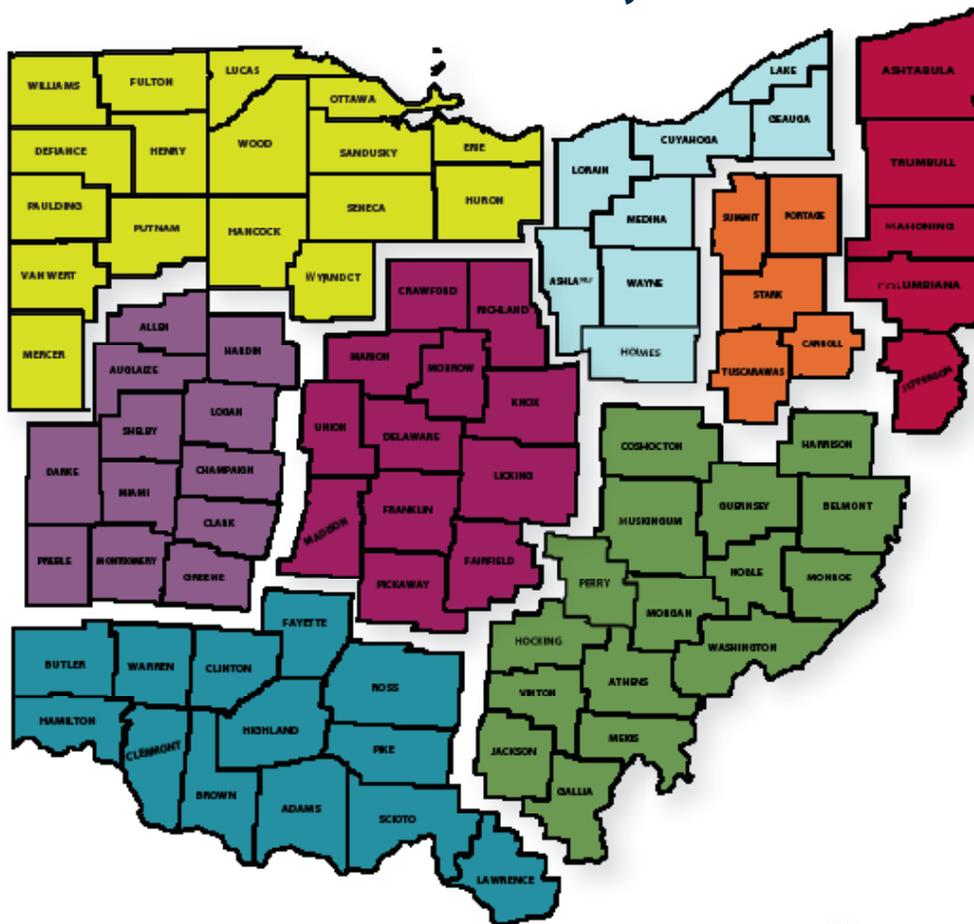




Surveillance of Drug Abuse Trends in the State of Ohio June 2013- January 2014



| Legend | |
|---|---|
| ■ Akron-Canton region | ■ Columbus region |
| ■ Athens region | ■ Dayton region |
| ■ Cincinnati region | ■ Toledo region |
| ■ Cleveland region | ■ Youngstown region |



Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2013-January 2014

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Toledo Region

- Heroin use described as epidemic
- More users addicted to heroin than crack cocaine
- Increase in heroin overdose deaths
- Fentanyl used as heroin cut
- Law enforcement report increase in juvenile heroin use
- Decreased ecstasy availability
- Ecstasy now being cut with cocaine, heroin and meth
- Decreased synthetic marijuana availability attributed to law enforcement & general lack of interest in drug

Cleveland Region

- Decreased powdered cocaine availability
- Increased heroin availability
- Treatment providers note increase in clients addicted to heroin
- Increased heroin overdose deaths attributed to fentanyl cut
- Likely increased prescription opioid availability
- Likely increased meth, sedative-hypnotics & Suboxone® availability
- Law enforcement note influx of prescription opioids from outside Ohio

Dayton Region

- Increased heroin availability
- Heroin most available drug
- Dayton dealers offer heroin samples
- Montgomery Co. Coroner warns heroin cut with fentanyl
- Increased heroin overdose rates
- Increased Suboxone® in area
- Decreased bath salts availability
- Decreased synthetic marijuana availability
- Crime lab reports 41 cases of "kratom" (psychoactive drug)

Akron-Canton Region

- Increased heroin availability
- Cocaine users switching to heroin
- Heroin cut with fentanyl reported
- Increased illicit Suboxone® use
- Increased meth availability
- Meth now as available as heroin
- 25% of participants report meth use
- Decreased synthetic marijuana availability

Cincinnati Region

- Increased heroin availability
- Young people have easy access to heroin
- Increased Suboxone® availability
- Increased prescription stimulant availability
- Likely decreased synthetic marijuana availability
- Users obtaining synthetic marijuana via U.S. mail

Youngstown Region

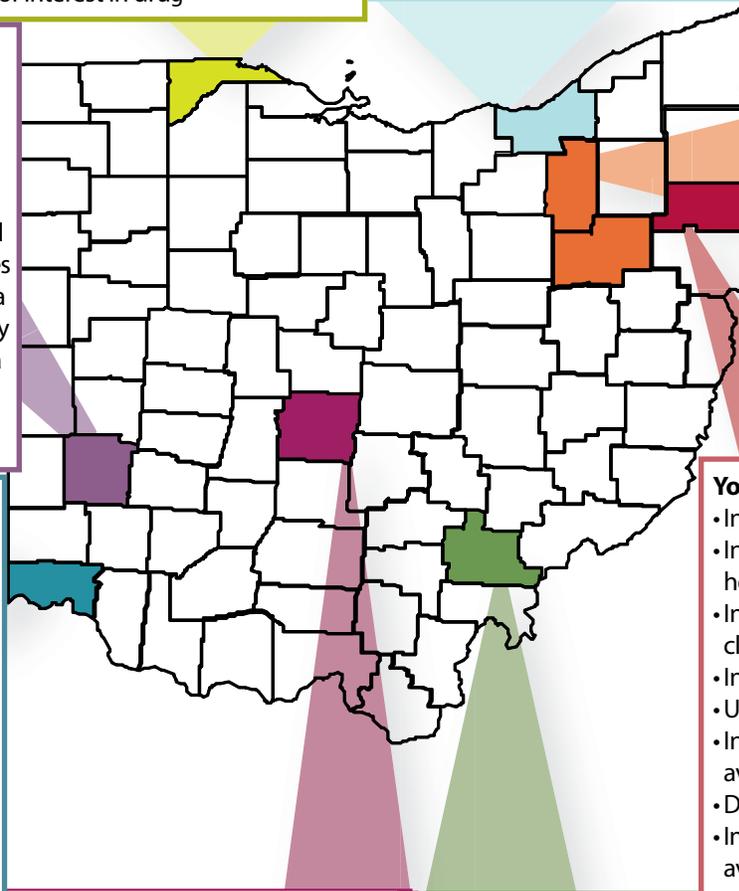
- Increased heroin availability
- Increased calls related to heroin on helpline serving region
- Increasing challenge in obtaining clean injection needles
- Increased Suboxone® availability
- Users getting Suboxone® through "twitter"
- Increased prescription stimulant availability
- Decreased synthetic marijuana availability
- Increased "molly" (powdered MDMA) availability

Columbus Region

- Increased heroin availability
- Increased Suboxone® availability
- Decreased synthetic marijuana availability
- Community professionals report increase in "molly" (powdered MDMA)
- Typical molly users high school and college students and those who attend "raves"

Athens Region

- Increased heroin availability
- Heroin now easiest drug to obtain
- Sharing & re-using injection needles for heroin common practice
- Need for clean-needle exchange & disposal of dirty needles noted
- Participants name Suboxone® easiest prescription opioid to obtain
- Increased Suboxone® availability linked to increased heroin use
- Likely increased meth availability
- Increased meth availability attributed to ease of manufacture





Surveillance of Drug Abuse Trends in the State of Ohio

June 2013-January 2014

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 Mental Health and Addiction Services (OhioMHAS) 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 January 27, 2014. It is based upon qualitative data collected from July 2013 through January 2014 via focus group interviews. Participants were 340 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 118 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 through December 2013. OSAM research administrators in the Office of Quality, Planning and Research at OhioMHAS 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.

Powdered Cocaine

Powdered cocaine is moderately to highly available throughout OSAM regions. A change in availability during the past six months was only indicated in the Cleveland region where participants attributed decreased availability to dealers' tight control over supply and to heroin and other drugs supplanting demand. Participants continued to report that availability of powdered cocaine varies greatly depending on a user's relative closeness to a high-level supplier. Many participants noted that dealers are specializing in higher quality powdered cocaine and that their network of buyers is tight-knit. However, the consensus among participants was that while users may have to call around for powdered cocaine, they can find the drug if they desire it. Participants and treatment providers often reported that powdered cocaine is not a primary drug of choice. Most participants with first-hand knowledge of powdered cocaine reported purchasing the drug to make crack cocaine.

Reported Change in Availability of Powdered Cocaine during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | High | No Change |
| Athens | Moderate | No Change |
| Cincinnati | High | No Change |
| Cleveland | Moderate | Decrease |
| Columbus | High | No Change |
| Dayton | Moderate | No Consensus |
| Toledo | High | No Change |
| Youngstown | High | No Change |

Participants throughout OSAM regions reported the current quality of powdered cocaine as low to moderate: '4-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also noted that the overall quality of powdered cocaine has either remained the same or has decreased during the past six months. Participants almost universally indicated that poor-quality cocaine is often cut (adulterated) with other substances, such as bath salts, fentanyl, heroin, methamphetamine, "molly" (powdered MDMA), prescription stimulants and sedative-hypnotics (sleep medications and benzodiazepines), to increase the potency of the cocaine. Crime labs throughout OSAM regions most often noted the following cutting agents for powdered cocaine: levamisole (livestock dewormer), lidocaine and other local anesthetics.

Current street jargon includes many names for powdered cocaine.

| Current Street Names of Powdered Cocaine | |
|--|---|
| Most common names | blow, girl, powder, snow, soft, white girl |
| Other names | bitch, booger, candy, coke, fish scale, smoke, sugar, white, white lady, yay-yo |

Pop culture has also influenced street jargon for powdered cocaine as evidenced in the following names participants also reported: "Christina Aguilera, Lindsay Lohan, Miley Cyrus." A participant explained that street jargon is often codified and recalled a phone message, "My man [heroin] is going to be here in about 25 minutes, but my girl [powdered cocaine] is not going to be here until 40 minutes," which he translated to mean someone is ordering \$25 in heroin and \$40 in powdered cocaine.

Depending on region, desired quality and from whom one buys, a gram of powdered cocaine currently sells for \$40-100. Participants in Dayton also reported that powdered cocaine is now sold in capsules (aka "caps") at \$5 each. Akron-Canton participants noted that it is easy to find powdered cocaine in bars and night clubs; treatment providers also noted that powdered cocaine is readily available in strip clubs.

Participants throughout OSAM regions continued to report that the most common way to use powdered cocaine is snorting, followed by intravenous injection. Reportedly,

smoking powdered cocaine is relatively rare, as users typically "rock" powdered cocaine into crack cocaine for smoking. Participants and community professionals were in agreement in describing the typical powdered cocaine user as white and of middle to high socio-economic status. In addition, many participants and law enforcement noted younger individuals as typically using the drug—those new to drug use and those who like to party; many community professionals generally noted more males using powdered cocaine than females.

Many other substances are used in combination with powdered cocaine. Reportedly, it is much more common to use powdered cocaine with other substances than to use it by itself.

Substances Most Often Combined with Powdered Cocaine

- Alcohol • Ecstasy & Molly • Heroin • Marijuana • Prescription Opioids • Sedative-Hypnotics •

Using powdered cocaine with alcohol is popular as it allows users to party longer, consuming greater quantities of alcohol. Participants reported that powdered cocaine is often used in combination with heroin or prescription opioids for two reasons: these substances assist the user in coming down off the cocaine stimulant high and many users "speedball" with these substances, creating alternate stimulant and depressant highs.

Crack Cocaine

The availability of crack cocaine has remained the same throughout OSAM regions during the past six months. The drug remains highly available; exceptions include areas of the Athens and Dayton regions. In the Athens region, participants reported higher availability in Muskingum County and lower availability in Athens County; in the Dayton Region, participants reported higher availability in Montgomery and Allen counties and lower availability in Hardin and Miami counties.

Cleveland participants reported that incidences of anonymous street transactions continue to be less common in areas where "walk-up" service was previously available. Many participants were keen to agree that crack cocaine has moved from the streets to the phone. However, in Youngstown, participants shared that they could get crack

Reported Change in Availability of Crack Cocaine during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | High | No Change |
| Athens | Variable | No Change |
| Cincinnati | High | No Change |
| Cleveland | High | No Change |
| Columbus | High | No Change |
| Dayton | Moderate to High | No Change |
| Toledo | High | No Change |
| Youngstown | High | No Change |

cocaine on certain street corners or by sitting at certain gas stations; reportedly, dealers approach users and offer to sell crack cocaine. In the Akron-Canton region, participants in Portage and Tuscarawas counties believed crack cocaine use to be increasing in popularity in some rural communities because the drug is cheap.

While participants reported that the availability of crack cocaine has remained the same during the past six months, they overwhelmingly suggested that more users now prefer heroin over crack cocaine. Several participants mentioned that dealers deliberately try to move their customers away from crack cocaine to heroin. In addition, similar to powdered cocaine, treatment providers observed that those currently coming into treatment often report that they have used crack cocaine but are more likely to be addicted to other drugs.

Participants throughout OSAM regions reported the quality of crack cocaine as moderate, rating current quality most often as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants also noted that the overall quality of crack cocaine has either remained the same or has decreased during the past six months. Many participants noted that the quality of crack cocaine depends on the area where they buy it; for instance, in Cincinnati, the downtown area reportedly has the most consistent quality. Dealers' attempts to make more money have contributed to the increasingly poor quality of crack cocaine. In Cleveland, crack cocaine quality is so poor that it has become common for crack users to "recook" the product to remove impurities. Fake product (aka "fleece" or

"dummies") is also reportedly more common in Cleveland, including drywall and cocoa butter sold as crack cocaine.

Participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine: amphetamines, bath salts, heroin, methamphetamine and prescription opioids. In addition, participants noted many different colors of crack cocaine depending on what the drug is cut with and depending on the dealer. The most commonly listed colors included yellow and white, followed by tan and brown. Participants noted that some cooks use food coloring to dye the drug and that color becomes the staple color of the dealer. Such colors listed by participants included green, pink, blue, purple, red and orange. Crime labs throughout OSAM regions most often reported levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine.

Current Street Names of Crack Cocaine

| | |
|--------------------------|---|
| Most Common Names | butter , crack, drop, food, girl (hard girl, white girl), hard, work , yay-yo |
| Other Names | blast, bobo, boy, candy (hard candy), cookies, crane, crinak, drip (or 'drop'), mellow yellow, melt, ready, smack, stones, tough, twerk |

Current street prices for crack cocaine were consistent throughout OSAM regions among participants with experience buying the drug. Participants overwhelmingly reported that the most common method of purchasing crack cocaine is to purchase \$10 and \$20 quantities (1/10 gram, aka "pebbles," "pieces" or "rocks"). However, participants in Cleveland indicated an increase in pricing, with most believing \$10 rocks to be a thing of the past and \$20 rocks now the smallest increment available. Depending on region, desired quality and from whom one buys, a gram of crack cocaine currently sells for \$40-150.

Participants throughout OSAM regions continued to report that the most common way to use crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, 8-9 smoke and the remaining 1-2 intravenously inject (aka "shoot") the drug. Participants noted mixing crack cocaine with lemon juice to be able to inject the drug intravenously.

Participants in Dayton speculated about an increase in shooting crack cocaine.

While most participants and community professionals throughout OSAM regions described the typical crack cocaine user as anyone, the consensus among both respondent groups was that crack cocaine use is typical among individuals of low socio-economic status. In terms of race, several respondent groups indicated more use among whites than other racial groups; however, the Toledo police reported that crack cocaine use continues to be predominately found in urban neighborhoods among African-American users.

Participants and community professionals agreed that crack cocaine is most often used in combination with other substances.

| Substances Most Often Combined with Crack Cocaine |
|---|
| <ul style="list-style-type: none"> • Alcohol • Heroin (aka "speedball" or "hot shot") • • Marijuana • Prescription Opioids • • Sedative-Hypnotics • • Tobacco • |

Typically, another substance is used with crack cocaine to help balance the effects of the stimulant high or to assist the user in coming down off the high. A participant explained that when crack cocaine is broken down and intravenously injected with heroin in one syringe, this is called a "hot shot;" whereas another participant explained that "speedball" is when the user goes back and forth between the two drugs to balance the effects of each.

Heroin

The availability of heroin has increased during the past six months in every region with the exception of Toledo. Community professionals in Cleveland overwhelmingly cited heroin as the most available drug, while participants in Athens agreed that heroin is now the easiest drug to obtain in their region; reportedly, easier to obtain than even marijuana.

Participants consistently attributed the increase in heroin use to the reformulation of popular prescription opioids, such as OxyContin®, which has made some prescription opioids more difficult to abuse, and the crushable pills increasingly more expensive and more difficult to obtain.

| Reported Change in Availability of Heroin during the Past Six Months | | | |
|--|----------------------|---------------------|---------------------------|
| Region | Current Availability | Availability Change | Most Available Type |
| Akron-Canton | High | Increase | brown powdered |
| Athens | High | Increase | brown powdered, black tar |
| Cincinnati | High | Increase | black tar |
| Cleveland | High | Increase | brown/white powdered |
| Columbus | High | Increase | black tar |
| Dayton | High | Increase | brown/white powdered |
| Toledo | High | No Change | white powdered |
| Youngstown | High | Increase | brown powdered |

Participants throughout OSAM regions also cited dealers switching from other drug sales to the more profitable sale of heroin, along with cocaine users switching to heroin due to the poor quality of cocaine.

In the Toledo region, while participants and community professionals noted that the high availability of heroin has remained the same during the past six months, they reported an increase in overdose deaths related to heroin. In addition, respondents in Cleveland and Dayton regions reported an increase in overdose rates. Participants generally shared that hesitation to call for assistance when a user is overdosing is common among heroin addicts who fear legal prosecution for their drug activities.

Participants throughout OSAM regions most often reported the overall quality of heroin as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants in Akron-Canton, Cleveland, Dayton, Toledo and Youngstown believed potent heroin to be cut with fentanyl. In a press release, the Montgomery County Coroner's Office disclosed that heroin cut with fentanyl is being sold by drug dealers. The coroner's office confirmed 35 fentanyl-related overdose deaths during a three-month period, October 28, 2013 through January 26, 2014. Crime labs

throughout OSAM regions most often reported caffeine, diphenhydramine (antihistamine) and quinine (antimalarial) as the typical cutting agents for heroin.

Current street jargon includes many names for heroin. Participants shared that black tar heroin is most often called “tar,” while white powdered heroin is most often called “China white.” Some street names for heroin referred to people: “Chris Brown, Justin Bieber and Sir Henry.” Other reported street jargon referred mostly to dogs or dog food and included the following: “Alpo®, chow, dog, puppy, Puppy Chow®, puppy food.”

| Current Street Names of Heroin | |
|--------------------------------|--|
| Most common names | boy, dog food, dope, ‘H’ |
| Other names | brown, chiva, horse, mud Purina®, raw, ron, scag, smack |

Participants reported that heroin is available in different quantities. Powdered heroin is most commonly sold in chunks, folds or baggies while black tar heroin is commonly sold in bags, berries or balloons. Small amounts are typically about 1/10 gram and sell for \$10-25; a gram sells for \$50-200, depending on quality and location of purchase. Participants in several regions noted higher pricing in rural areas.

Participants throughout OSAM regions continued to report that the most common way to use heroin is intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, 7-9 shoot the drug. Injection needles are primarily obtained through heroin dealers, people with diabetes, retail chain pharmacies and on the Internet. Participants throughout OSAM regions agreed that sharing and re-using needles is common practice. Participants and community professionals discussed the need for clean-needle exchange programs and consistent places to dispose of dirty needles.

Participants and community professionals described typical users of heroin as white, aged teens to 30s, with both males and females and individuals of different socio-economic status equally represented. Both police and the Multi-Area Narcotics Task Force in the Toledo region reported an increase in juveniles using heroin.

Participants and community professionals agreed that heroin is most often used in combination with other substances.

Substances Most Often Combined with Heroin

- Alcohol • Crack & Powdered Cocaine •
- Marijuana • Prescription Opioids •
- Sedative-Hypnotics •

“Speedballing” remains popular as users seek a combined up and down high which is established by using heroin with a stimulant (i.e., cocaine). Alcohol, marijuana and sedative-hypnotics are reportedly used with heroin to enhance the effect of the drug. Participants and community professionals recognized the danger of using sedative-hypnotics (particularly benzodiazepines) with heroin, yet the trend continues.

Prescription Opioids

The general availability of prescription opioids is currently high throughout OSAM regions; however, participants noted that the most desirable prescription opioids, those that are able to be used intravenously, have become more difficult to find. While participants in Cleveland indicated a general increase in availability during the past six months, they reported very little use and low availability of “premium” prescription opioids such as Dilaudid®, fentanyl, Opana® and morphine. Community professionals in Cleveland also reported an increase in prescription opioid availability: Treatment providers suggested doctors do not monitor prescription opioids closely enough and law enforcement noted an influx of pills from outside Ohio. Many participants throughout OSAM regions noted that although widely used, most opiate users are not very interested in Percocet® and Vicodin®; many are moving on to heroin use.

Current street jargon includes many names for prescription opioids. Participants reported the following common street names for many of the prescription opioids available to street-level users.

Participants expressed a preference for formulations that can be crushed, snorted, combined with other drugs or used as cutting agents. These types of pills are reflected in the price as they are significantly more expensive than others. For example, recent changes to Opana® formulations have reduced demand for the new pills and increased demand for the 40 mg crushable version. The current street price for the old formulation of Opana® is \$1.5-3 per milligram throughout OSAM regions, while Percocet® and Vicodin® sell for less than \$1 per milligram.

Reported Availability Change of Prescription Opioids during the Past 6 Months

| Region | Current Availability | Availability Change | Most Widely Used |
|--------------|----------------------|---------------------|---------------------------------|
| Akron-Canton | High | No Change | Percocet®, Vicodin® |
| Athens | High | No Change | Percocet®, Roxicet®, Vicodin® |
| Cincinnati | High | No Change | OxyContin®, Percocet®, Vicodin® |
| Cleveland | High | Increase | Percocet®, Vicodin® |
| Columbus | High | No Change | Percocet®, Suboxone®, Vicodin® |
| Dayton | High | No Change | Percocet®, Ultram®, Vicodin® |
| Toledo | High | No Change | OxyContin®, Percocet®, Vicodin® |
| Youngstown | High | No Change | Percocet®, Ultram® |

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from friends and family members, through the Internet,

through prescriptions and just simply by “asking around.” Participants shared obtaining prescription opioids by waiting around pharmacies and asking people picking up prescriptions to sell. Participants reported that individuals will sell their prescriptions as a means of income. Some participants reported stealing prescription opioids from family members. Youth often obtain opioid medication from a parent’s medicine cabinet.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration for illicit use remain snorting and oral consumption (swallowing and/or “eating,” crushing/ chewing, including wrapping a crushed pill in tissue and then swallowing, aka “parachuting”). Participants in Athens also reported oral ingestion by mixing the powdered form of the drug in a beverage and drinking. Participants in Akron-Canton commonly reported that while intravenous injection would be the preferred method of administration of prescription opioids, new abuse-deterrent formulations have made them more difficult to use this way.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anyone. Several participants more specifically identified illicit users as anyone who has been injured and been prescribed opioids as medication, along with those who have access to these medications, such as doctors, dentists and nurses, as well as whites who seek “better drugs” for abuse. Community professionals most commonly described typical illicit users of prescription opioids similarly as participants, while also describing that illicit users cover a wide age range and that abuse of prescription opioids extends to younger age groups. Community professionals reported that young people often initiate drug abuse with prescription opioids.

