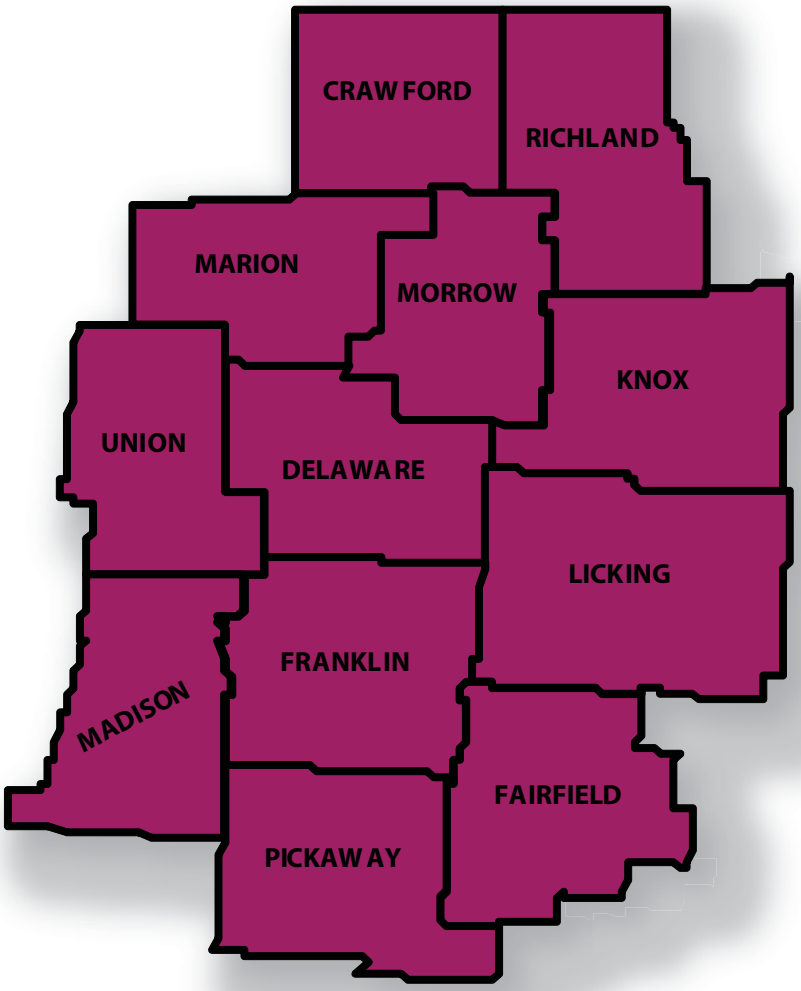
powdered cocaine as moderate. Participants reported that the availability of powdered cocaine has slightly decreased during the past six months, attributing this decrease to dealers not releasing the drug in powdered form, but rather using it to manufacture crack cocaine to maximize profits. Participants also reported that police activity has influenced current availability. Law enforcement corroborated participants' views on decreased availability of powdered cocaine during the past six months, citing recent large scale police busts involving the drug. Participants and community professionals described typical users of powdered cocaine to include crack cocaine users who "rock up" powdered cocaine, "younger" users and intravenous injectors who pair powdered cocaine with heroin for injection. No participant indicated powdered cocaine as a primary drug of choice.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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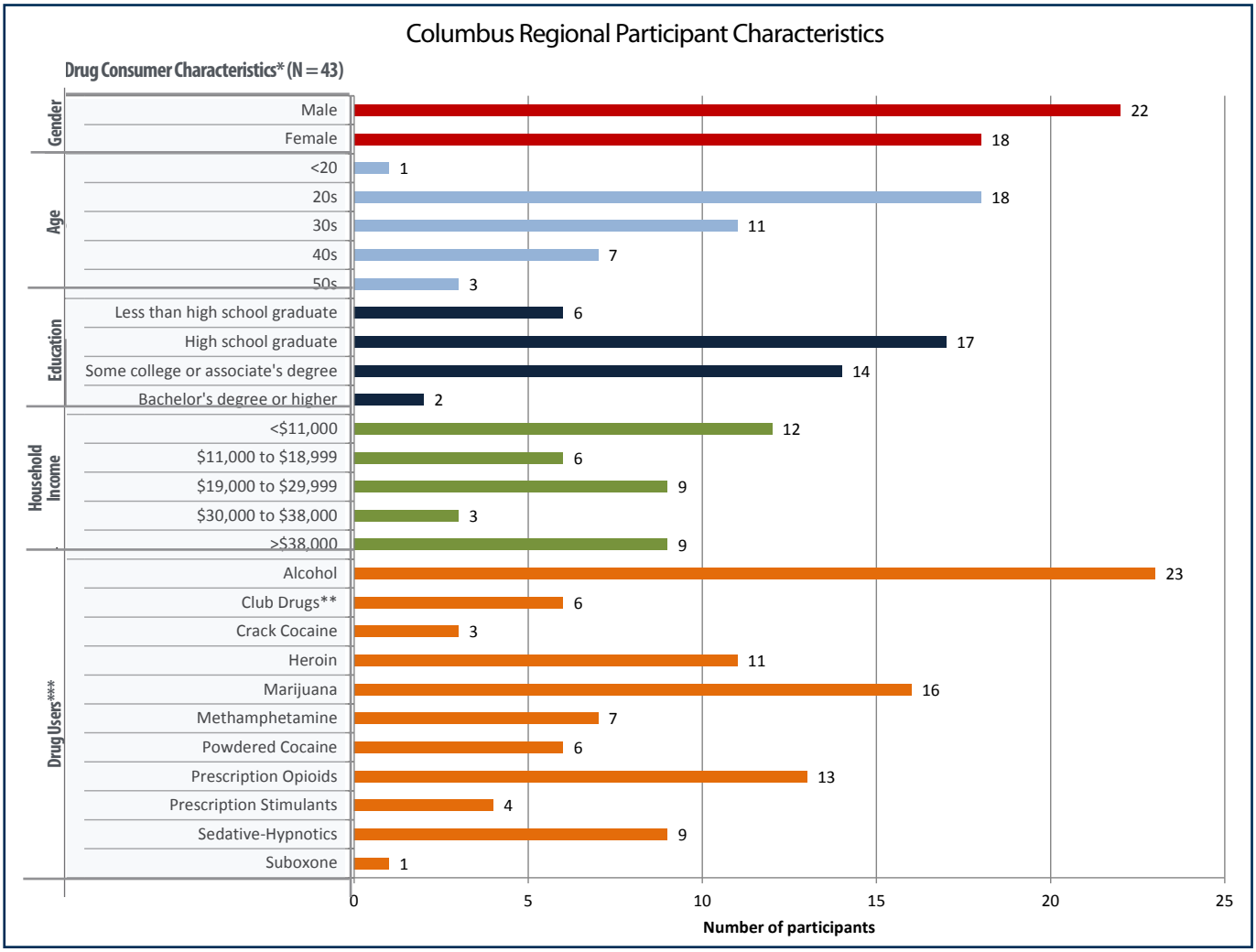
Indicator[1]	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	40
Gender (female), 2010	51.2%	50.7%	45.0%
Whites, 2010	81.1%	78.0%	87.5%
African Americans, 2010	12.0%	13.4%	7.5%
Hispanic or Latino origin, 2010	3.1%	3.3%	7.7%
High School Graduation rate, 2010	84.3%	77.0%	84.6%[2]
Median Household Income, 2011	$45,803	$53,213	$19,000-$21,999[3]
Persons Below Poverty Level, 2011	16.3%	13.6%	37.5%[4]

[1]Ohio and Columbus statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Graduation status was unable to be determined for 1 participant due to missing data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.
[4]Poverty status was unable to be determined for 1 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin and Licking counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as to data surveyed from law enforcement agencies in Crawford, Morrow and Richland counties and the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers and law enforcement most often reported availability as '8.' Participants most often reported that the availability of powdered cocaine had decreased during the previous six months; treatment providers reported that availability had increased, while law enforcement officers felt that availability had remained the same. Columbus Police Crime Lab reported that the number of powdered cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Columbus Police Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, levamisole (livestock dewormer) and local anesthetics (lidocaine and procaine). Participants reported that a gram of powdered cocaine sold for between $40-60; 1/8 ounce, or "eight ball," sold for between $100-150; an ounce sold for between $1,100-1,500. The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection and smoking.

A profile for a typical powdered cocaine user did not emerge from the data. Participants generally stated that powdered cocaine use did not vary by race or age; however, participants commented that the typical user of powdered cocaine was from the upper-middle class. Treatment providers and law enforcement officers both reported an increase in powdered cocaine use among younger, college-aged individuals.

Current Trends

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants agreed that powdered cocaine is close at hand, "*probably one phone call away*." Law enforcement most often reported current availability of powdered cocaine as '8,' while treatment providers, hospital staff and children's services staff most often reported lower availability. A Franklin County detective reported, "*You can go into just about any bar, and there'll be someone in there that can get you powder [powdered cocaine]*."

Media outlets in the region reported on cocaine seizures and arrests this reporting period. In November, the Franklin County Sheriff's Office issued 42 arrest warrants for individuals involved in direct hand-to-hand drug buys; these individuals were wanted for possession and/or trafficking in bath salts, cocaine, heroin, marijuana and/or prescription opioids (www.10tv.com, Nov. 1, 2012).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants shared their views on decreased availability of powdered cocaine in the region: "*I don't hear about it as much anymore; I think it's a little harder to get coke [powdered cocaine]*." Law enforcement as well as treatment providers suggested that availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab

reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Although there were a variety of responses as to the current quality of powdered cocaine in the region, the majority of participants suggested low quality, rating current quality as between '2' and '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with aspirin, baby laxative, baking soda, bath salts, coffee creamer, cold medicine (Coricidin® D), ether, flour, local anesthetics (lidocaine and procaine), mannitol (diuretic), Similac®, vitamins (often B-12) and cutting agents found at head shops ("Miami Ice," "Mother of Pearl"). The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars. Participants reported that the quality of powdered cocaine has decreased during the past six months.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "soft" and "white." Participants listed the following as other common street names: "Becky," "blow," "booger sugar," "coke," "Connie," "girl," "let's go skiing," "nose," "nose candy," "powder," "pow-wow," "snow," "undone," "white girl" and "ya-yo." Participants explained some of these names: "*'Undone's for coke [powdered cocaine]. 'Done' is for crack [cocaine]. 'Undone' means it hasn't been cooked up. It's 'not done' … like when you cook [powdered cocaine into crack cocaine], it's done; We called it [powdered cocaine] 'Becky,' because when we were in bars and clubs, we would say, 'is Becky around?' … meaning coke, so that way it wasn't obvious we were talking about drugs.*"

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for between $40-50, depending on the quality; 1/16 ounce, or "teener," sells for between $60-80; 1/8 ounce, or "eight ball," sells for between $120-200; a kilo sells for $30,000.

Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately 7-9 would snort, 1-3 would intravenously inject or "shoot," and a small minority would smoke the drug (aka "*chasin' the dragon*," "*freebasing*"). Additionally, other participants mentioned oral consumption: putting powdered cocaine in toilet paper and swallowing ("parachuting") and rubbing powdered cocaine on one's gums.

Participants described typical users of powdered cocaine as being of higher socio-economic status, often professionals or young wealthier individuals, and often White. Also, participants noted that powdered cocaine use is popular among drug dealers. Law enforcement and treatment providers identified typical users of powdered cocaine as often employed with higher socio-economic status, around 30 years of age, White, as well as incarcerated individuals and drug dealers. Treatment providers reported hearing more about powdered cocaine use in clients' using histories rather than current, regular use of the drug.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, LSD (lysergic acid diethylamide), marijuana, methamphetamine, prescription opioids, prescription stimulants and sedative-hypnotics (Xanax®). Participants reported that powdered cocaine combined with alcohol use allows a user to keep going, stay up longer to use more drugs. Marijuana and sedative-hypnotics help users to come down from the stimulant high of cocaine. A participant stated, "*I would smoke [marijuana] to come down [from the cocaine high], and I'd eat some Xanax® to go to sleep.*" Additionally, participants reported intravenous injection of powdered cocaine with heroin and other prescription opiates (OxyContin®) as, "*speedballing,*" experience of highs followed by lows.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers most often reported that the availability of crack cocaine had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of crack cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Columbus Police Crime Lab cited levamisole (livestock dewormer) as most commonly used to cut crack cocaine. Participants reported that a "crumb" (small piece) of crack cocaine sold for between $5-10; a gram sold for between $50-65; 1/16 ounce, or "teener," sold for $60; 1/8 ounce, or "eight ball," sold for between $80-100. The most common route of administration for crack cocaine remained smoking,

followed by intravenous injection. A profile for a typical crack cocaine user did not emerge from the data. Participants generally described users as, "everyone". Treatment providers and law enforcement officers alike reported an increase in crack cocaine use among females in their 20's and 30's.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants commented, "*[Availability of crack cocaine is] off the charts; You can go anywhere … corner stores, you know, like anywhere … running down the street, like, 'hey! You good' [need crack cocaine]? [Dealers] they're like, 'come on over.'*" A participant reported delivery of crack cocaine to her home: "*For crack [cocaine], all I gotta do is make a phone call, and [dealers] they'll bring it to my house.*" Law enforcement and treatment providers most often reported the current availability of crack cocaine as '6' and '9' respectively. A law enforcement officer stated, "*More often than not, when we buy crack, we're going into the City of Columbus or somebody from the City of Columbus is bringing it to us … [crack cocaine] it's a phone call away.*"

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baking soda, cutting agents from head shops ("Miami Ice") as well as vitamins. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock". Participants listed the following as other common street names: "butter," "cookies," "done," "hard stuff," "softball," "stuff" and "work." Participants also explained that they do not necessarily use a street name when asking for crack cocaine; they use questions like, "Yo! You got any? Got some pebble? You got any gravel? Is the cook around?" A participant explained, "*We used to say, 'is the cook around?' 'cuz you had to cook it [crack cocaine].*"

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram sells for $10; a gram of crack cocaine sells for $75-100; 1/8 ounce, or "eight ball," sells for $100-125; 1/4 ounce sells for $200; an ounce sells for $500.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking, followed by intravenous injection. Out of 10 crack cocaine users, participants reported that approximately 7-9 would smoke, and 1-3 would intravenously inject the drug.

Participants described typical users as of lower socio-economic status, African American, often homeless and often involved in prostitution. Community professionals described typical users of crack cocaine as of mid- to lower socio-economic level, often unemployed, residing in an urban or inner city location and often involved in prostitution.

Reportedly, crack cocaine is used in combination with alcohol, heroin ("speedball"), prescription opioids and sedative-hypnotics (Xanax®). A participant explained the use combinations with prescription opioids and sedative-hypnotics as follows, "*… a lot of people I know usually either smoke crack or snort coke all night long until their money's gone … make sure that they have some downers to come down on … like benzo's [benzodiazepines], Xanax® or even Percocet®.*"

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that the availability of heroin had increased during the previous six months. In contrast, community professionals reported that availability had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of heroin cases it processes had increased slightly during the previous six months.

Most participants rated the quality of heroin as '6' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high

quality). The BCI London Crime Lab cited diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that a "bag" of heroin sold for between $10-15; 15 balloons (1/10 gram per balloon) sold for $100; 1/8 ounce, or "eight ball," sold for $300; an ounce sold for between $1,000-1,200.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. However, treatment providers reported an increase in heroin use among "younger" individuals.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. A participant stated, "*You got white china [white powdered heroin], and you got black tar [heroin] and you got brown Afghan [heroin] … but [black] tar … of course, you can get it anywhere*." Participants explained that heroin is easily obtained by calling a dealer and arranging to meet in a parking lot. A participant described, "*This guy I know who deals it [heroin], he meets his people in parking lots [and] sometimes in a random neighborhood. He meets them, that way they're not coming to his house – he tries to change it up a little bit …*" Community professionals reported heroin as the most prevalent drug they encounter; they also shared about clients traveling within the region to obtain heroin, usually to Columbus.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, a West Jefferson (Madison County) man was indicted on four counts of selling black tar heroin and oxycodone (www.abc6onyourside.com, Nov. 18, 2012). In December, a Worthington (Franklin County) woman was charged with bringing heroin into a Franklin County jail (www.10tv.com, Dec. 5, 2012); also in December, Crawford County Sheriff's officers arrested a couple in a Bucyrus hotel after they were found with heroin (www.nbc4i.com, Dec. 7, 2012). Collaborating data also indicated that heroin is readily available in the region. Law enforcement in Crawford, Morrow and Richland counties reported heroin as present in 28.9 percent of reported drug possession offenses.

Participants reported that the overall availability of heroin has increased during the past six months. Specifically, participants reported an increase in black tar heroin availability, while availability of brown powdered and white powdered (aka "china white") heroin remained the same. Community professionals reported that availability of brown powdered and black tar heroin has increased during the past six months. The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Most participants generally rated the overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants believed heroin to be cut often with fentanyl. In addition, participants agreed that different types of heroin are cut with different things. However, many participants did not know what heroin may be cut with. A participant stated, "*[I have] no idea [what heroin is cut with], yeah [heroin is cut], but I don't know exactly what they're cutting it with*." Another participant stated, "*I'm glad I don't know [what is cut into heroin]. I probably don't want to know*." Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other names include: "fish scale" and "pretty boy" for white powdered heroin; "dope," "H" and "haron" for all types of heroin. Participants also refer to heroin in other ways. For example, they might refer to heroin by the way it is packaged or by the amount of money a user is willing to pay: "bags," "balloons," "berries" or "I got twenty" (meaning $20). There were also many ways of asking for heroin in a more general fashion without using any street name for it, rather using questions informally to request heroin, often using the term 'good': "*Anything good?*" "*Are you good?*" "*What's good?*"

Participants reported that heroin is available in different quantities: "bags" (1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie) or "balloons" (1/10 gram) sells for between $5-25 depending on type of heroin; "point 2" (2/10 gram) sells for $20; "point

3" (3/10 gram) sells for between $30-50; participants also reported buying heroin in "bundles" (10-15 small "bags") sells for $100; 1/2 gram sells for between $60-70; a gram of brown powdered or black tar heroin sells for between $100-120 and a gram of white powdered heroin sells for $130; an ounce of brown powdered heroin sells for between $900-1,200, an ounce of black tar heroin sells for $2,800 and an ounce of white powdered heroin sells for $3,300.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. Participants and community professionals continued to note a progression of routes of administration with heroin. A participant explained, "*Typically you will start out snorting it [heroin], just like you snorted your pills [prescription opioids], and very quickly thereafter, you start shooting [injecting].*"

Participants described typical users of heroin as "younger" (as young as 12 years of age), White, working in service industries or unemployed and "opiate addicts." Community professionals expressed growing concern over the use of heroin by "younger" people, and they continued to share observations of users switching from prescription opioids to heroin. Community professionals described typical users of heroin as between 18-30 years of age and as young as 13 years, lower educational achievement, lower income, rural and former crack cocaine and prescription opiate users.

Community professionals also commonly explained that heroin users often start with another drug and switch over to heroin because they can't get the other drug or because heroin is less expensive. A law enforcement officer reported that law enforcement is, "*seeing more people that predominantly used to use crack [cocaine] now using heroin. That's a current trend that we're seeing, and I think it's again because of the [wide] availability and [heroin] it's cheap.*" There was also a treatment provider report of users beginning with heroin from the start: "*I'm seeing people who are just starting with the heroin right now because it seems like the stigma has gone down and it's so available. Maybe they're snorting it first – they're not going right to shooting it, but it doesn't seem that they necessarily have to progress through pills first.*"

Reportedly, heroin is used in combination most often with crack cocaine, marijuana and sedative-hypnotics (Xanax®). In addition to the aforementioned substances, heroin is also used with alcohol, bath salts, Ecstasy, methamphetamine, powdered cocaine and prescription opioids. Reportedly, heroin addicts use other drugs to help balance or intensify the effects of the heroin high they wish to experience.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8' or '9.' Franklin County Coroner's Office reported prescription opioids as present in 55.4 percent of all drug-related deaths during the previous six months. Participants identified Opana®, Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use; community professionals most often identified Percocet®, Vicodin® and OxyContin® as most popular.

Participants and treatment providers reported that the availability of prescription opioids had remained the same during the previous six months; law enforcement officials reported a slight decrease in availability. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months.

Reportedly, many different types of prescription opioids were sold on the region's streets. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration were snorting and intravenous injection.

A profile for a typical illicit prescription opioids user did not emerge from the data. Participants described the typical illicit prescription opioids user as, "anybody." Community professionals suggested that prescription opioids abuse was becoming more popular among "young" people.

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community

professionals identified Opana®, OxyContin® OP, Percocet®/Roxicet® and Vicodin® as the most popular prescription opioids in terms of illicit use. Reportedly, availability seems highest at the beginning of the month; a participant explained, "*[Prescriptions for opioids] it's something you have to get from a doctor or from an individual, and people get 'em once a month [usually at a month's beginning]; I could leave right now and go to 10 people [to obtain prescription opioids]*." Community professionals were in agreement that prescription opioids are, "everywhere."

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In July, a Mansfield (Richland County) doctor was arrested and charged with writing fraudulent prescriptions for OxyContin® (www.10tv.com, July 2, 2012). In August, law enforcement agents arrested 32 individuals in one of the largest prescription drug trafficking operations in Columbus; the operation involved suspects travelling to pain clinics in Florida to obtain prescription drugs (mainly oxycodone) to sell in Columbus (www.nbc4i.com, Aug. 14, 2012). In November, four individuals were arrested in Columbus for arranging to transport oxycodone from Florida to Ohio (www.10tv.com, Nov. 19, 2012); also in November, a central Ohio grand jury indicted 14 people from Union County for involvement in a drug-trafficking ring that brought oxycodone from Florida "pill mills" for sale in central Ohio (www.10tv.com, Nov. 26, 2012).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "*Ohio's really crackin' down on writing prescriptions out, so the pills [prescription opioids] are becoming more expensive and more scarce; I think it's easier to get heroin ...*" Law enforcement reported that availability has remained the same during the past six months, while treatment providers reported that availability has increased slightly. Treatment providers who work with DUI clients stated, "*They're coming in impaired with no alcohol consumption at all. You know … the new DUI is prescription medication [opioids and benzodiazepines]; A lot of people that are flipping their cars are on prescription drugs.*" Treatment providers particularly noted an increase in Opana® availability in the region. The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids (aka "pain killers," "pain pills" and "skittles") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Demerol® (15 mg sells for between $5-7), Dilaudid® (aka "triangles;" 4 mg sells for between $7-8; 8 mg sells for between $6-12), fentanyl (50 mg sells for $15; 100 mg sells for $45), Lortab® (aka "tabs;" sells for $1 per milligram), methadone (aka "dones;" 10 mg sells for between $6-12), Norco® (aka "busses," "narco" and "school bus" sells for between $1-1.50 per milligram), Opana® (aka "green stop signs," "OP's" and "panda bears;" sells for between $1-2 per milligram), OxyContin® (old formulation, aka "OC," 80 mg sells for $200; new formulation, aka "OP," sells for between $.50-1.50 per milligram), Percocet®/Roxicet® (aka "15's," "30's," "blueberries," "blocks," "P's," "perc's," "roxi's" and "them thangs;" sells for between $1-3 per milligram), Percodan® (sells for $1 per milligram), Tylenol® 3 (aka "3's") and Tylenol® 4 (aka "4's") are free or up to $2 per pill; Ultram® (aka "trams," "tramadogs" and "trammies;" 50 mg sells for between $.50-1) and Vicodin® (aka "candy," "V's" and "vikes;" 5 mg sells for between $2-3; 7.5 mg sells for between $4-6; 10 mg sells for between $6-8).

A participant described general pricing as follows, "*[Price of prescription opioids on the street is] a dollar a milligram, or it's $5 plus a dollar a milligram, so if it's an OP 40 [OxyContin® 40 mg], you might pay $45 dollars for that [others agreed]*." Many participants suggested prices of opiates are increasing. A participant reported, "*That's why I started doin' heroin because I'd be sick, and it was too expensive to go buy more pain pills. It was cheaper to just go buy heroin*."

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting the drugs from family members with prescriptions, travel to pain clinics in Florida, personal physicians and through drug trading. A participant shared about obtaining prescriptions from doctors, "*As far as prescriptions went, I went to my doctor. He was my 'drug dealer.'*"

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration is oral consumption. Oral administration is referred to by participants as "eat," "chew," "pop" and "swallow." Reportedly, there is some variety in routes of administration when it comes to specific drugs. For example, OxyContin® OC and Opana® are typically

snorted, while Dilaudid® is typically injected and fentanyl is either eaten out of the patch or placed on the skin.

Participants described typical illicit users of prescription opioids as heroin and "pill addicts," people in pain and those who like the "energy" opiates provide. Community professionals described typical illicit users of prescription opioids as low income or unemployed, often females, and encompassing a wide range of ages between 16-60 years. Treatment professionals also described an increase in juvenile abuse of prescription opioids. Community professionals generally pointed out that prescription opioids are becoming a 'gateway' drug. A treatment provider reported, "*When I do the bio-socials [assessments], the intakes with the people in prison, a lot of times now I'm beginning to see that they started out on pills [prescription opioids] rather than starting out on the marijuana.*"

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana, methamphetamine, sedative-hypnotics (Xanax®) and other prescription opioids. Specifically it was reported that Vicodin® and Klonopin® are used together. Many participants reported combination with other prescription pills. A participant stated, "*I know people who say it's a cocktail and they have 10 different pills in their hand and eat 'em. So, if you use one, you use them all.*"

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained moderately to highly available in the region. Participants most often reported the drug's availability as '6' or '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '10.'

Participants reported that the availability of Suboxone® had decreased during the previous six months, while treatment providers reported that availability had increased. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® sold for $10-15 per pill. Participants most commonly reported taking Suboxone® sublingually (under the tongue). A profile for a typical illicit Suboxone® user did not emerge from the data.