Reportedly, prescription opioids are commonly used in combination with other substances to intensify the user’s high.

Current Street Names of Prescription Opioids

| | |
|-------------|--|
| Dilaudid® | did, diddy, Oscar De La Hoya’s |
| Fentanyl | patches, suckers |
| Kadian® | ‘K’ |
| Norco® | Chinese eyes, French fries, yellow busses |
| Opana® | OPs, pana’s, pandas, stop signs |
| OxyContin® | green beans (80 mg), OCs (old formulation), OPs (new formulation), oxy’s |
| Percocet® | Ps, perks, perk 5 (5 mg), tens (10 mg), three twenty-five’s (7.5 mg) |
| Roxicodone® | roxies; greens, 15s (15 mg); blue berries, blue pill, blues, perk 30s (30 mg) |
| Vicodin® | Vs, vikes, vickies; vike 10 (Vicodin® HP 10 mg); three seventy-fives, baby vikes, vike ES (Vicodin® ES 7.5 mg) |

Substances Most Often Combined with Prescription Opioids

- Alcohol • Cocaine • Heroin •
- Marijuana • Other Prescription Opioids •
- Sedative-Hypnotics •

Suboxone®

Community professionals throughout OSAM regions noted a high demand for Suboxone®. They observed that as the number of heroin users increases so too does the number of individuals seeking Suboxone®. Participants throughout OSAM regions reported that Suboxone® is easy to obtain either on the street from dealers and other users or from doctors. Treatment providers discussed that many clients will sell their prescribed Suboxone® or use the drug as a “Band-Aid™” when they cannot get their drug of choice. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months; the Miami Valley Crime Lab reported that the number of Suboxone® cases it processes has also increased.

Reported Availability Change of Suboxone® during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | High | Increase |
| Athens | High | Increase |
| Cincinnati | Moderate to High | Increase |
| Cleveland | High | Increase |
| Columbus | High | Increase |
| Dayton | High | Increase |
| Toledo | High | No Change |
| Youngstown | High | Increase |

Current street jargon includes a few names for Suboxone®.

Current Street Names of Suboxone®

| | |
|------------------------|---|
| General | subs |
| Sublingual film | Band-Aids®, strips |
| Tablet | boxes, oranges, orangies, orange peelers, stop signs, vitamin C |
| Subutex® | tex, tics |

Although there were slight variances of price throughout OSAM regions, participants commented that generic Suboxone® and sublingual films are less expensive than name brand Suboxone® tablets. The tablets are preferred for illicit use as they can be crushed for snorting

or shooting. However, in half the regions (Akron-Canton, Cincinnati, Cleveland and Toledo), participants reported pricing information for the sublingual film form only, as the tablet form has become increasingly unavailable. Akron-Canton participants reported that they can obtain the preferred tablet form by traveling outside their region. Throughout OSAM regions Suboxone® 8 mg sublingual film sells for \$10-30; 8 mg tablet sells for \$10-40.

In addition to obtaining Suboxone® on the street from dealers, particularly those who deal heroin, participants reported getting the drug through legal prescriptions and from buying it from friends and family members with prescriptions. Participants in Youngstown also reported acquiring Suboxone® through “twitter” communications, and they noted that drug dealers will often trade heroin for Suboxone®. Legitimate prescriptions are reportedly more difficult to obtain, although participants commonly reported that it is relatively easy to get Suboxone® whether the aim is legitimate treatment or to sell it. Participants admitted that many opiate addicts will use some of their Suboxone® prescription and sell the rest.

Most often participants reported taking Suboxone® sublingually (dissolving under the tongue), although participants reported that users can dissolve either form of the drug to snort or intravenously inject (aka “shoot”). Participants throughout OSAM regions estimated that out of 10 illicit Suboxone® users, 8-9 would orally consume and 1-2 would either snort or shoot the drug. Participants explained that sublingual films are dissolved with water for snorting, administering the drug similar to the administration of a nasal spray. In addition, participants in Cleveland mentioned users dissolving the sublingual form and dropping the liquid into the eyes as if administering an eye drop.

Participants and community professionals described typical illicit users of Suboxone® as young, heroin and prescription opioid addicted persons who are self-medicating either to wean off heroin or prescription opioids or to avoid withdrawal between highs. In addition, law enforcement in Toledo reported that Suboxone® is popular among incarcerated populations.

Participants throughout OSAM regions agreed that Suboxone® is typically used by itself more often as a “last resort” when a user is going through withdrawal. Although the majority of participants believed users cannot get high on this drug, several pointed out that Suboxone® can be used in combination with alcohol or sedative-hypnotics

in order to “intensify the effect.” Even though, participants seemed to have awareness that this combination can be fatal, they admitted that Suboxone® is used in this manner.

Substances Most Often Combined with Suboxone®

- Alcohol • Sedative-Hypnotics •

Sedative-hypnotics

Sedative-hypnotics are moderately to highly available throughout OSAM regions. Participants overwhelmingly reported that these drugs are very easy to find and easy to have prescribed. A change in availability during the past six months was only indicated in the Cleveland region where participants attributed increased availability, particularly of Xanax®, to increased use by heroin users who reportedly often use the drugs either to avoid withdrawal

Reported Availability Change of Sedative-Hypnotics during the Past 6 Months

| Region | Current Availability | Availability Change | Most Widely Used |
|--------------|----------------------|---------------------|-------------------------------------|
| Akron-Canton | High | No Consensus | Ativan®, Klonopin®, Soma®, Xanax® |
| Athens | Moderate | No Change | Klonopin®, Valium®, Xanax® |
| Cincinnati | High | No Change | Klonopin®, Xanax® |
| Cleveland | Moderate | Increase | Klonopin®, Valium®, Xanax® |
| Columbus | Moderate | No Change | Klonopin®, Valium®, Xanax® |
| Dayton | High | No Change | Ativan®, Klonopin®, Valium®, Xanax® |
| Toledo | High | No Change | Ativan®, Klonopin®, Xanax® |
| Youngstown | High | No Change | Klonopin®, Soma®, Valium®, Xanax® |

when they are out of heroin and Suboxone® or because of the different effect the combination of Xanax® with heroin delivers. Law enforcement in Cleveland reasoned that the availability of Xanax® has increased as a result of increased prescribing by doctors. There was consensus among participants and community professionals that sedative-hypnotics are easier to obtain than prescription opioids.

Current street jargon includes many names for sedative-hypnotics (aka “benzos, downers, pharmies”). Participants reported the following common street names for many of the sedative-hypnotics available to street-level users.

Current Street Names of Sedative-Hypnotics

| | |
|-----------|--|
| Ativan® | vans |
| Klonopin® | forgot-a-pins, k-pins, nervies, pins |
| Soma® | slows, soma-coma |
| Valium® | Vs, vals |
| Xanax® | xanies, peaches (0.5 mg), blue footballs, blue monsters, blues, footballs (1 mg), bars, logs, school busses, xanibars (2 mg) |

Current street prices for sedative-hypnotics varied throughout OSAM regions: Klonopin® 1 mg sells for \$0.50-2; Klonopin® 2 mg sells for \$2-5; Valium® 5 mg most often sells for \$1; Valium® 10 mg most often sells for \$2; Xanax® 0.5 mg sells for \$0.50-2; Xanax® 1 mg sells for \$2-3; Xanax® 2 mg sells for \$3-7. In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them prescribed from physicians. Participants also reported acquiring these medications from family members and friends, as well as ordering them on the Internet from Canada. Users are more likely to obtain sedative-hypnotics from doctors via prescription or from people they know than from dealers on the street.

While there are a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, the most common route of administration remains oral consumption, including wrapping a crushed pill in tissue and swallowing (aka “parachuting”), followed by snorting. Although rare, a few participants throughout OSAM regions shared that users sometimes intravenously inject (aka “shoot”) these drugs. Cleveland participants reported that shooting sedative-hypnotics is more common when sedative-hypnotics are used in combination with other drugs.

Participants most often described typical illicit users of sedative-hypnotics as younger and addicted to other drugs,

especially heroin. Community professionals most often described typical illicit users as young females. Participants and community professionals agreed that sedative-hypnotics are most often used in combination with other substances rather than by itself in an effort help users “come down” off other drug highs (particularly cocaine).

Substances Most Often Combined with Sedative-Hypnotics

- Alcohol • Crack & Powdered Cocaine • Heroin • Marijuana • Methamphetamine • Prescription Opioids • Prescription Stimulants •

Marijuana

Marijuana remains highly available throughout OSAM regions. There were no changes in reported availability during the past six months. However, marijuana availability reportedly fluctuates with seasonal changes, as well as with law enforcement seizures and arrests, but marijuana availability is never low since more and more individuals are growing the drug. Participants and community professionals agreed that marijuana can be found anywhere and everywhere. Law enforcement throughout OSAM regions often reported marijuana as the number one drug they encounter. Treatment providers in Dayton shared that users often believe marijuana is less harmful than cigarettes.

Reported Availability Change of Marijuana during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | High | No Change |
| Athens | High | No Change |
| Cincinnati | High | No Change |
| Cleveland | High | No Change |
| Columbus | High | No Change |
| Dayton | High | No Change |
| Toledo | High | No Consensus |
| Youngstown | High | No Change |

Participants throughout OSAM regions reported high quality of marijuana, most often rating the drug’s overall quality as ‘10’

on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Specifically, participants reported moderate quality (‘3-5’) of low-grade marijuana and high quality (‘10’) of high-grade marijuana. Most participants reported marijuana quality changes, indicating high-grade marijuana as increasing in quality while low-grade marijuana quality fluctuates from poor to good. Cleveland participants continued to note that low-grade marijuana in that region is often sprayed with a synthetic cannabinoid in order to increase flavor and potency. Participants agreed that better quality marijuana is most often hydroponically grown without seeds or stems. Participants shared that there has been an increase in the number of marijuana varieties, especially for higher grades of the drug.

Current street jargon includes countless names for marijuana.

Current Street Names of Marijuana

| | |
|---------------------|--|
| Most Common | bud, green, mary jane, smoke, trees, weed |
| Other Common | Bob Marley, Bin Laden, Don Juan, grass, hay, Keisha, pot |
| Low grade | Bobby Brown, commercial (aka ‘commersh’ or ‘mersh’), dirt weed, ditch weed, hay, Mexican dirt, mids (aka ‘middy’), reggie, schwag, skunk, Youngstown brown |
| High grade | chronic, dank, diesel, fire, headies, hydro (aka ‘dro’), kill, kind bud, kush, medical, nugs |

High-grade marijuana street names often refer to particular strains or name brands typically referring to flavors (“blueberry yum, cherry kush, green apple, lemon kush, Girl Scout® cookie and strawberry”) or places (“Alaskan Thunderf*ck, Cali (California) kush”) or colors (“purple haze, purple kush, Snow White, white widow, white rhino”).

Throughout OSAM regions, prices for marijuana continue to depend upon the quantity and quality desired: for low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sell for \$5; an ounce sells for \$90-100. High-grade marijuana sells for significantly more: \$20 for a blunt or two joints and \$300-350 for an ounce. Participants continued to report that the most common route of administration for marijuana remains smoking. However, an increased number of participants reported vaporizing marijuana, which means consumers are using an electronic smoking device similar to an e-cigarette. Also, participants continued to

mention oral consumption of marijuana in edibles such as deserts and hot beverages.

A typical profile of a marijuana user did not emerge from the data. Participants and community professionals agreed that anyone can use the drug. Many substances are used in combination with marijuana. Reportedly, it is more common to use marijuana with other substances. Participants and treatment providers reasoned that marijuana in combination with other drugs intensifies the effects of the other drugs.

Substances Most Often Combined with Marijuana

- Alcohol • Crack & Powdered Cocaine (aka “cocoa puff” or “primo”) • Heroin • Prescription Opioids •
- Sedative-Hypnotics (especially Xanax®) •

Other substances participants mentioned as used in combination with marijuana include: ecstasy, embalming fluid (aka “wet, sherm”), heroin, LSD (lysergic acid diethylamide), methamphetamine, PCP (phencyclidine; aka “primo”), promethazine and tobacco.

Methamphetamine

Methamphetamine availability remains variable from region to region. For instance, the drug continues to be highly available in the Akron-Canton region and is currently low to moderate in availability in the Cleveland region. Participants in Youngstown attributed the higher availability of methamphetamine in their region to legislation which banned bath salts sales. In Mahoning County, some participants believed that the availability of methamphetamine is bound to increase. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

Reported Availability Change of Methamphetamine during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|------------------------|---------------------|
| Akron-Canton | High | Increase |
| Athens | Moderate to High | Increase |
| Cincinnati | Moderate | No Change |
| Cleveland | Low to Moderate | Increase |
| Columbus | Variable, No Consensus | No Consensus |
| Dayton | Variable, No Consensus | No Change |
| Toledo | Variable, No Consensus | No Change |
| Youngstown | Moderate to High | No Consensus |

Participants and community professionals throughout OSAM regions reported that the most prevalent type of methamphetamine is the powdered form which is often called “one-pot” or “shake-and-bake” due to the way this form is produced. Powdered methamphetamine is manufactured 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). This form of methamphetamine can be made in as little as 30 minutes.

While the majority of participants interviewed did not have recent firsthand experience with methamphetamine, participants with experience of the drug most often reported its current quality as ‘7-8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). However, approximately 25 percent of participants in the Akron-Canton region reported firsthand experience, and these users complained that the overall quality of methamphetamine is poor; quality varies depending on the “cook” (person producing the drug). Columbus participants suggested methamphetamine is adulterated with baby laxatives, Benadryl®, household chemicals and MSM (methylsulfonylmethane, a dietary supplement).

Current street jargon includes a few names for methamphetamine.

| Current Street Names of Methamphetamine | |
|---|--|
| General | crank, go-fast (or 'go'), meth, rock candy, speed, tina, tweek |
| Powdered type | bottle dope (or 'bottle'), one-pot, shake-and-bake |
| Lab manufactured type | crystal, glass, ice, shards |
| Anhydrous type | annie |

In addition to the names listed in the table, participants noted a couple street names influenced by popular culture, including "Breaking Bad" and "Ricky Bobby." Prices for methamphetamine continue to be dependent upon the quantity and quality of the drug. Throughout OSAM regions, a gram of crystal methamphetamine reportedly sells for \$100, while a gram of powdered methamphetamine typically sells for \$60-80. Participants did not typically report prices for amounts other than a gram.

Participants reported that the most common route of administration for methamphetamine remains smoking. Other routes of administration mentioned include snorting, injecting and "parachuting" (wrapping powder in tissue or toilet paper and swallowing). Participants and community professionals described typical users of methamphetamine as white, of lower socio-economic status, aged 20s-40s and male. Participants also mentioned that construction workers, truckers, bikers and exotic dancers are persons more prone to methamphetamine use.

Many other substances are used in combination with methamphetamine.

| Substances Most Often Combined with Methamphetamine |
|--|
| <ul style="list-style-type: none"> • Alcohol • Heroin • • Marijuana • Sedative-Hypnotics • |

Four themes emerged from the data regarding methamphetamine used in combination with other drugs. First, participants shared that methamphetamine users might use the drug by itself because of the number of

substances already in it. Second, participants explained that methamphetamine users will often use other substances in combination to bring the user down from the extreme stimulant high produced by methamphetamine. Third, participants reported that other substances, such as alcohol and sedative-hypnotics, are combined with methamphetamine because methamphetamine balances the effects of the other substances; for example, participants reported that methamphetamine allows users to consume greater quantities of alcohol. Finally, participants in the northern regions of the state (Akron-Canton, Cleveland, Toledo and Youngstown regions) discussed using methamphetamine with heroin and/or prescription opioids to intensify and make the high last longer (aka "speedball")

Prescription Stimulants

Prescription stimulants are highly available in most regions, with the exception of Toledo in which prescription stimulants are reportedly moderately available and Akron-Canton whose participants and community professionals did not report on prescription stimulant use. In Cincinnati where availability has increased during the past six months, a treatment provider stated that prescription stimulants are prescribed way too easily and seemingly all clients are now prescribed Adderall®.

| Reported Availability Change of Prescription Stimulants during the Past 6 Months | | | |
|--|----------------------|---------------------|-------------------------------|
| Region | Current Availability | Availability Change | Most Widely Used |
| Akron-Canton | No comment | No Comment | No Comment |
| Athens | High | No Change | Adderall®, Ritalin®, Vyvanse® |
| Cincinnati | High | Increase | Adderall® |
| Cleveland | High | No Change | Adderall®, Focalin®, Vyvanse® |
| Columbus | High | No Change | Adderall®, Ritalin® |
| Dayton | High | No Consensus | Adderall® |
| Toledo | Moderate | No Change | Adderall® |
| Youngstown | High | Increase | Adderall®, Vyvanse® |

Crime labs throughout OSAM regions reported that the number of prescription stimulant cases they process has generally remained the same during the past six months; however, the Miami Valley Regional Crime Lab (Dayton region) and the Lake County Crime Lab (Cleveland region) both reported an increase in the number of Adderall® cases processed. Participants and community professionals universally noted Adderall® as the most popular prescription stimulant in terms of widespread use throughout OSAM regions.

Current street jargon included a few names for Adderall®.

| Current Street Names of Prescription Stimulants | |
|---|--|
| Adderall® | addies, Addison, adds, addy, poor man's coke, uppers |

Throughout OSAM regions, Adderall® 10 mg sells for \$2-3; 20 mg sells for \$3-5; and 30 mg most often sells for \$5. A Cleveland participant said that these drugs can sell for higher if they are sought on the street. In addition, participants reported that these drugs are often not paid for because they are most often obtained through a friend or family member who has a prescription. Participants throughout OSAM regions agreed that prescription stimulants are not obtained off the street as much as they are obtained by someone diverting the medication (either a parent of a child with a prescription or an adolescent who has a prescription) or by obtaining a prescription from a doctor. Toledo law enforcement pointed out that they do not run into prescription stimulant drug dealers as these drugs are primarily passed person to person.

Participants throughout OSAM regions continued to report that the most common ways to illicitly use prescription stimulants are oral consumption (swallowing or chewing) and snorting. However, one Toledo participant shared that he and his wife would intravenously inject her Ritalin®. Participants and community professionals described typical illicit users of prescription stimulants as aged late teens to mid-20s, in college, white and female.

A few other substances are used in combination with prescription stimulants.

| Substances Most Often Combined with Prescription Stimulants |
|---|
| • Alcohol • Marijuana • Sedative-Hypnotics • |

Participants reported that illicit users of prescription stimulants typically use them to stay awake, either to study or work or party longer. Sedative-hypnotics and marijuana were reported to assist users in coming down off the stimulant high of these drugs.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However, there was a great deal of variability when it came to reporting on this drug. Law enforcement officers expressed their continued frustration with preventing use of bath salts because much of the imported material currently for sale is subtly different than the illegal analogues—manufacturers of bath salts continue to skirt the law.

| Reported Availability Change of Bath Salts during the Past 6 Months | | |
|---|----------------------|---------------------|
| Region | Current Availability | Availability Change |
| Akron-Canton | No Consensus | No Consensus |
| Athens | Moderate | No Consensus |
| Cincinnati | No Comment | No Comment |
| Cleveland | No Consensus | No Consensus |
| Columbus | No Consensus | No Consensus |
| Dayton | Low to Moderate | Decrease |
| Toledo | No Consensus | No Consensus |
| Youngstown | No Consensus | No Consensus |

Very few participants had direct experience with bath salts during the past six months; reportedly, the drug has lost its appeal to many users. Of those participants with recent experience, only one participant reported high quality of the drug while the others reported bad experiences. Athens participants shared that bath salts are often sold as other drugs, particularly powdered MDMA (aka "molly") because its effect mimics molly and it's less expensive.

Current street jargon includes several names for bath salts.

Current Street Names of Bath Salts

salts, cleaner (glass cleaner, pipe cleaner, window cleaner), ladybug killer, white (white angel, white lightning, chiva)

A participant and police officer both reported the brand name Jumpstart as the most popular bath salts in the Toledo region. Participants throughout OSAM regions most often reported the pricing of bath salts to be \$15-30 from online or a retail shop, but can cost up to \$100 if purchased on the street. Unfortunately, reported quantities varied so much so that there was no consensus as to the amount that could be obtained for the prices reported.

Participants shared that bath salts are packaged in bags, packets, pouches and vials and are most often obtained at convenience/corner stores, "head shops," small gas stations and through the Internet. Participants continually pointed out that users would have to know the retail associate in order to obtain this drug.

Participants throughout OSAM regions continued to report that the most common routes of administration for bath salts are snorting and intravenous injection (aka "shooting"), followed by smoking. Participants and community professionals described typical bath salts users as white, male and aged 18-25 years. In addition, participants in Dayton reported that users, who like a stimulant high such as cocaine and methamphetamine, also use bath salts.

The majority of participants reported that bath salts are most commonly used alone, not in combination with other substances. However, a few participants shared that users might take another substance to assist in coming down off the stimulant high (e.g. marijuana). Participants reported only a few other substances used with bath salts.

Substances Most Often Combined with Bath Salts

- Heroin • Marijuana • Prescription Opioids •

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available throughout OSAM regions despite October 2011 legislation that banned its sale and

use. Overall, participants reported much higher availability than did community professionals throughout most regions. Participants and community professionals in regions reporting decreased availability attributed decreases to higher availability of marijuana and increased law enforcement activity.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | Moderate to High | Decrease |
| Athens | High | No Consensus |
| Cincinnati | Moderate to High | Decrease |
| Cleveland | High | No Consensus |
| Columbus | No Consensus | Decrease |
| Dayton | High | Decrease |
| Toledo | No Consensus | No Consensus |
| Youngstown | Moderate to High | Decrease |

Synthetic marijuana is not a drug of choice. Cleveland and Dayton participants indicated poor quality of the drug. Cleveland participants reported that they are more likely to encounter the drug as an additive to low-quality marijuana. Participants in Akron-Canton reported that individuals are now attempting to make their own synthetic marijuana by using cleaning supplies and chemicals bought online.

Current street jargon includes several names (some brand names) for synthetic marijuana.

Current Street Names of Synthetic Marijuana

| | |
|-------------------|-------------------------------|
| Most Common Names | incense, K2, potpourri, Spice |
| Other Common | herbal blend, Posh |

In addition to general street jargon for synthetic marijuana, participants mentioned a variety of synthetic marijuana brand names: AK-47, Black Dragon, Dead Man Walking, Death Grip, Earthbound, K3, Mad Hatter, Passion Fruit, Spike Bomb, White Rhino and White Tiger. The majority of participants were unable to provide pricing for synthetic marijuana. Depending on region, participants reported a variety of pricing for a gram of synthetic marijuana; the most concentrated reports were \$10-20 per gram, but others indicated that a gram can sell for as high as \$75 on the street. The highest prices were reported

from the Cleveland region. A Cleveland area police officer explained that the price of synthetic marijuana has gone up due to limited availability.

Participants and community professionals reported that the drug is most often found in gas stations, head shops, small convenience stores and online. Participants continued to report that the most common route of administration for synthetic marijuana remains smoking. Participants and community professionals were in agreement when describing the typical synthetic marijuana user: aged teens through late-20s, in institutional settings or on parole/probation or in employment that requires drug testing.

Many other substances are used in combination with synthetic marijuana. Reportedly, synthetic marijuana is most often used in combination with alcohol because users are more likely to be trying to use legal substances.

Few participants reported on quality of the drug. However, Cleveland participants most often reported the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) and added that molly is considered more pure than ecstasy pressed tablets. Toledo participants suggested a decrease in quality during the past six months due to other substances being cut into the drug. Participants and community professionals reported that ecstasy and molly are most commonly cut with bath salts, heroin, methamphetamine and powdered cocaine.

Current street jargon includes a few names for ecstasy and molly. For the tablet form of ecstasy, participants also reported names that refer to dosage ("single stack, double stack, triple stack"), quantity (e.g., "rolls" or "rollies" for a roll of tablets) and stamped images on the tablet itself (e.g., "smurfs" or "transformers").

Substances Most Often Combined with Synthetic Marijuana

- Alcohol • Crack & Powdered Cocaine •
- Marijuana • Prescription Opioids •

Current Street Names of Ecstasy

| | |
|-----------------------|--------------------------------|
| Ecstasy Tablet | 'E', pressies, 'X' |
| Powdered MDMA | molly, moll, molls, molly moll |

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or Ecstasy remains available throughout OSAM regions. The powdered form of MDMA (aka "molly") is more popular and reportedly more available than the traditional pressed ecstasy tablet. Youngstown participants and community professionals clarified that ecstasy availability has remained the same, while availability of molly has increased.

Depending on region and what form of ecstasy is purchased, participants reported that a single stack (low dose) of ecstasy most often sells for \$5-15 and a double or triple stack (higher doses) most often sells for \$20-25; the powdered form (molly) most often sells 1/10 gram (in capsules or folds of paper) for \$10-25; one gram sells for \$80-100.

While there were a few reported ways of consuming ecstasy and molly, the most common routes of administration are snorting and oral consumption. Other common ways of using ecstasy and molly include intravenous injection, anal insertion (aka "plugging") and smoking. Reportedly, molly is more versatile in the way it can be used. Cleveland area participants explained that users pour molly on the tongue or put molly in a water bottle and drink (aka "molly water").

Reported Availability Change of Ecstasy during the Past 6 Months

| Region | Current Availability | Availability Change |
|--------------|----------------------|---------------------|
| Akron-Canton | Moderate | No Consensus |
| Athens | Low to Moderate | No Consensus |
| Cincinnati | High | No Change |
| Cleveland | High | No Change |
| Columbus | No Consensus | No Consensus |
| Dayton | Moderate | No Change |
| Toledo | Moderate | Decrease |
| Youngstown | Moderate to High | Increase |

Participants and community professionals were in agreement in describing the typical ecstasy/molly user as most often aged teens to 20s and white. Reportedly, most ecstasy/molly users are social and attend raves (dance parties), music festivals, clubs/bars and other parties. Participants also pointed out that exotic dancers often use this drug. An Akron-Canton participant shared that a lot of heroin and cocaine dealers use molly.

Many other substances are used in combination with ecstasy and molly.

Substances Most Often Combined with Ecstasy/Molly

- Alcohol • Crack & Powdered Cocaine •
- Hallucinogens (aka “candy flipping”) • Heroin •
- Marijuana • Sedative-Hypnotics •

Participants reported that ecstasy users will often combine other substances with ecstasy to enhance the effect of the drug. Ecstasy is most often used at parties and allows the user to consume more alcohol. Sedative-hypnotics were said to help the user come down off the high of ecstasy.

Other Drugs

OSAM OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: hallucinogens [dimethyltryptamine (DMT—a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, ketamine (general anesthesia used in veterinary medicine), Neurontin® (seizure medication), over-the-counter (OTC) drugs, PCP (phencyclidine), salvia divinorum (psychoactive plant) and Seroquel® (antipsychotic medication).

Reported Availability of Other Drugs by Region

| Region | Drugs |
|--------------|--|
| Akron-Canton | LSD |
| Athens | DMT, ketamine, LSD, psilocybin mushrooms, Seroquel® |
| Cincinnati | None reported |
| Cleveland | PCP |
| Columbus | inhalants, LSD, OTC, psilocybin mushrooms, salvia divinorum |
| Dayton | anabolic steroids, inhalants, ketamine, LSD, Neurontin®, OTC, psilocybin mushrooms |
| Toledo | psilocybin mushrooms |
| Youngstown | DMT, ketamine, LSD, OTC, psilocybin mushrooms, salvia divinorum |

Hallucinogens remain available throughout OSAM regions. A few Akron-Canton treatment providers suggested that hallucinogens are increasing in popularity. Reportedly, DMT is highly available in the Youngstown region where participants most often reported that the availability of DMT has increased during the past six months. The BCI Richfield Crime Lab also reported that the number of DMT cases it processes has increased during the past six months. Participants reported that DMT is referred to as the “dream drug” as its use reportedly causes dreams. Participants in Athens reported that a gram of DMT sells for \$40 and described typical users as “hookaville people” and hippies.

While participants in over half the regions mentioned current availability of LSD, only participants in Athens and Youngstown were able to rate the drug’s current availability. Athens participants rated current availability as ‘6’ and Youngstown participants rated it as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants throughout OSAM regions continued to note that availability of LSD and other hallucinogens varies with availability highest when there is a concert or music festival. Participants also agreed that the quality of LSD varies. Throughout OSAM regions, a “hit” (single dose) of LSD sells for \$5-10. LSD is most available in liquid or paper form. The most common routes of administration remain oral consumption and through the eye via an eye dropper. Participants most often described typical LSD users as hippies.

Psilocybin mushrooms remain available. Participants with experience with the drug reported low availability in Columbus and Toledo, moderate availability in Athens and high availability in Youngstown. They also noted variability in quality of the substance. Psilocybin mushrooms are most often purchased as 1/8 ounce for \$25-30. The most common routes of administration remain eating with food, drinking in tea and smoking. Participants described typical users of psilocybin mushrooms as aged teens to 20s, people who also smoke marijuana, hippies, “stoners” and “burn-outs.”

Participants in Columbus and Youngstown reported high current availability of salvia divinorum (aka “salvia”). Columbus participants reported that salvia is marketed under names such as “60x,” “80x” and “100x” based on strength and price. Reportedly, the “60x” sells for \$60 per

gram; “80x” sells for \$80 per gram; “100x” sells for \$100 per gram. Youngstown participants reported that a gram generally sells for \$20-30. There was agreement among participants that salvia is most often smoked either through a pipe at high temperature levels or through a water bong.

Participants in Columbus and Dayton reported high availability of inhalants due to the legality of the substances and the ease of store purchase. However, participants did not report personal inhalant use during the past six months. Participants identified that youth and people who are required to take drug screens might be more likely to use inhalants. Treatment providers reported that the most common inhalant in terms of widespread use is computer duster (aka “duster”). Treatment providers reported typical users of inhalants to be males in their mid-teens to mid-20s.

Over-the-counter (OTC) medicines remain highly available due to the legality of the substances and the ease of store purchase, although participants reported the drugs as undesirable. Participants identified motion sickness medications, sleep aids and cold and flu/cough medications as most popular in terms of widespread abuse. Treatment providers recounted low reporting of illicit OTC use among their clientele. However, treatment providers in Columbus reported an increase in the abuse of these medications.

One participant suggested an increase in popularity of Dramamine® (motion sickness medication). Participants reported that OTC drugs, particularly Coricidin® Cold and Cough (aka “triple Cs”), as continuing to be abused by adolescents in the region. Reportedly, adolescents purchase these medications from retail stores and commonly mix them with alcohol. Treatment providers reported the typical illicit user of OTC’s as white, female, aged teens to mid-20s. In addition to OTCs, certain prescription cough syrups are also sought for abuse. Participants reported that “lean” (prescription codeine cough syrup mixed with Sprite® and/or Jolly Ranchers® candies) sells for \$60-70 per little bottle.

Participants in Athens, Dayton and Youngstown reported current availability of Ketamine, with participants in Dayton reporting increased availability during the past six months. Participants explained that ketamine has similar effects to heroin. Participants reported that a gram of ketamine sells for \$70-100 and 1/10 gram sells for \$10. The most common route of administration is snorting; participants in Youngstown also named intravenous injection as a route of administration. An Athens participant described the typical user of ketamine as a “club kid” wanting to take the party a little further.

Lastly, for detailed information on other drugs reported in a single region only, please see that region’s report: anabolic steroids (Dayton), Neurontin® (Dayton), PCP (Cleveland) and Seroquel® (Athens). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

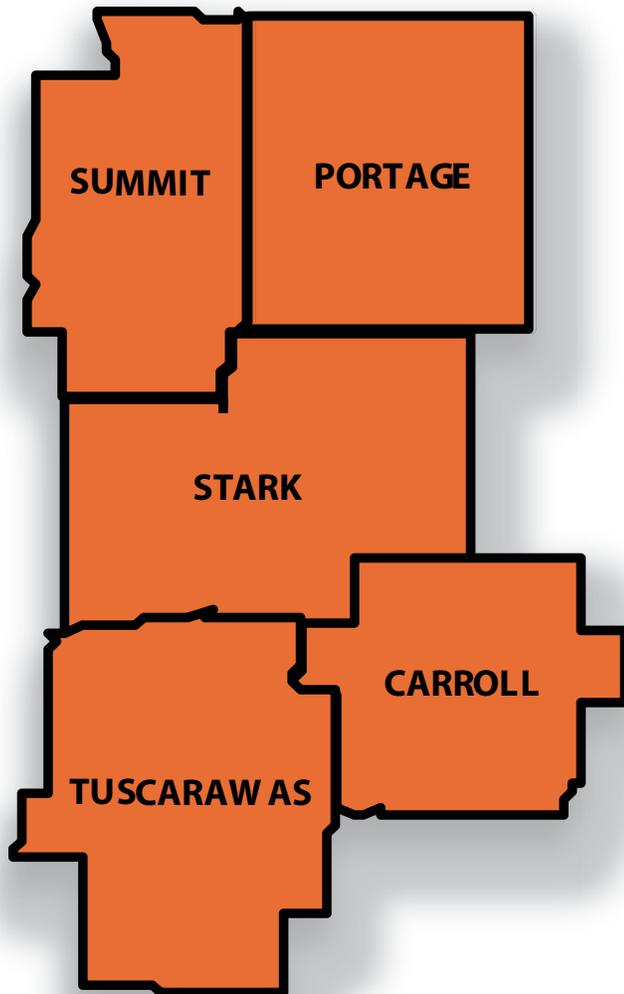
Participants reported that many of the additional substances mentioned in this section are used in combination with other substances.

| Current Street Names of Other Drugs | |
|-------------------------------------|----------------------------------|
| Ketamine | ‘K’, kitty, special K |
| LSD | ‘L’, lucy, microdots, sids |
| PCP | embalming fluid, water, wet, woo |
| Psilocybin Mushrooms | caps, mush mush, shrooms |

Participants reported that using hallucinogens with other substances enhances the effects of the other drugs. Participants in Dayton explained that LSD used in combination with ecstasy is called “candy flipping.” Participants explained that ketamine is most often used in combination with hallucinogens. Participants in Cleveland explained that users who smoke PCP do not usually do so in combination with other drugs.

| Substances Most Often Combined with These Other Drugs | |
|---|--|
| Hallucinogens | Alcohol, Crack & Powdered Cocaine, Ecstasy & Molly, Inhalants (nitrous) Marijuana, Other Hallucinogens |
| Ketamine | Alcohol, Hallucinogens, Marijuana, Molly, Sedative-Hypnotics (Xanax®) |
| PCP | Alcohol, Marijuana, Tobacco |

Drug Abuse Trends in the Akron-Canton Region



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 and law enforcement) via 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 Akron-Canton, Cleveland and Youngstown areas. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

| Indicator ¹ | Ohio | Akron-Canton Region | OSAM Drug Consumers |
|-----------------------------------|------------|---------------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 1,200,204 | 46 |
| Gender (female), 2010 | 51.2% | 51.5% | 60.8% |
| Whites, 2010 | 81.1% | 85.4% | 71.7% |
| African Americans, 2010 | 12.0% | 9.4% | 15.2% |
| Hispanic or Latino origin, 2010 | 3.1% | 1.6% | 4.5% |
| High School Graduation rate, 2010 | 84.3% | 86.3% | 91.1% ² |
| Median Household Income, 2012 | \$46,873 | \$46,559 | \$11,000 to \$14,999 ³ |
| Persons Below Poverty Level, 2012 | 16.2% | 14.8% | 55.8% ⁴ |

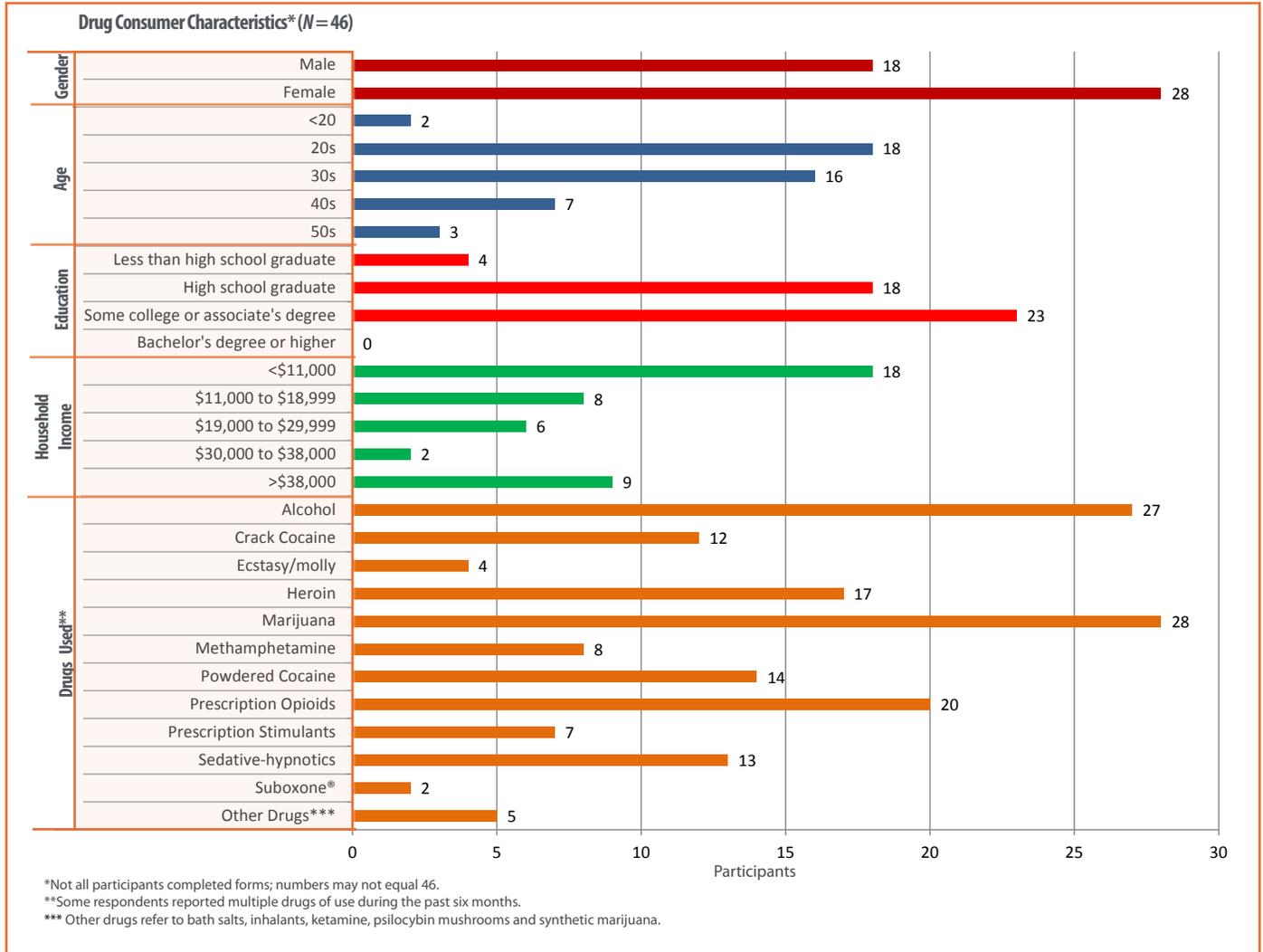
¹Ohio and Akron-Canton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²High school graduation rate was unable to be determined for 1 participant due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 3 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region; also highly available in the region were bath salts and ecstasy. Increased availability existed for heroin and methamphetamine; decreased availability existed for bath salts and ecstasy. Data also indicated likely decreased availability for synthetic marijuana.

Participants, law enforcement and the BCI Richfield Crime Lab reported brown powdered heroin as the most available type of heroin in the region; all of the data sources reported regionally low availability of black tar heroin. Respondents attributed the increased use of heroin to the reformulation of several prescription opioids that made them more difficult to abuse, increased difficulty in obtaining prescription opioids and the significantly cheaper price of heroin. However, participants reported a decrease in the quality of heroin and speculated the reason was due to increased demand, resulting in dealers who cut heroin to get more sales/profit out of the drug. Participants and community professionals commented on the decrease of age in heroin use. Treatment providers reported that heroin users were often white and college-aged in their early to mid-20s. In addition, a treatment provider group reported that heroin use increased among young females, while law enforcement reported increased heroin use in teenagers.

Participants reported methamphetamine as highly available. Participants agreed that the most available methamphetamine in the region was the powdered “shake-and-bake” type which is locally produced. Law enforcement reported that 90 percent of methamphetamine labs in the region were located in Summit County; they also reported an average of 39 labs discovered per quarter year. Participants and community professionals reported rare availability of imported methamphetamine (aka “crystal ice”). Participants and law enforcement reported increased availability in powdered methamphetamine, primarily due to ease of production. A participant group reported an increase in the number of people who make methamphetamine to sell. Participants noted that one could purchase three boxes of medication containing pseudoephedrine each month per state law, and many

participants reported doing so to trade for methamphetamine, or to sell to a methamphetamine cook for money to buy their drug of choice. Participants and community professionals described typical methamphetamine users as white, male, middle- to lower-income status and middle-aged or younger.

Despite legislation enacted in October 2011 banning their sale, participants reported that bath salts and synthetic marijuana were still sold in certain “head shops,” convenient stores and beverage drive-thrus. However, these vendors were more discreet than they were previously regarding sales. Law enforcement added that while bath salts were still available in some stores, availability was scarce. Participants reported that bath salts were more easily obtained in Pennsylvania than in the Akron-Canton region. Treatment providers noted that clients rarely talked about synthetic marijuana. Participants and law enforcement reported that some users turned to the Internet to learn how to make their own synthetic drugs and law enforcement explained that the majority of synthetic marijuana they encountered was “homemade.” Law enforcement officers explained that the users purchased the ingredients on the Internet, and when officers found suspected synthetic marijuana, they sent it to be tested for any illegal components.

Lastly, while ecstasy availability was reportedly high in the region, participants stated that availability had decreased. In addition, the BCI Richfield Crime Lab reported that the number of ecstasy cases it processes had decreased during the reporting period. Participants reported that ecstasy was found most often in strip clubs or at raves (dance parties) and not commonly available on the streets. Participants explained that there were fewer drug dealers who sold ecstasy. Treatment providers stated that clients did not talk about ecstasy anymore and law enforcement described ecstasy availability as “hit-and-miss.”

Current Trends

Powdered Cocaine

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); the previous most common score was ‘8.’ One participant

noted, "It's pretty simple to get [powdered cocaine], I just did five years [in prison] and it's easier to get than when I was out last time, and a lot more are using it." Some participants from Portage County, however, commented that powdered cocaine is not so easy to find and reported: "It depends on who you know; As long as you catch them before they cook it [into crack cocaine]."

Treatment providers most often reported the drug's current availability as '8,' the previous most common score by treatment providers was also '8.' Law enforcement most often reported the drug's current availability as '5,' the previous most common score by law enforcement was '6.' A treatment provider commented, "I don't hear as much [about powdered cocaine] as I do about other drugs. But when I do hear about it, it's still easy to get." Another treatment provider noted, "It [powdered cocaine] is easy to find in the suburbs."

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Officers arrested an Akron (Summit County) man for possession and trafficking powdered cocaine when they found him trying to eat the evidence after being pulled over for a traffic violation (www.newsnet5.com, Aug. 8, 2013). A man from Twinsburg (Summit County) was arrested after a month-long investigation when detectives found a gram of powdered cocaine and a small amount of marijuana on him and drug-manufacturing equipment in his home (www.newsnet5.com, Oct. 2, 2013).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months, though a number reported that availability has decreased. Participants who reported a decrease commented: "[Powdered cocaine] it's not the drug of choice these days. Meth, bath salts, opiates—it's a supply-and-demand thing; The other speed [methamphetamine, bath salts] is becoming more available; People who like to speed are using crack or meth; Pills [prescription stimulants], Adderall®—you get the same feeling and it lasts longer and is cheaper [than using powdered cocaine]." Treatment providers reported that availability of powdered cocaine has remained the same during the past six months, while law enforcement reported that the availability has decreased. A law enforcement officer commented, "[Powdered cocaine is] not as available as a year ago. It's out there [but] heroin is replacing it. Dealers know that heroin is more accessible, is cheaper and they can make more money." The BCI Richfield Crime Lab reported that the number of

powdered cocaine cases it processes has decreased during the past six months.

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|--|-----------|
| |  Participants | No Change |
| |  Law enforcement | Decrease |
| |  Treatment providers | No Change |

Most participants rated the current quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' A participant noted that quality depends on whom you know: "It [quality] could be '10' one day, [and] the next day a '1'."

Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, baking powder, baking soda, creatine, fish oil, ibuprofen, inositol (dietary supplement), NoDoz®, prescription stimulants (Adderall®, Vyvanse®), sedative-hypnotics (Xanax®) and Similac®. One participant in the group said the cocaine is often cut with "synthetic cocaine," which was described as a product available in smoke shops that gives a numbing effect and looks like cocaine. Overall, participants unanimously reported that the general quality of powdered cocaine has decreased during the past six months. Participants commented: "[Quality of powdered cocaine is] getting worse and worse; They [dealers] keep stomping on [cutting] it; Everyone is in it for the money."

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|--|--|
| | <ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  lidocaine and other local anesthetics | |

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants reported that it is most common to buy one gram of powdered cocaine ("a fifty") at a time. A participant stated, "I'd pay \$50, use it and go out for another fifty." However, it was also reported that powdered cocaine can be purchased in smaller quantities; one participant noted, "Many are buying \$20, then coming back."