Current Trends

Suboxone® is highly available in the region. Participants and community professionals most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on demand included: "*There's a whole bunch of people that will give an arm and a leg every morning to get that stuff [Suboxone®] … just 'cuz they don't want to do heroin.*" Treatment providers reported knowledge of users who get high off Suboxone® and those who self-medicate with it. A treatment provider reported, "*I've had some clients tell me if they use enough of it, they can get high on Suboxone®, but mostly [typical use] it's 'just to keep me from getting sick until I can get what I want.'*"

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants reported that users are switching from methadone to Suboxone®, and participants reported an increase in Suboxone® use at treatment centers. A participant reported, "*[Treatment providers] they're even trying Suboxone® on people that smoke crack [cocaine] now … They got a study goin' on now that you can get on Suboxone® to see if that will help with relapse.*" Treatment providers reported, "*I think [Suboxone®] it's more readily available, beginning to hear a lot about Suboxone®; I'm seeing more street Suboxone®, you know, 'if I can't get my opiates, I'll score some Suboxone® to get me through.'*" The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®: "oranges," "strips" and "subs." Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg typically sells for between $10-15 but can sell as low as $8 and as high as $20 depending buyer's need; Suboxone® strips sell for between $12-20, and reportedly, can sell for as high as $100 in prison. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from doctors and clinics. Participants reported obtaining Suboxone® from the street mostly to self-medicate.

Participants reported many routes of administration for Suboxone® abuse, including intravenous injection, oral

consumption and snorting. Participants who had knowledge of improper/illicit use of Suboxone® cited heroin addicts as those who would typically use Suboxone® when they couldn't get what they wanted; and reportedly, they dissolve Suboxone® strips and inject them in place of heroin.

Participants described typical users of Suboxone® as between 25-35 years of age and dependent on opiates (heroin and/or prescription opioids). Treatment providers described typical users of Suboxone® as middle to higher socio-economic status. A treatment provider stated, "*It's interesting to me that middle, upper middle to higher economic status [are typical Suboxone® users]. It seems they have more availability to the doctors that are on the approved Suboxone® prescription list. There are companies now that are making it more easy for lower income people, but its primary access is middle, upper-middle to upper income*." Reportedly, Suboxone® is used in combination with marijuana, methamphetamine and sedative-hypnotics (benzodiazepines).

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals did not rate availability of sedative-hypnotics; however, law enforcement and treatment providers agreed the drugs were highly available. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals identified Xanax® as most popular, closely followed by Klonopin®.

Participants and law enforcement both reported that the availability of sedative-hypnotics had decreased during the previous six months, while treatment providers reported that availability had remained the same. The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months. Reportedly, many different types of sedative-hypnotics were sold on the region's streets.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report obtaining them from doctors, emergency rooms, pharmacies and from clinics in Florida. A participant reported being able to obtain sedative-hypnotics by standing outside a pharmacy and purchasing these drugs from customers.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remained intravenous injection and snorting. A profile for a typical illicit sedative-hypnotics user did not emerge from the data, though some participants commented that sedative-hypnotics abuse was most common among White women and people with high-stress jobs.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*You just have to make a phone call [to obtain sedative-hypnotics] … I could call someone right now and have them meet me here in the parking lot*." Treatment providers and hospital staff most often reported current availability of sedative-hypnotics as '10,' while law enforcement reported current availability as '8.' Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use, while also identifying Ambien®, Ativan® and Soma® as popular.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months; treatment providers reported that availability has increased, while law enforcement reported stable availability. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months. Treatment providers offered specific comments on availability changes: "*[There] used to be a big Soma® problem and that seems to have reduced significantly … and the Ambien®, disguised as a sleep aid, has made a substantial increase in the last six months …; There's a little bit more availability to the Xanax® and those kinds of things, so I don't hear too much about Valium®; Ativan® I'm beginning to hear a lot about*". There was also great concern from a treatment provider in Franklin county concerning Ambien® increase: "*I mean we hear about Ambien® so much … even in a driver intervention program because a lot of doctors prescribe it … We had a guy a few weeks ago definitely told us he was*

hooked on Ambien® and had 7 to 8 pills with him and knew he had an addiction to it and had received a DUI from a blackout – getting up, driving to a bar, didn't even know that he drove."

Reportedly, many different types of sedative-hypnotics (aka "bennies," "benzo's" and "downers") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ambien® (aka "free from family members"), Ativan® (2 mg sells for $0.50), Klonopin® (aka "forgot-o-pins," "klonies" and "pins;" 0.5 mg sells for between $1-2.50; 1 mg sells for between $2-5), Soma® (aka "comas," "soma coma" and "soma shuffle;" sells for between $1-2 per pill), Valium® (aka "V-cuts," "V-stamps" and "volume" because Valium® reportedly, "turns your volume down;" 2 mg sells for $1; 5 mg sells for between $1.50-2; 10 mg sells for between $2-3) and Xanax® (aka "bars," "blues," "blue rounds," "busses," "footballs," "peaches," "whites" and "yellows;" 0.5mg (white) sells for between $0.50-1; 0.5 mg (peach/orange) sells for $2; 1 mg (yellow) sells for between $1-1.50; 2 mg (blue) sells for between $2-3; 2 mg (bar) sells for between $4-6). There were some comments on how prices have fluctuated matching demand for certain pills. A participant reported, "*[Klonopin®] price is raised a little I think because people are willing to spend $4 and $5 for it. It's probably doubled in price even over the last year*."

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from the Internet, doctors and people with prescriptions. While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration is oral consumption. Reportedly, oral consumption is swallowing or letting the drug break down in a beer or other alcohol drink. Participants also reported snorting and intravenous injection of some sedative-hypnotics.

Participants described typical illicit users of sedative-hypnotics as individuals with high anxiety, individuals addicted to alcohol and prescription pills in general, and depressed individuals who, "*want to forget what's going on*." Community professionals described typical users of sedative-hypnotics as generally as individuals ranging in age from late teens through adulthood, White and often female. A law enforcement officer reported, "*Unfortunately, it [sedative-hypnotics abuse] seems to be getting younger and younger across the board. Basically kids think because it is made professionally that obviously it's safe to take …*"

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Generally, participants reported using sedative-hypnotics to get to sleep after using other drugs. A participant reported, "*If I had been up for a couple days, I'd take a Xanax® and sleep, yeah – recuperate. I sleep great on Xanax®*." Additionally, participants reported that sedative-hypnotics use intensifies the effects of alcohol and heroin.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants most often reported that the availability of marijuana had increased during the previous six months, while community professionals reported that availability had remained the same. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings regarding the quality of marijuana ranged from '4' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that quality depended upon whether a user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for $5; 1/10 ounce, or "dime bag," sold for $25; an ounce sold for between $150-200. Higher quality marijuana sold for significantly more: an ounce sold for between $500-700.

The most common route of administration for marijuana remained smoking, followed by baking with and eating marijuana. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported use across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' for any type or quality of marijuana on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant described current availability as, "*The easiest way I can explain it is marijuana is easy to get anywhere in the city.* Community professionals were in agreement with participants in reporting that low-grade marijuana is available, "everywhere," while purchase of high-grade marijuana would require knowing whom to call and where to go to obtain it.

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In August, police found 74 marijuana plants along I-270 in Hilliard (Franklin County) (www.abc6onyourside.com, Aug. 23, 2012). Also in August, Columbus police busted a marijuana growing operation in an eastside Columbus home (www.abc6onyourside.com, Aug. 29, 2012). Collaborating data also indicated that marijuana is readily available in the region. Law enforcement in Crawford, Morrow and Richland counties reported marijuana as present in 36.1 percent of reported drug possession offenses.

Participants and community professionals reported that the general availability of marijuana has remained the same during the past six months. However, participants reported high-grade marijuana availability as having increased. Participants acknowledged certain seasons tend to have increased availability of high quality marijuana. A participant explained, "*I think it [availability of high-grade marijuana] has to do with what time of year it is because end of summer [and] early fall [current reporting period], they [dealers] start bringing it [high-grade marijuana] from Meigs County … and then you're getting the good stuff.*" The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participants overwhelmingly reported the current quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) and most often reported the current quality of low-grade marijuana as '5.' Reportedly, low-grade marijuana quality has decreased over the past six months, while the high grade marijuana quality has increased.

Current street jargon includes countless names for marijuana. The most commonly cited names were "green," "pot," "trees" and "weed." Participants listed the following as other common street names for marijuana in general: "dope," "ganja," "green beans," "herb," "Mary Jane," "Mary Jewana," "reefer" and "smoke." Common names for low-grade (commercial) marijuana include: "dirt," "dumpster," and "mids." Common names for high-grade (hydroponic) marijuana include names of specific strands or flavors: "blue dream," "bubblegum," "dank," "diesel," "drip," "dro," "fruity cheese," "hydro" and "lambs breath."

The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a gram sells for $5; 1/8 ounce sells for between $20-25; 1/4 ounce sells for $40; 1/2 ounce sells for $60; an ounce sells for $120; 1/4 pound sells for between $350-375; a pound sells for between $800-1,200. Higher quality marijuana sells for significantly more: a blunt or two joints sells for $10; a gram sells for between $10-20; 1/8 ounce sells for between $50-75; 1/4 ounce sells for $80; 1/2 ounce sells for $150; an ounce sells for between $275-400; a pound sells for between $3,500-4,200.

While there were several reported ways of consuming marijuana, the most common routes of administration remain smoking and eating the drug. Participants reported an increase in ingesting marijuana in food and drinks as well as chewing it in gum or chewing it like chewing tobacco. A participant reported, "*I know someone who chews it [marijuana] … puts it in his chewing tobacco when he's at work. I've done it one time, got high as hell.*" Another participant stated, "*I think the new trend is gonna be eatin' [marijuana]. I see a lot of people startin' to eat weed a lot more … bakin' it in brownies, in butter, with eggs. You can make oil out of it. I know people that would take trimmings from the plants and leaves and boil them down [to] make alcohol, tea, hot chocolate - whatever you fancy.*"

Participants described typical users of marijuana as anybody, including supervisors, doctors, lawyers, judges, bums and people who are sick and using the drug to self-medicate. Community professionals described typical users of marijuana as between 13-60 years of age, often self-medicating for bipolar disorder or ADHD; higher grade marijuana users are typically lifestyle smokers and employed. However, these professionals also agreed that marijuana use is far-reaching: "*everybody… all ages ... all kinds of walks of life, too.*" Reportedly, marijuana is used in combination with

all other substances. A participant stated, "*Weed goes with everything. It's a selling point … weed is an essential.*"

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine was somewhat available in the region. Participants most often reported the drug's availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While community professionals did not provide an availability rating, they thought methamphetamine to be highly available. Community professionals most often reported that the availability of methamphetamine had increased during the previous six months; participants could not come to a consensus regarding any change in availability for methamphetamine. Columbus Police Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/2 gram of methamphetamine sold for $50; a gram sold for $100; 1/8 ounce, or "eight ball," sold for $200. The most common route of administration for methamphetamine was snorting or smoking. Participants described typical users of methamphetamine as White and from rural areas. In addition, some participants reported methamphetamine to be a club drug, particularly popular in gay clubs. Law enforcement described typical methamphetamine users as White males between the ages of 18-40 years.

Current Trends

Methamphetamine's current availability remains variable in the region. Participants reported the drug's current availability as between '3' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Licking County most often reported current availability as '10,' while participants in other areas of the region most often reported current availability as '3.' Eight out of 10 participants interviewed in Licking County reported personal use of methamphetamine during the past six months, with all 10 reporting having seen the drug. A Licking County participant reported, "*Almost everybody I ever got meth [methamphetamine] from … the people I seen sellin' it a lot … sold heroin too [others agreed].*" Participants elsewhere in the region reported that in order to obtain methamphetamine a user would need to know whom to contact for the drug; participants described methamphetamine users as an exclusive group of users. Law enforcement most often reported the drug's current availability as '3;' treatment providers most commonly reported current availability as '7.'

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In October, Circleville (Pickaway County) police reported two methamphetamine lab busts in one week (www.abc6onyourside.com, Oct. 4, 2012). In January, Lancaster (Fairfield County) police reported investigating a possible mobile methamphetamine lab found during a traffic stop (www.nbci4.com, Jan. 10, 2013).

Participants reported that methamphetamine is available in anhydrous, crystal and powdered forms. Participants from across the region commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means production of methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location.

Law enforcement and treatment providers reported geographical differences in availability, use and popularity of the drug. A treatment provider stated, "*Here in Licking County, I just see a lot more of that [methamphetamine] here than when I worked in Franklin County.*" Participants reported that the availability of methamphetamine has increased during the past six months, specifically availability of "shake-and-bake" methamphetamine, while the crystal and anhydrous types have decreased. Community professionals reported that availability of methamphetamine has remained the same during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the quality of crystal methamphetamine as '10' and powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of

methamphetamine has decreased during the past six months; they reported methamphetamine to be cut with baby laxative, MSM (methylsulfonylmethane – a dietary supplement), a mixture of over-the-counter chemicals, as well as salt.

Current street jargon includes numerous names for methamphetamine. The most commonly cited names were "crank," "ice" and "meth." Participants listed the following as other common street names: "Annie," "bath tub," "crystal," "dope," "go fast," "glass," "jet fuel," "peanut butter," "pink," "rocket fuel," "shards," "speed" and "tweak."

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported 1/4 gram sells for between $20-30; a gram sells for between $100-120 (one gram of crystal sells for between $200-225); 1/4 ounce sells for $800; 1/2 ounce sells for $1600. A participant described the price of methamphetamine as follows: "*It was like double the price of coke [powdered cocaine], so like a gram of [crystal] meth is like 200 dollars. It's a lot more expensive than coke.*" While there were several reported ways of using methamphetamine, the most common route of administration is smoking.

Participants described typical users of methamphetamine as bikers, White, gay, of higher socio-economic status, people who attend raves and concerts, street people and truck drivers. Law enforcement reported that most methamphetamine users they have been in contact with are between 30-35 years of age. Treatment providers described typical users as White, lower income and often unemployed.

Reportedly, methamphetamine is used in combination most often with heroin and prescription opioids. A participant reported, "*I would mix the meth with heroin. So I would be down for a little bit and I would want to come back up, so I would do some meth and then later in the evening when I would want to come back down, I'd do some more heroin and then in the morning I'd do meth.*" Participants also shared that methamphetamine is used with alcohol, crack and powdered cocaine, prescription stimulants and sedative-hypnotics.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '6' or '7.' While participants did not report a change in availability, law enforcement reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Participants reported that 15 mg Adderall® sold for $3; 20 mg sold for $5. The most common route of administration for prescription stimulants were oral consumption and snorting. Participants described prescription stimulants abuse as more common among females, stay-at-home mothers and college students.

Current Trends

Prescription stimulants remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "Oh, I could get me some Adderall® right now. Ritalin®? I got Ritalin® in my house." Reportedly, Adderall® is the most available prescription stimulant in the region, with Concerta®, Ritalin® and Vyvanse® also highly available.

Participants reported that the availability of prescription stimulants has remained the same during the past six months, with the exception of Ritalin® which has reportedly decreased in availability. Community professionals believed there has been a slight increase in availability of prescription stimulants in general during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

Current street jargon includes a few names for prescription stimulants. The most commonly cited names were "addies" for Adderall®, as well as "kiddie coke," "meth in a pill," "speed" and "uppers." Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. The following prescription stimulants are available to street-level users: Adderall® 30 mg sells for between $5-10; Concerta® 20 mg sells for between $3-4; Ritalin® 10 mg sells for between $2-3; Vyvanse® 40 mg sells for $5.

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them

from school. A participant reported, "*When I was at college, there was a whole bunch of kids that were using it [prescription stimulants] and selling it. They'd get prescriptions saying they couldn't do school work, and other kids would buy it from them. There was a lot of it going around.*" Community professionals reported knowledge of parents selling their children's prescribed stimulants. A hospital staff member reported, "*A lot of stimulants go out our door regularly prescribed, and I know a lot of it gets diverted. We get anonymous tips periodically, 'Mrs. Smith is selling Johnny's Ritalin®.'*"

While there were several reported ways of using prescription stimulants, route of administration varied with each stimulant. Reportedly, Adderall® is mostly snorted; Concerta® is taken orally; Ritalin® is either taken orally or by intravenous injection; Vyvanse® is typically snorted, but can also be taken orally. Treatment providers reported adolescents snorting prescription stimulants. A treatment provider stated, "*Even with kids, the parents aren't monitoring it [prescription stimulants use] … they're taking it to school and selling it, and they're snorting it.*"

Participants described typical illicit users of prescription stimulants as high school and college aged, young people who have a connection to someone who is prescribed the drug. Community professionals also described typical illicit users of prescription stimulants as between 18-25 years of age, enrolled in college who take the drugs during exam time. Reportedly, prescription stimulants are used in combination with alcohol, cocaine, marijuana, other stimulants and tobacco.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained highly available in the region. Participants did not provide an availability rating, but reported that bath salts were highly accessible in the region; community professionals most often reported availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants most often reported that the availability of bath salts had remained the same during the previous six months, while community professionals reported increased availability. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participants with experience using bath salts reported the general quality of the drug to be high. Participants reported that one "hit" (dose) of bath salts sold for $10; a jar of bath salts sold for $20. The most common route of administration for bath salts remained intravenous injection, followed by smoking and snorting. A profile for a typical bath salts user did not emerge from the data, though participants and law enforcement both reported an increase in bath salts use among younger, college-aged individuals.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*You can go on High Street [in Columbus] and get 'em [bath salts] right now, but you're paying a little too much … you can buy it by bulk on the Internet still.*" Another participant explained, "*You really have to know somebody that either sells it [bath salts] under the radar or buys it bulk from manufacturers, cuts it and parts it out.*" Community professionals most often reported the current availability of bath salts as '7.'

Media outlets in the region reported on seizures and arrests involving bath salts this reporting period. In July, a north side Columbus business owner was arrested during a bath salts raid on his High Street businesses; law enforcement officials conducted the searches after a resident made a complaint (www.10tv.com, July 25, 2012). In September, a convenience store on Fifth Avenue in Columbus was court ordered to remain closed after several undercover detectives testified to having bought bath salts there numerous times (www.abc6onyourside.com, Sept. 27, 2012). In November, a Mansfield man was sentenced to at least three years in prison for the distribution of bath salts; during the investigation of the man's business, police seized 5,300 containers of bath salts with a street value of $212,000 (www.abc6onyourside.com, Nov. 1, 2012). Also in November, federal officials in Columbus arrested three men for possessing 9,000 packages of bath salts with the intent to sell (www.10tv.com, Nov. 21, 2012).

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Some participants reported having to drive further to obtain the drug. A participant in Licking County reported, "*It [bath salts] was being sold here at the little smoke shops and*

stuff, but within the past six months [availability has decreased]. You have to drive to Columbus to get it [bath salts], but people are still doing it, and they're still willing to do it because it's very addictive as well." Law enforcement reported, "*If you know what to say and what to ask for, you can pretty much go through any drive-thru [beverage store] in central Ohio and still find the stuff [bath salts].*" The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New street names for bath salts are emerging to help circumvent the laws; participants said bath salts may be referred to as "salt," "pixie dust" and "zombie salts." A treatment provider reported, "I just saw on the news, and I looked it up – it's a thing called 'smiles.' It's coming back, and it's another derivative of bath salts."

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for between $20-25 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from the Internet. While there were several reported ways of using bath salts, the most common routes of administration remained intravenous injection and snorting.

Participants described typical users of bath salts as college aged, heroin addicted and on probation. Community professionals described typical users of bath salts to be as young as 17 years and extending through adulthood, and often on probation. Reportedly, bath salts are used in combination with cocaine, heroin or, "*whatever you got.*"

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained available in the region. Participants did not provide a rating regarding availability, but many referred to easily accessing the drug. Participants and community professionals most often reported that the availability of synthetic marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Participants reported that a gram of synthetic marijuana sold for $9.99; 1.5 grams sold for between $12-14. The most common route of administration for synthetic marijuana remained smoking. Reportedly, because many users continued to believe that it did not show up on urine drug screens, synthetic marijuana often attracted individuals on probation. Law enforcement added that users of synthetic marijuana tended to be "younger."

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*[Synthetic marijuana is] pretty available … there's all kinds.*" Community professionals most often reported current availability as '6.' A law enforcement officer remarked, "*We just had somebody get picked up on that K2 spice [synthetic marijuana]. It was outlawed … it's not very prevalent … every once in a while you run across it.*"

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant reported, "*You know, [synthetic marijuana] it's getting' harder to get because they [retailers] took it off the front shelf and moved it behind the counter so when the cops come in … You gotta ask for it …*" Another participant related, "*I think [synthetic marijuana use] it's fading out ... It was real big just 'cuz you could smoke it, and it wouldn't pop positive [on a drug screen]. It was more for if you were on probation. If you're not on probation, you might as well just smoke a joint [marijuana].*" A treatment provider reported, "*I think the use of it [synthetic marijuana] went down a little bit when they [users] caught on that we could test for it.*" The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

New street names for synthetic marijuana have emerged to help circumvent the laws. Participants reported that the most common street names are "K2," "K3," "K4," "funky monkey," "polish" and "spice". Participants seem not to like synthetic marijuana, calling it, "crap weed." A participant reported experiencing paranoia with the drug: "*I tried it one time and didn't like it. I've never been a paranoid person that looks out the window, but that stuff had me looking out the window of my house, like I've never been that paranoid in my life like on any drug or anything.*"

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between $20-25 per gram. The most common route of administration remains smoking. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from drive-thru beverage stores and small convenience stores. A treatment provider reported, "*[Adolescents] get [synthetic marijuana] off the Internet too. That's where it's coming from for the kids. And the parents aren't recognizing that they get this little package in the mail, not thinking, or the kids get to the mailbox before the parents do, and they've got it …*"

Participants continued to describe typical users of synthetic marijuana as people on parole and probation, as well as high school students, military personnel, prison guards and marijuana smokers. Community professionals described typical users as high school and college aged. Reportedly, synthetic marijuana is used in combination with alcohol and marijuana.

Ecstasy

Historical Summary

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was moderately to highly available in the region. Participants most often reported the drug's availability as '7' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of Ecstasy had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants reported that a "single stack", or low dose, of Ecstasy sold for $3; a gram sold for $100. The most common route of administration for Ecstasy was swallowing. Participants described typical users of Ecstasy as young adults who like to attend clubs and outdoor music festivals.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often rated the current availability of Ecstasy as between '3' and '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Very few community professionals had knowledge of the availability of Ecstasy. Participants reported that the availability of Ecstasy has decreased during the past six months. A participant stated, "*[Availability] decreased since opiates blew up … Ecstasy used to be the thing, but not anymore.*" The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Ecstasy. The most commonly cited names were "bing," "bowls," "double stacks," "X," "rolls," "Scooby snacks" and "skittles." Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported that Ecstasy sells for between $250-1,000 per "jar of rolls," or approximately 100 single or double stack tablets. A participant reported, "*Pricing of Ecstasy] depends on where you're getting it from … depends on if they're single, double, triple [dose amounts]. Yeah, I was getting a jar for $350.*"

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption, followed by snorting. Reportedly, users can also shoot, smoke, plug (rectal insertion) and parachute (smash, wrap in tissue and swallow) the drug. Participants reported obtaining Ecstasy from dealers. They described typical users as high school and college aged. Reportedly, Ecstasy is used mostly in combination with alcohol and marijuana, but it is also used with cocaine, hallucinogens and heroin.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and inhalants.

LSD and psilocybin mushrooms were moderately available in the region. Participants most often reported the availability of these drugs as '4.' Participants reported that the availability of psilocybin mushrooms at times increased as they became seasonally available. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months, while LSD cases had increased during the same period.

Lastly, law enforcement reported inhalants as available in the region. Drug court staff reported that the number of cases involving inhalants had increased during the previous six months. Participants and community professionals agreed that the typical inhalant user was often junior high and high school aged.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: club drugs [gamma-hydroxybutyric acid (GHB) and ketamine (veterinary anesthetic)], hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, over-the-counter (OTC) medications and Seroquel® (psychotropic medication).

Participants most often reported the current availability of GHB as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) while noting that the availability of GHB has decreased during the past six months. Current street names for the drug include "date rape drug" and "roofies." Participants reported no knowledge of current price information for GHB. Reportedly, the drug is typically consumed orally in alcohol.

Participants reported the current availability of ketamine as between '1' and '6' on the availability scale. Participants thought that availability of this drug has either remained the same or has slightly decreased during the past six months. Street names for ketamine include "K-hole" and "special K." Participants reported that a ketamine pill sells for $10; 1/2 gram sells for $40; a gram sells for $80. Routes of administration for the drug include snorting, intravenous injection, oral consumption as well as parachuting and plugging. In addition to obtaining ketamine on the street from dealers, participants also reported obtaining it at festivals and concerts. Reportedly, the drug is also stolen from veterinarian offices. Participants described typical users as younger (15 of age to 20's). Reportedly, ketamine is used in combination with alcohol and marijuana.

LSD and psilocybin mushrooms are highly available in the region. Participants most often reported the availability of these drugs as '10.' Participants most often rated the current availability of psilocybin mushrooms as between '5' and '10;' they rated the current availability of LSD as between '1' and '8.' Reportedly there are different varieties of LSD (aka "acid") available. A participant explained, "*You can either get blotter acid. It's on a piece of paper or you can get micro dot or barrels which are little itty bitty pills.*" Law enforcement most often reported the current availability of hallucinogens as '6.' Participants and community professionals continued to note that availability of hallucinogens varies with the seasons. A community professional reported, "*It seems definitely spring or early summer time is when 'shrooms [psilocybin mushrooms] and the LSD come into play [become available].*"

Participants and community professionals reported that the overall availability of hallucinogens has decreased during the past six months. The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens reported, the crime lab also indicated an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Current street jargon includes a few names for hallucinogens.

The most commonly cited names for psilocybin mushrooms were "blue caps," "caps," "gold caps," "magic," "mushies" and "shrooms;" the most commonly cited names for LSD were "acid," "blotter," "doses" and "trip." Current street prices for hallucinogens were consistent among participants with experience buying the drugs. Participants reported that LSD typically sells for between $7-10 per hit (dose) and for $200 per sheet (which is over 100 hits); psilocybin mushroom prices are as follows: 1/8 ounce sells for between $20-30; 1/4 ounce sells for between $50-55; an ounce sells for between $120-140; 1/4 pound sells for $420; a pound for between $1,000-1,600. Several participants compared the price of psilocybin mushrooms to that of marijuana as being similar.