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-----------|
| | 1/2 gram | \$25-30 |
| | a gram (aka "a fifty") | \$50-80 |
| | 1/16 ounce (aka "teener") | \$75 |
| | 1/8 ounce (aka "eight ball") | \$100-250 |

Participants commented that it is easy to find cocaine in bars and night clubs. A participant shared, "You can go to any bar, any strip club and get powdered cocaine." Treatment providers also noted that powdered cocaine is readily available in strip clubs. Participants and community professionals agreed that drug dealers most often purchase powdered cocaine. A participant commented, "If they [dealers] are selling heroin, they are selling cocaine." A treatment provider stated, "It is more of a dope dealer's substance. [They buy powdered cocaine] to make crack cocaine."

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would intravenously inject the drug. Reportedly, smoking powdered cocaine is rare.

A profile for a typical powdered cocaine user did not emerge from the data. Participants often described typical users of powdered cocaine as younger (as young as high-school-aged) individuals new to drug use. Most groups noted that users are predominately upper-class and professional. Treatment providers described typical users of powdered cocaine as people with white-collar jobs from socio-economic middle-class and up. Law enforcement described typical users of powdered cocaine to be more likely male and aged early-20s to early-30s.

Crack Cocaine

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); the previous most common score was also '10'. Participants commented: "Very, very easy [to find crack cocaine]; Someone is selling it on every block; Small towns, rich areas

... it's everywhere." Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '9'. Law enforcement, on the other hand, most often reported the drug's current availability as '2'; the previous most common score from law enforcement was '6'. Law enforcement officers reported that they have not purchased crack in more than six months. One officer noted, "We understand that it [crack cocaine] is out there still, but the availability is not being reported to us."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. A woman was stopped in Akron for a traffic violation and was found to have crack and a crack pipe in her vehicle (www.ohio.com, Nov. 17, 2013). During separate traffic stops throughout Summit County, six men were charged with possession of crack cocaine (www.ohio.com, Dec. 1, 2013).

Participants most often reported that the availability of crack cocaine has remained the same during the past six months. However, many participants in Portage and Tuscarawas counties noted an increase in availability during the past six months, particularly in rural areas. A participant noted, "[Crack cocaine use] it's spreading in little towns." Another participant commented, "They don't even call them [crack cocaine users] 'crackheads' anymore, 'cause so many people use it." A third participant shared, "I started smoking crack at [the age of] 14, and people looked at me as a freak. Now, everyone else is like me." Participants believed crack cocaine use to be growing in popularity in some communities because the drug is cheap.

Treatment providers reported that availability of crack cocaine has remained the same, while law enforcement reported that availability of crack cocaine has decreased during the past six months. A law enforcement officer noted, "As with powdered cocaine, dealers go with the trend, which is now heroin." Another officer stated, "I don't even know the last time we bought crack [cocaine], it's been so long. It's not out there like it was, for sure." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Decrease |
| |  Treatment providers | No Change |

Participants most often reported the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that crack cocaine in the region is most commonly cut with baking soda, bath salts, Orajel®, powdered milk and "whatever the cocaine is cut with before it is cooked," as one participant stated. A couple of participant groups reported that crack cocaine is often cut with lidocaine (local anesthetic) and different powders to "blow up crack" (increase its size and weight). Participants commented on the quality of crack cocaine: "It sucks; Unless you know how to cook it, how to make it better, you are stuck with what you got." Participants also reported that the quality of crack cocaine often varies. Referring to the quality scale, one participant commented, "[Crack quality] can be a '10' one day, a '4' the next." Reportedly, quality of crack cocaine depends on the quality of the powdered cocaine before it is cooked, as well as from whom the drug was purchased. A participant noted, "Quality comes from the 'big ballers,' so you try to go to the bigger dealers at 3:30 a.m., especially if it's your last \$20."

Participants were evenly split in reporting that the quality of crack cocaine has decreased or remained the same during the past six months. A participant commented, "They [dealers] are cooking it with worse cocaine, and adding more [baking] soda." Participants noted that dealers' attempts to make more money contributed to the increasingly poor quality of crack cocaine. A participant explained, "Bigger dealers don't step on it [cut the cocaine] as much. Smaller dealers are trying to make money."

| Crack Cocaine | Cutting Agents Reported by Crime Lab | |
|---------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. It was overwhelmingly reported that the most common method of purchasing crack cocaine is to purchase \$10 and \$20 quantities (aka "pebbles," "pieces" or "rocks"). Many participants agreed users could spend from \$10 on up for crack. A participant remarked, "Whatever you got, if you have \$10, you can get \$10 worth [of crack cocaine]." The cheap price of crack is what makes this drug attractive, as one participant explained, "If you have \$10, you can get some [crack], but with powder, you need \$50." Participants discussed the variability of pricing: "The first time you buy [crack] it's cheaper. When you go back, it's more expensive and less pure; [Price of crack cocaine] depends on the time of day. After closing time 'til 6 a.m. it's more expensive and you get less; If you spend \$100, you will get more for your money; You can get twice as much for \$20 in Stark County, than here [Tuscarawas County]."

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|---------|
| | 1/10 gram | \$10-20 |
| | a gram | \$100 |
| | 1/16 ounce (aka "teener") | \$170 |
| | 1/8 ounce (aka "eight ball") | \$185 |
| an ounce | \$350 | |

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug.

Participants described typical users of crack cocaine as individuals of lower socio-economic status. Some participants, agreed with one participant who commented that crack cocaine use is more common with "people out in the streets," as opposed to a drug that people use at home. A participant shared, "I didn't find out about crack 'til I was on the streets, then it took over." Another participant explained how crack cocaine use leaves the user destitute: "It's where it took me to a whole different level of living, like a snake on its belly. I know well-to-do people who started [using crack cocaine], but when all is said and done, they had nothing."

Treatment providers also described typical users of crack cocaine as people of lower socio-economic status. A treatment provider stated, *"I don't see a difference in race like I used to ... just people in the inner city [using crack cocaine]."* Treatment providers added that they have seen an increase in middle-aged white males who report using crack cocaine. A law enforcement officer described typical users of crack cocaine as people who are "poverty-stricken."

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported current overall heroin availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"[Heroin is] right out in the open; People flag you down on the streets [to sell heroin]; It's easier to get than ever—even in Canton [Stark County]. When I went to prison five years ago, it wasn't in Canton; We've lost a lot of people in this town [Canton] [to heroin addiction]."* Treatment provider comments on availability included: *"[Heroin availability is] through the roof; I'd go to '11' on that one [availability scale]."* In addition, a treatment provider shared, *"One of my sons attends a highly ranked school. It is easier to get heroin there than it is marijuana."*

Participants described powdered heroin to be brown, gray or white. A participant explained that the color of powdered heroin is more on *"the white side, if cut with fentanyl!"* Another participant added that it's more like pebbles in texture than powder: *"[It] looks like crushed up cat litter."* While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as most available. Participants and community professionals most often reported brown powdered heroin's current availability as '10'; the previous most common score was also '10'.

White powdered heroin (aka "China white") is reportedly rare in the region; participants were generally unable to rate the availability of it. However, one Stark County participant rated current availability of white powdered heroin as '8', reporting, *"I've seen it a couple of weeks ago."* Reportedly, there were two recent overdoses in Stark County from "China white." Treatment providers and law enforcement did not report any information regard-

ing white powdered heroin. The BCI Richfield Crime Lab reported processing both brown and white powdered heroin cases during the past six months.

Reportedly, black tar heroin availability is low to moderate throughout the region. Participants most often rated black tar availability as '5'; the previous most common score was '3'. Participants stated that black tar heroin is not easy to obtain. Some participants reported that black tar heroin is more available in urban areas such as Akron. Community professionals did not provide a rating score for current availability of black tar heroin. Treatment providers commented: *"We don't have tar [black tar heroin]; If they have tar, it's fake tar."* A law enforcement officer reported, *"Very little tar. We hardly see any tar."*

Media outlets reported on heroin seizures and arrests in the region during this reporting period. A mother left her two children unattended at a swimming pool in Canton (Stark County) while she went to shoot up heroin in an apartment (www.wkyc.com, Aug. 5, 2013). A woman was taken into custody (Summit County) for two counts of involuntary manslaughter because on two occasions she fled, leaving a man to die of heroin overdose (www.impact.cleveland.com, Oct. 15, 2013). Akron police pulled over a Barberton (Summit County) man for a traffic stop and found him in possession of heroin (www.ohio.com, Dec. 1, 2013). A firefighter and paramedic from Akron was found in his home and revived following a heroin overdose (www.fox8.com, Dec. 10, 2013).

Participants most often reported that the availability of heroin has increased during the past six months. A participant shared, *"I could not afford my doctor's bill, so I got knocked off of pain management [and turned to heroin]."* Other participants noted: *"The demand [is high for heroin]. Everybody does it; Once you start, you become addicted."* Many participants attributed changes in the availability and formulation of prescription opioids to an increase of users switching to heroin. A participant commented: *"It's harder to get pain pills. If you do get them, you can't shoot them up anymore or it takes a lot of work. It's hard. So people are switching over to heroin."* Other participants noted that some cocaine users are switching to heroin, commenting, *"I think that cocaine got so crappy, people are looking for something else. Heroin came in ... it's now the thing; Heroin is cheaper, and lasts longer [than cocaine]."*

Community professionals also most often reported that the general availability of heroin has increased during

the past six months. Treatment providers commented: “[Availability of heroin] seems to be going up, and users are getting younger; Prescription drugs get thrown around high schools readily. Once they get into OxyContin®, dependency takes off, and they switch to cheaper heroin.” A law enforcement officer noted, “A lot of it started with prescription abuse. At one point, they had insurance [and] decent jobs ... 90-95 percent start with prescription opiates.” The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

| Heroin | Reported Availability Change during the Past 6 Months | | |
|--------|---|---------------------|----------|
| |  | Participants | Increase |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Increase |

Participants most often reported the general quality of heroin as ‘7’ or ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Participants noted higher quality heroin can be found in larger urban areas, such as nearby Cleveland. A participant shared, “Gray [heroin] is the strongest.” Participants reported that brown powdered heroin in the region is cut with baby laxatives, brown sugar, cocoa, Kool-Aid®, prescriptions opioids (Dilaudid®, fentanyl), sedative-hypnotics (sleep aides), sweeteners, tea and vitamins. Participants commented on the variability of the quality of the drug: “Depends on who you get it from. Some stuff [heroin] will kill you, some you won’t even feel; Cut [heroin] is going up. A lot more people are selling it. It’s going through more hands.” Overall, participants reported that the general quality of heroin has remained the same during the past six months. A law enforcement officer reported that fentanyl is being removed from fentanyl patches and used to cut heroin. Another officer added, “That’s how a lot of them are ending up in the Coroner’s office. People aren’t understanding the purity [of heroin] and mix it with other drugs.”

| Heroin | Cutting Agents Reported by Crime Lab | |
|--|--|---------------------------------|
| |  | diphenhydramine (antihistamine) |
|  | quinine (antimalarial) | |

Participants reported that heroin is available in different quantities, although participants reported that users most often purchase a half gram or a gram of heroin at a time. While some participants stated that smaller quantities of heroin can be acquired (“bag” or “pack”), others reported that dealers will not sell anything less than half a gram. A participant commented, “It [amount of heroin purchased] depends on how much money you have, or how much [money] you stole.” Another participant added, “It depends on what stage [of addiction] you are in. I started buying \$20 bags, then grams, then bundles [pack of 10 bags].”

| Heroin | Current Street Prices for Brown Powdered Heroin | |
|--------|---|----------|
| | 1/10 gram (aka “bags”) | \$10-25 |
| | 3 bags (3/10 gram) | \$50 |
| | 1/2 gram | \$60-110 |
| | 10-12 “packs” (about 1-1.2 grams; aka “bundles”) | \$100 |
| | a gram | \$90-200 |

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection. Participants estimated that out of 10 heroin users, nine would inject and another one would snort the drug. Participants often noted that users typically begin using heroin by snorting heroin before moving to injection. One participant explained, “My experience is that once you snort heroin for so long ... because of the expense ... because it takes more heroin to get the effect, you will eventually shoot.”

Reportedly, it is still relatively easy to acquire injection needles at various pharmacies, although participants noted some restrictions such as a prescription being required. Participants also noted that there are no needle-exchange programs in their areas, so many travel outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Other participants explained that in many instances, needles are more likely to be shared.

Participants described typical users of heroin as white and aged teens to mid-30s. Participants commonly reported that both males and females and individuals of different socio-economic status were equally represented among heroin users. One participant noted that heroin is used to exploit young women: *"They [dealers] push heroin with them, get them hooked, then sell [prostitute] them."* Community professionals noted that heroin users tend to be white. A law enforcement officer commented, *"[Heroin] users down here are predominately white, almost like meth [methamphetamine users]. Around here, [heroin] is more of a white-based drug."* Treatment providers commented on the typical client they see using heroin: *"A lot younger; A surge of white, teenaged men coming in for treatment."* However, treatment providers also observed an increase in heroin use among African-Americans and older males.

Prescription Opioids

Prescription opioids are 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); the previous most common score was '6'. Participants identified morphine, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participant groups often noted that the most desirable prescription opioids, those that are able to be used intravenously, are more difficult to find.

Treatment providers most often reported the current availability of prescription opioids as '8'; the previous most common score was '9'. Treatment providers identified Dilaudid®, Opana®, OxyContin®, Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread use. Law enforcement most often reported current availability as '6'; the previous most common score was '7'. Law enforcement identified fentanyl, OxyContin® and Percocet® as most popular. A law enforcement officer reported, *"We hear the most about OxyContin®."*

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Ohio State Highway Patrol (OSHP) arrested two Canton men after recovering Percocet®, heroin and marijuana when they were pulled over for a window tint violation (www.statepatrol.ohio.gov, Oct. 10, 2013). An Akron man was arrested during a traffic stop for possession of oxycodone

and marijuana (www.ohio.com, Dec. 1, 2013). A Cuyahoga Falls (Summit County) woman was arrested after confessing to stealing medication at her place of employment (www.ohio.com, Dec. 1, 2013). Another man was arrested in Cuyahoga Falls for illegal possession of prescription opioid medication (www.ohio.com, Dec. 1, 2013).

Participants and treatment providers most often reported that the general availability of prescription opioids has decreased during the past six months. Participants shared a number of reasons as contributing to the decrease in availability: decrease in number of prescriptions, the reformulation of pills (making them harder or impossible to inject) and the increase in heroin use (due to availability and price). A participant explained, *"They [pharmaceutical companies] took [changed the formulation of] a lot of the drugs so they gel up, it's hard to shoot."* Participants observed procedural changes: *"They [legislators] are cracking down on it [the over-prescribing of prescription pills]. They [prescription opioids] are getting harder to find on the streets; They [prescribers] make you drop [urine screens] now and count pills."* Other participants agreed and added: *"Doctors are being busted; Hospitals don't even want to give them in the ER [emergency room]; Pain management programs are shutting down."* Law enforcement reported that availability of prescription opioids has increased during the past six months. A law enforcement officer cited that young people, *"[They] try it [prescription opioids], like it and tell their friends about it."* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; however, exceptions were increased number of cases for Dilaudid® and fentanyl.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Increase |
| |  Treatment providers | Decrease |

Reportedly, many different types of prescription opioids (aka “beans,” “pillows” and “skittles”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Overall, participants suggested an increase in prices. One participant explained, “*Less people are getting them prescribed [and] they [dealers] are jacking up the prices.*” Participants reported the following prescription opioids as available to street-level users.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|--|
| | Dilaudid® | \$15 for 4 mg |
| | fentanyl | \$45-50 for 100 mcg |
| | morphine | \$7-10 for 30 mg \$20-30 for 200 mg |
| | Opana® (old formulation) | \$50 for 40 mg |
| | Percocet® | \$3-5 for 5 mg \$7-10 for 10 mg |
| | Roxicodone® | \$15-30 for 30 mg |
| | Vicodin® | \$3-5 for 5 mg |

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from pain clinics, on the Internet, family members, friends or other individuals being treated with the medication, or by going out of state (to Florida) to obtain prescriptions. Participants reported that individuals will sell their prescriptions as a means of income. Some participants reported stealing prescription opioids from family members. One participant reported about pain clinics: “*If you bring \$50, you will get whatever you want.*” While it was reported that Florida has placed restrictions, such as proof of residency on acquiring these medications, reportedly, there are those who still go there to buy prescription opioids. However, most participants agreed, “*It’s a lot easier to get [prescription opioids] on the streets than from a doctor.*”

While there were a few reported ways of consuming prescription opioids and variations in methods of use were noted among types of prescription opioids, the most common routes of illicit administration are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, six would snort and four would orally consume the drugs. Participants commonly reported that while intravenous injection would be the preferred

method of administration, new formulation of pills have made them more difficult to use this way. Treatment providers had also heard that the new formulations of pills are making abusing them more difficult for users.

Participants described typical illicit users of prescription opioids as follows: “*People who do hard, physical labor; People who do not want to use heroin.*” Otherwise, the majority of participants reported no unique characteristics of individuals who use prescription opioids illicitly. A participant commented, “*Pills crosses all lines.*” Treatment providers described typical illicit users of prescription opioids as athletes and construction workers. Both treatment providers and law enforcement noted that dependence on opiates often begin with sports injuries in younger individuals. A treatment provider noted, “*Percocet® is prescribed to 14-year olds for a sports injury. They become dependent and start to abuse them.*” Law enforcement described typical illicit users of prescription opioids as mostly aged teens to early-20s.

Suboxone®

Suboxone® remains highly available in the region.



Participants 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); the previous most common score was also ‘10’. A participant observed, “*Very easy to get [Suboxone®], easy to get on the streets, easy to get from a doctor.*” Other participants commented: “*Everybody is pushing it [Suboxone®], the people on the streets, the counselors; I see signs [billboards] for Suboxone® clinics.*” Treatment providers most often reported current street availability as ‘7-8’; the previous most common score was ‘7’. Treatment providers noted that there is a high demand for Suboxone®. One treatment provider reported, “*There are long waiting lists, sometimes for months, to get legitimate treatment with Suboxone®, and people are quickly discharged when they test positive for other drugs.*” Treatment providers also discussed that many clients will sell their prescribed Suboxone® or use the drug as a “Band-Aid®” when they cannot get their drug of choice. Law enforcement most often reported current availability as ‘2’. An officer said, “*We’ve come across it [Suboxone®] only a couple of times on search warrants.*”

Participants most often reported that the availability of Suboxone® has remained the same during the past six months, while community professionals most often reported that availability has increased. A law enforcement officer attributed the increase to the increased number of heroin users: *“There’s more and more heroin addicts.”* The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants shared that pricing for Suboxone® has increased during the past six months.

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------|
| | sublingual film | \$10-30 for 8 mg |
| tablet | \$20-40 for 8 mg | |

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors and Suboxone® clinics. Participants commonly reported that it is relatively easy to get a prescription whether the aim is legitimate treatment or to sell it. A participant commented, *“Just take an opiate before seeing a doctor and you can get Suboxone® prescribed.”* Participants admitted that many opiate addicts will use some of their Suboxone® prescription and sell the rest. One participant explained, *“If you get prescribed 30 [Suboxone® sublingual films], you cut the strip in two, use half the dose and sell the rest.”* Another participant shared, *“A lot of people get prescriptions and save it [Suboxone®] for when they are dope sick [going through withdrawal] ... or they sell it.”* Participants throughout the region reported that the pill form of Suboxone® is rarely prescribed any longer. Participants reported that

they can obtain the preferred pill form of the drug by traveling outside the Akron-Canton region.

Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, eight would use the drug sublingually and two would snort. Reportedly, Suboxone® can also be administered by intravenous injection, though this was said not to be common. One participant reported, *“I’ve seen people shoot it [Suboxone®] and go into a seizure.”*

Participants described typical illicit users of Suboxone® as follows: *“People who are trying to wean themselves off of opiates; People in facilities that don’t test for Suboxone®!”* Participants did not describe any further population characteristics. Some treatment providers described typical illicit users of Suboxone® as follows: *“People in the legal system; Pregnant women or women who have recently given birth.”* Law enforcement identified typical illicit users of Suboxone® as heroin addicts.

Sedative-Hypnotics

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); the previous most common score was also ‘10.’ Participants identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participants reported that these drugs are very easy to find and easy to have prescribed. One participant reported, *“You can find phenobarbital if you know where to go.”*

Treatment providers most often reported current availability of sedative-hypnotics as ‘7-8;’ the previous most common score was ‘8.’ Treatment providers identified Klonopin®, Soma® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A law enforcement officer reported, *“We are not seeing that much [sedative-hypnotics], but the Coroner reports a number of [heroin related] deaths with [sedative-hypnotics] in their systems.”*

Participants most often reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, a number of participants noted ease by which one can obtain a prescription.

Participants commented: *“The focus is on opiates. Doctors more readily prescribe benzos [benzodiazepines]; Doctors are more willing to prescribe these [sedative-hypnotics] than pain pills [prescription opioids].”* Treatment providers reported that availability of sedative-hypnotics has decreased during the past six months, while law enforcement reported that availability has increased. A law enforcement officer explained, *“Cause every other drug is [increasing].”* The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of an increase in Xanax® cases.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | | |
|--------------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Decrease |

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.

| Sedative-Hypnotics | Current Street Prices for Sedative Hypnotics | |
|--------------------|--|---|
| | Klonopin® | \$1-2 for 1 mg \$3-5 for 2 mg |
| | Valium® | \$1 for 5 mg |
| | Xanax® | \$1 for 0.25 mg \$3 for 1 mg \$3-5 for 2 mg |

In addition to obtaining sedative-hypnotics on the street from dealers, participants most often reported getting them prescribed from physicians. Participants commented on the ease with which a prescription is obtained: *“You don’t have to tell the doctor much; You can walk into a psychiatrist, tell them you are anxious and they will write a script [prescription for a sedative-hypnotic]; My doctor prescribed it at my first visit; My friend called his doctor, told her he was anxious, and she gave him a script over the phone.”*

Participants also reported acquiring these medications from family members and friends, as well as ordering them on the Internet from Canada.

While there were a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, five would snort, four would orally consume and one would intravenously inject them. Participants described oral consumption as follows: *“Eat them [sedative-hypnotics] by the handful; 12-15 [pills] at a time, usually when drinking [alcohol].”*

Participants described typical illicit users of sedative-hypnotics as: individuals who have an addiction to other drugs because sedative-hypnotics tend to intensify the high of other drugs; older people because they are easily prescribed to them; and professionals because they are more likely to have insurance. In addition, one participant group noted that more females use sedative-hypnotics than males. A participant explained, *“Before they [women] go to work, they need a Xanax® and when they get home they need a Xanax® to deal with the kids.”* Treatment providers described typical users of sedative-hypnotics as older, more likely female, people with mental health issues and people with other addictions. Treatment providers stated that many clients who come in for addiction treatment have prescriptions for anti-anxiety medication. In addition, law enforcement reported that they often see people in their late teens using sedative-hypnotics.

Marijuana

Marijuana remains highly available in the region. Participants unanimously 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 previous most common score was also ‘10’. There was discussion that availability varies depending on the time of year. Participants noted that marijuana is more available and less expensive during “harvest time.” Participants shared that for short one to two week periods after “mega busts” (law enforcement interventions), people are more afraid to sell the drug; this happens periodically throughout the year and during those times, as one participant stated, *“Prices go up, the quality goes down.”* Participants commented: *“[Marijuana is] always available, but the quality is not good*

at some times of the year; if you have the money, all grades are available year-round."

Treatment providers most often reported current availability as '10,' the previous most common score was also '10.' One treatment provider noted, "[Marijuana] it's always there in the background." Law enforcement most often reported current availability as '8,' the previous most common score was '9.' A law enforcement officer described marijuana as "the number-one drug." Collaborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 25.1 percent of all drug screens processed during the past six months were positive for marijuana, an increase from 19.2 percent for the previous reporting period.

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. There were several marijuana grow operations that were seized by law enforcement; one marijuana grow operation in Atwater (Portage County) was seized when the Portage County Drug Task Force arrested five individuals and confiscated 95 marijuana plants, as well as marijuana in jars and bags, psilocybin mushrooms and ecstasy (www.impact.cleveland.com, Aug. 1, 2013). A second grow operation was found in Canton in a collaborative effort with the Stark County Metro Narcotics Unit, the FBI Safe Streets Task Force and DEA (Drug Enforcement Administration) agents from the Cleveland Office; a man was arrested and 89 marijuana plants were seized (www.newsnet5.com, Aug. 9, 2013). A third marijuana grow operation was found in Kent (Portage County); two men were arrested when 80 marijuana plants were found in their basement (www.newsnet5.com, Aug. 15, 2013). Two Canton men were arrested after a tractor-trailer loaded with more than 1,700 pounds of marijuana was intercepted by Homeland Security agents (www.19actionnews.com and www.newsnet5.com, Aug. 20, 2013). Ohio State Highway Patrol troopers arrested two men in Portage County following a traffic violation when they discovered two pounds of marijuana in the trunk of their vehicle (www.statepatrol.ohio.gov, Sept. 20, 2013).

Participants reported that the general availability of marijuana has remained the same during the past six months. One participant group noted an increase in individuals who are growing their own marijuana. A participant shared, "Everyone is growing their own pot [marijuana]. You don't even need seeds, just clone someone's pot. You can get seeds online, clones too." Participants added that availabil-

ity of high-grade marijuana is increasing while its price is decreasing.

Treatment providers also reported that the general availability of marijuana has remained the same during the past six months, while law enforcement reported increased availability. Law enforcement reported that while the majority of marijuana in the region is imported, there seems to be an increase in the number individuals who are growing marijuana in-house. An officer commented on the decrease of marijuana grown outside, "I don't know if it was the climate last summer [hot and dry] ... but we just haven't seen it [outdoor marijuana grow operations], not in the volumes that we have in the past ... We just had a plane up last week. A lot of them [marijuana growers] lost a lot of money last year by putting it outside, so they came up with alternative means [in-home grow operations]." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

| | | Reported Availability Change during the Past 6 Months | |
|-----------|---|---|-----------------|
| | | Participants | Law enforcement |
| Marijuana |  | No Change | Increase |
| |  | Increase | No Change |
| |  | No Change | No Change |

Participants most often reported the current overall quality of marijuana as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.'

Several participants explained that the quality of marijuana depends on whether the user buys low-grade marijuana (aka "commercial weed") or high-grade marijuana (typically hydroponically grown marijuana). A participant commented, "It's kind of hard to find bad weed today, it's all good." Several participants commented that individuals are more educated on how to grow marijuana. Participants and community professionals noted an increase in the quality, or potency, of marijuana during the past six months. A participant noted, "It [marijuana quality] keeps getting better."

The price of marijuana depends on the quality desired; current street prices were consistent among participants with experience buying the drug. Participants reported low-grade marijuana as the cheapest form; high-grade

marijuana sells for significantly more. Participants reported that it is most common to purchase 1/8 ounce of marijuana at a time. However, several participants agreed, *"If you are a [marijuana] smoker, you buy a gram, or a blunt [cigar]. If you are a seller, you buy higher quantities."* Participants in Portage County added that high-grade marijuana often comes in glass mason jars. A member of law enforcement noted an increase in price and commented, *"We've seen it [price of marijuana] go from \$600 a pound to \$5,000 a pound."*

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--|--------------|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5-10 |
| | 1/8 ounce | \$20-40 |
| | 1/4 ounce | \$35 |
| | an ounce | \$80-120 |
| | a pound | \$1000-1,200 |
| | high grade: | |
| | a blunt or two joints | \$10-20 |
| | 1/8 ounce | \$50-60 |
| | an ounce | \$240-350 |
| | a pound | \$3,500 |

Participants almost unanimously reported that the most popular way to consume marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants also mentioned the practice of baking marijuana into foods, but reported this practice as rather uncommon.

A profile of a typical marijuana user did not emerge from the data. Participant comments included: *"Everyone I know [uses marijuana]; Everyone who does not have a job that requires a [drug] test; Weed does not discriminate."* One participant noted that *"old-timers like regular weed,"* while newer users like *"the potent weed."* Treatment providers described typical users of marijuana as everyone. Treatment providers observed that marijuana is often not viewed as the primary drug of choice by users in treatment.

Methamphetamine



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); the previous most common score was also '10'. Participants reported that methamphetamine is available in powder (aka "shake-and-bake") and anhydrous or red phosphorous (aka "old-school" or "traditional") forms. Participants commented on the general availability of methamphetamine: *"Readily available; Neck-in-neck with heroin; It's everywhere; It's all I hear about; Ridiculous in Summit County; People beg you to go buy Sudafed® [contains the ingredient used to manufacture methamphetamine]."*

Participants reported that powdered shake-and-bake methamphetamine is the most prevalent methamphetamine type in the region. This form of methamphetamine is produced 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). People who make this form of methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients. Participants shared that "old-school" methamphetamine is much more rare. Participants explained: *"Most traditional cooks are getting caught; You can't get enough Sudafed®. You need 20 boxes to do [make traditional] 'old-school' [methamphetamine]."* Participants also reported that higher quality methamphetamine, which is usually imported and often called "ice," is extremely rare in the region and many participants have never seen it. Treatment providers most often reported the general current availability of methamphetamine as '9,' while Stark County law enforcement reported current availability as '5,' the previous overall most common availability score among community professionals was '8.'

Media outlets reported on methamphetamine community initiatives, seizures and arrests in the region during this reporting period. A man was found walking in Portage County wearing a backpack that had smoke coming from it and was arrested by sheriff's deputies when they identified chemicals used to make meth inside it (www.cleveland.com, Aug. 22, 2013). As a result of the increase in meth labs in Summit County, Akron held a second Meth

Lab Community Forum sponsored by Summit County Children’s Services to educate the community about what to look for as signs of trafficking and the dangers of meth labs (www.newsnet5.com, Sept. 26, 2013). A woman from Wadsworth (Summit County) was arrested in Akron after officers stopped her vehicle and found methamphetamine in a sock in her vehicle (www.ohio.com, Nov. 17, 2013). A man from Cuyahoga Falls (Summit County) was arrested after officers found chemicals used to manufacture methamphetamine in his car (www.ohio.com, Dec. 1, 2013). Methamphetamine lab paraphernalia was found in a car which led to the arrest of three Akron residents (www.fox8.com, Dec. 8, 2013). Media reported that Summit County led the state for number of methamphetamine labs; there were a total of 85 labs discovered in 2013 (www.10tv.com, Jan. 2, 2014).

Participants and community professionals reported an increase in availability of methamphetamine throughout the region during the past six months. Participants and community professionals commented on how easy it is to manufacture the drug. Participants commented: *“There’s a lot of shake-and-bake and bathtub labs in small towns around here; All these kids are getting how to make it off the Internet; People think they are chemists. They read how to make it or watch an episode of ‘Breaking Bad.’”* A participant added, *“People are not getting as high on cocaine, so they are looking for something new [and turning to methamphetamine].”* A law enforcement officer observed that most methamphetamine cooks are also users, commenting, *“That’s a kind of drug you have to be a user to make.”*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine during the past six months, along with a small amount of crystal methamphetamine.

Participants most often reported the current quality of powdered methamphetamine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. While the current score indicates general high quality; there was a wide variance in quality scores, ranging from ‘2’ to ‘10’. The majority of participants interviewed did not have recent firsthand experience with the drug; approximately 25 percent of participants in the Akron-Canton region reported recent experience with methamphetamine. Of those, a number complained that the quality is poor and

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

varies depending on who manufactures the drug. One participant stated, *“Shake-and-bake is junk, [there’s] nothing like the old-school [methamphetamine].”* However, another participant commented, *“It must be good [quality], a lot of people are losing their minds [through use of methamphetamine].”* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. Again, the shake-and-bake type of methamphetamine, now so prevalent in the region, was commonly cited as the reason for the decrease in quality. Participants commented: *“Shitty old-school is better than the best shake-and-bake; So many amateurs. They don’t know how to make it.”*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, it is common to buy either a half gram or a gram at a time. However, many participants noted that it is most common for users to make their own methamphetamine, or to give the ingredients to a “cook” who makes it for them. Participants shared that methamphetamine is less expensive, or even free, in exchange for Sudafed®. A participant shared, *“You can pay people to get the ingredients. I get \$60 to buy three boxes of Sudafed®.”* Another participant disclosed, *“I’d steal peoples’ IDs in order to buy more Sudafed®.”*

While there were a few reported ways of consuming methamphetamine, the most common route of adminis-

| Methamphetamine | Current Street Prices for Methamphetamine | |
|-----------------|---|---------|
| | shake-and-bake: | |
| | a gram | \$60-80 |
| | old-school: | |
| a gram | \$100 | |

tration is smoking. Participants estimated that out of 10 methamphetamine users, five would smoke and the other five would either snort or intravenously inject the drug. Participants reported that the practice of snorting methamphetamine is declining as the shake-and-bake form of the drug is very irritating and reportedly “burns” the nasal passageways. One participant group noted that older users tend to snort or smoke the drug, while younger users tend to either intravenously inject or smoke.

Participants described typical users of methamphetamine as most often white and of lower socio-economic status. Participants identified professions that have a higher rate of methamphetamine use because the individuals have to remain alert and awake for longer periods of time; the examples they used were truck drivers and college students. One participant group reported that methamphetamine use is also popular in the gay community. Community professionals described typical users of methamphetamine as white, of lower socio-economic status and rural. A law enforcement officer noted, *“I’ve never arrested a black man for cooking or using meth.”* Law enforcement added that methamphetamine users are often 30-40 years of age.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain 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 previous most common score was ‘2.’ Approximately 25 percent of participants interviewed had recent firsthand experience with bath salts. Treatment providers most often reported bath salts current availability as ‘5,’ while law enforcement most often reported availability as ‘1;’ the previous overall most common availability score among community professionals was ‘7.’ A law enforcement officer reported, *“[Bath salts] it’s around, but we haven’t had much of it. We’re not getting many complaints about it.”*

Participants reported that the availability of bath salts has remained the same during the past six months, while community professionals reported that availability has decreased. Treatment providers said that the availability of bath salts has decreased primarily due to legislation enacted in 2011 banning the drug. A treatment provider commented, *“You hear from people who used to use [bath*

salts] say, ‘That was not a good idea ... better to stick with heroin.’” The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

| Bath Salts | Reported Availability Change during the Past 6 Months | | |
|------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | Decrease |
| |  | Treatment providers | Decrease |

Current street prices for bath salts were variable among participants with experience buying the drug and participants did not know specific quantities of purchases. One participant group explained that bath salts are sold in “pouches” or plastic containers for \$15–20 each, while another group reported that a “bag” sold for \$35 and two bags sold for \$50. One participant also spoke of paying \$100 for bath salts on the street.

Bath salts continue to be available on the street from dealers, as well as from various convenience stores and on the Internet. Participants shared similar information, with one participant commenting, *“If you know what place to go ... but they have to know you [to purchase bath salts].”* Another participant added, *“You need to know how to ask for it.”*

While there were a few reported ways of consuming bath salts, the most common route of administration is intravenous injection. Participants estimated that out of 10 bath salts users, five would intravenously inject and the other five would either snort or smoke the drug. Participants described typical users of bath salts as most often white. Community professionals were unable to provide any description of typical users of bath salts.

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remain 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 previous most common score was ‘9.’ Treatment providers most often reported current availability as ‘5,’ while law enforcement

reported low availability throughout the region; there was no availability score given in the previous report. A law enforcement officer reported, *"We've dropped the hammer down around here on a couple of people, and they've gotten rid of it [synthetic marijuana]. Most of the stuff out there now is that incense stuff that you can't charge them with ... [the] lab can't pick up any controlled substance [in it] ... every time we get a complaint about it [someone selling synthetic marijuana], we go out, it's not there."*

A media outlet reported that an investigation led by the Portage County Drug Task Force resulted in two arrests after undercover agents bought bath salts and K2 at a novelty store in Streetsboro; further investigation uncovered additional K2 above a ceiling tile in the store (www.newsnet5.com, Sept. 26, 2013).

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. While many participants did not offer an opinion in this regard, a few agreed with a participant who said, *"It [synthetic marijuana] used to be real prevalent, but now it's easier to get real marijuana."* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, purchasing synthetic marijuana on the street is more expensive than buying it in a store.

| Synthetic Marijuana | Current Street Prices for Synthetic Marijuana | |
|---------------------|---|---------|
| | a gram (on the street) | \$10-15 |
| | 4 grams (in store) | \$20 |
| | 10 grams (in store) | \$25 |

In addition to street purchase, synthetic marijuana continues to be available from various convenience stores, "head shops" and gas stations. According to participants: *"There's so many supplements like K2 that you can get it at any head shop, sold as incense; A lot of people are selling it. People buy it in bulk, and turn around and sell it at a profit."* Participants shared that it can be difficult to get synthetic marijuana in a store: *"They need to know you [to purchase synthetic marijuana], it's under the counter; If they knew you before they cracked down on it, you could still get it; You just need to know what they are calling it."* Participants also reported individuals are making their own synthetic marijuana using cleaning supplies and chemicals bought online.

Participants continued to report smoking as the only route of administration for synthetic marijuana. Participants described typical users of synthetic marijuana as marijuana smokers, younger people and individuals who need to avoid detection from drug screens, such as people in a treatment program or on parole or probation. One participant group reported that there are some people who have quit smoking marijuana and prefer to smoke synthetic marijuana to get higher. A participant stated, *"[Some] people fiend [crave] for it [synthetic marijuana]."* Treatment providers described typical users of synthetic marijuana as individuals trying to avoid detection for drug use. A treatment provider commented, *"[Synthetic marijuana] is highly used in an institutional setting."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region; however, participants reported only on the current of availability of "molly" (powdered MDMA), as they did not have knowledge of current availability for ecstasy tablets. Participants reported that the current availability of molly as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for ecstasy was '8'. Participants commented: *"Molly is huge right now; Kids do it like it's weed; I see it all the time."* A participant said, *"Depends on who you know ... If you know people who use it [molly], it's available."* Participants also noted that molly is often mentioned in rap songs. One participant shared that molly is used, *"Not just at raves [dance parties], people are using it at home."*

Treatment providers did not report a rating regarding current availability of ecstasy or molly, but they did note that molly, described as “pure ecstasy,” is gaining in popularity as they are beginning to hear more about it from their clients. Most treatment providers had very limited knowledge of the drug. One treatment provider commented, “[Molly use] *it’s unchartable right now, but it will be a good question the next time you come.*” Another treatment provider shared, “*We’ve just now been introduced to the idea that it [molly] exists. It’s maybe touched a client or two.*” Law enforcement reported current availability as ‘2.’ A law enforcement officer reported, “*We are starting to get some tips about this molly here ... that ‘new ecstasy.’ We haven’t gotten any yet, but we are hearing about it.*”

Participants reported that the availability of molly has increased during the past six months. Participants commented: “*On the rise, big time; I just heard about it [molly] this year; People are catching onto it and want more; A lot of people are using it regularly. It’s not just a party drug.*” Treatment providers were unable to report on the change of availability of ecstasy or molly, but law enforcement noted a potential increase in the availability of molly. An officer commented that the drug is “*still new—still getting introduced.*” The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

| Ecstasy: (Molly) | Reported Availability Change during the Past 6 Months | |
|---------------------|---|-----------------|
| |  Participants | Increase |
| |  Law enforcement | Likely Increase |
| |  Treatment providers | No Comment |

Participants were unable to rate the quality of ecstasy or molly. However, several participants commented on the quality of molly and discussed whether it was truly “pure MDMA” as commonly believed. One participant commented, “*Often it’s not real molly [pure MDMA], but a research derivation.*” Another participant suggested, “*If it [molly] is pure MDMA, then it is cut [adulterated with some other substance].*” Participants reported variability in quality and commented: “[The quality of molly is] *good, like ecstasy and acid, with no hangover; It can be good. Sometimes it is mixed with bath salts or methamphetamine.*”

Current street prices for molly were consistent among participants with experience buying the drug. Reportedly, users most often purchase a half gram to a gram of molly at a time.

| Ecstasy: (Molly) | Current Street Prices for Ecstasy: (Molly) | |
|---------------------|--|------------|
| | 1/2 gram | \$50 |
| | a gram | \$65 - 100 |

According to participants, molly can be purchased on the street through a dealer. A participant shared, “*A lot of heroin dealers have it [molly]. First place to look ... the local pot boy [marijuana dealer] ... then heroin dealers.*” While there were a few reported ways of consuming molly, the most common routes of administration are oral consumption and snorting. Participants estimated that out of 10 molly users, six would orally ingest and four would snort the drug. One participant group mentioned that some users intravenously inject the drug, but this is reportedly rare.

Participants described typical users of molly as individuals who attend raves and individuals from the party or bar scene. Typical users are also reportedly high-school- and college-aged and more likely African-American. A participant added, “*A lot of heroin dealers and cocaine dealers use molly.*” Treatment providers described typical users as teens and young adults. Treatment providers also noted that the drug was popular about six years ago and that it seems to be coming back, especially with young people.

Other Drugs

Participants and community professionals discussed lysergic acid diethylamide (LSD) as available in the region, but this drug was not mentioned by the majority of people interviewed. LSD is still available throughout the region, although there was no consensus in current availability ratings among participants; scores ranged from ‘0’ to ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants commented: “*Still there, but people aren’t into it anymore; It’s around, but it’s scarce.*” One participant group reported that the drug is more available during the “*concert, festival season.*” Community professionals were unable to provide current availability ratings.

The majority of participants reported that the availability of LSD has remained the same during the past six months, though a few reported decreased availability. A few treatment providers suggested that hallucinogens are coming back in terms of popularity. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months.

Only one participant interviewed rated the current quality of LSD as low and commented that the quality *"varies, but it's generally good."* Participants reported that LSD sells for \$5-10 for a single dose (aka "a hit") and \$200-300 for 100 hits (aka "a sheet"). Participants reported that LSD is generally used at parties, raves and festivals and not so much on a daily basis.

Participants described typical users of LSD as *"stoners," "hippies" and "groupies."* Reportedly, LSD is more popular with younger people, including teenagers. A participant added, *"[In the past] People who smoked a lot of marijuana would use acid [LSD] also, but people have changed to heroin."*

In addition to reporting on LSD, the BCI Richfield Crime Lab also reported that case numbers for gamma-hydroxybutyric acid (GHB), ketamine, phencyclidine (PCP), psilocybin mushrooms and salvia divinorum have remained the same during the past six months, while noting an increase in DMT (dimethyltryptamine, a powerful psychedelic tryptamine) cases and a decrease in piperazines cases.

Conclusion

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

While many types of heroin are currently available in the region, brown powdered heroin remains the most available type; all data sources reported low to moderate regional availability of black tar heroin. The BCI Richfield Crime Lab reported processing mostly brown and white powdered heroin during the past six months. Many participants continued to attribute increased availability to the reformulation of

some popular prescription opioids, resulting in users switching from pills to heroin use. Some participants also noted cocaine users switching to heroin because heroin is cheaper than cocaine and its high reportedly lasts longer.

There were data to suggest that heroin cut with fentanyl is present in the region. A participant explained that the color of powdered heroin is white if cut with fentanyl, although white powdered heroin (aka "China white") is reportedly somewhat rare in the region. A law enforcement officer reported that fentanyl is being removed from fentanyl patches and used to cut heroin. Participants and community professionals discussed recent heroin deaths during the past six months, many of which were thought to have involved fentanyl.

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection. Reportedly, it is still relatively easy to acquire injection needles at various pharmacies, although participants noted prescriptions are often required. Participants also mentioned that there are no needle exchange programs in their areas, so many travel outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Other participants explained that in many instances, needles are more likely shared than replaced with new needles. Participants and community professionals described typical heroin users as white and aged teens to mid-30s. However, treatment providers also observed an increase in heroin use among African-Americans and older males.

Participants most often reported that the availability of Suboxone® has remained the same during the past six months, while community professionals most often reported that availability has increased. A law enforcement officer attributed the increase to the increased number of heroin users. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the past six months.

Participants commonly reported that it is relatively easy to get a Suboxone® prescription whether the aim is legitimate treatment or to sell it. Participants admitted that many opiate addicts will use some of their Suboxone® prescription and sell the rest. Participants throughout the region reported that the pill form of Suboxone® is rarely prescribed, but they can obtain the preferred pill form of the drug by traveling outside the Akron-Canton region.

Participants reported that methamphetamine is available in powdered (aka “shake-and-bake”) and anhydrous or red phosphorous (aka “old-school” or “traditional”) forms; however, shake-and-bake remains the most prevalent methamphetamine type in the region. In addition, participants also reported that higher quality methamphetamine, which is usually imported and often called “ice,” is extremely rare in the region; many participants have never seen it. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine, along with a small amount of crystal methamphetamine.

Many participants noted that methamphetamine is now as available as heroin in the region. Approximately 25 percent of participants in the Akron-Canton region reported recent experience with the drug. Participants and community professionals attributed increased availability during the past six months due to the ease of manufacture of shake-and-bake, as well as to the increasingly poor quality of cocaine which has forced cocaine users to seek something new. Many participants noted that it is most common for users to make their own methamphetamine or to give the ingredients to a “cook” who makes it for them. Participants shared that methamphetamine is less expensive, or even free, in exchange for Sudafed®.

The most common route of administration for methamphetamine is smoking. Participants reported that the practice of snorting methamphetamine is declining as the shake-and-bake form of the drug is very irritating and reportedly burns the nasal passageways. Participants and community professionals continued to describe typical users of methamphetamine as most often white and of lower socio-economic status.

Lastly, data indicates increases in the availability of hydroponic marijuana and of “molly” (powdered MDMA) during the past six months. Participants and law enforcement noted an increase in individuals who are growing their own marijuana in-house, adding that as availability of high-grade marijuana increases, prices for it are decreasing. However, law enforcement reported that the majority of marijuana in the region continues to be imported. Treatment providers noted that molly, described as “pure ecstasy,” is gaining in popularity as they are beginning to hear more about it from their clients. However, most treatment providers had very limited knowledge of the drug. Participants and law enforcement reported that the availability of molly has increased during the past six months. According to participants, molly can be purchased on the street through a dealer. Typical users are reportedly high-school- and college-aged and more likely African-American.



Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Faith M. Kelleher, MSW

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, Hocking and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and other professionals) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

| Indicator ¹ | Ohio | Athens Region | OSAM Drug Consumers |
|-----------------------------------|------------|---------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 587,004 | 40 |
| Gender (female), 2010 | 51.2% | 50.4% | 57.5% |
| Whites, 2010 | 81.1% | 94.7% | 97.5% |
| African Americans, 2010 | 12.0% | 2.1% | 0.0% |
| Hispanic or Latino Origin, 2010 | 3.1% | 0.8% | 0.0% |
| High School Graduation Rate, 2010 | 84.3% | 92.9% | 79.1% ² |
| Median Household Income, 2012 | \$46,873 | \$38,955 | \$11,000 to \$14,999 ³ |
| Persons Below Poverty Level, 2012 | 16.3% | 19.8% | 65.6% ⁴ |

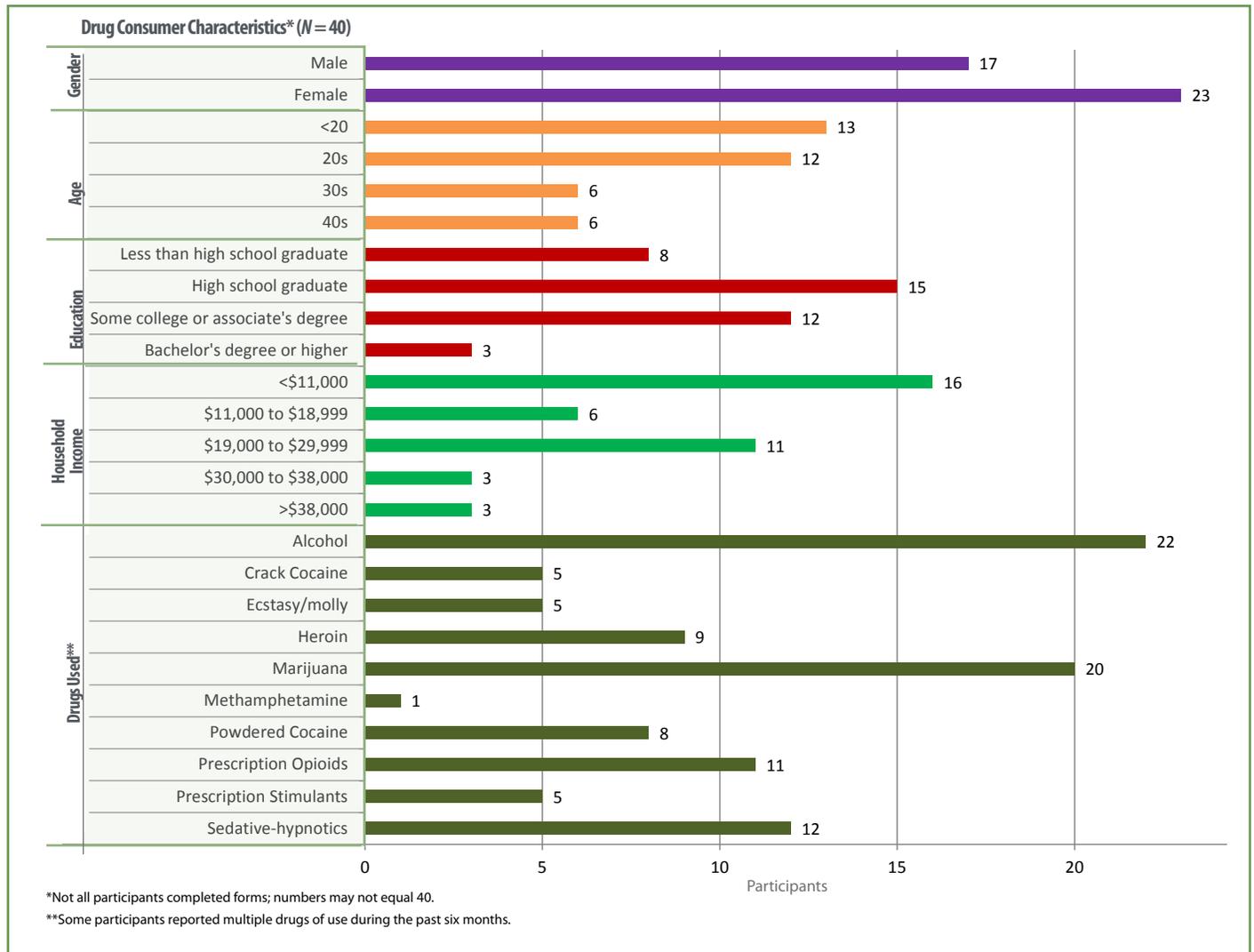
¹Ohio and Athens region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²High school graduation rate was unable to be determined for 2 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 8 participants due to missing and/or invalid data.

Athens Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Athens region. Changes in availability included increased availability for heroin and methamphetamine, and likely decreased availability for synthetic marijuana.

Participants reported black tar and brown powdered heroin as the most available heroin types in the region. Intravenous injection remained the most common route of administration for this drug. Participants and community professionals expressed concern over users sharing injection needles. Many participants knew users who had contracted Hepatitis C because of this practice.

Several participants cited new laws in Ohio that impacted the availability of prescription opioids. Participants reported that the availability of prescription opioids had decreased; community professionals reported slight decreases for methadone, OxyContin® OP, Percocet®, Roxicet® and Vicodin®. Participants continued to explain that users often begin using prescription opioids legitimately, then switch to illegitimate use and progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females in the early 20s to 30s age range.

Participants reported that the street availability of Suboxone® had remained the same, while treatment providers noted an increase. Participants said that the most common routes of administration for the abuse of Suboxone® were snorting and oral consumption for pills and intravenous injection for strips. Participants and community professionals agreed that typical Suboxone® users were opiate addicts, especially heroin addicts. Participants reported abusing Suboxone® in combination with Xanax®.

Participants and law enforcement reported increased availability of methamphetamine and attributed this increase to the ease of the “one-pot” method of production. The BCI London Crime Lab processed an increased number of methamphetamine cases during the reporting period. Overall, participants said that the quality of methamphetamine varied considerably. Most often methamphetamine was reported for personal use and not for sale. Participants and community professionals described typical users of methamphetamine as white, males, 20–45 years of age, of lower socio-economic status and often unemployed.

Participants and community professionals agreed that the availability of synthetic marijuana had decreased. Participants complained about the quality of the drug. A probation officer reported young people making their own synthetic marijuana using recipes and instructions found on the Internet. Participants and community professionals agreed that users were typically 12–22 years of age.

Finally, ecstasy availability was variable throughout the region. Users most often reported low to moderate availability for ecstasy but high availability of powdered MDMA (aka “molly”). Molly was reportedly of higher quality. The most common route of administration for molly was snorting. Participants also mentioned intravenous injection and mixing molly into food and beverages. Participants described typical users of molly as similar to those of ecstasy: 16–35 years of age, white and people who attend raves (underground dance parties) and concerts.

Current Trends

Powdered Cocaine

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); the previous most common score was ‘10’. Participants explained that powdered cocaine is not easy to obtain; established drug connections are needed to obtain the drug.

Community healthcare professionals most often reported the drug’s current availability as ‘6’, while law enforcement most often reported current availability as ‘5’; the previous most common score among community professionals was ‘6–7’. A law enforcement officer said that most powdered cocaine is quickly converted to crack cocaine. Therefore, law enforcement seldom encounters the powdered form. Another law enforcement officer compared the variability of powdered cocaine availability to a pendulum that swings back and forth.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Athens County deputies arrested an individual when cocaine and marijuana were found after a traffic stop in Nelsonville (Athens County) (www.wsaz.com, Aug. 8, 2013). The Ohio

State Highway Patrol (OSHP) stopped a vehicle and arrested two men in Gallia County after finding 2.6 ounces of powdered cocaine, marijuana, methamphetamine and some prescription opioids in their possession (www.statepatrol.ohio.gov, Sept. 2, 2013). Law enforcement collaboration through “Operation Heat” resulted in seven arrests and seizure of 200 grams of cocaine and other drugs including heroin and marijuana (www.thepost.ohiou.edu, Nov. 13, 2013).

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

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the current quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7.’ Participants shared that the quality of powdered cocaine constantly fluctuates and that it is cut (adulterated) with baking soda, baby laxatives, bath salts, ether and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, “[Powdered cocaine] it’s stronger on Friday than it is on Sunday [because substances are added to it throughout the weekend].”

| Powdered Cocaine | Cutting Agents Reported by Crime Lab |
|------------------|--|
| | <ul style="list-style-type: none">  diuretics (mannitol, sorbitol)  levamisole (livestock dewormer)  lidocaine and other local anesthetics |

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. An Athens County participant shared, “If you were really,

really into it [powdered cocaine] you would go to Columbus; it’s cheaper [in Columbus] and would be better quality.”

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-------|
| | 1/2 gram | \$50 |
| | a gram | \$100 |
| | 1/16 ounce (aka “teener”) | \$125 |
| | 1/8 ounce (aka “eight ball”) | \$200 |
| | 1/4 ounce | \$300 |
| | an ounce | \$600 |

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, three would intravenously inject (aka “shoot”) and one would smoke the drug.

Participants described typical users of powdered cocaine as white and from middle and upper classes, but no typical age or gender emerged. A participant reported, “I’ve known people of all ages to do it [powdered cocaine]; average working men and women.” Community professionals described typical users of powdered cocaine similarly to that of participants. A treatment provider stated that typical users are, “anyone . . . it can go from the rich to the poor; young to some older folks.” However, law enforcement added that most people arrested for powdered cocaine are in their 20s and 30s.

Crack Cocaine

Crack cocaine availability is variable in the region, with both participants and community professionals agreeing that availability depends on location within the region. Participants most often reported variable availability of crack cocaine and scores ranged from ‘0-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants from Muskingum County reported: “You can get it [crack cocaine] in every corner in Zanesville; [There] is a crack [cocaine] house on every block.” Participants in Athens County reported: “Down here you can’t get just crack, it’s coke [powdered cocaine] and someone has to cook it back; if you want crack you may have to buy coke and

cook it up yourself." Community professionals most often reported the drug's current availability as '5-7;' the previous most common score was '9'.

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Two individuals were arrested after a search warrant led to discovery of crack cocaine and black tar heroin in an apartment in Zanesville (Muskingum County) (www.yourradio-place.com, Sept. 9, 2013). Two individuals were arrested in Coshocton (Coshocton County) after the Sherriff's Office searched a home and found crack cocaine, heroin and marijuana (www.nbc4i.com, Oct. 24, 2013). Two men were arrested in Haydenville (Hocking County) when the Sheriff received several tips regarding fugitives and drug use in the area; crack cocaine, heroin and other drug paraphernalia were found at the home when the search was conducted (www.nbc4i.com, Oct. 23, 2013).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Community professionals differed in their opinions: Athens County professionals reported that availability of crack cocaine has remained the same, while community professionals in Muskingum County reported that availability has decreased. A police captain in Zanesville stated, "It used to be [that] everyone would have crack cocaine in their pocket ... now you don't know what's in their pocket; it seems to be either pills or heroin." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|--------------|
| |  Participants | No Change |
| |  Law enforcement | No Consensus |
| |  Treatment providers | No Consensus |

Participants most often reported the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that crack cocaine in the region is cut with baking soda, kerosene and Orajel®. A participant explained, "Considering where [crack cocaine] it's coming from, by the time it gets here, it's had a long life

[and is cut more]." Participants identified that crack cocaine is either white or yellow within the region. A participant suggested, "[The] *harder yellow* [crack cocaine] *is better* [quality]." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

| Crack Cocaine | Cutting Agents Reported by Crime Lab | |
|---------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Some participants reported that crack cocaine is priced similar to powdered cocaine.

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|-------|
| | 1/10 gram (aka "dime") | \$10 |
| | 1/2 gram | \$50 |
| | 1/8 ounce (aka "eight ball") | \$200 |

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven to eight would smoke while two to three would intravenously inject (aka "shoot") the drug. Participants shared that crack cocaine is commonly smoked from a pipe made from aluminum foil to avoid a paraphernalia charge should they be caught. A participant explained, "A stem [typically a glass crack pipe] can get you 30 days [in jail] ... [many users use foil] that way they can crunch it and throw it out the window."

A profile for a typical crack cocaine user did not emerge from the data. Some participants described typical users of crack cocaine as white and poor or unemployed. A participant commented, "I don't think I ever met someone addicted to crack with a job." Other participants reported that users can vary: "From the bum on the street to the business man in the office; I've seen a three generation family use [crack] - a grandma, a mom and the daughter." Community professionals described typical users of crack cocaine as someone with little or no income.

Heroin



Heroin remains highly available in the region. Participants 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); the previous most common score was also '10'. Participants agreed that heroin is now the easiest drug to obtain in the region; reportedly, easier to obtain than even marijuana. A participant commented, *"I can walk out the door and within five minutes get as much heroin as you want."* Community professionals most often reported heroin as moderately available, rating overall current availability as '6-7'; the previous most common score was '10'. However, a law enforcement officer commented, *"Heroin's got a hold on everyone in every community now."*

While many types of heroin are currently available in the region, participants continued to report the availability of black tar and brown powdered heroin as most available, most often rating the current availability of these heroin types as '10'. Community professionals reported the availability of black tar heroin as the most available heroin type in the region, most often reporting its current availability as '6-10'. A law enforcement officer commented, *"A majority of the time you're going to see black tar [heroin]."* Law enforcement most often reported brown powder heroin's current availability as '5'. Participants most often reported the current availability of white powdered heroin (aka "China white") as '5', while community professionals most often reported white powdered heroin's current availability as '1'. A law enforcement officer distinguished that white powdered heroin is less available and that law enforcement rarely encounters this type of heroin.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. Four individuals were arrested in Haydenville (Hocking County) after law enforcement searched a home and found heroin, prescription opioids and marijuana (www.nbc4i.com, Aug. 7, 2013). Meigs County deputies seized 7.5 grams of black tar heroin, prescription pills and cocaine, and arrested two men after searching their vehicle and residence; this was the largest heroin bust in Meigs County history (www.wsaz.com, Aug. 8, 2013). A couple was arrested for trafficking heroin in Athens County (www.10tv.com, Aug. 20, 2013). A bank robber was sent back to jail for violation of probation when he went to a hospital for a heroin

overdose and heroin was found in his possession (www.athensnews.com, Sept. 10, 2013). Twenty individuals were arrested in Hocking County as the Sheriff's Office and the Fairfield-Hocking Major Crimes Unit served warrants throughout the area; several individuals were charged with trafficking heroin, as well as other drugs and firearm violations (www.nbc4i.com, Oct. 21, 2013).

Overall, participants reported that the general availability of heroin has increased during the past six months. Participants attributed the increase in availability and usage to changes in the formulation of certain prescription opioids: *"I've just seen a lot of my friends who used to do like pills [prescription opioids] and stuff, and then once the pills they did ... they don't make anymore ... and then there was no programs to cope with that, and then everyone went straight to heroin pretty much."* Community professionals also reported that the general availability of heroin has increased during the past six months. Several community professionals noted that previous prescription opioid users have switched to heroin. A law enforcement officer commented, *"[Heroin] it's a lot cheaper, a lot easier to get a hold of [than prescription opioids] [and], you don't have to doctor shop [or] ER shop."* The BCI London Crime Lab reported that the number of heroin cases it processes remained the same during the past six months; the lab reported processing all types of heroin.

Participants most often reported the current general quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8'. Overall, participants felt that the general quality of heroin has remained the same during the past six months. Participants most often rated the current quality of black tar heroin as '6'. Participants reported that the quality of black tar heroin fluctuates and that the Afghanistan strand of black tar heroin is high quality. Participants reported

| | | Reported Availability Change during the Past 6 Months | |
|--------|---|---|----------|
| Heroin |  | Participants | Increase |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Increase |

that black tar heroin in the region is cut with Coca-Cola®, coffee, sedative-hypnotics, shoe polish, vinegar and vitamin E. During discussion, one participant stated, *"It's scary. You never know what you're gonna get [mixed in with heroin]."*

Participants generally rated the current quality of brown powdered heroin as '5' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants most often rated the current quality of white powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also reported that both brown and white forms of powdered heroin is cut with whey protein.

| | | |
|---------------|---|---------------------------------|
| Heroin | Cutting Agents Reported by Crime Lab | |
| | ● | caffeine |
| | ● | diphenhydramine (antihistamine) |
| | ● | mannitol (diuretic) |
| | ● | sugar |

Current street prices for heroin were variable among participants with experience buying heroin. Although the following prices were provided, participants added that heroin can also come in small amounts such as *"a little swipe on a piece of plastic"* wrapped in foil or in a plastic grocery bag for less money. Note that participants were unable to report pricing information for white powdered heroin.

While there were a few reported ways of using heroin, the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would intravenously inject, two would smoke, and another one would snort the drug. One participant quipped that in a room of ten users, *"They'd be fighting over the tie [used for injection]."*

| | | |
|---------------|--|-----------|
| Heroin | Current Street Prices for Black Tar and Brown Powdered Heroin | |
| | 1/10 gram (aka "bags," "berries" or "balloons") | \$25 |
| | a gram | \$125-150 |

Reportedly, injection needles are primarily obtained through heroin dealers and people with diabetes. Participants shared that availability of needles has decreased as many pharmacies in the region are no longer selling needles without a prescription. Participants commented: *"You can't buy them out of stores around here; [You get needles] on the street; heroin dealers sell 'rigs' [needles]; You gotta find someone who's a diabetic."* Participants reported common street names for syringes: "darts," "pins," "points," "rigs," "sharps," "sharpies" and "stickers." The most commonly reported price for a needle bought off of the street is \$5. However, participants commented on how price is determined by availability and demand: *"You can usually get them [needles] for 2-5 bucks; People will even buy your used needles; I've see people pay up to \$20 for a used one."*

Participants agreed that sharing and re-using needles is common practice in the region. One participant said, *"I've heard of people using the same exact point for a month, and they shoot up 3-4 times a day."* Another participant described that users clean used needles: *"Draw up bleach or rubbing alcohol in it squirt it out and [they] think it's clean."* Participants and community professionals discussed the need for a clean-needle exchange and a consistent place to dispose of dirty needles. One participant commented, *"There should be a disposal [program] because I've heard of them [needles] just being found in places."* A law enforcement officer noted, *"I think we need something here to hand out free needles."* A community professional shared that there is *"a fear [of dirty needles] for those who work with the public."*

A profile of a typical heroin user did not emerge from the data. Participants described typical users of heroin as unemployed and younger (20s or 30s). A participant reflected, *"Anymore there are no typical [heroin] users."* Community professionals also described typical users of heroin as unemployed. One law enforcement officer from Muskingum County commented, *"Mostly poor ... but I have friends that are middle class/upper middle class and their kids are now involved with the heroin."*

Prescription Opioids

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); the previous most common score was also '10'. Participants identified Percocet®, Roxicet® and Vicodin® as the most

popular prescription opioids in terms of widespread use. A participant commented, "You can find pills [prescription opioids] anywhere in this town at any time." Treatment providers and law enforcement most often reported the prescription opioid current availability as '9'; the previous most common score was '10.' Community professionals identified Percocet®, Roxicet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. A law enforcement officer in Hocking County stated, "It's one of the biggest problems with our school kids ... the prescription [opioids]."

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Seven individuals from Perry County were arrested for trafficking prescription opioids (specifically oxycodone) after they were found "doctor shopping" in Zanesville (Muskogum County), Marietta (Washington County) and other locations throughout the state (www.nbc4i.com, Sept. 3, 2013). After a year-long investigation, a former pharmacy technician was sentenced to three years in prison for theft of prescription opioids (hydrocodone) from a pharmacy in Pomeroy (Miegs County) (www.nbc4i.com, Oct. 28, 2013). A young woman from Glouster (Athens County) was indicted on prostitution charges for human trafficking of a 16 year old girl in exchange for prescription opioids and money (www.thepost.ohiou.edu, Nov. 12, 2013).

Participants and community professionals most often reported that the general availability of prescription opioids has remained the same during the past six months. However, both groups had a number of respondents who thought that general availability has decreased. A participant asserted, "I'd say decrease [in prescription opioid availability], everyone else is on heroin." A treatment provider agreed, "Heroin has kinda replaced it [prescription opioids]." A sheriff in Hocking County noted that stricter protocols may have affected availability, "I think that doctors are paying better attention to the scripts [writing prescriptions]." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of prescription opioids (aka "beans," "skittles") 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.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from friends and family members, through prescriptions and just simply by "asking around." An Athens County resident stated, "It's so easy to doctor shop in this county." A participant further explained, "You could go right now. Just say you fell down some steps and you think you dislocated your shoulder." A probation officer and a newspaper editor noted that youth often obtain opioid medication from a parent's medicine cabinet.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---|
| | fantanyl | \$25-30 for 50 mcg \$40-50 for 75 mcg |
| | Kadian® | \$10 for 30 mg |
| | Lortab® | \$5 for 7.5 mg \$7-7.50 for 10 mg |
| | methadone methadone liquid | \$10 for 10 mg \$60 for 100 mg (10 mg/ml) |
| | Opana® (old formulation) | \$2 per mg |
| | OxyContin® OP (new formulation) | \$40 for 80 mg |
| | Percocet® | \$5-7 for 5 mg \$12 for 10 mg |
| | Roxicodone® | \$15 for 15 mg \$30-45 for 30 mg |
| | Vicodin® | \$3 for 5 mg |

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 for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and the other two would intravenously inject the drugs. One participant noted, *“Very few people just eat their pills likes [sic] they’re supposed to.”* Reportedly, a less common route of administration is oral ingestion by chewing the pills before swallowing or by mixing the powdered form in a beverage and drinking. One participant explained, *“Crush it up and dump it in a drink and just chug it down fast.”*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical users of prescription opioids as anybody. A participant said, *“Generally with the opiate, it starts with someone in pain or they were injured and they are prescribed it, and they misuse it or they just get hooked because of the addictive traits and they can’t stop.”* Community professionals identified that illicit prescription opioid users cover a wide age range and that abuse of prescription opioids extends to younger age groups.

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the street availability of Suboxone® as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. One participant said, *“[Suboxone® is the] easiest to get out of all the opioids.”* A participant explained, *“It’s pretty available because everyone and their brother*

is trying to get off the opiates.” Community professionals also reported Suboxone® current availability as ‘9’; the previous most common score was ‘7’. Muskingum County professionals expressed concern about the potential of a new Suboxone® clinic in their county. A medical doctor suggested, *“It [Suboxone®] should be more regulated than what it is.”*

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. A participant explained, *“[Suboxone®] it’s become more and more available as people have gotten hooked on heroin.”* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|-----------|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Although there were slight variances of price (a few participants commented that generic Suboxone® and sublingual films are less expensive than name brand Suboxone® tablets), the prices for Suboxone® in general are listed in the table below.

| Suboxone® | Current Street Prices for Suboxone® |
|-----------|--|
| | \$5 for 2 mg \$20-30 for 8 mg \$30 for 12 mg |

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from their doctor or community mental health agency. Participants shared that when Suboxone® is prescribed, doctors typically give the option for tablet or sublingual film form. Although one participant said, *“A lot of people won’t sell theirs ‘cause of getting them counted or having to have it in their system;”* others claimed: *“You get it from your doctor, then sell it on the street; People get it from clinics and then trade it for money ... probably to go get regular heroin or something.”*

Participants reported that the most common routes of administration for illicit use of Suboxone® include oral consumption and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would orally ingest, four would snort and one would intravenously inject [aka shoot] the drug. Although participants reported that users can dissolve and shoot either form of the drug, one participant shared, *“It [the sublingual film] dissolves easier than a pill does.”* A participant reported that both forms of medication (pills and sublingual films) are snorted, and explained that users *“put [the films] in a spoon, put a little water in it and snort it like nasal spray.”* Participants described typical illicit users of Suboxone® as younger. Community professionals described typical illicit users of Suboxone® as individuals aged 25-30.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. One participant reported that sedative-hypnotics are *"easier to find than the opiates."* Multiple participants identified Xanax® as the most available of all the sedative-hypnotics.