While there were several reported ways of using hallucinogens, the most common route of administration is oral consumption. Specifically, LSD is taken on the tongue or under the tongue, while psilocybin mushrooms are most often eaten, but can also be smoked or drunk in a tea. A focus group in Franklin County shared about ingesting mushrooms: "*Put [psilocybin] mushrooms in a peanut butter and jelly sandwich … put 'em on pizza, steak and cheese subs … eat 'em like trail mix out of a bag.*" There was also talk of a new trend in making chocolate bars out of psilocybin mushrooms.

In addition to obtaining hallucinogens on the street from dealers, participants also reported getting them from

chemists, chemical engineers, professors, at festivals or in, "*hippie type environments*." Participants described typical users of hallucinogens as White, "hippie types with a beard," younger (teens through 20s) and marijuana users. Community professionals described typical users of hallucinogens as younger (between 18-25 years of age). Reportedly, hallucinogens are used in combination with alcohol, cocaine, Ecstasy and marijuana.

Participants did not report a current availability score for inhalants; however, participants reported that the availability of inhalants has remained the same during the past six months. A participant reported, "*Dusters the most common [inhalant] that I hear about. Nitrous, whippets [and] dusters*." Only one street name was provided: "dust buster." Inhalants are obtained from home improvement stores, from neighborhood garages and air conditioners. A participant explained, "*Freon ... the lines on the air conditioner … you can huff it right out of the lines of the air conditioner. [That] is what we used to do*." Inhalants are 'huffed' (breathed into the lungs). Participants described typical users as juveniles and new drug users. Reportedly, inhalants are used in combination with alcohol and LSD.

OTC medications are highly available in the region. Participants and community professionals most often reported current availability of these drugs as '10.' Treatment providers specifically mentioned Coricidin® D as a drug of particular concern to them. A treatment provider observed, "*I saw [Coricidin® D] coinciding with the bath salts about 6 months ago*." Another treatment provider reported, "*Most of them [OTC users] are describing using that [OTC medication] as an alternative when they can't get their drug of choice. What they want is the dextromethorphan [cough suppressant] which, obviously, if you use half to the whole [package/bottle], you'll get a hallucinogenic high. But it's a last ditch effort of when something runs out, they turn to this to help see them through. It's not an opiate high*."

Current street jargon includes a few names for OTC's: "robo-trippin'" for Robitussin®, "triple C's" for Coricidin® D and "white crosses" or "mini thins" for pseudoephedrine. Most often participants reported taking OTC's orally. A participant reported intravenous injection as also a route of administration: "*I've shot the stuff … I've shot cold medicine, sinus medication*." In addition to obtaining OTC's from stores, participants also reported obtaining the drugs from the medicine cabinets of family.

Participants described typical OTC users as middle and high school aged. Treatment providers described typical users as opiate addicts. Reportedly, OTC medications are used in combination with alcohol or in the absence of other drugs. A participant reported, "*I was using it [OTC's] in absence of [anything else] because I didn't have anything else to use. Most of the time I was desperate to get high, so I was just shootin' around stuff in the house. I shot peanut oil one night - don't believe it - it don't get you hig*h."

Lastly, participants reported Seroquel® as highly available in the region. However, participants noted that the drug is not currently very popular as a drug of abuse. Participants reported that availability has remained the same during the past six months. Street jargon includes a couple of names for Seroquel®: "quill" and "sero's." Participants reported that Seroquel® 300 mg sells for between $0.50-1. The most common route of administration for the drug is oral consumption. A participant stated, "*Eat the [Seroquel®] pill … you can snort or smoke it … mostly eat it*." Participants reported that the drug is typically obtained from someone with a prescription. Participants described typical users of the drug as someone who has problems sleeping. Reportedly, Seroquel® is not used in combination with other substances because, "*it knocks you out …*"

Conclusion

Bath salts, crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remain highly available in the Columbus region. Changes in availability during the past six months include: likely increased availability for heroin, Suboxone® and methamphetamine.

Participants and community professionals most often reported the overall current availability of heroin as '10' (highly available). While many types of heroin are currently available in the region, participants continued to report the availability of black tar heroin as most available. Participants explained that heroin is easily obtained by calling a dealer and arranging to meet in a parking lot. Community professionals reported heroin as the most prevalent drug they encounter.

Participants described typical users of heroin as "younger" (as young as 12 years of age), White, working in service industries or unemployed and "opiate addicts." Community professionals expressed growing concern over the use

of heroin by younger people, and they continued to share observations of users switching from prescription opioids to heroin. A law enforcement officer reported that law enforcement is encountering more people that predominantly used crack cocaine now using heroin because of heroin's wide current availability and low cost. A treatment provider reported that some new users are starting drug use with heroin, as the stigma regarding heroin use has diminished and heroin is extremely available.

Participants and community professionals most often reported the street availability of Suboxone® as '10.' Treatment providers reported knowledge of users who get high off Suboxone® and those who self-medicate with it. Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants reported that users are switching from methadone to Suboxone®, and participants reported an increase in Suboxone® use at treatment centers.

Methamphetamine's current availability remains variable in the region. Participants in Licking County most often reported current availability as '10,' while participants in other areas of the region most often reported current availability as '3.' Eight out of 10 participants interviewed in Licking County reported personal use of methamphetamine during the past six months, with all 10 reporting having seen the drug. Participants reported that the availability of methamphetamine has increased during the past six months, specifically availability of "shake-and-bake" methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Law enforcement reported that most methamphetamine users they have been in contact with are between 30-35 years of age. Treatment providers described typical users as White, lower income and often unemployed.

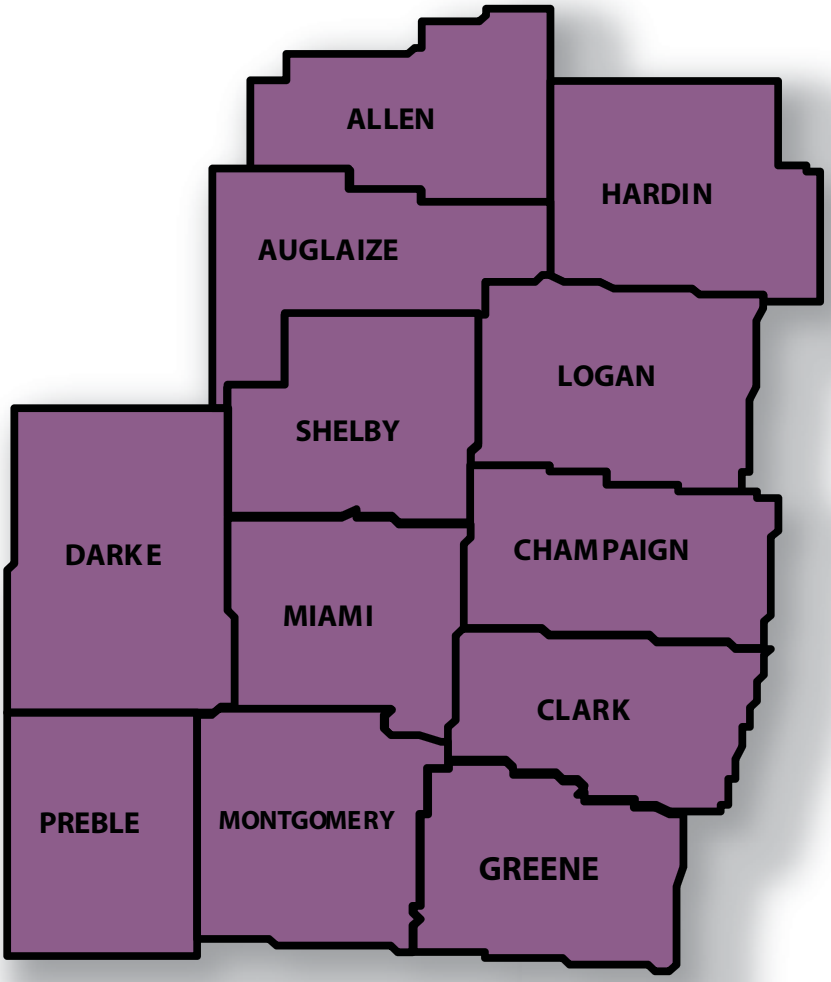
Lastly, participants across the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops), although these outlets are more discrete about whom they sell to, not openly advertising the drug's continued availability.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Dayton Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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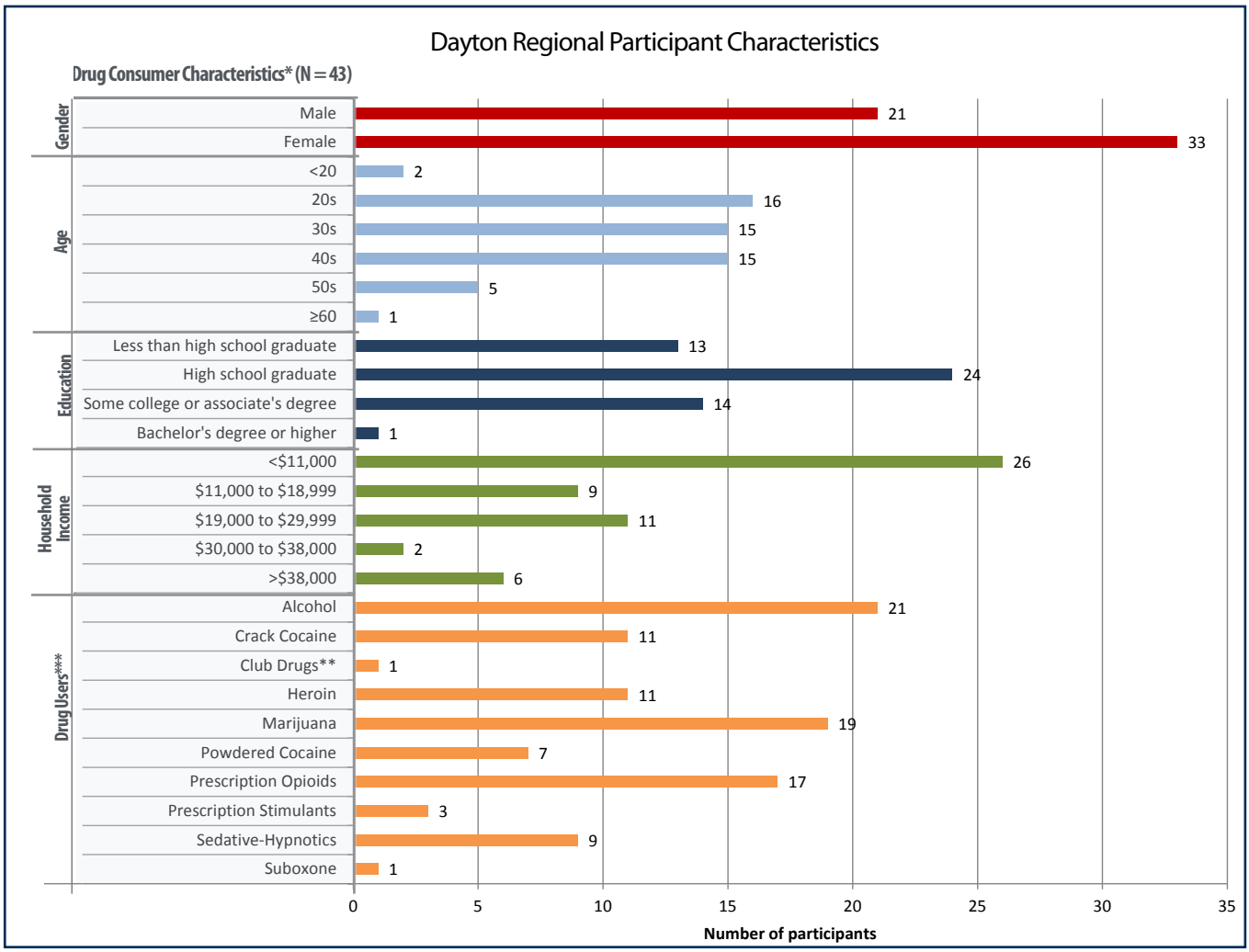
Indicator[1]	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	54
Gender (female), 2010	51.2%	51.2%	61.1%
Whites, 2010	81.1%	83.1%	75.9%
African Americans, 2010	12.0%	11.3%	18.5%
Hispanic or Latino origin, 2010	3.1%	2.0%	5.9%
High School Graduation rate, 2010	84.3%	88.1%	84.0%
Median Household Income, 2011	$45,803	$46,256	$11,000-$14,999[2]
Persons Below Poverty Level, 2011	16.3%	15.0%	63.0%

[1]Ohio and Dayton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen, Hardin, Miami and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Montgomery County Juvenile Court and the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to the aforementioned data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '9.' Community professionals agreed that the majority of the powdered cocaine in the community was used to make crack cocaine.
Participants and treatment providers reported that the availability of powdered cocaine had remained the same during the previous six months, although law enforcement reported a slight decrease due to increased demand for heroin. Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Miami Valley Regional Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: benzocaine (local anesthetic) and levamisole (livestock dewormer). Participants reported that a gram of powdered cocaine sold for between $40-120, depending on the quality; 1/16 ounce, or "teener," sold for between $80-120; 1/8 ounce, or "eight ball," sold for between $120-300; 1/4 ounce, or "quarter," sold for $350; an ounce sold for $600.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. A profile of the typical powdered cocaine user did not emerge from the data. Participants reported use as common across all demographic categories, but potentially increasing among young people.

Current Trends

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the next most common score was '5' with participants in Dayton and Hardin County reporting the moderate availability. However, many participants made comments relating to a decrease in powdered cocaine and an increase in crack cocaine. Most participants agreed with the following participant statement: "*I think crack cocaine is more available than powder [powdered cocaine].*" Another participant commented, "*They [dealers] just buying it [powdered cocaine] … making a profit out of it by rocking it up [using powdered cocaine for the manufacture of crack cocaine].*"

Other participants reviewed the connection between powdered and crack cocaine and made statements reflecting this relationship. A participant stated, "*I think [powdered cocaine] it's out there sorta heavily 'cause you gotta use cocaine powder to make the crack …*" Another participant reflected on the availability of powdered cocaine by examining the drug trade in general, "*I think [powdered cocaine] it's probably just as easy to get as any other drug … I think by just a few phone calls or talking to the right people or whatever, you could go get*

it [powdered cocaine]." Participants also noted the connection between heroin and powdered cocaine, discussing how many drug dealers now carry heroin and powdered cocaine for the heroin user who likes to use the two drugs together (aka "speedball").

Community professionals most often reported the current availability of powdered cocaine as '5.' A community professional explained, "*People are not using it [powdered cocaine]. I don't know if it's because they are using something else or that [powdered cocaine] it's not available*." Participants and community professionals alike most often reported that the availability of powdered cocaine has decreased during the past six months. Participants cited "drug busts" and an increase in other substances (heroin) as reasons for a decrease in availability. A participant stated, "*Heroin is the big thing right now*." A community professional commented, "*[Availability of powdered cocaine has] decreased for sure*." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with baking soda, baby laxatives, baby formula and "pills." The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars. Participants also reported that fake materials are being sold in place of powdered cocaine. A participant warned, "*[Some dealers] they'll fleece you [sell you fake cocaine]*." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "girl" and "snow." Participants listed the following as other common street names: "blow," "powder," "soft" and "white." Current street prices for powdered cocaine were varied among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-90, depending on the quality; 1/8 ounce, or "eight ball," sells for between $125-175. However, in Dayton participants also reported that users can buy capsules filled with powdered cocaine (aka "caps") for between $5-10. Other individuals reported that they would buy dollar amounts and not purchase weights of the drug. A participant explained, "*I always told my dude [dealer] how much I wanted [the dollar amount I had to spend on powdered cocaine] and that's what he gave me, so I don't really know what gram prices were and all that*."

Participants reported that the most common way to use powdered cocaine is intravenous injection and snorting. Out of 10 powdered cocaine users, participants reported that approximately two to five would snort and five to eight would inject the drug, with smoking reported as uncommon.

Participants described typical users of powdered cocaine as being more likely "*to party*" and to be White and middle class to wealthy, although participants agreed that the typical user varies and that some people one wouldn't expect are using powdered cocaine. A professional in the Dayton drug court system discussed, "*Typically see male … white males, 30 [years of age] and older [using powdered cocaine]*."

Reportedly, powdered cocaine is used in combination with alcohol, heroin and sedative-hypnotics (benzodiazepines). As one participant discussed, "I didn't do it [powdered cocaine] unless I had one or the other [alcohol or heroin] ..." Participants noted that other substances are needed to, "come down" from the stimulant high produced by cocaine use. A few participants also discussed "speedballing," as a participant explained, "I didn't like doing heroin by itself because I didn't want to fall out [pass out], so it [powdered cocaine] kept me up in-between [heroin uses].

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals alike most often reported that the availability of crack cocaine had remained the same during the previous six months. The Miami Valley Regional Crime

Lab reported that the number of crack cocaine cases it processes had decreased during the previous six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Miami Valley Regional Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that the quality of crack cocaine had remained the same during the previous six months. Participants reported that a "rock" (1/10 gram) of crack cocaine sold for between $10-20; 1/2 gram sold for $30; a gram sold for between $80-100; 1/8 ounce, or "eight ball," sold for between $150-250.

The most common route of administration for crack cocaine remained smoking. However, participants reported that intravenous injection was more common within rural areas. While a profile of the typical crack cocaine user did not emerge from the data, law enforcement identified that lower socio-economic groups were more likely to use the drug, and community professionals in the Lima area (Allen County) explained that crack cocaine users were "getting younger" and included 13-year olds.

Current Trends

Crack cocaine remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant in Dayton reported, "Y*ou can drop me off in any block in this city, and I can find crack cocaine, I really can*." Another participant in Dayton claimed, "*If I go to the bus hub and wait for the bus to come, every day at least one person comes up and asks me if I'm looking for 'hard, rock' [crack cocaine] or whatever … at least one person*." In addition, participants reported the availability of samples of crack cocaine as being distributed in the region. A participant in Dayton reported, "*I know this one with crack … the people who sell it now will give you a hit [sample] just to see if you like it [crack cocaine]. They call them testers*." Reportedly, crack cocaine is also readily available in Lima (Allen County). Participants in Hardin county reported, "*You got go to Lima [to obtain crack cocaine]; You gotta know somebody from Lima*."

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants in Dayton and Lima reported, "*[Availability of crack cocaine] it's always been available; Right there, easy to get.*" A participant in Dayton related the availability to crack as similar to that of heroin: "*I've seen just as many crack paraphernalia lying on the ground as I've seen needles [used to inject heroin]*." Community professionals reported that the availability of crack cocaine has decreased during the past six months. A community professional in Hardin county commented, "*[Crack cocaine] it's not a drug of choice much around here anymore*." A drug court professional in Hardin County commented, "S*aw this shift about two years ago from crack to heroin. Epidemic levels [of heroin now]*." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baking soda. Reportedly, cutting of crack cocaine is common as participants claimed, "*They [dealers] cutting or stepping on it [crack cocaine] so much. You are lucky to get something good; I only know two people with real dope [crack cocaine] in this whole town*." Media outlets in the region reported on the presence of fake crack cocaine in the region this reporting period. In January, police in Dayton arrested a man for possession of fake crack cocaine; possessing, making or selling any counterfeit controlled substance is illegal under Ohio Revised Code (www.whiotv.com, Jan. 18, 2013). Participants reported that the overall quality of crack cocaine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "crack," "medicine" and "work." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that 1/20 gram of crack cocaine sells for $5; 1/10 gram sells for $10; 2/10 gram sells for $20. To further clarify pricing, participants described prices as, "*$5 for a match head [size of crack cocaine]; $40 for the size of a thumbnail.*" However, a participant stated, "*Most dealers won't sell [crack cocaine for] under $20*." Crack cocaine varies on whether it is weighed in the Dayton area, as dealers also sell in dollar amounts. A participant stated, "*You get what you can get [you buy as much crack cocaine as the money you have affords]*."

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration

remains smoking. Out of 10 crack cocaine users, participants reported that approximately 7-10 would smoke and 0-3 would intravenously inject the drug. A participant commented, "*Injecting seems to be getting more popular with it [crack cocaine].*" A profile of a typical user of crack cocaine did not emerge from the data.

Participants described typical users of crack cocaine as, "anybody" and noted that crack cocaine does not "discriminate." However, participants discussed younger users venturing into crack cocaine use. A participant reported, "*I've seen them 13, 14 [years of age] smoking crack.*" A community professional identified, "*We're still seeing more of a black demographic [using crack cocaine] … and the age I would say is across the board.*" Another community professional described typical crack cocaine users as, "*Lower-income African Americans … It [use] can range male, female … [age] range from mid-20s and older … tilt toward African-American men and a bit older … thirty [years of age] and up.*"

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, sedative-hypnotics (Xanax®) and other "*downers*" (depressant drugs). Most substances are used to "*come down*" and for the "*up and down*" or "*speedball effect*." Commenting on the use of other substances, a participant said, "*If I used anything else [with crack cocaine], I was using heroin.*"

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's overall availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While participants and law enforcement reported brown powdered heroin as the most available type of heroin within the region, participants also reported that black tar heroin was highly available. Participants and community professionals alike reported that the overall availability of heroin had increased during the previous six months. Miami Valley Regional Crime Lab reported that the number of powdered and black tar heroin cases it processes had remained the same during the previous six months.

Most participants reported the overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of heroin varied within the region. According to the Miami Valley Regional Crime Lab, cutting agents for heroin included: acetaminophen, caffeine, diphenhydramine (antihistamine) and lidocaine (local anesthetic). A tenth of a gram (aka "caps," "balloons" and "berries") remained the most popular way to purchase powdered and black tar heroin. Caps of powdered heroin sold for between $10-20; berries of black tar heroin sold for between $10-20; balloons of black tar heroin sold for between $10-25. Participants also reported that a gram of brown or white powdered heroin sold for between $60-200.

The most common routes of administration for heroin remained intravenous injection and snorting. Participants most often described typical heroin users as individuals in their 20s and 30s and individuals who had been prescribed pain medications in the past. Community professionals reported that typical heroin users were young (late teens to early twenties), middle class and White.

Current Trends

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants in Dayton reported brown powdered heroin as the most available type of heroin, while participants in Hardin County and Lima (Allen County) reported black tar heroin as most available. General comments on current heroin availability include: "*[Heroin] it's everywhere; Right down the block; It's downtown … [heroin] it's bigger than crack [cocaine] right now.*" While participants most often reported the current availability of brown powdered heroin as '10,' they reported other types of heroin as less available. Participants most often reported the availability of white powdered heroin as '7,' with more availability reported in Lima and Marion (Marion County); participants in Hardin County and Lima reported the availability of black tar heroin as '10,' while participants in Dayton rated its availability as '2.'

Community professionals reported all types of heroin as highly available. A law enforcement officer in Hardin County stated, "*Every [police] bust we go to, there is always heroin there.*" Another community professional commented, "*[Heroin use] it's become epidemic proportions in the last probably three years.*" Participants and community professionals alike identified Dayton as a hub for individuals from surrounding counties and areas to buy heroin. A community professional

explained, "*We get them [heroin users] from 100, 150 miles away because we have cheap heroin.*" Another community professional agreed and stated, "*They're driving several hours. I mean I had a college student from Athens, Ohio … driving to Dayton daily [to purchase heroin].*"

Media outlets in the region reported on heroin seizures and arrests this reporting period. In July, The Safe Streets Task Force announced that federal and local authorities arrested 12 members of a violent heroin gang in Dayton; the 12 were indicted on multiple heroin and weapons charges (www.daytondailynews.com, July 18, 2012). In August, police in Dayton arrested a man in an apparent drug house where police found marijuana in jars, gel caps of heroin, a digital scale, a handgun and a rifle (www.daytondailynews.com, Aug. 25, 2012). In November, *The Dayton Daily News* reported Miami Valley rural areas and outlying cities are seeing an increase in thefts, car break-ins and other crimes committed by heroin users in need of money for heroin; instead of heroin users going to Dayton, Dayton dealers are going into rural and outlying areas of Dayton to sell heroin (www.daytondailynews.com, Nov. 4, 2012). In January, media reported on three separate incidences were individuals were arrested for selling heroin: A man was arrested after an undercover investigation concluded that he was selling heroin from a Dayton home (www.whiotv.com, Jan. 18, 2013); another Dayton man was arrested for trafficking in drugs after police found heroin, scales, cash and a handgun in his residence (www.whiotv.com, Jan. 23, 2013); a Dayton woman was arrested after narcotics officers observed her selling heroin to people in cars outside her home (www.whiotv.com, Jan. 25, 2013).

Participants and community professionals reported that the overall availability of powdered and black tar heroin has remained the same during the past six months. The BCI London Crime Lab reported that the number of cases it processes for powdered and black tar heroin have remained the same during the past six months.

Most participants generally rated the quality of heroin as '10' for the black tar, '6' for the brown powdered and '5' for the white powdered on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of heroin has remained the same during the past six months.

The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants reported that brown and white powder heroin is primarily available in "caps" (capsules filled with approximately 1/10 gram of heroin); a cap typically sells for $10. Reportedly, participants pay more for caps the farther away from Dayton they are located, and the caps usually contain less heroin. Black tar heroin is primarily sold in balloons containing approximately 1/10 gram; a balloon sells for between $20-25.

While there were a few reported ways of using heroin, generally, the most common routes of administration remain intravenous injection and snorting. Out of 10 heroin users, participants reported that approximately five to 10 would intravenously inject, and another one to five would snort the drug. Participants continued to note a progression of use with heroin; typically first-time users snort heroin before progressing onto intravenous injection. Reasons for moving to injection include: "*It [heroin] hits you quicker [when you inject] … it hits you in 15 seconds versus 15 minutes … you don't have to use as much. You can do one [cap] versus five [caps].*"

Participants reported obtaining injection needles from multiple sources, including area retailers, dealers, diabetics and local pharmacies. Needle availability from pharmacies and stores varies throughout the region. A participant commented, "*Nowhere in Miami County can you get a clean needle without a prescription.*" Reportedly, some drug dealers also sell needles as a participant explained, "*A lot of drug dealers sell them with the heroin. I don't' know where they get them, but a lot of drug dealers have them with them, so they'll sell them for $2 a piece or something.*" Participants expressed the need for clean needles. As reported by participants and community professionals, heroin overdoses are a common occurrence throughout the region. A community professional commented, "*If it weren't for Narcan® [opiate antidote] there'd be a whole lot more [overdoses].*"

Participants reflected on the link between jail release and overdose. A participant stated, "*I know somebody that got released from jail, and she was locked up for like four months … she got out November 10th and she was dead November 12th*

[from an overdose]." A community professional commented *on release into the community and overdose*: "They [heroin users] get out of treatment … or get released from jail, and two days later you are dead [from an overdose]." Reportedly, this trend is especially rampant among young females. A community professional stated, "*Young, white females … that's who's hitting the obituaries right now [overdosing and dying on heroin]*." Most participants have lost a friend or family member to overdose or have personally overdosed. A participant stated, "*My ex had to the call EMS a few times on me [after overdosing*]."

Participants and community professionals alike identified Xanax® as a huge contributor to overdose. Participants in all areas discussed the danger of mixing Xanax® with heroin: "*[Overdose] it's real bad with Xanax®; I have known so many people that have OD'd … and that's basically because they took Xanax® with dope [heroin]*."

Participants described typical heroin users as White, with "younger" individuals identified as most likely to use the drug. Participants also identified an increase in heroin use among young, White women. Community professional reported that typical heroin users are more likely to be suburban and have "money." A community professional in Dayton reported an increase in young females using heroin: "*Seeing younger white females [using heroin] like we've never seen before. In drug court, that's probably at least half of our drug court population*." Heroin, reportedly, is used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®) to intensify its effect. Heroin, and crack and powdered cocaine to "speedball."

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use, with Opana® and OxyContin® as popular in different areas of the region; community professionals identified methadone, OxyContin®, Percocet® and Vicodin® as most popular.

Participants and community professionals alike reported that the availability of prescription opioids had increased during the previous six months. Miami Valley Regional Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Some exceptions included increases in fentanyl and Opana® cases, and decreases in Lortab®, morphine, Norco®, Percocet® and Vicodin® cases. Reportedly, many different types of prescription opioids were sold on the region's streets.

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report obtaining them from emergency rooms and doctors. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained snorting and swallowing, with snorting indicated as the preferred abuse method. A profile of the typical illicit prescription opioids user did not emerge from the data, though some participants commented that prescription opioids abuse was common among adolescents and young adults.

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*Pain pills [prescription opioids] be everywhere*." Participants and community professionals alike identified Percocet®, OxyContin® and Vicodin® as the most popular prescription opioids in terms of illicit use; additionally, participants included Opana® as most popular.

Participants reported that the availability of prescription opioids has decreased during the past six months primarily because, "*everybody's doing heroin*." A participant commented on the high availability of heroin: "*More people have switched to heroin, it's so readily available*." Community professionals reported that the availability of prescription opioids has remained the same during the past six months. A community professional commented, "*Pain management is doing a better job. They are making them drop [doctors are requiring urine drug screens of pain management patients] monthly to see if there are other substances in their systems … and if there are, they are immediately removed from pain management*."

The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (8 mg sells for $12), fentanyl (75 mg sells for $40), Lortab®(10 mg sells for $7), methadone (10 mg sells for between $5-8; 60 mg of liquid methadone sells for $30), Opana® (60 mg sells for $60 or $1 per milligram), OxyContin® OP (aka "oxy's;" usually sells for $1 per milligram), Percocet® (aka "P's" and "perc's;" 5 mg sells for $3; 10 mg sells for between for $7-10), Ultram® (50 mg sells for between $0.50-1) and Vicodin® (aka "V's," "vikes" and "vikings;" 5 mg, aka "baby vikes," sells for between $2-3; 7.5 mg sells for $4; 10 mg sells for $5).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remain snorting and swallowing. Out of 10 prescription opioids users, participants reported that approximately one to five would orally consume and five to nine would snort the drugs. A participant noted, "*I've noticed younger kids snorting [prescription opioids].*"

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from the family doctor, emergency rooms or family members. Participants identified "older" individuals as more likely to sell prescriptions and discussed prescription trading among users. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as, "*anyone; anybody; everybody*." Community professionals also reported prescription opioids users as, "*across the board.*" However, community professionals noted an increase in "older" people abusing prescription opioids. A community professional reported, "*Trend seeing now [with prescription opioids abuse] … the older person, 35, 40 [years of age] on up … were a professional, lost their job, had an injury, boom … they are on that [prescription opioids] and before you know it, they are done … get addicted to it really fast.*"

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination sedative-hypnotics (Xanax®). As a participant claimed, "*Xanax® is awesome to use with everything. Everything.*"

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained moderately available in the region. Participants most often reported the drug's availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '7.' Community professionals reported that availability varied between rural and metropolitan areas.

Participants reported that the street availability of Suboxone® had remained the same during the previous six months, while community professionals reported that availability had increased, linking the increase to an increase in opiate use. Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that Suboxone® 8 mg strips and tablets sold for between $8-20; a month's prescription sold for $300. Suboxone® was most commonly administered sublingually, with some participants reporting snorting or injecting when abusing the drug. A profile of the typical illicit Suboxone® user did not emerge from the data.

Current Trends

Suboxone® remains moderately available in the region. Participants reported the street availability of Suboxone® as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). In outlying rural areas participants discussed difficulty obtaining Suboxone®. A participant in Miami County stated, "*But you know what is sad? I live here in Troy and I have to go to Dayton to find a doctor that will prescribe it [Suboxone®] because there is no doctor in Miami County who is licensed [to prescribe Suboxone®].*" Community professionals most often reported the current availability of Suboxone® as '8.' A community professional reported. "*[Suboxone®] it's kind of a niche market. It's available, but it's gonna depend on if*

they want to spend the money for it." Another community professional commented, "*I think [Suboxone®] it's becoming more available legitimately, so the illicit market is going to kind of follow along. If you got more people prescribing it, then there's going to be more of it out there*." A community professional in Hardin County reflected, "*They [heroin users] think they are [using it to get clean] but then they get addicted to it. It's from one addiction to the other, and they end up doing both of them*."

Participants and community professionals most often reported that the availability of Suboxone® has decreased during the past six months. A participant stated, "*[Suboxone®] they're harder to find now for some reason*." A community professional commented, "*A slight decrease … but we're still seeing a decent amount of it [Suboxone®]*." Prescribing patterns are attributed to the decrease in an outlying area as a community professional in Hardin County reported, "*They've tried to limit it [Suboxone® diversion]. They've went to tabs that dissolve in your mouth. Some of the doctors we've talked to will make them go every day to get it. They just don't give them a prescription because they know they are selling it*." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

No slang terms or street names were reported for Suboxone®. Current street prices for Suboxone® were varied among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between $10-20. A participant discussed the high price paid for prescriptions of Suboxone® without insurance: "*My God, I don't have insurance, and I pay almost $500 a month for my [Suboxone®] prescription, but it's worth it to stay off heroin … I wish I didn't have to drive to Brookville once a month. My first appointment was $300 then I had to pay $100 in two weeks to see him [the doctor] you know, and now I pay $180 a month to go plus my medication you know. And the cheapest place you can go is Wal-Mart®, and it equals out to be $6.80 a strip*."

Participants continued to report the most common route of administration for Suboxone® is sublingual. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from Suboxone® clinics, although participants discussed that it's easier to buy Suboxone® on the street. Price is a huge factor in participants being able to obtain Suboxone® through legal routes. Another participant without insurance discussed barriers, "*If you don't have insurance or anything, which I don't, you know 'cause I was on the street. They [doctors] won't take you … I can't get a medical card 'cause I don't have kids living with me and stuff. I don't have a disability …*" A participant reported, "*Suboxone® clinics can get you in the next day if you are self-pay*." Another participant agreed, "*Yeah, if you've got the cash*."

Participants described typical illicit users of Suboxone® as heroin and prescription opioids addicts. Detox is a popular identified reason to use Suboxone® as a community professional reported, "*And they are trying to kick it [heroin] on the street … 'cause the detox availability around here is next to nothing that I know of*."

Reportedly, Suboxone® is used in combination with cocaine or sedative-hypnotics but it is not common. Most respondents agreed that it's not typical to use other substances with Suboxone® because, "*you'll get sick; it won't work [you won't get high] anyway*."

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use. Community professionals identified Ativan® and Xanax® as most popular; the also reported an increase in Soma® use.

Participants and community professionals alike reported that the availability of sedative-hypnotics had remained the same during the previous six months, with the exception of increased availability for Klonopin®. Miami Valley Regional Crime Lab reported that the number of sedative-hypnotics cases it processes had decreased during the previous six months.

The most common routes of administration for sedative-hypnotics were eating (chewing the pills before swallowing), swallowing and snorting. A profile of the typical sedative-hypnotics user did not emerge from the data. Participants reported use as being common across all demographic categories.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to identify Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals agreed and also named the aforementioned as most popular. Xanax® has reportedly been the most popular sedative-hypnotic, but some participants reported that Klonopin® is becoming the most popular.

A participant commented on Ambien® and claimed, "*People are starting to take that [Ambien®] a lot lately but they're not using it for sleeping. They're staying awake on it … and it's weird.*" A community professional reported, "[*Sedative-hypnotics] that's what they [users] are killing themselves with. When they come off [relapse], they will use Xanax® and heroin and that's when they die [overdose]*."

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. Reasons for the decline in availability varied. Some participants claimed that users who are prescribed sedative-hypnotics do not want to get rid of them, holding onto them for personal use. Other participants stated that users with prescriptions are not selling their sedative-hypnotics because they are afraid of, "*getting busted*." Community professionals also reported that availability of sedative-hypnotics has decreased during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reorted, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for between $1-2; 2 mg sells for between $3-4), Valium (10 mg sells for between $1-2) and Xanax® (0.5 mg, aka "peaches," sells for between $0.50-2; 1 mg, aka "footballs," sells for between $2-3; 2 mg, aka "bars" and "school buses," sells for between $4-8).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately five to eight would orally consume and two to five would snort the drugs. A participant reported, "*A lot of them [users] don't like snorting them [sedative-hypnotics] … it burns a little.*"

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from area doctors and emergency rooms. However, some participants felt that it is getting difficult to obtain sedative-hypnotics through legal channels and claimed, "*I think it's still hard to get them [sedative-hypnotics] from the emergency room; I remember it used to be easy but that was almost two years ago.*" A participant reflected, "*Dealers is number one [primary source for sedative-hypnotics]*."

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described sedative-hypnotics use as more socially acceptable than previously: "*It's sort of accepted. You can be strung out on Xanax®, but because you have a script [prescription], it is okay*." Community professionals identified "younger" individuals (40 years of age and younger) as more likely to abuse sedative-hypnotics.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Participants explained that sedative-hypnotics are not a typical solo drug of abuse or a drug of choice among users. A treatment provider reported, "*I've had some clients come in recently [enter treatment] that list Valium®, but it's like they have two or three other drugs. Heroin is first and then maybe cocaine, and if they can't get those two, then they might take a Valium® or something [other sedative-hypnotics] just to help them out*." Heroin is a popular drug to use in combination with sedative-hypnotics. A participant stated, "*Everybody uses heroin with barbiturates and that's how they end up dying [overdosing]*."

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings on the quality of marijuana ranged from '3' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), depending on grade of marijuana purchased. Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana also depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a "blunt" (cigar) or two "joints" (cigarettes) sold for $5; 1/4 ounce sold for between $25-70. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between $20-30; 1/4 ounce sold for between $100-125.

The most common route of administration for marijuana remained smoking. A profile for the typical marijuana user did not emerge from the data. Participants and community professionals reported that marijuana use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "*[Marijuana] it's everywhere*." Another participant commented, "*You can find that [marijuana] in the middle of the street*."

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In August, agents with the Montgomery County Range Task Force and Ohio BCI agents confiscated at least 200 marijuana plants from a Miami County home; much of the marijuana was already dried, packaged and ready for sale (www.daytondailynews.com, Aug. 30, 2012). In December, police were called to a high school in Trotwood (Montgomery County) to find out who was handing out marijuana-laced brownies (www.daytondailynews.com, Dec. 11, 2012).

Collaborating data also indicated that marijuana is readily available in the region. The Montgomery County Juvenile Court reported that of the 1,298 juveniles it drug tested during the past six months, 68.3 percent tested positive for the presence of an illicit drug; and of those positive, 71.7 percent were positive for the presence of marijuana.

Participants and community professionals alike reported that availability of marijuana has remained the same during the past six months. A community professional stated, "*[Marijuana] it's always gonna be there [available]*." However, another community professional responded, "*Marijuana is usually something we don't deal a lot with because everybody is hooked on heroin. The marijuana is kinda the side drug*." Another community professional added, "*We don't have to worry about them overdosing on marijuana. You don't overdose and die on that*." The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participants most often reported the quality of commercial (low-grade) marijuana as '7' and the quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current street jargon includes countless names for marijuana. The most commonly cited names were "commercial" and "reggie" for commercial marijuana; and "dank," "dro," "Kesha," "kush" and "perp" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $5; 1/8 ounce sells for between $20-25; 1/4 ounce sells for between $20-40; an ounce sells for between $50-60; a pound sells for between $400-450. Higher quality marijuana sells for significantly more: a blunt or two joints sells for $25; 1/8 ounce sells for between $50-100; 1/4 ounce sells for between $65-100; an ounce sells for $300; a pound sells for between $700-900.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine to 10 would smoke and one would consume the drug in baked goods. A profile for a typical marijuana user did not emerge from the data.

Participants and community professionals described typical users of marijuana as, "*everybody*," although some participants felt that marijuana use is more prevalent among teens and those in their early twenties. Reportedly, marijuana is used in combination with crack and powdered cocaine to come down from the stimulant effect of cocaine use, and alcohol and heroin when users want that "*extra high*."

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine was moderately available in the region. Participants in the Dayton area most often reported availability of methamphetamine as '5' or '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers and law enforcement most often reported availability as '8.' Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported that availability had increased. Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for $80. The most common routes of administration for methamphetamine were smoking and snorting. A profile of the typical methamphetamine user did not emerge from the data.

Current Trends

Methamphetamine availability is variable in the region. Participants in one area of Dayton most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while participants in Lima and in Hardin and Miami counties most often reported current availability as '0.' Many participants had no knowledge of methamphetamine.

Participants and community professionals in Dayton reported on the production of "one-pot" or "shake and bake" methamphetamine. "One-pot" or "shake-and-bake" refers to production of methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location.

A community professional in Dayton discussed one-pot methods, "*We've had an increase in [methamphetamine] labs … a lot of one pots … personal use … a lot of times they are making it just for their personal use*." Community professionals most often reported the current availability of methamphetamine as '3.'

Participants reported that the availability of methamphetamine has decreased during the past six months. A participant commented, "*It [methamphetamine] used to be pretty bad but not no more*." Many participants appeared wary of methamphetamine: "*It [methamphetamine] eats your face up … your teeth; My God, you are shooting Drano® and lighter fluid into your arm, you know*." Community professionals reported that availability of methamphetamine has remained the same during the past six months.
The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. In addition, personnel with the Miami Valley Regional Crime Lab indicated an increase in IV use of both methamphetamine and heroin together.

Participants were unable to provide information regarding the current quality of methamphetamine in the region. A community professional in Miami Valley Regional Crime Lab reported that they have only seen homemade powdered methamphetamine in the lab.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crystal," "ice" and "meth." Participants did not report current street prices for methamphetamine; they reported that more individuals are making their own methamphetamine rather than purchasing it on the street. A participant reported, "*You can make 2.5 grams [of methamphetamine] for less than probably $30. If you buy a gram on the street, it's about $80 a gram*." A participant discussed being tricked into buying methamphetamine, "*I remember one time we bought an 'eight ball.' It was supposed to be coke [cocaine] and it was crank [methamphetamine]*."

While there were several reported ways of using methamphetamine, the most common route of administration is intravenous injection. Out of 10 methamphetamine users, participants reported that approximately eight would intravenously (IV) inject and two would smoke the drug. A community professional from Miami Valley Regional Crime Lab suggested an increase in IV use.

While participants could not describe a typical methamphetamine user in terms of demographic categories, participants discussed being able to visually identify methamphetamine users: "*They look like death and smell like death; They don't take a bath, they don't brush their teeth … wash their hands*." Community professionals reported typical methamphetamine users as White, both men and women. The ease of cooking methamphetamine is thought to contribute to a change in demographics of methamphetamine cooks. A community professional reported, "*We are getting more women cooks where you used to see the men cooking, and the women using [methamphetamine]*."

Reportedly, methamphetamine is used in combination with cocaine, prescription opioids and other "downers" (depressant type drugs) to bring a user down from the stimulant high of methamphetamine.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were moderately available in the region. Participants most often reported the availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Adderall® and Ritalin® as the most available prescription stimulants in terms of illicit use, with Adderall® being more popular than Ritalin®.

Although prescription stimulants were available, they were not as desired as other drugs among participants. Community professionals most often reported prescription stimulants as highly available, but agreed with participants that these drugs were not very desirable.

Participants reported that the availability of prescription stimulants had remained the same during the previous six months. Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes had increased while the number of Concerta® and Ritalin® cases it processes had decreased during the previous six months.

The following prescription stimulants were available to street-level users: Adderall® (20 mg sold for between $8-9; 30 mg sold for $10). Participants and community professionals reported illicit prescription stimulants use as common among high school and college students and young mothers.

Current Trends

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '3.' Although participants reported high availability of prescription stimulants, a participant commented, "[*Prescription stimulants use] it's not as common as heroin and weed*." Community professionals reported that they do not typically see or deal with prescription stimulants abuse. Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were reported by one participant with experience buying the drug. The following prescription stimulants are available to street-level users: Adderall® (20 mg sells for $3; 25 mg sells for $4; 30 mg sells for $5).

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends and family. A profile for a typical illicit prescription stimulants user did not emerge from the data. However, a participant claimed, "*I know a lot of college kids and dancers [use prescription stimulants] … a lot, like at the strip clubs, they [dancers] do Adderall® now instead of cocaine 'cause it's easier to hide.*"

Reportedly, prescription stimulants are called, "*poor man's coke*," thus participants thought cocaine users might use the drugs more often than others. A community professional commented on the typical illicit user: "*Female. We got a lot of stuff to do … I wonder if there's still that group of women who are like, 'well this [prescription stimulants] is a prescription and it gets me where I need to go without cooking it myself [reference to methamphetamine].'*"

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained moderately available in the region despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '5.' There was general consensus among participants that the availability of bath salts had decreased since the law banning their sale took effect.

However, despite the reduced availability, participants said bath salts could be obtained in area retail stores. Media in the region reported that Dayton narcotics officers continued to purchase bath salts and synthetic marijuana through undercover buys. The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants reported that a gram of bath salts sold for between $20-40. Participants said stimulants users were likely to use bath salts. Law enforcement identified "younger," white males as likely to use bath salts.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. Participants reported the drug's current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '4.' Most participants had never tried bath salts and appeared scared to try them with comments like: "*I've seen people get wigged out over that [bath salts]. I've never tired it, don't want to try it; I never done them, they scared me.*" A community professional commented, "*People are scared of them [bath salts]. If they weren't scared, they've gotten scared.*"

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants attributed legislation as a driving factor for decreased availability. A participant claimed, "*That [bath salts use] was really bad, but they outlawed them.*" The Miami Valley Regional Crime Lab personnel reported that they are seeing a decrease in cases they process for bath salts; they too attributed a decrease in cases to legislative action and the bad reputation of the drug. The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New labels for bath salts are emerging to help circumvent the laws; participants said bath salts are currently sold under labels like, "hookah cleaner." Current street prices for bath salts were not reported by participants. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from on-line and in regional head shops and gas stations. A participant commented, "*I know you can buy it on-line and get it mailed right to your house.*" Another participant stated, "*They sell it [bath salts] as hookah cleaner. I don't do it … the gas stations*

they call it hookah cleaner." Changes in bath salts formulation were also discussed as a crime lab professional reported, "*We also have some [law enforcement] agencies that hit some batches [of bath salts] that weren't controlled [that contained chemical analogues which weren't specially banned by law]. And there's nothing they [law enforcement] can do, so they stopped making buys until that new Ohio legislation passes … they are ready to knock doors down like tomorrow as soon as it is signed, they are ready to go*."

Participants described typical users of bath salts as aged mid-20s and younger. A community professional in Hardin County reported a typical user as, "*mainly younger people, like 25 [years old] around here*." Within Dayton a community professional reported, "*Younger kids … Teenagers, 18, 19 [years of age] … white males*."

Synthetic Marijuana

Historical Summary

In the previous reporting period, there was some evidence of synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") within the region. While participants did not report on synthetic marijuana, treatment providers discussed client use of the drug. Treatment providers reported that users had moved away from synthetic marijuana due the many negative effects produced by the drug, such as paranoia and panic; they reported that users liked marijuana.

Additionally, treatment providers reported that individuals who believed there were no legal ramifications to synthetic marijuana use were likely to use the drug. Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "*I've been offered it [synthetic marijuana] before around here, but I wouldn't say it was that common*." Community professionals in Dayton most often reported the drug's current availability as '4,' while community professionals in Hardin County reported much higher availability. Law enforcement in Hardin County reported, "*We just got [confiscated] 20 pounds of it [synthetic marijuana] at a [local] house*."

Participants and community professionals in Dayton reported that the availability of synthetic marijuana has decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Current street prices for synthetic marijuana varied among participants with experience buying the drug. Participants reported that synthetic marijuana sells for: "*$20 for a packet; $30 for a little round container with like two joints in it; Now that the drug dealers have it, they'll give you a shit ton of it for like 10 bucks*." Participants reported that the most common route of administration for synthetic marijuana is smoking.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from area gas stations and head shops. Participants described typical users of synthetic marijuana as either "*kids*" or "*adults on probation*." A participant discussed the use of synthetic marijuana, "*I think it was more common for the young probations 'cause anyone that could smoke real weed was gonna smoke real weed. But if you were an addict and you smoke weed and couldn't, it was the next big thing*." Participants also reported that synthetic marijuana is commonly used by individuals subjected to urine drug screens.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.'

Participants most often reported that the availability of Ecstasy had decreased during the previous six months, while community professionals reported that availability had remained the same. Miami Valley Regional Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants reported that a "double stack" or "triple stack" (high doses of Ecstasy) sold for between $10-25; a gram of pure Ecstasy (aka "Molly") sold for $50. The most common route of administration for Ecstasy remained oral consumption.

Participants and community professionals described typical Ecstasy users as recently graduated from high school and in college. "Ravers" (those who attend underground dance parties and music festivals) were another group cited as likely to use Ecstasy.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is infrequently available in the region. Participants most often reported the current availability of Ecstasy as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported the current availability as '1.'

Participants reported that the availability of Ecstasy has decreased during the past six months, while community professionals reported that availability has remained the same. A participant stated, "*It [Ecstasy] used to be more common*." Another participant remarked, "It's kind of like Ecstasy disappeared." *However, a participant reported, "Seek and you shall find [Ecstasy]."* The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Ecstasy; however, the most commonly cited name remains "E." Typical imprints on Ecstasy tablets include Superman and an eyeball. Current street prices for Ecstasy were reported among the few participants with experience buying the drug; participants reported minimal purchasing experience. A participant reported, "*$25 for an Ecstasy pill. Last time I did them, they were Supermans.*" Participants described typical users of Ecstasy as "younger" or individuals who go to dance clubs.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) medications.

Anabolic steroids remained rarely available in most of the region; however, they were identified as highly available in rural areas. The Miami Valley Regional Crime Lab reported that the number of anabolic steroids cases it processes had decreased during the previous six months. A six-week supply of anabolic steroids reportedly sold for $150. Participants described typical users of anabolic steroids as athletes and body builders. Law enforcement reported use to be more common among young, white males.

Hallucinogens (LSD and psilocybin mushrooms) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability of hallucinogens as '3.' Participants reported that hallucinogens were more commonly seen in the rural areas of the region. Participants reported that the availability of LSD had decreased during the previous six months, while the availability of psilocybin mushrooms had increased. Law enforcement reported an increase in psilocybin mushrooms.

The Miami Valley Regional Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes had decreased during the previous six months. However, Miami Valley Regional Crime Lab reported increases in cases involving PCP (phencyclidine) and DMT (dimethyltryptamine) during the previous six months. Participants reported that LSD sold for between $8-10 a "hit" (dose); 1/8 ounce of psilocybin mushrooms sold for between $20-30; 1/4 ounce sold for $40. Participants reported use of hallucinogens as common among young people of high school and early college years.

Inhalants remained readily available at several outlets throughout the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported little experience with or interest in inhalants, but reported that inhalants were most common among high school youth. Participants described the typical illicit user of OTC medications as young, African-American individuals of middle and high school age.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and inhalants.

Anabolic steroids remain available in the region. A participant in Dayton commented, "I only know one person … [anabolic steroids] it's available in pretty much any gym." Another participant in Miami County identified younger individuals as more likely to use steroids: "*I think the younger crowd [uses anabolic steroids], like high school and college [aged individuals] because my son goes to [university name omitted] … and he talks … and he's on the rugby team, and he talks about it [anabolic steroids] all the time. Like you can just walk into the locker room [and find anabolic steroids users].*" A crime lab professional reported, "*We are still seeing them [anabolic steroids], but it has dropped off because Warren County [law enforcement] took out the supply of Southwest Ohio.*"

Hallucinogens vary in availability in the region. There was no consensus among participants as to the current availability of these drugs. However, most participants made comments similar to the following: "I *haven't seen that stuff [hallucinogens] in a long time; I still hear about it [hallucinogens], but it's hard to find.*" A participant in Dayton commented, "*If you can get [psilocybin] mushrooms, it's hard. And they'll go quick because everyone wants them. It's like a weed sell … fifty bucks a quarter [ounce].*"

Other participants discussed the necessity for a connection: "*You can get it [hallucinogens], just gotta know certain people; [Psilocybin] mushrooms are a '10' [highly available] if you know where to get them.*" A participant in Miami County discussed a range in availability: "*When Hookaville [a music festival] comes around, that time of year, early spring … Yeah, you'll hear, 'I got some acid [LSD] for Hookaville or I got some drops [LSD] for Hookaville, but you don't hear people calling, 'you know where I can get some 'shrooms' [psilocybin mushrooms]?'*" A crime lab professional commented, "*I think a lot of hallucinogenic stuff [effects] they [users] are getting through the [use of] designer drugs.*"

The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens reported, the crime lab further noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months.