Community professionals reported low-to-moderate availability of sedative-hypnotics. Community professionals in Athens County most often reported current availability as '3', while community professionals in Muskingum County most often reported current availability as '7'; the previous most common score for community professionals generally was '8-10'. Community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use.

Participants and community professionals most often reported that the general availability of sedative-hypnotics has remained the same during the past six months. Nevertheless, a police officer from Muskingum County indicated, *"Xanax® is on the increase."* The BCI London 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 "benzos") 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 the street-level users.

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from friends or by obtaining their own prescription from a doc-

| Current Street Prices for Sedative-Hypnotics | |
|--|---|
| Sedative-Hypnotics | Klonopin® \$1 for 0.5 mg \$2 for 1 mg \$3 for 2 mg |
| | Soma® \$2 for 350 mg |
| | Valium® \$2 for 10 mg |
| | Xanax® \$1 for 0.5 mg \$2 for 1 mg \$5 for 2 mg |

tor. Participants discussed the ease of having a doctor write a prescription, with one saying, *"You can get them [sedative-hypnotics] from a doctor quicker [than from off the street or from a dealer]. Doctor will give 'em to you in a minute."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally ingest and four would snort the drugs. Although rare, a few participants shared that users will sometimes inject these drugs. Many participants discussed a particular preference for snorting Klonopin®: *"Snort them, especially Klonopin®, because they're minty; Some, if you snort it, has a minty taste in your nose."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as anybody. Participant comments on typical users included: *"Under 70, but older than 10; It could be anybody. I mean, like, housewives take a lot of that stuff."* Community professionals described typical users of sedative-hypnotics as most often female and younger. *"Young girls, 19 to 25 years old,"* said one community professional.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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). Participants commonly stated, *"[Marijuana] it's everywhere,"* or similar comments based upon the time of the year: *"It's [marijuana] harvest time; This area's full of pot [marijuana]. Everyone's doing their harvest-*

| Reported Availability Change during the Past 6 Months | | |
|---|---|-----------|
| Sedative-Hypnotics |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

ing right now; This time of year, you can't go across town without finding a plant." A mayor in the region commented, "Everybody has it [marijuana]."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Eighty individuals were charged with drug possession, OVI and/or drug trafficking during a music festival in Hocking County; more than 14 pounds of marijuana were seized along with marijuana-laced snacks and butter, hash and hash oil, heroin, crack cocaine, hallucinogens (psilocybin mushrooms and LSD), MDMA, prescription opioid pills and nitrous oxide inhalants (www.athensohiotoday.com, Aug. 21, 2013). Two people were arrested at a mobile home residence when the Hocking County Sheriff's Interdiction Unit (SIU) responded to a tip regarding drug use; law enforcement found 12.2 pounds of marijuana as well as grow equipment and marijuana plants throughout the home (www.nbc4i.com, Sept. 25, 2013). A two-year old called police because he could not wake up his mother; upon arrival, the Hocking County Sheriff's Office found marijuana plants and prescription opioids around the home and the parents were subsequently arrested (www.nbc4i.com, Nov. 6, 2013). In addition, the OSHP arrested a man from West Virginia in Muskingum County following a traffic stop where a drug detection dog alerted officers and a vehicle search exposed four pounds of marijuana (www.statepatrol.ohio.gov, Nov. 13, 2013).

Participants and community professionals continued to report that the availability of marijuana has remained the same, highly available, during the past six months. One participant explained, "We came out of harvest. You can always find it, but it's good and fresh right now." Another participant referred to the availability of high-grade marijuana, "The good stuff is easier to find." One law enforcement officer commented that there have been, "quite a bit of indoor [marijuana] grow raids in past months." The BCI London 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 '2-3' for commercial or low-grade marijuana to '10' for high-grade marijuana, with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-3' for low quality and '7-10' for high quality. While one participant suggested variability in quality of low-grade marijuana, "It's always changing;" another participant identified an increase in quality of high-grade marijuana, "It's gotten better, they've created new strains."

The price of marijuana depends on the quality desired; participants reported that high-grade marijuana sells for significantly more.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

| Current Street Prices for Marijuana | | |
|-------------------------------------|--|-----------------|
| Marijuana | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5 |
| | a gram | \$5-12 |
| | 1/8 ounce | \$30 |
| | 1/4 ounce | \$60 |
| | an ounce | \$100-150 |
| | a pound | \$1,000 |
| | 10 pounds (aka "ten pack") | \$10,000-20,000 |
| | high grade: | |
| | a blunt or two joints | \$10-15 |
| | 1/8 ounce | \$50 |
| | 1/4 ounce | \$100 |
| | an ounce | \$300-400 |
| | a pound | \$3,000-4,000 |
| 10 pounds | \$30,000-40,000 | |

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, eight would smoke, one would orally ingest and one would vaporize the drug. Participants shared that

marijuana can be cooked into edible snacks or brewed in a tea. One participant commented, *"People use every bit of the plant. Nothing goes to waste."* Many participants commented on the increased use of vaporizers: *"Vaporizer - like electronic cigarettes; These days, people can break it [marijuana] down and make the honey oil; BHO [butane hash oil] is the new way to smoke, man. It's all about the oils - the butane hash oil. It's like honey almost."*

A profile of a typical marijuana user did not emerge from the data. A participant explained, *"Everyone does [marijuana] - from your lawyers to your doctors to your janitors - everyone. I mean everyone I know, smokes weed."* Other participant comments included: *"high school to 100; ordinary, just good people; like everybody in this room."* Community professionals also described typical users of marijuana as everybody.

Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants reported that methamphetamine is available in powdered ("shake-and-bake") form. While participants reported high availability of methamphetamine, many admitted they have not been around it personally. Participant comments included: *"I've heard a lot of people getting popped [arrested], but I haven't heard of people doing it [methamphetamine]; I hear that it's around, but I don't see it; It's in the news all the time about people getting caught."* Law enforcement and treatment providers most often reported moderate availability of the drug, rating current availability as '7'; the previous most common score was '7-10'.

Participants and community professionals commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single, sealed container, such as a two-liter soda bottle. Reportedly, this is the most popular form of methamphetamine in the region. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy

medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Participants commented: *"All you can get is the 'shake-and-bake;' A lot of 'shake-and-bake' bottles have been found around."* Law enforcement in Muskingum County observed, *"We may get a little bit of crystal [methamphetamine], but it's mostly 'one-pot.'"*

Media outlets reported on many methamphetamine seizures and arrests in the region during this reporting period. A man in Laurelville (Hocking County) was sentenced to three years in prison after being found guilty for manufacturing methamphetamine at his residence (www.athensohiotoday.com, July 19, 2013). Athens County Sheriff's detectives discovered an active methamphetamine lab at a residence in Carbondale (Athens County) (www.athensohiotoday.com, Aug. 1, 2013). Another Laurelville man was arrested after the Sheriff's Interdiction Unit responded to a tip and found 1.6 grams of methamphetamine and drug paraphernalia in his residence (www.nbc4i.com, Aug. 7, 2013). Police found a couple in the Leading Creek area (Meigs County) with a methamphetamine lab in their truck; deputies attempted to take the couple into custody and the man jumped into the creek and died—his body was found three days later (www.wsaz.com, Aug. 22, 2013). A highway worker in Meigs County ran over a discarded one-pot methamphetamine lab as he was mowing along the side of the road; no one was injured (www.wsaz.com, Aug. 22, 2013). Firefighters responded to a house fire in Athens that had been set aflame by what the State Fire Marshal and Athens County Sheriff's Office believed to be a meth lab in the kitchen (www.nbcnews.com, Oct. 16, 2013). Hocking County law enforcement arrested a man they believe to be one of the largest methamphetamine dealers in the area; 1,300 grams of liquid methamphetamine and other containers of powdered methamphetamine were seized at his residence, as well as active one-pot labs, chemicals and tools used to generate the drug (www.nbc4i.com, Oct. 17, 2013). A Wellston (Jackson County) man was arrested after a traffic stop in which a drug-sniffing canine alerted the police to a functioning meth lab in the truck bed (www.statepatrol.ohio.gov, Oct. 26, 2013). A man from Logan (Hocking County) was arrested after being caught selling methamphetamine; several active one-pot labs were also found in his parent's garage (www.nbc4i.com, Nov. 1, 2013). At least three people arrested in a drug raid were charged with

possession of methamphetamine in Perry County (www.nbc4i.com, Nov. 14, 2013). An Athens couple was arrested when a collaborative law enforcement operation executed a search warrant and found eight meth labs in the couple's residence (www.thepost.ohiou.edu, Nov. 18, 2013). Five active one-pot meth labs were found in a Logan man's home; he fled and was found in his parent's home about two weeks after the incident and taken into custody (www.nbc4i.com, Nov. 21 and Dec. 5, 2013).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants commented on the ease of manufacturing the drug: "People I went to school with, that you'd never think would do drugs, are making it [methamphetamine] and getting in trouble; [They] can't graduate high school, but they think they're chemists [and make methamphetamine]; I learned in jail how to make it [methamphetamine]." Law enforcement reported that availability of methamphetamine has decreased during the past six months in Athens County, while treatment providers and law enforcement in Muskingum reported an increase in availability.

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|--------------|
| |  Participants | Increase |
| |  Law enforcement | No Consensus |
| |  Treatment providers | Increase |

A law enforcement officer said, "The new reporting system for pseudoephedrine is helping, but what hurt us is the new system of actually producing methamphetamine: the 'one-pot,' 'shake-and-bake' method. Now we're not seeing these huge elaborate labs, we're just seeing, you know, one container basically. Production methods have changed the availability." The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

Among participants who were able to report on quality of the drug, current quality of methamphetamine was rated as bimodal '3' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-3'. Overall, participants reported that the quality of

methamphetamine has remained the same during the past six months. Participants were unable to identify any cutting agents used to make methamphetamine.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. One participant shared that methamphetamine prices and quantities are similar to those of powdered cocaine. In addition, participants reported that meth cooks pay people to purchase pseudoephedrine for them. A participant explained, "People will pay you to go get that stuff [pseudoephedrine] now. I'm talking good money - \$100 a box."

| Methamphetamine | Current Street Prices for Methamphetamine | |
|-----------------|---|-------|
| | a gram | \$100 |
| | 1/8 ounce (aka "eight ball") | \$250 |

While there were a few reported ways of consuming methamphetamine, the most common route of administration remains smoking. Other routes of administration include intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 methamphetamine users, nine would smoke and one would intravenously inject the drug. According to one participant, snorting methamphetamine, "burns like hell, [feels like] fiberglass."

Participants described typical users of methamphetamine as white and in their 30s. Participants were eager to comment on the physical appearance of typical users: "[Methamphetamine use] it can make a 20 year [old] look 60 in six months; no teeth; rotten teeth; tweaky; and dirty." Community professionals also described typical users of methamphetamine as white and in their 20s and 30s. Their descriptions included: "pretty even [rate of use] between males and females; underprivileged people; unemployed."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported 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); the previous most common score was '10'. Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. One Athens County participant said, "[Prescription stimulants use] *it's more so on the campus and that kinda stuff*". Community professionals most often reported current availability as '3'; the previous most common score was '7'. According to community professionals, Adderall®, Ritalin® and Vyvanse® are the most popular prescription stimulants in terms of widespread use.

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. One participant noted, "[Prescription stimulants] *it's harder to get in the summer because all of the college kids go home*." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|-------------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users.

| Prescription Stimulants | Current Street Prices for Prescription Stimulants | |
|-------------------------|---|---|
| | Adderall® | \$2 for 10 mg \$4 for 20 mg \$5 for 30 mg |
| Ritalin® | \$3-5 per pill | |

In addition to obtaining prescription stimulants on the street from dealers, participants reported obtaining the drugs from people with prescriptions or through personal prescriptions acquired by feigning the symptoms of ADD (Attention-Deficit Disorder). A participant explained, "*People memorize the ADD symptom list and then go rattle it off to the doctor and get a prescription.*"

While there were a few reported ways of consuming prescription stimulants, the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally ingest and two would snort the drug.

Participants and community professionals described typical users of prescription stimulants as younger and often college students. A participant added, "*People addicted to speed who can't find any [of their usual drug of choice].*"

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) are moderately 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); the previous most common score was '9'. One participant reported, "*Bath salts [are] taking over for coke [powdered cocaine].*" Law enforcement and treatment providers were unable to report on bath salts current availability; the previous most common score was '7-8'.

Participants reported that the availability of bath salts has remained the same during the past six months. One participant commented, "*Yeah, you can get it [bath salts] from the mini-marts or online and then sell it as cocaine or something and make a big profit.*" Community professionals reported that the availability of bath salts has decreased during the past six months. A law enforcement officer added, "[Bath salts] *it can be produced clandestine now just like methamphetamine can be. You can make that if you know what you're doing.*" The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Several participants shared that bath salts are being sold as other drugs. One commented, "*I hear that a lot [of] peo-*

ple are selling it as other drugs because it's cheaper." "They're selling it to you straight up as 'molly' [MDMA], like the 'purple moon rocks' or 'molly shards,'" said another.

Bath salts were unpopular among participants, with one commenting that they will abstain from using bath salts because, "I don't want to eat somebody's face off." Another participant suggested, "It's gotten such a bad name, nobody is going to sell you bath salts. They're just going to cut molly with it." A law enforcement officer reported, "We've talked to a lot of addicts, and they've said they've tried that [bath salts], and it was pretty scary."

Current street prices for bath salts were variable among participants; however, few participants had personal experience buying the drug. One participant reported, "Usually about 50 bucks for a little packet [of bath salts]." Reportedly, despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from mini-marts, "head shops" and online. While there were a few reported ways of consuming bath salts, the most common route of administration remains snorting. Community professionals described typical users of bath salts as young and white.

Synthetic Marijuana

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); the previous most common score was also '10'. A participant said, "K2's not available, but you can get 'stuff'—it's just like it." One participant reported use of a synthetic marijuana substance in jail. Treatment providers and law enforcement officers most often reported the drug's current availability as '1'; the previous most common score was '4'. A treatment provider said, "You very rarely see anyone using that [synthetic marijuana] anymore."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant said, "Sometimes the store will dry up [run out of supply], and they won't have it [synthetic marijuana] in for like a week." Community professionals 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.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---|---|-----------|
| |  Participants | Decrease |
| |  Law enforcement | No Change |
|  Treatment providers | No Change | |

Most participants were unfamiliar with synthetic marijuana prices. However, a participant reported that the drug sells for approximately \$20 a gram bag.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from convenience stores, "head shops" and online. Participants reported: "[Synthetic marijuana] it's illegal now, but they just change the name and add other ingredients to it; You can get it in those corner carry-outs; At head shops, hippie stores." One participant shared, "I seen this guy out at [a convenience store] selling it right out of his trunk."

The most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants described typical users of synthetic marijuana as: "People that's worried about failing a drug test at work; People on probation; People in the military; Less than 30 [years of age]." A participant explained, "Younger people [use synthetic marijuana]. The older people, they're just going to get weed. They'll get the real thing." Community professionals described typical users of synthetic marijuana as people on probation, and those of high school age through young adulthood.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable in the region, depending upon the form of the drug. Participants most often reported the current availability of ecstasy in the pressed tablet form as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3-5'. Participants most often reported the current availability of powdered MDMA (aka "molly") as '7'; the previous most common score was '10'. Participants reported: "Molly is more readily available than the pills [ecstasy tablets]; [Molly] it's becoming the new fad drug, but

it's been around for a while. In fact, it kinda killed the ecstasy scene—the pills—because it just took over."

Community professionals were unable to rate the current availability of ecstasy tablets (they were also unable to rate this drug in the previous reporting period). However, law enforcement most often reported the current availability of molly as '3.' A law enforcement officer in Muskingum County stated, "We're hearing it [availability of molly], we're not seeing it."

Media outlets reported on molly seizures and arrests in the region during this reporting period. Two Ohio University (Athens County) football players were arraigned on charges of trafficking molly (www.woub.org and www.nbc4i.com, Aug. 29, 2013; www.athensnews.com, Aug. 30, 2013). The Athens News reported on a student who began (and still is) selling molly and found out that what he was selling was not actually MDMA, but rather bath salts or a mixture of bath salts and other drugs (www.athensnews.com, Dec. 4, 2013).

Half of participants reported that the availability of ecstasy has remained the same and the other half identified that it has decreased during the past six months. However, the consensus among participants was that the availability of molly has increased during the past six months. One participant shared, "In the summer [molly is] easier [to obtain] than it is as the winter comes on." While discussing molly, a participant commented, "With the media's publicity of it, I believe it's become slightly more accepted. If famous people can do it, we can do it." Community professionals reported that the availability of molly has remained the same during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---------|---|--------------|
| |  Participants | No Consensus |
| |  Law enforcement | No Comment |
| |  Treatment providers | No Comment |
| Molly | Reported Availability Change during the Past 6 Months | |
| |  Participants | Increase |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Many participants agreed that molly is often adulterated with bath salts. In addition, a participant shared, "College students will go buy empty capsules and fill it with other stuff—benzos, opiate pills [passing the capsules off as molly]."

Current street prices for ecstasy and molly were variable among participants with experience buying the drug. Reportedly, molly is often packaged in capsules and priced similar to powdered cocaine.

| Ecstasy | Current Street Prices for Ecstasy | |
|---------|--|----------|
| | a low dose tablet (aka "single stack") | \$15-25 |
| | a higher dose tablets (aka "double stack" or "triple stack") | \$25-40 |
| Molly | Current Street Prices for Molly | |
| | 1/10 gram (capsule) | \$20-40 |
| | a gram | \$50-100 |

One participant explained, "[Molly] that's something you can actually stumble into at a bar or a party - and people share." While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is oral consumption. Participants estimated that out of 10 users, nine would orally consume and one would snort the drugs. A participant explained, "Swallow the [molly] capsule or just put [powdered molly] in your mouth." Participants also explained that users often dip their finger in a bag of molly powder and lick it; they call this "thumb prints" or "pinky dip." Participants who discussed consuming molly though snorting said: "It burns; it stings." Another participant commented, "It depends on who you're with, some people don't like to snort things, like I wouldn't snort it [molly], but I would put it in a bottle of water or something and drink it."

Participants described typical users of ecstasy as "hippies." Community professionals did not describe typical users of ecstasy. Participants had much more to say about typical users of molly: "hippies; partiers; anyone that does drugs; college students; younger people." A participant commented, "A lot of people will take it [molly] on a Friday night and go out to hit bars." Another participant shared, "Younger dance crowd. I don't hear of older people, but maybe in the older club scene. Maybe." Still other participants observed:

"It [molly] runs the hippie crowd. You see it at the bluegrass festivals; It's a called a club drug, but your good ole' boys are doing it." Community professionals described typical users of molly as college aged, early 20s. A law enforcement officer commented, *"[Molly] it's kinda trendy in college towns."*

Other Drugs

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 [dimethyltryptamine (DMT—a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], ketamine (general anesthesia used in veterinary medicine) and Seroquel® (antipsychotic medication). The BCI London Crime Lab reported that the number of cases of all of the above listed drugs remained the same during the past six months.

Hallucinogens remain moderately available in the region. Participants most often reported the current availability of LSD as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Community professionals most often reported the current availability of LSD as '3,' noting that availability increases during certain regional music festivals.

Participants most often reported current availability of psilocybin mushrooms as '7;' the previous most common score was variable ranging from '2' to '10.' Community professionals most often rated psilocybin mushroom current availability as '3.' A law enforcement officer reported, *"[Psilocybin mushrooms] it's such a trendy thing. We just came across some the other day, but you just don't see it that often."*

Participants reported that the availability of LSD and psilocybin mushrooms has decreased during the past six months. Participants commented on frequent changes in availability: *"Like around that festival in the summer; College kids bring it in; It changes constantly; Usually when it comes in, it's there and then it's here for like a month or two and then it's gone for a month or two and then it just pops up."* Community professionals reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months.

Current street prices for LSD and psilocybin mushrooms were consistent among participants with experience buy-

ing the drugs. Reportedly, LSD is most available in liquid or paper form.

| Current Street Prices for Other Drugs | | |
|---------------------------------------|---------------------------------|-----------|
| Other Drugs | LSD | |
| | a "hit" (dose) | \$6-10 |
| | 10 hits (aka "strip") | \$50-60 |
| | 100 hits on paper (aka "sheet") | \$400 |
| | 100 hits in vial (aka "vial") | \$250-400 |
| | psilocybin mushrooms | |
| | a gram | \$10-15 |
| | 1/8 ounce | \$25-30 |
| | 1/4 ounce | \$70 |
| | an ounce | \$150 |

While there were a few reported ways of consuming LSD and psilocybin mushrooms, generally the most common route of administration is oral consumption. A participant commented on the use of LSD, *"I see it a lot when you're out and about at shows. You used to see a lot of liquid and people used to put a couple of hits in your hand and you would lick them off, but there is more paper these days."* Participants commented on the taste of psilocybin mushrooms: *"It tastes like earth; They got a woody flavor to them; gag them down."* One participant noted that some people drink mushrooms: *"Some people who really like to take their time with it may make a tea."*

Participants described typical users of LSD and psilocybin mushrooms as follows: *"Teenage to middle age; It's diverse. There's people that maybe you wouldn't think do it, but maybe on a weekend out of town they enjoy doing it; People that are artsy and kinda out there; You gotta have a sense of adventure."* A couple of participants commented specifically regarding psilocybin mushroom users: *"... naturalist. People that are kinda healthy, but still want to experience that [high]; A lot of people that are scared of LSD will try mushrooms."* Law enforcement described typical users of LSD and psilocybin mushrooms as college aged.

Few participants reported on the current availability of DMT in the region during the last six months. Current street prices for DMT were consistent among participants with experience buying the drug. Participants reported that a gram

of DMT sells for \$40. Participants described typical users of DMT as “hookaville people” and “hippies.”

Ketamine is 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); this drug was not commented on in the previous reporting period. Community professionals were unable to report the drug’s current availability. Participants reported that the availability of ketamine has remained the same during the past six months.

Current street prices for ketamine were consistent among participants with experience buying the drug. Participants reported that one gram of ketamine sells for \$100 and the most common way to use powdered ketamine is snorting. Participants estimated that out of 10 ketamine users, all 10 would snort the drug. Participants described typical users of ketamine as “teenage to middle age.” One participant commented, *“This guy’s a little more risky than your standard club kid—willing to, and wanting to, take the party a little further.”*

A few participants reported on the current availability of Seroquel® in the region during the past six months. 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 and professionals did not rate the availability of this drug in the previous reporting period. Participants reported that availability has remained the same during the past six months and commented that Seroquel® is commonly used in combination with alcohol.

Conclusion

Heroin, marijuana, prescription opioids, Suboxone® and synthetic marijuana remain highly available in the Athens region. Also highly available in the region are prescription stimulants. Changes in availability during the past six months include increased availability for heroin and Suboxone®, and likely increased availability for methamphetamine.

While many types of heroin are currently available in the region, black tar and brown powdered heroin are the

most available heroin types. Law enforcement reported rarely encountering white powdered heroin in the region. Participants agreed that heroin is now the easiest drug to obtain in the region; reportedly, easier to obtain than even marijuana. Participants attributed the increase in availability and usage of heroin to changes in the formulation of certain prescription opioids. Several community professionals also noted that previous prescription opioid users have switched to heroin. Heroin often sells in small amounts for little money on a piece of plastic wrapped in foil or in a plastic grocery bag.