Participants reported that inhalants remain highly available in the region; however, participants continued to report low desirability for them. Participants also continued to report that inhalants appeal to "*kids.*" A community professional in Dayton discussed inhalants: "*Not very many [users], but there are dedicated 'huffers' [inhalant users]. We had a couple in [treatment], and they say that they went to inhalants when placed on supervision because they knew that we couldn't [drug] test for it.*" A community professional further discussed characteristics of an inhalant user: "*We've got this fairly small hardcore group of huffers, and [inhalants] that's all they do, and they've been doing it for years … older, White guys who probably started as teenagers.*"

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Dayton region. Changes in availability during the past six months include: likely decreased availability for bath salts, powdered cocaine, sedative-hypnotics and Suboxone®.

Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as on-line and in regional head shops and gas stations. New labels for bath salts are emerging to help circumvent the laws; participants said bath salts are currently sold under labels like "hookah cleaner." Most participants had never tried bath salts and stated being scared to try them. Participants and community professionals reported that the availability of bath salts has decreased during the past six months, attributing legislation as a driving factor in this. Miami Valley Regional Crime Lab personnel reported that they are seeing a decrease in cases they process for bath salts; they too attributed a decrease in cases to legislative action and the bad reputation of the drug.

Participants and community professionals alike most often reported that the availability of powdered cocaine has decreased during the past six months. Participants cited dealers holding onto to powdered cocaine for the manufacture of crack cocaine, a more profitable drug, along with "drug busts" and an increase in other substances (heroin) as reasons for general decreased availability. However, participants noted that it has become more common for heroin dealers to also carry powdered cocaine for the users who like to use the drug with heroin (aka "speedball").

Participants and community professionals reported that the availability of sedative-hypnotics has decreased during the past six months. Reasons for the decline in availability include: users who are prescribed sedative-hypnotics not wanting to get rid of them, holding onto them for personal use and users with prescriptions not selling their sedative-hypnotics because they are afraid of "getting busted." Participants and community professionals reported new concerns regarding sedative-hypnotics abuse. A participant reported that users are abusing Ambien® in a different way to stay awake and not to sleep; community professionals noted that sedative-hypnotics combined with other substances has led to an increase in drug overdoses and deaths, particularly when heroin is combined with benzodiazepines. Also concerning is that participants described sedative-hypnotics use as more socially acceptable than previously. Community professionals identified "younger" individuals (40 years of age and younger) as likely to abuse sedative-hypnotics. Participants and community professionals most often reported that the availability of Suboxone® has decreased during the past six months. In outlying rural areas, participants discussed difficulty obtaining Suboxone® due to no or few doctors licensed to prescribe the drug. Community professionals attributed the reported decrease in street availability of Suboxone® to a change in prescribing patterns; they described doctors trying to limit diversion by prescribing the film form of the drug and requiring some patients to visit their office daily.

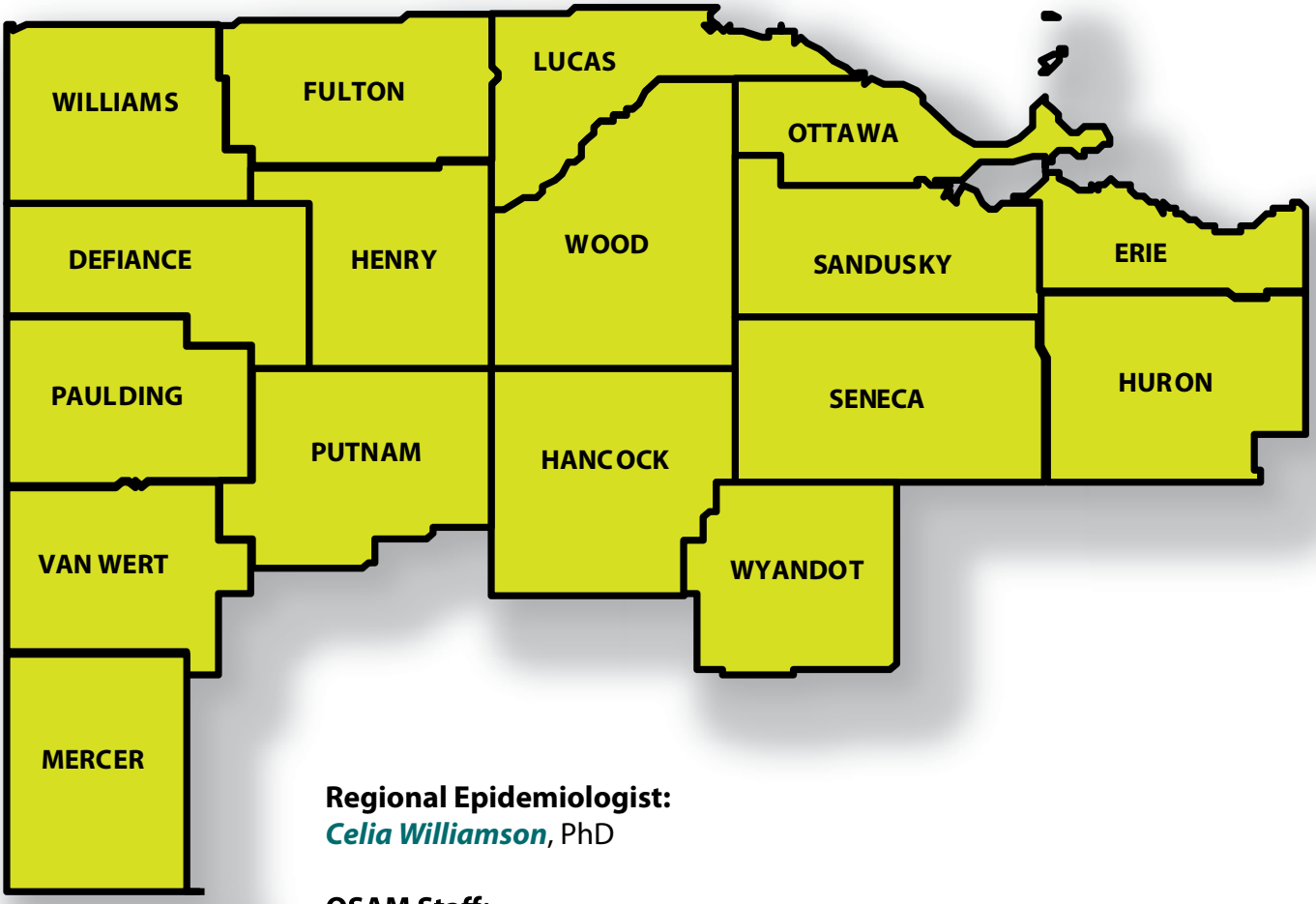
Lastly, while availability is variable within the region, methamphetamine use is of growing concern. The Miami Valley Regional Crime Lab reported that methamphetamine use may be undetected in parts of the region as users typically make the drug solely for personal use and not for sale. The crime lab also noted a rising trend of methamphetamine use with heroin; participants in past cycles referred to the concurrent use of methamphetamine with heroin as the "ultimate speedball." Lastly, the crime lab noted an increase in intravenous methamphetamine use, while another community professional noted an increase in female cooks.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Toledo Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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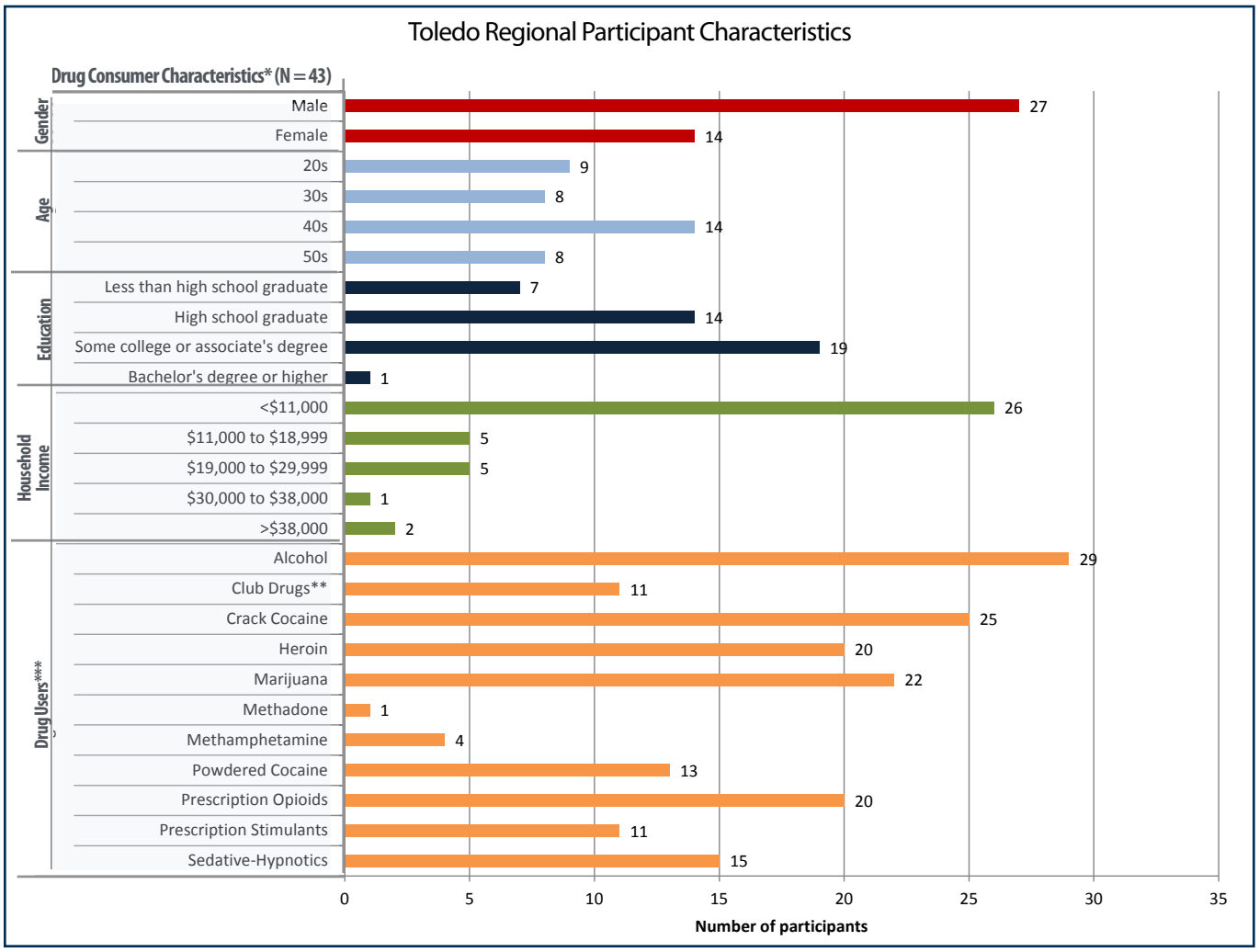
Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	41
Gender (female), 2010	51.2%	51.1%	34.1%
Whites, 2010	81.1%	83.7%	57.5%
African Americans, 2010	12.0%	8.0%	32.5%
Hispanic or Latino origin, 2010	3.1%	5.4%	5.4%
High School Graduation rate, 2010	84.3%	83.8%	82.9%
Median Household Income, 2011	$45,803	$46,698	Less than $11,000[2]
Persons Below Poverty Level, 2011	16.3%	12.5%	70.7%[3]

[1]Ohio and Toledo statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 2 participants due to missing data.
[3]Poverty status was unable to be determined for 2 participants due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Lucas County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as to data surveyed from the Toledo Police Crime Lab and the Bureau of Criminal Investigation (BCI) Bowling Green Office, which serves northwest Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as either '7' or '9' depending on location within the region. Participants most often reported that the availability of powdered cocaine had remained the same during the previous six months, while treatment providers reported a slight increase in availability during the same period. The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: benzocaine (local anesthetic), caffeine, inositol (dietary supplement) and levamisole (livestock dewormer). Participants reported that a gram of powdered cocaine sold for between $40-50; 1/16 ounce, or "teener," sold for between $70-80; 1/8 ounce, or "eight ball," sold for between $120-150; an ounce sold for between $500-600.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. While treatment providers reported use of powdered cocaine as more common among White women, participants reported use as common across all demographic categories.

Current Trends

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Powdered cocaine] it's available, but less available then crack [cocaine]*." Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported current availability as '6.' A treatment provider stated, "*We have more positive drug screens for both coke [cocaine] and opiates*." Law enforcement reported that because of "speedballing," or combining powdered cocaine with heroin, powdered cocaine is, "*making a comeback*."

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In October, authorities filed indictments in the U.S. District Court in Toledo for 28 people, including seven people from Toledo, for being part of a drug-trafficking organization that allegedly brought over 2,400 pounds of cocaine and marijuana into the Toledo area from Mexico and Texas since 2002 (www.toledoblade.com, Oct. 5, 2012). In November, Toledo police arrested 22 people from across Toledo in a drug-trafficking enforcement sweep; in the raid, police seized 1.135 kilo of cocaine, 20 grams of china white heroin, 714 grams of marijuana, six marijuana plants along with controlled pharmaceuticals (www.toledoblade.com, Nov. 9, 2012). In December, law enforcement in Toledo led a citywide gang sweep which resulted in 11 felony arrests and seizure of guns, cash, cocaine, marijuana and other drugs (www.abc6onyourside.com, Dec. 11, 2012). In January, troopers with the Ohio State Highway Patrol arrested three Michigan men after finding powdered cocaine, heroin and crack cocaine during a traffic stop in Wood County (www.nbc4i.com, Jan. 3, 2013).

Participants and treatment providers alike reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider commented that powder cocaine use is, "*pretty steady.*" The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Most participants rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine has increased during the past six months. Participants reported that powdered cocaine in the region is cut with baking soda, creatine, lactose, laxatives and vitamin B-12. The BCI Bowling Green and Toledo Police crime labs cited caffeine, levamisole (livestock dewormer) and local anesthetics (lidocaine and procaine) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "soft" and "white girl." Participants listed the following as other common street names: "blow," "nose candy" and "Tony Montana." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for $50, depending on the quality; 1/16 ounce, or "teener," sells for $75; 1/8 ounce, or "eight-ball," sells for $150; an ounce sells for $1,000. A participant reported that because of the amount of adulteration or "cut" that takes place, powdered cocaine sometimes costs about the same as crack cocaine.

Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately nine would snort and one would intravenously inject the drug. A profile for a typical powdered cocaine user did not emerge from the data. Participants described powdered cocaine users as, "*people you would never think.*" A treatment provider responded, "*Both guys and girls like to use it [powdered cocaine]. It's also pretty equal between Black and White [users].*"

Reportedly, powdered cocaine is used in combination with alcohol, Ecstasy, heroin, marijuana and sedative-hypnotics. Participants described powdered cocaine as a "social" drug, something to be used at a party or nightclub. Other than Ecstasy, which was also described as a "party" or "social" drug, powdered cocaine appears to be a drug that is used in combination with a primary drug of choice such as alcohol, heroin or marijuana. Participants noted that powdered cocaine is used concurrently with heroin ("speedball") or heroin and benzodiazepines are used after powdered cocaine to "come down" from the stimulant effects of powdered cocaine. A participant commented that crushing an Ecstasy pill and mixing it with cocaine is called a, "*pixie stick.*"

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '3' or '7' depending on location within the region. Participants most often reported that the availability of crack cocaine had remained the same during the previous six months, while treatment providers reported a slight increase in availability. The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of crack cocaine had remained the same during the previous six months. The BCI Bowling Green Crime Lab continued to cite levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for $30; 1/16 ounce, or "teener," sold for between $50-65; 1/8 ounce, or "eight ball," sold for between $100-150; an ounce sold for $800.

The most common route of administration for crack cocaine remained smoking. A profile of the typical crack cocaine user did not emerge from the data. Participants reported that use spanned across all age groups.

Current Trends

Crack cocaine remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Crack cocaine] that's a commodity in high demand, and people are gonna provide that demand to the public.*" Participants and treatment providers

reported that the availability of crack cocaine has remained the same during the past six months. A participant reported, "*[Crack cocaine] it's been a steady '10' [highly available] for a few years*." The BCI Bowling Green and Toledo Police crime labs reported that the number of crack cocaine cases they process has remained the same during the past six months.

Most participants rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baby laxatives, baking soda, creatine, laxatives, Orajel®, Similac®, sleeping pills and vitamin B-12. Participants explained that the quality of crack cocaine coincides with the level of adulteration. Adulteration is driven by individual dealers, so as one participant put it, "*[crack cocaine quality] bounces up and down from every drug dealer*." Participants reported that the overall quality of crack cocaine has decreased during the past six months. The BCI Bowling Green and Toledo Police crime labs cited levamisole (livestock dewormer) and procaine (local anesthetic) as cutting agents for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "butter," "CD," "crack," "dope," "hardware," "work" and "yay." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of crack cocaine sells for $50, depending on the quality; 1/16 ounce or "teener," sells for between $60-75; 1/8 ounce, or "eight ball," sells for between $150-200; an ounce sells for $1,500. However, a participant commented, "*Twenties [$20 pieces of crack cocaine] are the common thing you buy*."

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately eight would smoke and two would intravenously inject the drug.

A profile of a typical user of crack cocaine did not emerge from the data. Participants continued to describe typical crack cocaine users as, "everybody." A participant commented, "*It [crack cocaine] don't discriminate*." Treatment providers reported that the typical crack cocaine user is someone from any ethnic group, but someone that typically is middle class or poorer.

Crack cocaine, reportedly, is used in combination with alcohol and heroin. A participant explained that the two combinations, "*bring you down and keep you even*."

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '9' or '10.' Participants and law enforcement reported brown powdered heroin as the most available type of heroin within the region. Reportedly, the availability of black tar heroin was much lower than that of white or brown powdered heroin. Participants and community professionals reported that the overall availability of heroin had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processes had increased during the previous six months.

Participants reported that the quality of heroin varied within the region. The BCI Bowling Green Crime Lab reported the following substances as commonly used to cut heroin: caffeine, diphenhydramine (antihistamine) and quinine (antimalarial). Participants reported that a gram of brown powdered heroin sold for between $40-50; 1/4 ounce sold for $200; an ounce sold for $700. Participants reported that a gram of black tar heroin sold for between $100-150; an ounce sold for between $1,500-4,500. The most common route of administration for heroin remained intravenous injection, though beginner users would reportedly snort the drug. Participants and community professionals reported that the typical heroin user was middle class and White.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*Heroin is getting out of control in Toledo*." Another participant reported, "*You would not believe [that] I have five people on my street alone that sell it [heroin]*."

While many types of heroin are currently available in the region, participants and community professionals reported the availability of white powdered heroin (aka "china white") as the most available type of heroin. A participant expressed the consensus among participants when he said, "*China white is definitely a hot item right now.*" Another participant, commenting about the desirability of white powdered heroin over brown powdered heroin responded, "*People are looking for the china white as far as I know.*" Finally, a participant explained why china white is in big demand when he said, "*With china white … it's a stronger high.*" A treatment provider commented, "*We have more patients coming in [to treatment] saying they used china white [than any other type of heroin].*" Local law enforcement reported, "*We see mostly white [powdered heroin] on the street. Every once in a while we see tar [black tar heroin], but it's mostly white.*"

Although less desired, participants also rated the availability of brown powdered heroin also as '10.' A participant offered a reason why heroin is so popular in saying, "*because it's available and it's gotten a lot cheaper.*" Treatment providers also thought heroin to be the favored drug among users. Participants and treatment providers reported the availability of black tar heroin to be low, rating its availability as '2.' Black tar heroin is reportedly controlled by Toledo dealers.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, a Tiffin man was charged with trafficking heroin following an investigation by the Seneca County Drug Task Force (www.toledoblade.com, Nov. 11, 2012). Also in November, the Toledo Blade published a column in which it stated that Toledo is suffering from an opiate epidemic; five out of six patients that undergo detoxification at a regional treatment facility are treated for heroin and/or prescription opioids addictions (www.toledoblade.com, Nov. 11, 2012).

While participants reported that the availability of white and brown powdered heroin has remained consistently high during the past six months, treatment providers reported that availability of white and brown powdered heroin has increased. Treatment providers noted an increase in drug treatment requests for heroin addiction during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they process has increased during the past six months; The BCI Bowling Green Crime Lab also reported an increase in the number of black tar heroin cases processed.

Most participants generally rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, a participant commented that within the past six months, "*the quality [of heroin] ain't changed. It's good.*" Participants purchased heroin from both Toledo and Detroit dealers. Some participants obtained heroin in Toledo out of convenience, as one user put it, "*There are more than enough [heroin] dealers in Toledo.*" Other participants preferred to obtain their heroin from Detroit dealers. A participant explained that heroin is, "*cheaper and better in Detroit.*" Participants reported that white powdered heroin in Toledo is cut with "*anything,*" including but not limited to Ajax®, Ativan®, baby lactose, horse tranquilizer, powdered sugar and sleeping pills. Some participants were convinced that in some cases "china white" heroin is dried and crushed fentanyl being sold as heroin. The BCI Bowling Green and Toledo Police crime labs cited diphenhydramine (antihistamine) and quinine (antimalarial) as cutting agents for heroin.

Current street jargon includes many names for heroin. The most commonly cited names remain "dope" and "H." Participants listed the following as other common street names: "brown," "diesel," "dog food," "heron," "Mexican mud," "mud" and "white." A participant, in referring to the street name "dog food" for brown powdered heroin, reported, "*I've seen people literally crush up dog food and sell it as heroin. That's how much it looks like dog food.*"

Participants reported buying heroin in "papers" (1/10 gram) measured as "macs." "Papers" are described as white powdered heroin folded up in lottery tickets. "Macs" are the old McDonald's® coffee stirs with a small spoon on the end. While they are no longer used at McDonald's®, they are sold at head shops. A leveled off "mac spoon" of white powdered heroin sells for $10; three "macs" may sell for $20; a "bundle" of 13 $10 packs sells for $100 in Detroit or 12 for $100 in Toledo; a gram of white powdered heroin sells for $100; 1/4 ounce sells for $600-700; an ounce sells for $1,200. Participants reported that brown powdered heroin is also available in different quantities, reporting that a gram of brown heroin sells for $100; 1/4 ounce sells for $250. Participants reported that black tar heroin is available in different quantities, reporting that a gram of black tar heroin sells for between $100-150; 1/4 ounce sells for $250; an ounce sells for between $800-1,000. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately nine would intravenously inject and one would snort the drug. Intravenous heroin users reported that they obtained injection needles from various places. A participant reported, "*You can get them [injection needles] from the drug store or buy them off diabetics or people that you know that's got them*."

While participants described typical users of heroin as, "*everybody*," they were also quick to point out that a typical user might be someone who abused prescription drugs first. Other participants believed users to be, "*younger White people, more than younger Black people*." Treatment providers described the typical heroin user as, "*younger … in their late teens … early twenties*."

Reportedly, heroin is used in combination with alcohol, crack cocaine, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics, and above all else, more heroin. A participant who combined drugs reported, "*When I do heroin, I always have a joint [marijuana] on me because it kicks it [the high] in a lot better*."

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, the most preferred prescription opioids continued to be Opana® and Percocet®.

Participants and community professionals most often reported that the availability of prescription opioids had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months; however, increases in the number of Opana® and OxyContin® cases were noted.

Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from doctors or from buying other people's prescriptions. The most common route of administration for prescription opioids abuse was snorting, followed by intravenous injection. A profile of the typical illicit prescription opioids user did not emerge from the data. Participants and community professionals reported illicit use as common across all demographic categories.

Current Trends

Prescription opioids remain highly available in the region. Participants and treatment providers most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and treatment providers alike identified Percocet® and Roxicet® as the most popular prescription opioids in terms of illicit use; the least desirable prescription opioids was said to be Vicodin®. Participants reported that although the availability of Vicodin® is high, the experienced opiate user would only use the drug if nothing stronger were available, or as a participant described, "*You're sick and can't find no dope [heroin]*."

Media outlets in the region reported on prescription opioid seizures and arrests this reporting period. In September, the Ohio State Highway Patrol reported seizing 1,000 hydrocodone tablets during a traffic stop on I-75 in Wood County (www.10tv.com, Sept. 29, 2012). In November, the Ohio State Highway Patrol reported seizing 656 oxycodone hydrochloride pills and approximately seven grams of marijuana during a traffic stop on I-75 in Wood County (www.nbc4i.com, Nov. 7, 2012). Also in November, arraignment was set in Lucas County for a Maumee cardiologist whom the Ohio State Board of Pharmacy along with law enforcement accused of improperly prescribing pain medication to people he knows or to those referred to him (www.toledoblade.com, Nov. 28, 2012). In December, the Ohio State Highway Patrol reported seizing 248 oxycodone pills, 92 hydrocodone pills and 279 Xanax® pills during a traffic stop on I-75 in Perrysburg (Wood County) (www.toledoblade.com, Dec. 6, 2012).

Participants reported that the availability of prescription opioids has increased during the past six months, while treatment providers reported that availability has remained the same. A treatment provider commented, "*I think doctors are starting to prescribe Vicodin® [which are not popular] more then they're prescribing other drugs*." Local law enforcement reported that prescription opioids abuse is decreasing because users are switching to heroin. An officer

reported, "*The use of heroin is going up because availability of prescription pills are going down … because they [doctors and pharmacies] monitor it [prescription opioids] more closely now*." The BCI Bowling Green and Toledo Police crime labs reported that the number of prescription opioids cases they process has generally remained the same during the past six months; however, the Toledo Police Crime Lab reported an increase in Opana® and a decrease in OxyContin® cases processed.

Current street names for prescription opioids include "hillbilly heroin" and "kiddy crack." Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (100 mg patch sells for between $20-30), Opana® (40 mg sells for $40 or $1 per milligram), OxyContin® OC (*old* formulation, aka "oxy's;" 40 mg sells for $30; 60 mg sells for $50; 80 mg sells for $100) OxyContin® OP (*new* formulation, 40 mg sells for $10; 60 mg sells for $15; 80 mg sells for $20), Percocet® (5 mg sells for $5; 10 mg sells for $8), Roxicodone® (aka "perc 30s;" 30 mg sells for between $20-25) and Vicodin® (7.5 mg sells for between $2-4; 10 mg sells for between $5-7).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained snorting and intravenous injection. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Orally ingesting prescription opioids is the least desired route for those abusing for a high. A participant stated, "*I always thought it was a waste to swallow them [prescription opioids]*."

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting the drugs from emergency rooms, online, pain clinics and from Toledo and Michigan doctors. Some participants also discussed getting prescription opioids from seniors and others with chronic pain. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical illicit users of prescription opioids as, "*anybody*" in terms of race, gender, socioeconomic status and age. Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol and sedative-hypnotics (benzodiazepines) to intensity the effect/high.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers alike reported that the availability of Suboxone® had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that a Suboxone® 8 mg strip sold for between $10-15; 8 mg tablet sold for $10. Sublingual strips were more common than tablets. Participants reported that Suboxone® was most commonly administered sublingually, with some participants reporting snorting as a route for abuse. Participants reported the typical illicit Suboxone® user as someone using the drug to avoid heroin withdrawal symptoms.

Current Trends

Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*When I was prescribed it [Suboxone®], I was prescribed two a day and I only needed one, so I would sell the other*." Treatment providers most often reported the drug's current availability as '9.' A treatment provider commented, "*There are so many [clients] coming in now having used that [Suboxone®] because doctors can prescribe it … a lot of them are given a month's supply … and if they're given two strips a day, then that could be 60 out on the street*." Participants addicted to heroin were very thankful for Suboxone®. A participant who used Suboxone® reported, "*Suboxone® saved my life*." Another participant commenting on Suboxone® treatment responded, "*Suboxone® is a very good thing for the community*." Participants in treatment reported a preference for Suboxone® over methadone. A participant commented, "*Methadone is controlled heroin*." Another participant responded, "*With methadone, you're still gettin' high*."

Media outlets in the region reported on seizures and arrests involving Suboxone® this reporting period. In September, the Ohio State Highway Patrol reported seizing Suboxone® along with morphine sulfate and Xanax® during a traffic stop on I-75 in Hancock County (www.10tv.com, Sept. 29, 2012).

Participants reported that street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider stated, "*Too many doctors can prescribe Suboxone®.*" The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they process has increased during the past six months.

Participants reported no current street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® tablet and strip/film forms sell for between $5-20.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration is oral consumption for the tablet form and sublingually for the strip form. Out of 10 Suboxone® users, participants reported that approximately 10 would orally take them. A participant agreed that oral consumption of Suboxone® is most common, but discussed how he would intravenously inject Subutex®. He explained, "*Subutex® is just straight buprenorphine, and Suboxone® has buprenorphine and naloxone (an opioid inverse agonist).*" He reported that Suboxone® cannot be injected due to naloxone.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people who are prescribed it. Participants and treatment providers continued to describe typical illicit users of Suboxone® as individuals who are addicted to heroin who use Suboxone® to avoid experiencing physical withdrawal. Reportedly, when used in combination with other drugs, Suboxone® is used with alcohol and marijuana.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8' or '10.'

Participants in Lucas County and community professionals reported Xanax® as the most popular sedative-hypnotic in terms of illicit use. Participants and community professionals alike reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotics cases it processes had increased during the previous six months.

Participants typically reported obtaining sedative-hypnotics from friends and doctors rather than from drug dealers. The most common route of administration for sedative-hypnotics was swallowing, followed by snorting. Participants and treatment providers alike reported sedative-hypnotics use as most common among women and people in high-stress environments.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and treatment providers most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of illicit use. Participants preferred Xanax® over Klonopin®, as one user put it, "*They [Klonopin®] ain't as good as Xanax®.*"

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. Participants reported that above all prescription medications to abuse, they desired prescription opioids over benzodiazepines, as one participant commented, "*Before perc's [Percocet®] became popular, everybody was doing Xanax®.*" Treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. A treatment provider pin-pointed Xanax®: "*I think the Xanax® availability has really increased.*" The BCI Bowling Green and Toledo Police crime labs reported that generally the number of sedative-hypnotics cases they process has remained the

same during the past six months, with the exception of Xanax®. Both labs reported an increase in the number of Xanax® cases processed.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for $1) and Xanax® (1 mg, aka "blue footballs," sells for $2; 2 mg, aka "bars" or "xanibars," sells for between $4-5).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain swallowing and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would orally ingest and four would snort the drugs. In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and people with prescriptions. A participant commented, "*But [law enforcement] they're on the doctors now that go overboard [over prescribe medications].*" Yet another participant described the connection between doctors and the street price for drugs when he said, "*That's what drives the prices up is when the doctor's stop prescribing them.*"

A profile of a typical illicit user of sedative-hypnotics emerged from the data. While some participants described typical illicit users of sedative-hypnotics as, "everybody," other participants reported that illicit users are typically female and "young" people. A participant stated, "*A lot of elderly get them [sedative-hypnotics] prescribed.*" Another participant added, "*Their grandkids take them [sedative-hypnotics] … the 18- and 19-year-olds.*" Treatment providers continued to report that they are more likely to see women abuse sedatives-hypnotics.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids; all of these drugs are combined with sedative-hypnotics to intensify the effect/high.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings on the quality of marijuana ranged from '6' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana depended on the quality desired. Participants reported commercial (low to mid-grade) marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for between $5-10; 1/8 ounce sold for between $15-20; an ounce sold for between $80-120; a pound sold for between $750-1,100. Higher quality marijuana sold for significantly more: a blunt or two joints sold for between $10-20; 1/8 ounce sold for $50; an ounce sold for between $200-500; a pound sold for between $3,500-4,000.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*Marijuana is like cigarettes [commonly used and accepted].*" Another commented, "*[Marijuana] it's practically legal.*" Yet another participant further minimized marijuana as an illegal drug in saying, "*It [marijuana use] ain't nothin'. It's just something to relax.*" A treatment provider commented, "*Everybody's using it [marijuana].*"

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In September, the Ohio State Highway Patrol arrested three California men and seized 65 pounds of hydroponic (high-grade) marijuana during a traffic stop on the Ohio Turnpike in Lucas County (www.nbci4.com, Sept. 19, 2012). Also in September, officers from the Metropolitan Drug Task Force seized dozens of marijuana plants and thousands of dollars from two Toledo residences (www.toledoblade.com, Sept. 26, 2012). In November, fire crews in Toledo found a marijuana-grow operation in the basement of a home when they were called to the home to put out a fire (www.toledoblade.com, Nov. 28, 2012). In December, Ohio State Highway Patrol seized 353 pounds of hydroponic marijuana in Erie County (www.cleveland.com, Dec. 14, 2012).

Participants and treatment providers reported that the availability of marijuana has remained consistently high during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of marijuana cases they process has remained the same during the past six months.

Participant quality scores of marijuana ranged from '7' for commercial grade to '10' for high grade, with the most common overall score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). In reporting on the overall quality of high-grade marijuana, a participant reported, "*Ever since Michigan legalized using it [marijuana] medicinally, the quality is 10 times better than in the 90s.*" Another participant commented on the abundance of high-grade marijuana: "*It's harder to find low grade [marijuana] these days [than high-grade marijuana].*"

Current street jargon includes countless names for marijuana. The most commonly cited names were "loud" and "weed." Participants listed the following as other common street names: "mid-grade," "mids," "reggie" and "regular" for commercial-grade marijuana; "chronic," "Keisha," "kush" and "Obama" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for $5; 1/8 ounce sells for $20; an ounce sells for $100; a pound sells for $900. Higher quality marijuana sells for significantly more: a blunt or two joints sell for between $20-25; 1/8 ounce sells for $50; an ounce sells for between $200-300; a pound sells for $3,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke and one would use the drug in baked goods. A participant reported sometimes using marijuana to make brownies. In addition, a few participants reported they would always ingest marijuana through the use of a "bong" (water pipe) or vaporizer. They viewed smoking marijuana rolled in papers as a, "*waste*."

A profile for a typical marijuana user did not emerge from the data. Participants continued to describe typical users of marijuana as from any age group, gender and socio-economic status.

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine. A participant responded, "*You gotta have alcohol because your mouth gets so dry … you need alcohol or Pepsi, Mountain Dew or something to drink [when smoking marijuana]." Some participants reportedly laced marijuana with crack cocaine calling it a, "coco-puff."*

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine remained relatively rare in the region. Participants most often reported the drug's availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '4.'

There was no consensus among participants and community professionals as to a change in availability of methamphetamine during the previous six months. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants could not rate the quality of crystal methamphetamine. Participants reported that a gram of methamphetamine sold for $100 and that the

drug could be purchased in much smaller quantities. The most common route of administration for methamphetamine remained smoking. A profile of the typical methamphetamine user did not emerge from the data.

Current Trends

Methamphetamine is rarely to moderately available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that methamphetamine is available in crystal form. Participants also discussed the presence of powdered methamphetamine. A participant reported he would access powdered methamphetamine that was brownish in color and known as, "peanut butter."

Participants also commented about the production of "one-pot" or "shake and bake" methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

Participants reported that methamphetamine is likely to be more prevalent in rural areas, but one could find the drug in Toledo among pockets of people. When asked where methamphetamine could be found in Toledo, a participant said, "*You need to go to the trailer parks [to find methamphetamine]*." More participants had seen or experienced methamphetamine in Toledo than in the last reporting period. A participant reported, "*I know a friend that's got it [methamphetamine]. He's always got it.*" Another participant reported, "*My dude [dealer] used to make it [methamphetamine], but he went to jail*." Finally another participant commented, "I *see it [methamphetamine] all the time, but I'm scared to death of it, so I won't do it.*" Treatment providers and law enforcement most often reported the drug's current availability as '5.' A law enforcement officer reported, "*[Methamphetamine availability] it's mostly the mobile labs [one-pot methamphetamine that is available]*."

Participants reported that the availability of methamphetamine has decreased during the past six months because, as one participant put it, "*Everyone wants heroin*." Treatment providers reported that availability of methamphetamine has remained the same during the past six months. However, in referring to both urban and rural use of methamphetamine, a law enforcement officer reported, "*[Methamphetamine] it has a huge foothold in this area*." The BCI Bowling Green and Toledo Police crime labs reported that the number of methamphetamine cases they process has remained the same during the past six months.

Most participants rated the quality of crystal methamphetamine as '10' and the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the general quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "meth" and "ice." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for $140; a gram of powdered methamphetamine sells for $70.

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Out of 10 methamphetamine users, participants reported that approximately five would smoke and five would snort or intravenously inject the drug.

Participants described typical users of methamphetamine as, "tweakers," while also describing use as popular in the gay community. Community professionals described the typical user as White and between 18-25 years of age. Reportedly, methamphetamine is used in combination with alcohol.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). However, community professionals reported an apparent absence of prescription stimulants in the field. Treatment providers most often reported availability of prescription stimulants as '2' or '3.'

Participants and community professionals alike reported that the availability of prescription stimulants had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months, with the exceptions of Concerta®, Focalin® and Ritalin® for which case numbers had decreased.

Participants reported that Adderall® sold for between $3-5 per pill. Participants described typical illicit users of prescription stimulants as college students.

Current Trends

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current availability of these drugs as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported current availability as '5.'

Participants reported that illicit users of prescription stimulants are not likely to obtain the drugs from a drug dealer. Many participants with use experience reported that the most convenient way to obtain prescription stimulants is by getting them from someone who is prescribed them. A participant reported, "*If you know someone who's got an ADHD [attention deficit-hyperactivity disordered] kid, they might sell you a couple [prescription stimulants].*" Another participant responded, "*I used to take them [prescription stimulants] because my girlfriend's daughter was prescribed them.*" A treatment provider commented, "*Yes, we've seen some Adderall® that people like to use.*"

Participants and treatment providers alike reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months, with the exception of an increased number of Adderall® cases.

Participants reported no slang terms or common street names for prescription stimulants. Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Many participants, however, made comments such as, "*I never had to pay for it [prescription stimulants].*" For those who pay for prescription stimulants, the following street-level prices were reported: Adderall® (15 mg or 20 mg sells for between $1-3; 30 mg sells for $4).

While there were several reported ways of using prescription stimulants, the most common route of administration is to swallow or, "eat 'em." Participants described a typical illicit user of prescription stimulants as someone who wants to stay awake or who likes to be, "*focused.*" Treatment providers described typical illicit users as White and 30 years of age and younger. Reportedly, prescription stimulants are used in combination with alcohol when the user wants to stay awake at a party or club.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained moderately available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as a '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.'

Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The DEA reported they had seen an increase in bath salts in at least four rural counties and also in Bowling Green (Wood County). The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participants did not provide information regarding the quality of bath salts. Participants reported that they could obtain bath salts from convenience stores and through the Internet. Participants reported that 2.5 grams of bath salts sold for $20. The most common route of administration was smoking. A profile of the typical bath salts user did not emerge from the data.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. Participants were not able to assess the drug's current availability in the region; participants were either not familiar with the drug or had no use experience.

Reportedly, most participants were repulsed by the negative consequences of bath salts use. A participant commented,

I don't know nothin' about that [bath salts], and I don't want to." Another participant in a different focus group commented, "*When we heard about the guy eatin' the dude's face, I think we all lost any thought about it [bath salts].*" Finally, another participant responded, "*I haven't seen it [bath salts] in Toledo. It's in the suburbs.*"

Treatment providers and law enforcement most often reported the drug's current availability as '7.' A law enforcement officer had a different take on the drug's current availability than did participants. He reported, "*[Bath salts use] it's huge. We're seeing an increase on the street … and they [drug manufacturers] keep changing them with people calling them different names. They're selling them at the convenient stores … It's terrible to see some of them on it because they are very violent.*" While treatment providers and law enforcement had mixed opinions on whether the availability of bath salts has changed during the past six months, participants reported that availability has remained the same. The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months, while the Toledo Police Crime Lab reported an increase in the number of cases it processes.

New street names for bath salts are emerging to help circumvent the laws; participants said bath salts may be sold under names like "incense" or "plant food." Participants in this round of focus groups were not able to identify specific prices for bath salts. However, despite legislation enacted in October 2011, participants reported that bath salts continue to be available. Although illegal, bath salts are reportedly less likely to be obtained from a street drug dealer and more likely to be obtained from a legal establishment. As one participant put it, "*[Bath salts] it's one of those head shop things*," meaning a user is most likely to obtain the drug from a local head shop.

While there were several reported ways of using bath salts, participants most often thought the drug to be snorted. A profile for a typical bath salts user did not emerge from the data. Treatment providers described typical users as, "across the board," meaning any age, race or gender. Law enforcement described typical users of bath salts as, "*very violent*" while on the drug.

Reportedly, bath salts are used in combination with powdered cocaine. A participant reported, "*You can cut cocaine with bath salts.*" Another participant added, "*Bath salts are a rock. It's a chunky little thing like rock salt, and they [cocaine dealers] grind it down … it [is] white just like cocaine … and you can mix it [combine bath salts with cocaine].*"

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") was highly available in the region, despite the ban of their sale in October 2011. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers most often reported that the availability of synthetic marijuana had remained the same during the previous six months, but use had decreased. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Participants did not comment on the quality of available synthetic marijuana or give any pricing information. Participants and law enforcement alike reported that synthetic marijuana was typically used by individuals who needed to pass a drug screen.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). However, a participant reported that even though synthetic marijuana is available, "*people don't want it.*" Another participant responded, "*[Synthetic marijuana] it's junk; it's garbage.*" Other participants with experience also didn't like synthetic marijuana, but disagreed that it is ineffective; they reported not liking the effects from the drug. A participant described, "*I hit it [smoked synthetic marijuana] two times and lost my mind. I hallucinated.*" Another participant reported, "*I flipped out and lost it … It [smoking synthetic marijuana] felt like I was being taken possession of.*" Law enforcement and treatment providers most often reported the drug's current availability as '7' and '10.' A treatment provider reported, "*I've seen it*

[synthetic marijuana] in different counties I've gone to where it's still being sold [in retail stores]." Another treatment provider commented, "*You can find it [synthetic marijuana] in any gas station, carry-out, head shop … it's all out there*."
Participants and treatment providers alike reported that the availability of synthetic marijuana has remained the same during the past six months. However, a law enforcement officer believed that availability has increased, stating, "*Law enforcement is seeing it more and more pop up*." He reported that young people who use synthetic marijuana believe they will receive less of a penalty than being caught with marijuana. Some users reportedly smoke synthetic marijuana because they do not believe it will show up on any drug screen. A treatment provider corrected this myth by commenting, "*Before it [synthetic marijuana] wouldn't show up on a drug test, now there is a test for K2*." The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

New street names for synthetic marijuana are emerging to help circumvent the laws; participants said it may be sold under names like "incense," "Scooby snacks" or "Spice." A participant reported, "*They [convenience stores] just put it [synthetic marijuana] up with a different name. One of them is called, 'Scooby Snacks.' You got a picture of Scooby and Shaggy right on the front of it*." Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for $10 per gram or $25 for 2.5 grams.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available from area convenience stores and, "carry-outs." The most common route of administration for synthetic marijuana is smoking. Out of 10 synthetic marijuana users, participants reported that all of them would smoke the drug.

Participants described typical users of synthetic marijuana as users who do not want a drug test to come back positive. A few participants described the typical user as, "*younger dudes; Black people and White people*." Reportedly, synthetic marijuana is used in combination with alcohol. A participant reported, "*If you're smoking [synthetic marijuana], you're drinking [alcohol] …*"

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '2' and law enforcement most often reported availability as '4.' Participants indicated that Ecstasy was not desired because it was not a potent drug and was highly adulterated. Participants also reported the availability of Ecstasy-like substances in the region including 2CE and 2CB.

Participants reported that the availability of Ecstasy had decreased during the previous six months, while treatment providers reported that availability had remained the same. The BCI Bowling Green Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants did not rate the quality of Ecstasy. Participants reported that a single Ecstasy tablet sold for between $5-10; 1/10 gram of powdered MDMA sold for $10. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data, but participants reported that they would most likely find the drug at parties or "raves" (underground dance parties).

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of Ecstasy as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "*Any party you walk into, any club you walk into, any bar, you'll find it [Ecstasy]*." Treatment providers most often reported the drug's current availability as '2.' A treatment provider explained that Ecstasy is a drug that some users have experienced, but it's not a drug of choice for most people that seek treatment, as she put it, "*[Clients] they've tried everything … but may not be currently using it [Ecstasy]*."

Participants and treatment providers alike reported that the availability of Ecstasy has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months, while the Toledo Police Crime Lab reported that the number of cases it processes has remained the same. Participants discussed the differences between higher quality MDMA that is a powder and lower quality MDMA that has crystals in it. A participant described his experience with the crystal type MDMA, "T*he 'Molly' [MDMA] that I got just burns when you snort it*." Another participant who sold MDMA commented that the crystal type MDMA is, "*fake*."

Current street jargon includes several different names for Ecstasy. The most commonly cited name for Ecstasy remains "X;" participants reported that MDMA is often referred to as "Molly." Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) Ecstasy tablet sells for $5; a "double stack" or "triple stack" (high dose) tablet sells for between $10-15. A participant reported, "*You can get the five dollar brand [of Ecstasy] or the 10 dollar brand with different symbols. They're always different*." Current street prices for MDMA were consistent among participants with experience buying the drug. Participants reported that a gram of "Molly" sells for between $60-100; an ounce sells for between $700-1,000.

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. In addition, a few participants discussed "*plugging*" of Ecstasy (insertion of the drug rectally). Reportedly, MDMA is most often snorted.

Participants described typical users of Ecstasy as 18-25-year-olds who like to go to night clubs. A participant stated, "*[Ecstasy] it's on the club circuit*." Both participants and treatment providers identified Ecstasy as a, "rave drug." A participant commented that college students are most likely to use the drug. Another participant who sold MDMA reported, "*I use to sell it [Ecstasy], and I would go down to BG [Bowling Green] and college towns and sell it*."

Reportedly, Ecstasy is used in combination with alcohol and marijuana to enhance the effects of the drug. Ecstasy is also often used in anticipation of, preparation for, or during sex. A participant reported, "*You can get that [Ecstasy] as quick as you can get Viagra*."

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drug as present in the region, but this drug was not mentioned by the majority of people interviewed: DMT (dimethyltryptamine: a psychedelic compound of the tryptamine family). Reportedly, DMT was available in the region, although only one participant reported first-hand experience in using the drug during the previous six months. The most common route of administration for DMT was smoking. DMT could be purchased through the Internet or from dealers that specialized in hallucinogens. Reportedly, the drug typically sold for $10 "a point" (1/10 gram). The BCI Bowling Green Crime Lab reported the number of DMT cases it processes had increased during the previous six months. In addition, while not mentioned by participants, other hallucinogens were reported by the crime lab. The crime lab also reported that cases of LSD (lysergic acid diethylamide), PCP (phencyclidine) and salvia divinorum had decreased, while cases of psilocybin mushrooms had remained the same during the previous six months.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and Viagra®. A few participants reported that LSD is seasonal and is more likely to become available when particular concerts or bands come to town. A participant reported, "*But when they [band] come in town, they're around for a few months … and there's a lot of it [LSD]*." Current street jargon includes a few names for LSD. The most commonly cited names were "acid," "blotter" and "blotter acid." Treatment providers reported that some of their clients report that they have tried LSD, but LSD is not a drug of choice. The most common route of administration is oral consumption (aka "dropping acid"). Participants described the typical LSD user as a, "*hippie*" or someone who attends specific rock concerts.

Reportedly, psilocybin mushrooms are also occasionally available, but no participant had current knowledge of the drug. Participants also did not have current pricing information for either hallucinogenic drug. Media outlets in

the region reported on psilocybin mushroom seizures and arrests this reporting period. In September, Toledo police reported that 135 pounds of "psychedelic" mushrooms with an estimated street value of $3.1 million was seized from several northwest Ohio homes; three men were charged with drug-related felony charges in connection with an alleged growing operation (www.nbc4i.com, Sept. 21, 2012). The two reporting regional crime labs presented conflicting data as to change in number of hallucinogenic cases processed during the past six months. The BCI Bowling Green Crime Lab reported that the number of LSD, PCP and psilocybin mushroom cases it processes has decreased, while the Toledo Police Crime Lab reported increases in the number of DMT (not tracked by The BCI Bowling Green), LSD and psilocybin mushroom cases it processes (the number of PCP cases remained the same).

In addition to availability of hallucinogens during the past six months, a few participants mentioned illicit use of Viagra®. While participants could not comment on the current street availability of Viagra®, they reported that some men, typically men aged 18-60 years, use the drug to enhance a sexual experience. A participant commented, "*[Viagra® is available] because men are … always lookin' [for sex]*." Yet another participant explained the reason that younger men may desire to purchase Viagra®, explaining, "*If you smoke a lot of weed or smoke crack … that can sometimes damper your sexual ability*." Reportedly, the current street value of a Viagra® 50 mg tablet is $10.

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Toledo region. Changes in availability during the past six months include: increased availability for heroin and Suboxone® and likely increased availability for sedative-hypnotics and synthetic marijuana.

While participants reported that the availability of white and brown powdered heroin has remained consistently high during the past six months, treatment providers reported that availability of white and brown powdered heroin has increased. Treatment providers noted an increase in drug treatment requests for heroin addiction during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they process has increased during the past six months; The BCI Bowling Green Crime Lab also reported an increase in the number of black tar heroin cases processed. Participants described the typical heroin user as someone who abused prescription drugs first; treatment providers described the typical user as aged late teens through early 20s.

Treatment providers reported that street availability of Suboxone® has increased during the past six months due to more doctors now prescribing the drug. The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they process has increased during the past six months. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people who are prescribed it. Participants and treatment providers continued to describe typical illicit users of Suboxone® as individuals who are addicted to heroin and use Suboxone® to avoid experiencing physical withdrawal when they cannot obtain heroin.

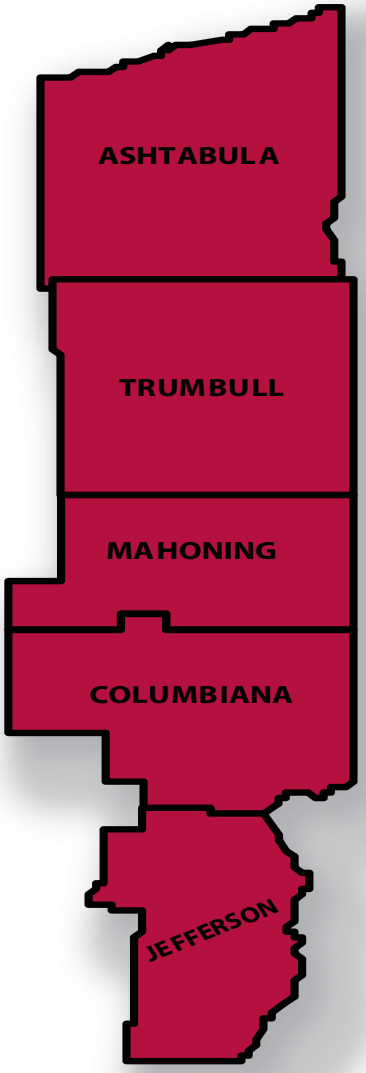
Participants and treatment providers identified Xanax® as the most popular sedative-hypnotic in terms of illicit use. Treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs both reported that the number of Xanax® cases they process has increased during the past six months. Treatment providers continued to report that they are more likely to see women abuse sedatives-hypnotics.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available from area convenience stores. Law enforcement reported that the availability of synthetic marijuana has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months. New street names for synthetic marijuana are emerging to help circumvent the laws; participants said the drug currently sells under names, such as "Scooby snacks." Reportedly, some young people who use synthetic marijuana believe they will receive less of a penalty than being caught with marijuana, while other users reportedly smoke synthetic marijuana because they do not believe it will show up on any drug screen.

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Youngstown Region

June 2012 - January 2013



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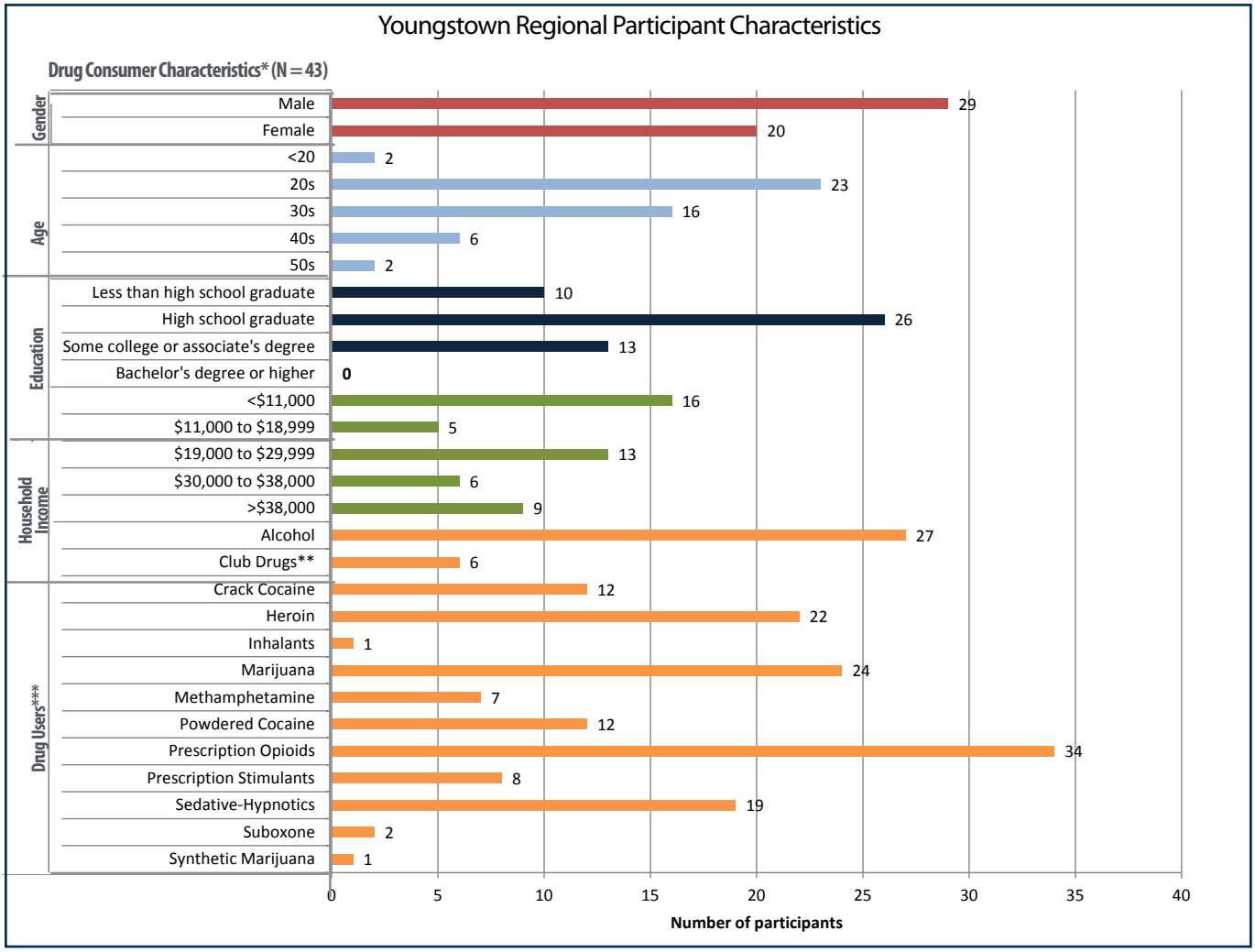
Indicator[1]	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	49
Gender (female), 2010	51.2%	51.1%	40.8%
Whites, 2010	81.1%	86.3%	93.9%
African Americans, 2010	12.0%	8.7%	2.0%
Hispanic or Latino origin, 2010	3.1%	2.7%	2.0%
High School Graduation rate, 2010	84.3%	86.8%	82.9%
Median Household Income, 2011	$45,803	$40,447	$15,000-$21,000[2]
Persons Below Poverty Level, 2011	16.3%	17.7%	44.9%

[1]Ohio and Youngstown statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Mahoning County Coroner's Office and the Bureau of Criminal Investigation (BCI) Richfield Office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '6.' Participants and community professionals most often reported that the availability of powdered cocaine had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: diltiazem (heart medication), lidocaine and procaine (local anesthetics). Participants reported that a gram of powdered cocaine sold for between $50-60; 1/16 ounce, or "teener," sold for $100; 1/8 ounce, or "eight ball," sold for between $150-180; an ounce sold for between $1,200-1,400.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. In addition, many participants identified powdered cocaine as a drug commonly used in combination with heroin to "speedball" (mixing powdered cocaine with heroin for injection). A profile of the typical powdered cocaine user did not emerge from the data.

Current Trends

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). However, many participants agreed that availability varies within the region, both within counties and in between counties. Participants reported: "*If you're talking about Lisbon area [Columbiana County], it's harder [to obtain powdered cocaine]. But if you go up the street to Salem [Columbiana County], there's dudes at the bar [who sell powdered cocaine] … you can get it [powdered cocaine] like ASAP. They'll be there all night long; Everything [any drug] is easier to get in Youngstown [Mahoning County] than out here [Columbiana County]*."

While participants agreed that powdered cocaine is highly available, most agreed that crack cocaine is more available in the region. Participants reported, "*I can usually find crack [cocaine] way easier then coke [powdered cocaine] because around this area [Ashtabula], [dealers] they'll all like to cook it [manufacture crack cocaine from powdered cocaine] … everybody just wants to smoke [crack cocaine]. Personally, I shoot drugs … I usually look for powder cocaine, and powder cocaine is very easy to get, but crack is even easier to get*."

Community professionals also most often reported the drug's current availability as '10.' While community professionals reported powdered cocaine as highly available, they noted that powdered cocaine is not as popular as it had been in the past. A treatment provider reported, "*We just don't see it [powdered cocaine use] really. This is an economically depressed area and we don't see it as much as other drugs*." Law enforcement reported "*The prevailing trend has just shifted over to heroin so much … [cocaine] is like bottom-shelf liquor. They'll use it, but it's not in demand*."

Collaborating data also indicated that cocaine is readily available in the region. The Mahoning County Coroner's Office reported that 17.6 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death). Furthermore, the coroner's office reported cocaine as present in 20 percent of all drug-related deaths (Note: Coroner's data are aggregate data of powdered cocaine and crack cocaine and do not differentiate between these two forms of cocaine).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. However, several participants agreed that drug-related arrests have impacted the availability of powdered cocaine in the region. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with aspirin, baby laxative, baking soda, benzodiazepines, prescription opioids and vitamins, specifically Vitamin B-12. A participant with experience using powdered cocaine reported, "*Anything [can be used to cut powdered cocaine] as long as it's a white powder.*" Most participants in the region agreed that the quality of powered cocaine depends on from whom one buys the drug. The BCI Richfield Crime Lab reported that powdered cocaine is cut with diltiazem (high-blood pressure medication), levamisole (livestock dewormer), lidocaine and procaine (local anesthetics).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl" and "soft." Participants listed the following as other common street names: "blow," "candy," "powder," "snow," "white," "white girl" and "yay." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-75, depending on the quality; 1/16 ounce, or "teener," sells for $100; 1/8 ounce, or "eight ball," sells for between $200-250. Participants reported that the most common way to use powdered cocaine remains snorting and intravenous injection. Most participants agreed that intravenous injection of powdered cocaine is most common among individuals who also use heroin.

Participants described typical users of powdered cocaine as working, middle to upper class individuals. A participant stated, "*I think [powdered cocaine use] it's more accepting among people with jobs, like executives. There's less stigma than like crack.*" Yet, several participants reported that there is no typical user profile for powdered cocaine. A participant reported, "*It's pretty much like that for every drug. Doesn't matter what age or race or gender [all types of people use powdered cocaine].*" Community professionals could not offer a typical user profile for powdered cocaine.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics (Xanax® and Kolonopin®). Many participants reported that drugs often used in combination with powdered cocaine are used to "come down" from the stimulating effect of powdered cocaine. A participant commented, "*Me, I would smoke massive amounts of weed [marijuana] when I used coke just to go to sleep and then I would wake back up just to do it again.*"

Many participants reported alcohol as a common substance used in combination with powdered cocaine: "A*lcohol is a huge factor with cocaine; Most people I know don't use coke unless their drinking [alcohol]. It [powdered cocaine use] lets you drink more [alcohol].*" Treatment providers also reported similar trends. A treatment provider explained, "*We have some straight alcoholics, but no straight crack or coke users. It seems like those who use crack or coke, also use alcohol. Alcohol and cocaine go hand in hand.*"

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers most often reported that the availability of crack cocaine had remained the same during the previous six months; law enforcement reported a decrease in crack cocaine within the region. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut crack cocaine: diltiazem (heart

medication), lidocaine and procaine (local anesthetics). Participants reported that the quality of crack cocaine had generally remained the same during the previous six months. Participants reported that 1/10 gram of crack cocaine sold for $10. Participants reported that crack cocaine was typically sold by dollar amount rather than by weight.

The most common routes of administration for crack cocaine were smoking and intravenous injection. A profile of the typical crack cocaine user did not emerge from the data. Participants reported that use spread across all demographic categories.

Current Trends

Crack cocaine remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability included: "*For me, you can just walk across the street … your neighbor has it [crack cocaine]. It's like everywhere … everywhere; Where I'm from, [crack cocaine availability] it's a '15' [extremely easy to get]*." A participant with experience using crack cocaine reported, "*More people have that [crack cocaine] than the soft [powdered cocaine]*."

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In November, Canfield (Mahoning County) police charged a Youngstown resident with possession of crack cocaine and marijuana after his arrest in the city (www.vindy.com, Nov. 16, 2012).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider described crack cocaine as, "*An old time standby. If you don't have heroin or whatever, you got crack*." Law enforcement also reported crack cocaine as highly available, yet identified that heroin is in demand more so than crack or powdered cocaine. He stated, "*We do see cocaine [crack and powdered cocaine] … and heroin has just pretty much taken over*." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with ammonia, baby formula, baby laxative, baking soda, MSM (methylsulfonylmethane) joint supplements and vitamins. Several participants also reported on products sold at head shops that are used to adulterate crack cocaine. A participant reported, "*They have something you can buy … it's called 'Comeback' at head shops. You put it on the crack and it makes it bigger*." Most participants agreed that quality varies depending on whom and where (regionally) the drug is obtained. The BCI Richfield Crime Lab reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "crack" and "hard." Participants listed the following as other common street names: "dope," "hard work, "rock," "salt" and "work." Some participants also reported a variety of language and phrases used to purchase crack cocaine from drug dealers. Participants explained, "*We would say 'you got any vegetables' or 'milk?' Especially if you're texting, you make up a name. For me being a drug dealer half my life, that goes for all drugs. Depending on who's texting you, they would have a certain word and that's what we went by*." Another participant reported "*I think if you smoke it [crack cocaine] regularly, then you call it dope. Like if it's your drug, its dope and that goes for any drug. If heroin's your drug, you call it dope*."

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for $50, depending on the quality; 1/8 ounce, or "eight ball," sells for between $150-200. Many participants continued to report buying crack cocaine in dollar increments instead of measured amounts. Most participants reported buying crack cocaine in $10 or $20 amounts. Most participants agreed that prices varied within and between counties in the region. A participant reported, "*In Jefferson [County] everything is double or triple in price than [in] Columbiana [County]. So people from there [Jefferson County], will come up here [Columbiana County] to get it [crack cocaine] cheaper. And then in Youngstown [Mahoning County], it's even cheaper*."

While there were a few reported ways of administering crack cocaine, generally, the most common routes of administration remain smoking and intravenous injection. Out of 10 crack cocaine users, participants reported that approximately eight would smoke and two would intravenously inject the drug. However, many participants reported that crack cocaine is often intravenously injected among users that also intravenously inject heroin. A participant commented, "*I never met anyone who just goes*

around and shoots [injects] crack cocaine who don't also shoot heroin and or some other opiate."

Participants described typical users of crack cocaine as individuals from low-income urban areas within the region. A participant stated, "*[Crack cocaine] it's [an] inner city [drug] … crack is the poor man's drug*." Some participants also reported differences in race among crack cocaine users: "*I think it's African Americans that mostly smoke crack cocaine; I think Black people use crack and more White people do heroin*." Some participants continued to report no differences in gender, race or socio-economic status among crack cocaine users. Treatment providers reported that crack cocaine is often used among individuals who also use heroin. Treatment providers reported: "*[Typical crack cocaine use] it's usually lower 20s [in age] and they are heroin users who also use crack. We don't have any sole crack users; It used to be more pronounced years ago … crack or heroin … one or the other. Now it's both used together*."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics (benzodiazepines). A participant reported, "*Any sort of downer … I'd say anyone who does coke or crack do some sort of downer to help them come down*." Many participants agreed that crack cocaine and powdered cocaine are often used in combination with heroin. A participant with experience using heroin and crack cocaine reported, "*I don't really know anyone that [just] smokes crack, [they] also do heroin*."

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants from Ashtabula, Mahoning and Trumbull counties continued to report that heroin was easier to obtain than many other drugs. Throughout the entire region, law enforcement reported heroin to be the primary drug problem.

While many types of heroin were available in the region, participants continued to report the availability of brown powdered heroin as most available. Law enforcement officials also noted brown powdered heroin as the most common type found in heroin cases. Participants and community professionals reported black tar heroin availability to be low; The BCI Richfield Crime Lab did not report cases of black tar heroin. Participants reported that the overall availability of heroin had increased during the previous six months; community professionals reported that availability had remained the same. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the previous six months.

Most participants rated the overall quality of powdered heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab reported the following substances as commonly used to cut heroin: diltiazem (heart medication), lidocaine (local anesthetic) and noscapine (cough suppressant). Participants reported that a "baggie" (1/10 gram) of heroin sold for $20; a gram sold for between $120-150.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. Law enforcement reported use as common across all demographic categories, but more common among Whites.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants described the availability of heroin as high across all counties of the region. Participants from Columbiana County reported: "*[Heroin] it's rampant out here; Everybody's got heroin. It's easier to get than cigarettes*." A participant from Ashtabula County reported, "*I'd say heroin is the easiest substance to get in Ashtabula … heroin and meth [methamphetamine]*." A participant from Mahoning County reported, "*I notice when I'm walking out of stores now, people be like, 'do you do boy [heroin]?'*" Participants from Trumbull County reported: "*It's gotten so bad in Warren. [Heroin] it's everywhere; My son told me it would be easier for him to get heroin than it would be to get marijuana*."

Overall, participants identified heroin as the region's primary drug problem and labeled it as an "epidemic." Treatment providers agreed, with one reporting, "*[Heroin use] it's like an epidemic. It's just hitting so many people*." Many participants with experience using heroin reported using prescription opioids first which seemingly led to heroin use. Participants reported: "*Most people who use [drugs], and start on pills*

[prescription opioids], go to heroin; When I couldn't afford pills anymore, I went to heroin."

While many types of heroin are currently available in the region, participants and law enforcement continued to report the availability of brown powdered heroin as the most available, most often rating its current availability as '10.' Moreover, participants and law enforcement continued to report the availability of black tar heroin as low, most often rating its current availability as '2.' A participant with experience using heroin reported, "*When I was in Youngstown, I saw it [black tar heroin] a couple of times. But since I've been out here in Warren, I've never seen it, only brown powder*." Participants from Columbiana and Ashtabula Counties also reported low availability for black tar in the region. Law enforcement from Mahoning County reported, "*Very, very, little black tar. We've had probably two black tar incidents in the past year, it's mostly brown powder*." Columbiana County law enforcement also reported, "*I've never seen black tar, it's been brown powder.*" Treatment providers could not report on the availability of powdered or black tar heroin in the region, as clients do not typically identify what types of heroin are used.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, Canfield (Mahoning County) police arrested a Youngstown man with possession of drug paraphernalia and drug abuse instruments, including items for marijuana and heroin use (www.vindy.com, Nov. 16, 2012). In December, Canfield police arrested a man and a woman at a Canfield motel for receiving stolen property, drug abuse and possession of a suspected bag of heroin (www.vindy.com, Dec. 14, 2012). Collaborating data also indicated that heroin is readily available in the region. The Mahoning County Coroner's Office reported heroin as present in 36 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the availability of brown powdered and black tar heroin has remained the same during the past six months. A participant reported, "*[Heroin availability] has always been high, for the last few years*." Law enforcement from Mahoning County described, "*The availability [of heroin] hasn't fluctuated too much. You might have changes with a specific dealer, but generally … in the area, you can get heroin any day all day.*" A law enforcement officer also described another trend related to heroin trafficking in the region: "*… years ago it used to be more segregated – you had a guy for cocaine, a guy for pills, you had a guy for marijuana, and you had a guy for heroin. Now it's more a of 'poly-drug' trafficker that has whatever … he's got it all, a one-stop shop*." The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months.

There was no consensus among participants as to the overall current quality of heroin in the region. Participants reported quality ranging from '3' to '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant with experience using heroin reported, "[Quality of heroin] it's hit or miss. It's either really good or really bad." Participants reported that brown powdered heroin in the region is cut with Vitamin B, isotol (vitamin supplement), prescription opioids and sleeping pills (Sleepinal®). Participants also reported the use of adulterating products purchased at head shops. Participants reported that the quality of heroin has generally remained the same during the past six months. The BCI Richfield Crime Lab reported that heroin is cut with lidocaine (local anesthetic) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food," "dope," "H" and "smack." Participants reported that brown powdered heroin is available in different quantities: "baggies" or "stamps" (1/10 gram) sell for between $10-20; a gram sells for between $100-150; a finger (7-10 grams) sells for between $800-1,000. Additionally, a few participants reported buying heroin in a single "chunk" for a set price. A participant reported, "*I always bought it [heroin] $50 for a chunk … I don't know what the weight was*."

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. A participant with experience injecting heroin reported, "I don't know anyone who snorts it [heroin] anymore." Another participant agreed: "*Me neither. I don't know anyone; no one would rather wait 15 minutes for their buzz [high] when they could have it instantly, especially when you're sick [in withdrawal] … within a 20 second window, you're there [high from intravenous injection]*." Participants with experience injecting heroin reported obtaining needles from a variety of sources: diabetics, dealers and local pharmacies.

Most participants agreed that needle-sharing is a problem in the region: "*If you're sick, or with a group of people in a house and your needle breaks, you're going to share it; I would see 8-10 people in a room, just standing around and they'd be out*

of riggs and just shoot … and here you go … shoot and pass it [the needle] around; I always carry my own needles and I've had people say, 'let me use your needle' … and I say, 'go ahead, take it' ... because people don't care." Most participants also shared concerns regarding Hepatitis C in the region: "*There's Hepatitis C all over the place … I've seen people shoot up over and over with the same needle; Out of 10 people I know, they all have Hep C. It's a huge problem; People are definitely not concerned about Hep C. It's crazy.*"

Participants and community professionals continued to describe typical heroin users as predominately White and under 30 years of age. A law enforcement official from Mahoning County reported, "*We don't really deal a whole lot with the users, but the people we encounter while doing trafficking investigations … obviously looking at a trafficker … and you see 50 users, those 50 users are predominately White male or female from suburban areas and under 30 [years of age] for sure.*"

Reportedly, heroin is used in combination with crack and powdered cocaine, prescription opioids and sedative-hypnotics (primarily Xanax® and Klonopin®). Participants most often reported crack and powdered cocaine to be used with heroin to "speedball." Participants reported that between 6-8 heroin users out of 10 would speedball with heroin and crack cocaine or heroin and powdered cocaine: "*People do different things. I've seen people smoke crack and then shoot heroin; Some people mix crack and heroin together and shoot together. In my experience, I would smoke crack first and then shoot heroin, usually people want to go up and then come down.*"

Participants also discussed the popularity of mixing heroin use with the use of benzodiazepines: "*A lot of people take benzo's with it [heroin]. Xanax® is pretty popular; I've had four friends who OD'd [overdosed] on heroin and Xanax®. If you keep doing that, using Xanax® and heroin, you will die. It's not a question if, it's when … you will die; I was eating Xanax® all day and then shot up [with heroin], and it dropped me ... woke up in the hospital. I guess my lungs quit.*"

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported availability of prescription opioids within the region as '10'. Collaborating data also indicated that prescription opioids were readily available in the region. The Mahoning County Coroner's Office reported prescription opioids as present in 77.8 percent of all drug-related deaths in the county during the previous six months. Participants and community professionals identified Opana®, Percocet®, Roxicet® and Ultram® as the most popular prescription opioids in terms of illicit use.

Participants and community professionals most often reported that the availability of prescription opioids had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from pain management clinics, family and private physicians, emergency rooms, as well as from family and friends who had prescriptions.

The most common routes of administration for prescription opioids were snorting and intravenous injection. A profile of the typical illicit prescription opioids user did not emerge from the data, though some participants commented that prescription opioids abuse was common among adolescents and young adults.

Current Trends

Prescription opioids remain highly available in the region. Participants and treatment providers most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported current availability as '8.' Participants identified Percocet®, Roxicodone® and Ultram® as the most popular prescription opioids in terms of illicit use. Participants reported: "*Perc's [Percocet®] are everywhere. You can find them on the sidewalk; In Warren [Trumbull County] they're definitely available … the Roxicodone® … the Roxicet® are available, for sure; Them [Ultram®] are dime a dozen. You can get those from the hospital easy.*" Community professionals identified Opana®, Percocet®, Roxicodone® and Vicodin® as most popular.

Although prescription opioids remain highly available, most participants agreed that prescription opioids, specifically

the reformulated Opana® and OxyContin®, are no longer desirable. A participant stated, "*When they [pharmaceutical companies] changed them [Opana® and OxyContin®], everybody started doing dope [heroin].*" Another participant reported, "OxyContin® was my drug of choice for eight years, and then, when they changed them and I couldn't snort them anymore, that's when I started doing heroin."

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In November, Canfield police arrested an Akron woman for possession of dangerous drugs in the city, including Percocet® and Tramadol® (www.vindy.com, Dec. 14, 2012). Collaborating data also indicated that prescription opioids are readily available and abused in the region. The Mahoning County Coroner's Office reported prescription opioids as present in 44 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. Treatment providers noted an exception with an increase in Opana®. A treatment provider stated, "*We've seen some increase in Opana® [use] in the last six months, and I think that's because of the changes with OxyContin®. But some clients will still go through a lot of work to break down those pills [OxyContin®] to get high.*" Law enforcement noted an exception with an increase in Tramadol®. A law enforcement officer from Mahoning County reported, "*[The trend] used to be OxyContin®, but it's kind of fallen to the wayside. Now it's Tramadol®. I think maybe what's happened … or why Tramadol® [use] has increased, is with the OxyContin® getting changed. They [users] can't crush it like they used to. Since that change, I think the Tramadol® has increased … it's a non-scheduled drug … I think that kind of appeals to people.*" The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (aka "patches;" 100 mg sells for between $60-70), Opana® (aka "pana's" and "pandas;" *old formulation*, 40 mg sells for a minimum of $1 per milligram; *new formulation*, 40 mg sells for $20), OxyContin® (*old formulation*, aka "OC's," "ocean cruise Liners" and "oxy's," sells for a minimum of $1 per milligram; *new formulation*, aka "OP's," 40 mg sells for between $10-20), Percocet® (aka "blues," "greens," "peaches" and "perc's;" 7.5 mg sells for between $2-3; 10 mg sells for between $5-7; 15 mg sells for between $12-15), Roxicodone® (aka "IR 15's," "IR 30's," "blues," and "roxi's," 15 mg sells for between $10-15; 30 mg sells for between $20-30), Soma® (sells for between $1-2 per pill), Ultram® (aka "trams" and "trims;" sells for between $.50-1.50 per pill) and Vicodin® (aka "vic's;" 5 mg sells for between $1-2; 7.5 mg sells for between $2-3; 10 mg sells for between $4-6).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration for abuse of prescription opioids are snorting and oral consumption. Out of 10 prescription opioids users, participants reported that approximately six would abuse the drugs by snorting and four would orally consume them. Many participants reported "eating" (chewing) prescription opioids and then swallowing. Participants reported: "*I always ate them; Anybody who is eating them, actually eats them … chew them up with your front teeth; I'd chew some and then snort some.*" Participants also reported "parachuting" as a method of oral ingestion: "*I don't like snorting, so I'd crush it [prescription opioids] up and put it in a tissue and swallow it – gets into your system quicker … it's called 'parachuting.'*"

Some participants also reported intravenous injection as a method of administration. A participant reported, "*I'd say 5 out of 10 [users] would shoot some of these pills. I'd say they probably also use heroin.*" Lastly, some participants reported smoking prescription opioids. A participant with experience smoking prescription opioids reported, "*… smoking pills is becoming more common I think … putting it on foil and smoking [it]. I would say though it's more younger, maybe 18-25 [years of age], smoking pills more. They see someone else doing and it want to try it too. Gives you that big head rush.*"

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from individuals with prescriptions and from doctors at emergency rooms and pain clinics. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants continued to describe typical illicit users as, "*everyone.*" Treatment providers reported that prescription opioids abuse is, "*across the board.*" Law enforcement reported, "*Everybody's on this stuff [prescription opioids], out here at least.*"

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, crack and powdered cocaine, heroin and marijuana. Alcohol was frequently reported as a substance commonly used in combination with prescription opioids. Several participants also reported using a drink made with codeine promethazine (aka "lean") in combination with prescription opioids and other prescription pills. A participant commented, "*My dealers will use them … Vicodin®, Xanax®, whatever, and mix the codeine [in a beverage] … they got that 'lean'.*"

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants most often reported that the availability of Suboxone® had remained the same during the previous six months; community professionals most often reported that availability had increased. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that Suboxone® 8 mg strip or tablet sold for between $10-12, with sublingual strips being more common than tablets. Suboxone® was most commonly administered sublingually, with some participants reporting abuse by snorting and intravenous injection. Participants reported typical illicit Suboxone® users as heroin users wanting to avoid heroin withdrawal symptoms when heroin could not be obtained. Many participants agreed that Suboxone® was commonly used in combination with Xanax®.

Current Trends

Suboxone® remains highly available in the region. Participants and law enforcement reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported current street availability as '8.' Participant comments on current Suboxone® availability included: "*It's like a '15' [extremely easy to get]; It's all over the place; Strips and tabs are available. The strips are more common.*" Law enforcement reported, "*We are seeing more of the Suboxone® on the street, pills and strips, and it's openly traded back and forth among people who have valid scripts [prescriptions], so [consumers will say], 'let me borrow an extra couple pills and then when I get my script, I'll give you a few extra.' [Suboxone®] it's more of a commodity I've noticed in the past six months.*"

Collaborating data also indicated the presence of Suboxone® in the region. The Mahoning County Coroner's Office reported buprenorphine as present in 16 percent of all drug-related deaths during the past six months.

Participants and law enforcement reported that the availability of Suboxone® has remained the same during the past six months; treatment providers reported decreased availability. A treatment provider stated, "*We drug screen every week, and now, I feel like they [clients prescribed Suboxone®] are not as likely to get rid of it [Suboxone®] as quickly as before. Now they are only given a supply for a week as opposed to a supply for 30 days.*" The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants did not report any jargon or slang for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between $10-20 for either the tablet or film strip form, although most participants with Suboxone® use experience mentioned the film form as more available and the tablet form as rarely seen.

Most often participants reported taking Suboxone® sublingually. Out of 10 Suboxone® users, participants reported that approximately eight would orally consume and two would intravenously inject the drug. In terms of illicit use of Suboxone®, participants reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants reported: "*People do snort the pill or shoot it. I'd say strips people eat more; I used to shoot my Suboxone® … the pills, but you can shoot strips too.*"

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting prescriptions from doctors and substance abuse treatment clinics, as well as buying from other people who have prescriptions. Participants reported: "*I only know a couple people that get it [Suboxone®] from dealers, most people I know have their own*

prescriptions; I know a lot of people that get their prescriptions and sell it; [You can get them through] prescription or street. People with scripts are selling them."

Participants continued to describe typical illicit users of Suboxone® as heroin users. Community professionals agreed that users who abuse Suboxone® are typically heroin users. A treatment provider reported, "*It's the heroin users ... 18-35 [years of age], White, gender is pretty equal. We have a few in their 40s and 50s, but it's not common*." Law enforcement reported, "*[Illicit Suboxone® users are] same as heroin users … under 30 [years of age], White, pretty equal male and female*."

Reportedly, when used in combination with other substances, Suboxone® is used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). Participants reported: "*Alcohol, Xanax® … benzo's are common [with Suboxone®]; I've heard of people taking Xanax® with Suboxone®, mixing the two together and snorting it; I had a friend that took too many Xanax® with Suboxone®, and she had to go the hospital. You're not supposed to take any benzo's with it [Suboxone®]; … I used benzo's [with Suboxone®] because I wasn't getting any effect from it [Suboxone®] … and at that point, I still wanted to get high. That's why I did it*."

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use; community professionals identified Klonopin® and Xanax® as most popular.

Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months. The most common route of administration for sedative-hypnotics remained oral consumption (swallowing and chewing) and snorting.

A profile of the typical illicit sedative-hypnotics user did not emerge from the data. However, treatment providers reported illicit use as common among people in their 30s and 40s, while law enforcement reported teens as primary illicit users.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '8.'

Participants identified Xanax® as the most popular sedative-hypnotics, followed by Kolonopin® and Valium® in terms of illicit use; treatment providers identified Kolonopin® and Xanax® as most popular. Participants with experience using sedative-hypnotics reported: "*These drugs [sedative-hypnotics] are really easy to get prescriptions for; Benzo's [benzodiazepines] are pretty commonly used, and I think a lot more younger people are starting to use them; I see the generic diazepam [Valium®]*." A treatment provider explained, "*I don't hear it [Kolonopin®] as much as Xanax® … and it's something the doctor will readily prescribe*."

Collaborating data also indicated that sedative-hypnotics are readily available and abused in the region. The Mahoning County Coroner's Office reported sedative-hypnotics as present in 36 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "benzo's" and "downers") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "pins;" 2 mg sells for between $2-3), Valium®/diazepam (aka "V's;" 10 mg sells for between $1-3) and Xanax® (aka "blues," "greens," "peaches" and "xani's;"

0.5 mg sells for between $.50-1; 1 mg, aka "footballs;" sells for between $1-3; 2 mg, aka "bars" and "xanibar;" sells for between $3-5). Additionally, many participants reported purchasing whole prescriptions from people who are prescribed sedative-hypnotics. A participant explained, "*If you're trying to buy just a couple of them [Xanax®], they will be a few bucks, but if you're buying the whole script, they'll knock it down to $.50 or a $1 a piece.*"

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remained oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would snort and four would orally consume the drugs. Many participants reported both snorting and eating sedative-hypnotics: "*My thing was, like if I didn't want to snort them, or say my nose was raw from snorting days before, then I would, say Vicodin®, I would eat like 7-8 of them at a time. I would break them in half and eat them all at once; I'd chew some and then snort some; I think more people eat them. People like to snort the Xanax®, but the rest of them [sedative-hypnotics] mostly, people eat them.*"

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from doctors and other people with prescriptions. A profile of a typical illicit sedative-hypnotics user did not emerge from the data. Participants continued to describe typical illicit users as, "anybody and everybody." However, some participants noted common use of sedative-hypnotics among "young" people. A participant explained, "*I'm 18 [years of age]. A lot of young kids, 17, 18, 16 [years of age] … using xani … is real common.*" Treatment providers noted that more female clients abuse sedative-hypnotics. A treatment provider reported, "*More females … we have more women using Xanax®.*"

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, "lean" (beverage made with Sprite® and codeine promethazine), marijuana and Suboxone®. Participants reported: "*Usually, I would take them [sedative-hypnotics] along with heroin … usually heroin and Xanax®; Suboxone® [is used in combination because of] the down that it gives you. It makes you pass out.*"

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes had remained the same during the previous six months.

Participant ratings on the quality of marijuana ranged from '6' for commercial-grade marijuana to '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a "blunt" (cigar) or two "joints" (cigarettes) sold for $10; 1/8 ounce sold for between $20-25; an ounce sold for between $90-120. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between $20-30; 1/8 ounce sold for between $50-70; an ounce sold for between $200-400.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). In addition, several participants discussed either growing or having access to hydroponically grown marijuana. Participant comments included: "*We always grew our own [marijuana]. We had hydroponics set up; When I was growing it … we grew three plants at a time … it took three months at a time, and we made thousands [of dollars selling hydroponic marijuana]; I live out in the country and there's a lot of [marijuana] growers out my way, that's all they do. A lot of*

them don't even smoke, the just grow … high quality marijuana is highly available." A treatment provider commented, "*Oh, [availability of marijuana is] a '10' [extremely easy to get] … easily. Most clients won't even mention marijuana as a drug they're addicted to. It's an afterthought. When we ask them, 'what about marijuana?' [They respond] 'Oh yeah, I smoke pot [marijuana] too.' They don't even consider it [marijuana] in the same category [as an illegal drug of abuse]*." Columbiana County law enforcement reported, "*We see a lot of marijuana. A lot of people smoke marijuana around here. It's harder to get than heroin right now*."

Additionally, participants discussed access to medical marijuana in the region. A participant stated, "*Medical marijuana is really easy to get now. 'Medicaid marijuana' is the bomb … I'm just saying.*' Law enforcement also reported on the impact of medical marijuana in the region. A law enforcement officer reported, "*The higher-quality stuff [marijuana], you know, definitely, it's very en vogue … the trend is to have the good stuff $300, $400, $500 an ounce; $5,000 dollars a pound. High-grade medical marijuana from out west … California and Washington State being shipped in. We've definitely seen an increase in seizures inbound and money outbound to those medical, pro-legalization states. Stuff coming in as one, five [and] seven pound U.S. Mail or Fed Ex retail shippers, all vacuum-sealed with the fancy names*."

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In November, the Ohio State Highway Patrol seized 36 pounds of hydroponic marijuana worth an estimated $230,000 during a traffic stop in Ashtabula County (www.nbc4i.com, Nov. 13, 2012).

Participants reported that the availability of marijuana has remained the same during the past six months, although participants noted an increase in the availability of high-quality marijuana. A participant reported, "*There's a lot of high quality [marijuana] in Warren [Trumbull County] right now*." Community professionals reported that availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participant quality scores of marijuana ranged from '6' to '10' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana).

Current street jargon includes countless names for marijuana. The most commonly cited names were "weed" and "pot." Participants listed the following as other common street names: "brick," "dirt," "downtown brown," "Indiana ditch weed" and "schwag" for low-grade or poor quality marijuana; "bud," "herb," "maryjane," "mersh," "mids," "rags," "regs" and "trees" for commercial or mid-grade marijuana; "dank," "dro," "hydro," "kind bud," "kush," "loud" and "skunk" for hydroponically grown or high-grade marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $10; 1/8 ounce sells for between $20-25; an ounce sells for between $90-120; 1/4 pound sells for between $400-425; a pound sells for between $750-1,000. Higher quality marijuana sells for significantly more: a blunt or two joints sells for between $20-30; 1/8 ounce sells for between $50-75; 1/4 ounce sells for between $100-120; an ounce sells for between $200-400.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke and one would use the drug in baked goods. A participant reported, "*Most people smoke it [marijuana], but yeah, edibles. I mean, I know … we would take the stems and seeds and make peanut butter hash. You'd eat a peanut butter sandwich, 25 minutes later you're good [high] for the next three hours*." Another participant explained, "*We'd make brownies or butter or hash. It's smarter because you can make a lot more money off of edibles … hash will go for $20, cookies for $5, brownies, cake, those are all $5*."

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, "*A lot of people; Just about everyone I know smokes pot*." Treatment providers and law enforcement also reported marijuana use spanning all demographic categories. Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, methamphetamine, prescription opioids, sedative-hypnotics and Suboxone®. Participants reported: "*Marijuana is used with everything, all the drugs we been talking about; Marijuana goes with everything ... it just intensifies everything*." Some participants also reported lacing marijuana with powdered cocaine. A participant stated, "*I've seen cocaine laced in marijuana joints*

and blunts … [it's called a] 'primo.'" Most participants agreed that two out of 10 marijuana users would lace marijuana with crack or powdered cocaine.

Methamphetamine

Historical Summary

In the previous reporting period, the availability of methamphetamine varied considerably within the region. Participants most often reported the drug's availability as '2' in Mahoning and Trumbull counties and a '10' in Ashtabula County on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals also most often reported availability as '10' in Ashtabula County, with lower scores in Mahoning and Trumbull counties.

Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported increased availability. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months, and suggested that the "one-pot" method was becoming more popular.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/2 gram of methamphetamine sold for $50; a gram sold for $100; 1/16 ounce, or "teener," sold for $150; 1/8 ounce, or "eight ball," sold for $250. The most common route of administration for methamphetamine remained smoking. Participants and community professionals described the typical methamphetamine user as White.

Current Trends

Methamphetamine continues to vary considerably within the region. Participants from Mahoning and Trumbull counties most often reported the drug's current availability as '2,' while participants from Ashtabula and Columbiana counties most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants from Mahoning and Trumbull counties reported: "I*'ve never seen meth [methamphetamine in Mahoning County]; The only meth I've seen in Trumbull is out near Newton Falls and more remote areas. I know a dude who got caught selling it in Newton Falls; Ashtabula [County] is the headquarters for meth*." Participants from Ashtabula and Columbiana counties explained: "*[Methamphetamine use] it's rampant here; It's horrible*." Treatment providers most often reported current methamphetamine availability as low. These treatment providers reported: "*I haven't had any clients using meth; I haven't had one client in the last six months that used methamphetamine*."

Participants reported that methamphetamine is available in powdered form. Participants with experience using methamphetamine reported: "*Out here [Columbiana County] a lot of people make it [methamphetamine] with over-the-counter medicine like Claritin® or Sudafed®; [Available methamphetamine] it's all 'shake-and-bake*.'" Participants commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In August, 120 local and state law enforcement officers swept through Ashtabula County finding five meth labs and arresting 40 people suspected of manufacturing methamphetamine and in purchasing the ingredients needed to manufacture methamphetamine; the Ashtabula County prosecutor was quoted as stating, "*Our meth problem today is worse than it was eight years ago*" (www.cleveland.com, Aug. 30, 2012).

Participants from all counties reported that the availability of methamphetamine has remained the same during the past six months in their respective counties. Community professionals also reported that availability of methamphetamine has remained the same. However, law enforcement from Mahoning County noted a slight increase in methamphetamine during the past six months. An officer reported, "*There's been a couple [of meth] labs in the western end of Mahoning County, so we've seen a slight increase in that. It's the one-pot method*." The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "burn," "crank," "crystal," "go-fast," "glass," "jib," "meth," "salts," "shards," "speed" and "tweak." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that 1/4 gram sold for between $20-25; 1/2 gram sold for between $40-50; a gram sold for between $80-100. Many participants also reported purchasing boxes of Sudafed® and exchanging them for methamphetamine. Participants reported: "*Some people won't even take cash [for methamphetamine]. They only want Sudafed® … that's it; There's no meth if they can't get the pills; My last relapse was a month ago, and I relapsed on methamphetamine. I know people who were making it … and you can go to any pharmacy … and you're only allowed to buy two boxes [of pseudoephedrine] at a time, but you can go to five different pharmacies, and the guys who make it [methamphetamine] will trade you. They can't keep buying them, so if you buy the boxes for them, they'll make it and trade you.*"

Many participants in Ashtabula County also discussed purchasing Sudafed® in exchange for other drugs, particularly heroin. Participants reported: "*I know a lot of people who use heroin that will exchange Sudafed® to make meth and get heroin [in return.] That's a big thing here [Ashtabula County]. You'll get $50 worth of heroin for a box; There's all these junkies that will do whatever to get some heroin for free. I know people who will drive all the way out to PA just to get boxes [of Sudafed®]; I've traded boxes for 'shrooms [psilocybin mushrooms], for weed. It's really common here.*"

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Out of 10 methamphetamine users, participants reported that approximately eight would smoke and two would snort the drug.

Participants continued to describe typical users of methamphetamine as predominately White. Community professionals could not offer a typical user profile for methamphetamine, noting that they encounter very few users. Reportedly, methamphetamine is used in combination with heroin, marijuana, prescription opioids and sedative-hypnotics. Participants explained: "*I know a lot of people that will smoke weed with it [methamphetamine] to help balance it out; Weed … to come down [from methamphetamine].*"

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '10.' According to participants, Adderall® remained the most available prescription stimulant followed by Concerta®.

Participants and community professionals reported that availability of prescription stimulants had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months. Participants reported that Adderall® sold for $2 per pill. Participants described typical illicit users of prescription stimulants as teenagers and young adults.

Current Trends

Prescription stimulants remain highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comment on availability included: "*You can get it [stimulants] prescribed to you so easy; Adderall® is real easy to get.*"

Participants reported that the availability of prescription stimulants has remained the same during the past six months (Note: There was no community professional report/comment on prescription stimulants use/abuse during the past six months). The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Focalin® and Ritalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months, with the exception of a decreased number of Ritalin® cases.
No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants reported that

Adderall® sells for between $2-5 per pill, depending on the milligram.

While there were several reported ways of using prescription stimulants, the most common routes of administration are oral consumption and snorting. A participant with experience abusing prescription stimulants reported: "*I used to lick it [prescription stimulants pill]. A lot of times if I only had a 30 [mg], I would take half of it and lick it, wait about five hours until I started feeling slow and take the other half and lick it.*" Another participant reported, "P*eople do snort it [prescription stimulants], oh yeah. I would just crush it up and snort it … a capsule, pill, the little beads, whatever it was.*" Other participants reported "parachuting" Adderall®. A participant explained, "*I parachuted it [Adderall®]. That's where you take the salts and pour it into toilet paper and toss it down your throat.*"

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from doctors or other people who have prescriptions. Participants continued to describe a typical illicit user of prescription stimulants as high school or college aged.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) were moderately available in the region, despite the legislative ban of their sale passed in October 2011. Community professionals most often reported the drug's availability as '4' or '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants did not provide quality and pricing information for bath salts. Participants listed several routes of administration for bath salts, but did not identify a most common route. Participants reported that bath salts were most commonly used among "young people" and teenagers.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. However, the majority of participants expressed an aversion for bath salts and did not report attempting to purchase them. Participant comments included: "*People be eating faces … that's crazy …; I don't see people with that [bath salts] at all; Bath salts, that's crazy … no one wants that shit.*" Community professionals reported knowledge of only a very few cases of bath salts during the past six months. A treatment provider reported, "We've had a few [clients] using bath salts." A law enforcement officer reported, "*We had only one case of bath salts in the last six months, and it took about 5-6 of our officers to control her [bath salts user]. She was nuts, out of her mind. When we took to her jail, she was running into the jail cell with her head … into the wall. It was just … wow. I hope we don't see anymore.*" The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reportedly, new street names and labels for bath salts are emerging to help circumvent the laws; however, participants could not report on any commonly used street names for bath salts in the region. Participants did not have knowledge of current street pricing for bath salts, nor were they able to report on the most common routes of administration.

While there were several reported ways of using bath salts, the most common route of administration is intravenous injection. Out of 10 bath salts users, participants reported that approximately eight would intravenously inject, one would snort and another one would smoke the drug. A profile for a typical bath salts user did not emerge from the data. However, a treatment provider reported, "*I say 18 on to 35 [years of age for bath salts users].*"

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained highly available in the region, despite the law banning their sale that took effect in October 2011. Participants reported that users could obtain the same substances or newly reformulated substances of synthetic marijuana. Law enforcement officials reported synthetic marijuana as moderately available.

Participants and treatment providers most often reported that the availability of synthetic marijuana had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. Participants did not comment on the quality of available synthetic marijuana or give any pricing information. Participants and community professionals alike reported the use of synthetic marijuana by those wanting to pass drug testing in courts and treatment programs.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately available in the region. However, participants reported little first-hand experience with synthetic marijuana. A participant reported, "*[Synthetic marijuana] it's big in treatment facilities. I've heard a lot of people be trying to sneak in K2 but now their testing for it*." A couple of participants described personal use: "*With weed, you can only get so baked [high]. But this stuff [synthetic marijuana] you can keep smoking it, so it wouldn't cap out. It got to the point where it was like this is way too much for me; You get like a body buzz from it. Your heart feels like it's going to explode*."

Community professionals most often reported the drug's current availability as moderate. A treatment provider reported, "*Spice is coming up a lot in conversations [with clients], but we can't test for it*." Additionally, law enforcement reported seeing a slight increase in synthetic marijuana in the region: "*We did see some Spice that was seized off of some traffic stops, so I'd say there has been a small increase in the last six months*." The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. A profile for a typical synthetic marijuana user did not emerge from the data. However, some participants reported use among adolescents and young adults.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that Ecstasy's popularity had recently decreased, and treatment providers reported a decrease in Ecstasy use among clients. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months.

Participants reported that a single Ecstasy tablet sold for between $15-20. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data. However, many participants thought younger users were more likely to use Ecstasy.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*I think like three years ago it [Ecstasy] was popular, but now it's just all heroin*."

Participants and community professionals reported that the availability of Ecstasy has remained the same during the past six months. However, several participants noted an increase in pure MDMA, or "Molly," during the past six months. Participants reported: "*In the past six months, everyone's had Molly. Young people my age [18 years old]; Molly's been coming around here [Ashtabula County]. I think it's increased [during the past six months]*." The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months.

Participants and community professionals discussed Ecstasy as having decreased in availability during the past several years. Participants reported: "*In Warren [Trumbull County] it [Ecstasy] used to be popular. I heard about maybe like three months ago that it was available, but that was the first time in*

a few years that I've heard about it; It [Ecstasy] used to be big, but I don't even know now where to go [to obtain it]." Treatment providers reported: "*I had one client in IOP [intensive outpatient treatment] in the last two years that 'X' [Ecstasy] was her drug of choice; Ecstasy is in the list of drugs people have done. It's in the litany of drugs, yeah, 'I've tried it', but it's not something people go after."*

Current street jargon includes a few different names for Ecstasy. The most commonly cited name remains "X;" and "Molly" for the pure form of MDMA. Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported that Ecstasy tablets sell for $20; 1/10 of pure MDMA (aka "Molly") sells for $15; and a small "lick and stick" form of MDMA sells for $5. While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. A profile of a typical Ecstasy user did not emerge from the data.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cold and cough medications.

In the previous reporting period, hallucinogens were moderately available in the region. Participants most often reported the availability of these drugs as '4' or '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that the availability of psilocybin mushrooms increased at times as they became seasonally available. Community professionals reported low availability of hallucinogens. The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months, while the number of LSD cases had decreased.

In the previous reporting period, inhalants remained highly available within the region. Reportedly, these drugs were primarily used among adolescents, teenagers and young adults. A participant spoke about inhalants being sold at adult stores.

OTC cold and cough medications also remained popular within the region during the previous reporting period. Participants noted the OTC medications were predominately abused among teenagers and young adults. Treatment providers reported a slight increase in abuse among young adults.

Current Trends

Participants and community professionals listed a few other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: caffeinated alcoholic beverages, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cold and cough medications.

Several participants noted a few common trends with alcoholic beverages, most involving the use of caffeinated alcoholic beverages or drinks that combine alcohol and caffeine. A participant reported "*I work at [a gas station and convenience store], and they sell Four Loco's [malt beverage] like non-stop … non-stop … all the time… six o' clock in the morning … I know this one guy comes in in the morning and buys two every day.* " Other participants discussed the common trend of combining alcohol with caffeinated energy drinks. A participant explained, "*I work at a bar and it's constantly, the Red Bull® and vodka, the Red Bull® and Yeager® and all that … definitely.*"

Hallucinogens remain moderately available in the region. Participants most often reported the current availability of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comment on current availability included: "*[Psilocybin mushrooms] they're very available right now; They are '10' [extremely easy to get] right now … and they're a lot stronger too; You just go and pick them. In May, I'd say about a '10.' You can go pick them … there's farms all around here.*"

Participants reported that an ounce of psilocybin mushrooms (aka "shrooms") sells for $200. Participants reported that LSD is rarely available in the region. Participant comment on current availability included: "*I haven't seen it [LSD] in forever. You can get it on college campuses; You got to really, really know someone [to get LSD] and [to] know if it's real.*" Participants with experience using LSD reported that a "hit" (a single dose amount) of LSD (aka "acid") sells for between $5-10; a "sheet" sells for between $100-150. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom cases has remained the same.

Some participants continued to discuss the use of inhalants in the region among adolescents and young adults, specifically "duster" (computer keyboard cleaner). A participant approximately 18 years of age explained, "*You know what's popular? A bunch of kids in my city do duster … 16, 17, 18 [year olds] … it's pretty popular with kids my age.*" Alternatively, treatment providers reported: "*We haven't heard about it [use of inhalants] … not as much in the last few years; You hear about people in the news, kids in the paper getting caught with inhalants, but we don't see them [in treatment].*" Lastly, participants mentioned OTC cough and cold medications as being abused in the region, particularly Coricidin®. A participant reported, "*If you eat enough of them [Coricidin® tablets], it'll rock your world. Eat a pack of them, and you are gone [high] for like 10 hours.*" Community professionals did not report on the use of OTC medications in the region.

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Youngstown region. Changes in availability during the past six months include: likely increased availability for methamphetamine and synthetic marijuana.

Overall, participants and community professionals identified heroin as the region's primary drug problem and labeled it as an "epidemic." Many participants with experience using heroin reported using prescription opioids first, which seemingly led to heroin use. While many types of heroin are currently available in the region, participants and law enforcement continued to report the availability of brown powdered heroin as the most available and the availability of black tar heroin as low. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months. While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection.

Most participants agreed that needle-sharing is a problem in the region. Most participants also shared concerns regarding Hepatitis C. Participants and community professionals continued to describe typical heroin users as predominately White and under 30 years of age. Participants reported that between 6-8 heroin users out of 10 would speedball with heroin and crack and/or powdered cocaine.

Collaborating data indicated that prescription opioids remain readily available and abused in the region. The Mahoning County Coroner's Office reported prescription opioids present in 44 percent of all drug-related deaths of the past six months. Participants and law enforcement reported that the current street availability of Suboxone® was '10' (highly available). Law enforcement also detailed seeing more Suboxone® on the street being openly traded back and forth among people who have prescriptions. The BCI Richfield Crime Lab further reported that the number of Suboxone® cases processed increased over the past six months. Speaking on the illicit use of Suboxone®, participants reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users.

Participants from Ashtabula and Columbiana counties most often reported the current availability of methamphetamine as '10.' A participant from Ashtabula County reported that methamphetamine, along with heroin, is the easiest substance to obtain in Ashtabula. Law enforcement from Mahoning County noted a slight increase in methamphetamine during the past six months, particularly in western Mahoning County. Many participants also reported purchasing boxes of Sudafed® and exchanging them for methamphetamine or for other drugs, particularly heroin. Participants continued to describe typical users of methamphetamine as predominately White.

The majority of participants expressed an aversion for bath salts and reported no attempts to purchase the drug; community professionals reported knowledge of only a very few cases of bath salts during the past six months. Participants also reported little first-hand experience with synthetic marijuana; however, law enforcement reported seeing a slight increase in synthetic marijuana in the region. The BCI Richfield Crime Lab reported that the number of bath salts and synthetic marijuana cases it processes have increased during the past six months.

Lastly, several participants discussed either growing or having access to hydroponically grown marijuana, describing high quality marijuana as highly available. Participants and law enforcement also discussed increased access to medical marijuana in the region. Law enforcement reported that medical marijuana from western states is being intercepted and seized more frequently; medical marijuana is increasingly shipped into the region via the U.S. Postal Service and large retail shippers.

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