The most common route of administration for heroin remains intravenous injection. Reportedly, injection needles are primarily obtained through heroin dealers and people with diabetes. Participants shared that availability of needles has decreased as many pharmacies in the region are no longer selling needles without a prescription. Participants agreed that sharing and re-using needles is common practice in the region. Participants and community professionals discussed the need for a clean needle exchange and a consistent place to dispose of dirty needles.

Participants and community professionals most often reported current street availability of Suboxone® as high. In fact, a participant reported that Suboxone® is the easiest of all prescription opioids to obtain. Respondents linked increased availability of Suboxone® to the increased availability and use of heroin. Heroin users continue to seek the drug for use when heroin is unavailable to them. The most common routes of administration for illicit use of Suboxone® are oral consumption followed by snorting and intravenous injections [aka snorting]. Participants explained that the film form of the drug is dissolved in water for both injecting and snorting (similar to a nasal spray).

Lastly, participants and law enforcement reported that methamphetamine is available in powdered (“shake-and-bake”) form. Participants and community professionals attributed the increase in availability of methamphetamine during the past six months to the ease of manufacturing the drug for personal consumption. The most common route of administration for methamphetamine remains smoking. Typical users of methamphetamine are white, in their 20s and 30s, both male and female, unemployed and of low socioeconomic means.



Drug Abuse Trends in the Cincinnati Region



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 and Lawrence 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 Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, and the Scioto County Coroner’s office. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

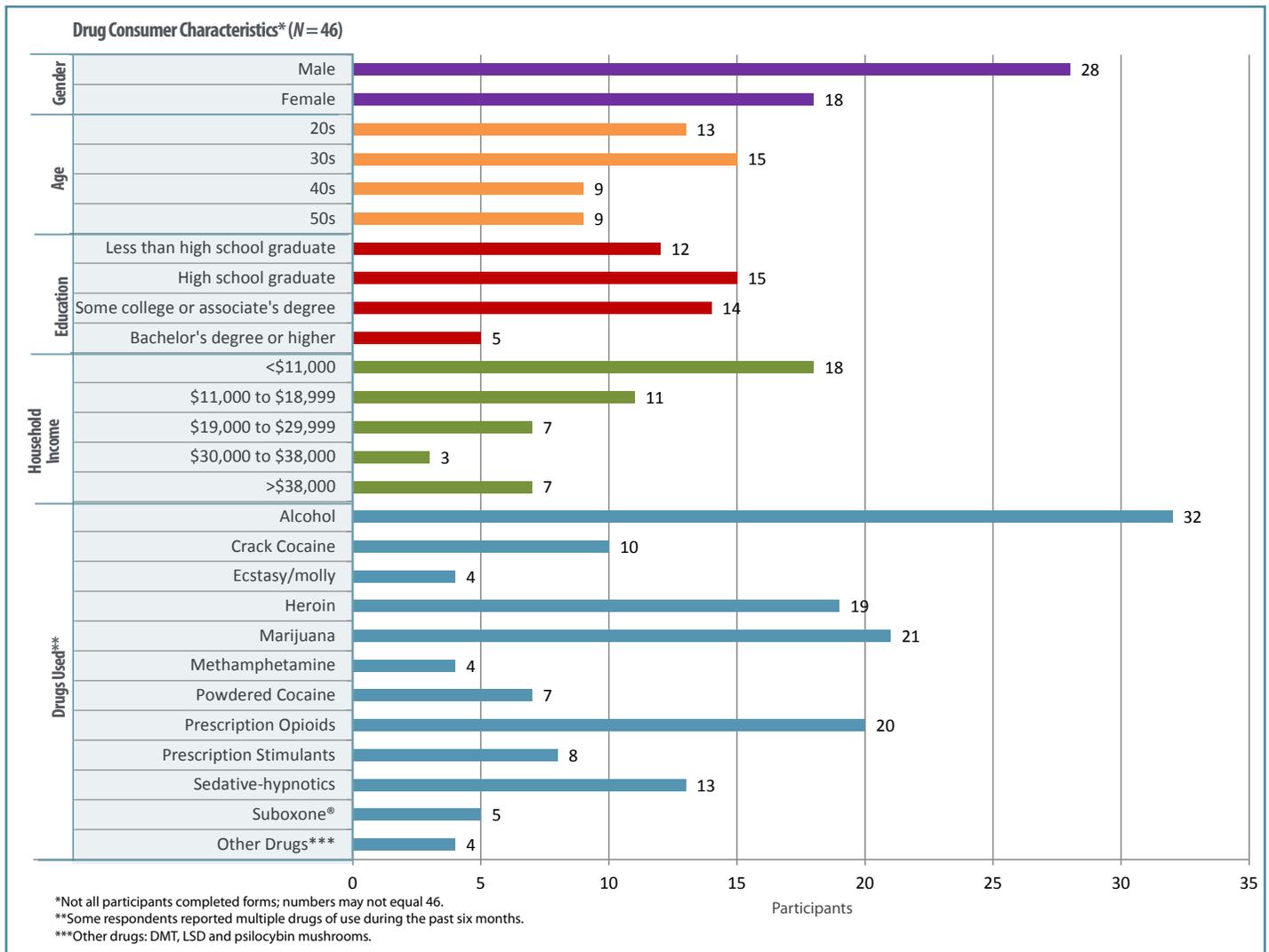
| Indicator ¹ | Ohio | Cincinnati Region | OSAM Drug Consumers |
|-----------------------------------|------------|-------------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 2,017,337 | 46 |
| Gender (female), 2010 | 51.2% | 51.1% | 39.1% |
| Whites, 2010 | 81.1% | 81.3% | 65.2% |
| African Americans, 2010 | 12.0% | 12.5% | 23.9% |
| Hispanic or Latino origin, 2010 | 3.1% | 2.3% | 0.0% |
| High School Graduation rate, 2010 | 84.3% | 88% | 73.9% |
| Median Household Income, 2012 | \$46,873 | \$45,258 | \$11,000 to \$14,999 ² |
| Persons Below Poverty Level, 2012 | 16.2% | 17.4% | 62.8% ³ |

¹Ohio and Cincinnati region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Participants reported income by selecting a category that best represented their household's approximate income for 2013.

³Poverty status was unable to be determined for 3 participants due to missing data and/or invalid data.

Cincinnati Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, ecstasy, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Cincinnati region. Also highly available were methamphetamine, prescription stimulants and synthetic marijuana. Changes in availability included increased availability for heroin; likely increased availability for marijuana, methamphetamine and Suboxone®; and likely decreased availability for powdered cocaine.

Participants reported decreased availability of powdered cocaine and attributed this change to the ever-increasing prevalence of heroin in the region. Participants reported a decrease in the overall quality of powdered cocaine. Participants described snorting poor quality powdered cocaine as painful, thus many users will smoke poor quality cocaine. Treatment providers observed that powdered cocaine users were getting younger and said there was increased social acceptability for the substance.

Participants reported brown and white powdered heroin as the most available types of heroin in the region. The BCI London Crime Lab agreed. Participants and community professionals observed many users switching to heroin from prescription opioids due to the formula changes of the pills which made them more difficult to abuse. Respondents also noted substantially lower prices for heroin as another factor that drove users to progress from prescription opioids to heroin. Participants reported an overall decrease in quality of heroin and claimed that there was an increase in cutting heroin with other substances. The most common route of administration for heroin remained intravenous injection. Reportedly, needle sharing was a common practice in the region; and as a result of this practice, participants believed that Hepatitis C had increased throughout the region. Treatment providers agreed that the number of treatment clients with Hepatitis C had increased. Participants and community professionals also observed that heroin overdose rates had increased in the region. Participants linked overdoses to combining heroin use with the use of benzodiazepines. Participants also linked overdose deaths to users returning to heroin use after a period of sobriety. Participants expressed concern over calling for assistance when someone overdoses due to fear of law enforcement involvement. Participants described typical heroin users as white, primarily ranging in age from 18-26 years.

Participants reported an increase in availability of marijuana throughout the region, particularly availability of high-grade marijuana (aka “hydroponic”) due to an increase of individuals in the region who grew the drug indoors. The BCI London Crime Lab also reported that the number of marijuana cases it processes had increased during the reporting period.

Participants reported that methamphetamine was available in anhydrous and “shake-and-bake” forms. The BCI London Crime Lab reported that the methamphetamine they process was mostly the powdered, homemade, low quality type (aka “shake-and-bake”). Law enforcement reported an increase in methamphetamine availability. A participant explained the substance was advertised on Craigslist in “dating” profiles. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the report period. Participants most often reported high quality of methamphetamine.

Current Trends

Powdered Cocaine

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); the previous most common score was ‘7-9’. A participant commented, *“You can find it [powdered cocaine] if you want it.”* Community professionals most often reported the drug’s current availability as ‘10’; the previous most common score was ‘8’. A treatment provider stated, *“[Powdered cocaine] it’s out there, just as available as always.”*

Media outlets reported on activities designed to heighten awareness of the drug issue in the region during this reporting period. Cincinnati hosted a showing of the documentary “How to Make Money Selling Drugs” (2012). The community was encouraged to attend the film and stay afterwards for a discussion with a four-expert panel on drug reform (www.news.cincinnati.com, Aug. 14, 2013). A Catholic school in Cincinnati (Hamilton County) began to conduct random drug screens of their students, testing for cocaine, marijuana, opiates, methamphetamine, ecstasy, MDE (methylenedioxyethylamphetamine; psychedelic) and PCP (phencyclidine); currently the program is voluntary, but officials are suggesting it become mandatory (www.news.cincinnati.com, Oct. 16, 2013).

Participants and community professionals reported that the 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.

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the current quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '1-2.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxatives, benzodiazepines, creatine, heroin, Tylenol® and Vitamin B-12. Participants explained: "Today's cocaine isn't like coke [cocaine] from 20 years ago. It's garbage compared to that; it depends on who's making it and what it's mixed with; Where it comes from makes a difference: Chicago, Florida, down South, it just depends." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Participants reported that the most common way to use powdered cocaine is snorting. Other common ways

| Powdered Cocaine | Cutting Agents Reported by Crime Lab |
|------------------|--|
| | <ul style="list-style-type: none"> ● diuretics (mannitol, sorbitol) ● levamisole (livestock dewormer) ● lidocaine and other local anesthetics |

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine.

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-----------|
| | a gram | \$40-100 |
| | 1/8 ounce (aka "eight ball") | \$200-260 |
| | an ounce | \$1,000 |

mentioned are smoking and intravenous injection (aka "shooting").

Participants described typical users of powdered cocaine as white, middle aged with money. A participant commented, "Mainly male professionals —lawyers and business people [typically use powdered cocaine]." Community professionals also described typical users of powdered cocaine as often white and male.

Crack Cocaine

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); the previous most common score was also '10.' Participants commented: "You just have to walk down certain streets to get it [crack cocaine]; It's pretty easy to find; It's everywhere." Several participants suggested that crack is more available than powdered cocaine. Community professionals most often reported the drug's current availability as '10'; the previous most common score was '8.' A treatment provider stated, "All people have to do is go downtown [Cincinnati] to obtain crack cocaine."

Participants reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers varied in their responses, although many of them reported that the availability of crack cocaine has remained the same during the past six months, others felt that availability has decreased. A treatment provider stated, "[Crack cocaine] it's less available, restricted to certain areas 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.

Participants most often reported the current quality of

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|--------------|
| |  Participants | No Change |
| |  Law enforcement | No Consensus |
| |  Treatment providers | No Change |

crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that crack cocaine in the region is cut with ammonia, baby laxatives, heroin, hydrogen peroxide and vitamins. Participants commented: "A lot of time, you won't know what is in it [crack cocaine]; You can tell by the color and smell if it's good [or] if it's been messed with too much." Many participants noted that the quality of crack cocaine depends on the area where they buy it, with the downtown area having the most consistent quality. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

| | |
|----------------------|---|
| Crack Cocaine | Cutting Agents Reported by Crime Lab |
| | <ul style="list-style-type: none"> ● levamisole (livestock dewormer) |

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram of crack cocaine sells for \$10, depending on the quality. Participants explained: "However much money you have, they [dealers] have a rock [of crack cocaine] for you; They don't measure it out, they just break you off a rock. They do it by sight; I know places where dealers don't turn down no money, you know? So, they'll sell as low as \$2."

Participants reported that the most common route of administration for crack cocaine remains smoking. Other common methods include snorting and intravenous injection (aka "shooting"). A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as: "Black; urban; older; male; poor; female; young white women." Community professionals also described typical users of crack cocaine as a wide mix of individuals including African-American males and women in their 20s. A treatment provider commented, "Crack is cheaper than power cocaine, and we're seeing a lot of young females move towards crack."

Heroin



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); the previous most common scores were also '10'. Participants commented: "You can get heroin anywhere; It's everywhere." A participant acknowledged young people have access to the substance: "I get it [heroin] from my students." While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. However, law enforcement contradicted participants' responses and reported the availability of brown powdered heroin as most available.

Participants most often reported black tar heroin's current availability as '10'; the previous most common score was '2'. A participant noted, "Black tar [heroin] is coming in from the South, you see more of it now." Participants most often reported brown powdered heroin's current availability as '9'; the previous most common score was '10'. Participants most often reported white powdered heroin's current availability as '6'; participants did not report on the availability of white powdered heroin in the previous reporting period. A participant commented, "It's pretty tough to find the Asian white stuff [white powdered heroin]."

Corroborating data also indicated that heroin is available in the region. The Scioto County Coroner's Office reported that at least 25 percent of all drug-related deaths it processed during the past six months involved heroin. Media outlets reported on heroin seizures and arrests in the region during this reporting period. Four individuals were arrested in what is believed to be the largest heroin bust in Scioto County; more than one pound of heroin as well as cash was found stashed on Ohio Department of Natural Resources property in West Portsmouth (www.wsaz.com, Aug. 8, 2013). Ohio State Highway Patrol (OSHP) troopers arrested two individuals near Lucasville (Scioto County) after a traffic stop in which 15 grams of black tar heroin were found inside their vehicle (www.wsaz.com, Aug. 8, 2013). OSHP seized 33 grams of heroin and arrested two women after stopping a vehicle in Scioto County (www.statepatrol.ohio.gov, Sept. 27, 2013). A young woman crashed her vehicle into a building in Winton Hills

(Hamilton County) because she was overdosing on heroin (www.news.cincinnati.com, Oct. 17, 2013). OSHP troopers stopped a driver and found two kilos of heroin in the rear of the vehicle; two people were arrested (www.statepatrol.ohio.gov, Nov. 9, 2013). Six people were indicted for trafficking heroin between Cincinnati and Portsmouth (Scioto County); more than 100 grams of heroin were seized in the operation (www.herald-dispatch.com, Dec. 10, 2013).

Overall, participants reported the general availability of heroin has increased during the past six months. A participant shared, “[Heroin] *it’s everywhere. It’s because so many people got prescribed pain pills and got addicted but can’t afford a pill habit.*” Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider commented: *“I can find heroin down the street; You can find it on Jr. high school campuses.”* The BCI London Crime Lab reported that the number of heroin cases it processes remained the same during the past six months; the lab reported processing all types of heroin.

| Heroin | Reported Availability Change during the Past 6 Months | |
|--------|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Participants most often reported the general quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ Participants reported that heroin in the region is cut with baby laxatives, coffee, powdered sugar and vitamins. Overall, participants reported that the general quality of heroin has varied during the past six months.

| Heroin | Cutting Agents Reported by Crime Lab | |
|--------|--|--|
| | <ul style="list-style-type: none">  caffeine  diphenhydramine (antihistamine),  mannitol (diuretic)  sugar | |

Current street prices for heroin were variable among participants with experience buying the drug. Participants reported the following pricing in general for all types of heroin.

| Heroin | Current Street Prices for Heroin | |
|--------|-------------------------------------|----------|
| | 1/10 gram (aka “folds” or “papers”) | \$10-30 |
| | a gram | \$90-120 |

While participants reported a few ways of using heroin, the most common route of administration remains intravenous injection (aka “shooting”). Other common methods reported include snorting and smoking. Participants reported obtaining injection needles from diabetics, drug dealers and through Internet purchase. Reportedly, dealers often sell needles for \$2 apiece.

A profile of a typical heroin user did not emerge from the data. A participant responded, *“Everybody uses heroin. Anyone who has been on painkillers. Old people. Young people. All races. Everybody.”* A participant added, *“Real young people sellin’ it.”* Community professionals described typical users of heroin as young and white. Treatment providers noted a stigma in the black community for coming in for treatment due to cultural shame.

Prescription Opioids

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); the previous most common score was ‘8.’ Participants identified methadone, OxyContin®, Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Treatment providers most often reported current availability as ‘10,’ while law enforcement professionals most often reported current availability as ‘6;’ the previous most common score for community professionals was ‘8.’ Community professionals identified OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated that prescription opioids are available in the region. The Scioto County Coroner’s Office reported that at least 25 percent of all drug-related

deaths it processed during the past six months involved prescription opioids (most involved morphine).

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. A man was arrested after being stopped by OSHP in Scioto County when troopers discovered an open bottle of liquid codeine, several empty codeine syrup bottles and 91 oxycodone pills (www.statepatrol.ohio.gov, Nov. 9, 2013). Two women were stopped near Lucasville (Scioto County) and arrested after law enforcement discovered more than 4,500 prescription opioid pills and a half kilo of heroin in their vehicle (www.nbc4i.com, Dec. 5, 2013). Media also reported on an increase of older white women dying from prescription opioid overdose; in Portsmouth (Scioto County), women blame overdose death rates on the toll of American society and how they are increasingly overwhelmed by responsibilities, which lead to feelings of failure and depression, which lead to addiction (www.nytimes.com, July 3, 2013).

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

| Prescription Opioids | Reported Availability Change during the Past 6 Months | | |
|----------------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | No Change |
| |  | Treatment providers | No Change |

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.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---------------------------------|
| | Opana® (old formulation) | \$2 per mg |
| | Opana® (new formulation) | \$0.25 per mg \$10 for 40 mg |
| | Percocet® | \$1 per mg |
| | Roxicet® | \$4-5 per pill |
| Vicodin® | \$1 per mg | |

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them through personal prescriptions, from individuals with prescriptions, from "pill mills" (certain pain clinics) and by going over the Ohio/Kentucky border to obtain prescriptions. While there were a few reported ways of consuming prescription opioids, the most common route of administration is oral consumption. Other methods of administration include intravenous injection and snorting. A treatment provider noted the progression of routes of administration in younger clientele: *"They [clients] say they're eatin' them [Roxicodone®] in grade school, snortin' them in middle school and shootin' them by high school."*

A profile for a typical illicit user of prescription opioids did not emerge from the data. A participant summed up the opinions of other participants: *"Everyone from young kids to old folks [abuse prescription opioids]."* Likewise, a community professional summed up the opinions of other professionals: *"There is no typical user. All kinds of people are abusing these medications."*

Suboxone®



Suboxone® is moderately to highly available in the region. Participants reported the street availability of Suboxone® as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, *"The strips [Suboxone® sublingual film form] are pretty easy to find."* Community professionals most often reported current availability as '8'; the previous most common score was split: treatment providers reported a '10', while law enforcement reported a '4'. A treatment provider explained, *"People are usin' it [Suboxone®] one day and takin' a pain pill the next day. They're sellin' Suboxone®"*

right out there ... in the parking lot. Seriously. It's everywhere they're selling it ... Every parking lot around."

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. A treatment provider stated, "Suboxone® is on the rise. We're seeing young women abusing Suboxone®." A DEA professional explained how he was recently approached by a boy on his bicycle asking if the agent would like to buy Suboxone®. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|-----------|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg pill sells for \$25. Most often, participants reported taking Suboxone® orally. However, one participant noted, "You can eat it, snort it or inject it. The strips aren't hard to use [abuse] either." In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through legal prescriptions and from buying it from friends and family members with prescriptions. A participant stated, "You can buy it [Suboxone®] from people who get it from clinics." Participants described typical illicit users of Suboxone® as addicts and young people. Community professionals described typical illicit users of Suboxone® as young and more often female.

Sedative-Hypnotics

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); the previous most common score was also '10.' Participants identified Xanax® as the most popular

sedative-hypnotic in terms of widespread use. Participants commented: "It's not hard to get a [sedative-hypnotic] prescription; All you have to do is go to an ER [hospital emergency room]; Benzos [benzodiazepines] are pretty easy to find on the street."

Community professionals also most often reported current availability as '10;' the previous most common score was '7.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals commented: "Many times, doctors are prescribing or over-prescribing these medications [sedative-hypnotics]; We've had lots of clients get benzos through pill mills; People can go to Kentucky and find doctors willing to prescribe to them because the prescribing laws are different there."

Corroborating data also indicated that sedative-hypnotics are available in the region. The Scioto County Coroner's Office reported that at least 25 percent of all drug-related deaths it processed during the past six months involved sedative-hypnotics (Valium® and Xanax®). A media outlet reported on sedative-hypnotic seizures and arrests in the region during this reporting period. Two individuals were placed in Ross County Jail by OSHP when they were stopped and found to have 100 Xanax® pills and four ounces of heroin (www.statepatrol.ohio.gov, Oct. 14, 2013).

Participants and community professionals reported that the general 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 it processes has remained the same during the past six months.

| Sedative-Hypnotic | Reported Availability Change during the Past 6 Months | |
|-------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets and current street prices were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users.

| Sedative-Hypnotic | Current Street Prices for Sedative-Hypnotic | |
|-------------------|---|------------|
| | Klonopin® | \$1 per mg |
| | Valium® | \$1 per mg |
| | Xanax® | \$2 per mg |

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends or family members with prescriptions, prescribed by doctors or in emergency departments. While participants reported a few ways of consuming sedative-hypnotics, the most common route of administration is oral consumption. Some participants also mentioned crushing and snorting these drugs.

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. A minority of participants reported that females are more likely to use sedative-hypnotics than males. Community professionals were unable to identify a typical illicit user of these drugs.

Marijuana

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); the previous most common scores were also '10'. A participant quipped, "Everyone uses weed [marijuana], what kind you want?" A treatment provider commented, "[Marijuana] it's so prevalent; I don't worry about it too much on a clinical level." Another treatment provider reported, "I could walk outside right now and find weed. Easy."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Two men were arrested in Scioto County when OSHP located a pound and a half of marijuana in their vehicle (www.wsaz.com, Aug. 8, 2013). Law enforcement found 1,200 marijuana plants during a helicopter search in Pike County; the plants, be-

lieved to be part of a Mexican drug cartel operation, were seized and burned (www.herald-dispatch.com, Aug. 17, 2013). There was a marijuana summit (open to the public) in which community professionals in Cincinnati (Hamilton County) gathered together for a discussion on marijuana regulation (www.kypost.com, Aug. 20, 2013). A teenage boy was sentenced as part of a large high-grade marijuana drug ring in Lebanon (Warren County) in which he was in charge of six other teens who helped sell the drug in area high schools (www.bigstory.ap.org, Oct. 22, 2013). A man was arrested for cultivating marijuana in West Chester Township (Butler County); law enforcement seized more than four pounds of marijuana sent by mail from California as well as 190 marijuana plants growing in his home (www.dispatch.com, Nov. 26, 2013). A total of nearly 20 pounds of marijuana in two separate packages were sent from Mexico to two Ironton (Lawrence County) residents where they were intercepted by U.S. postal workers and the Lawrence County Drug Task Force (www.herald-dispatch.com, Dec. 11, 2013).

Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. A participant commented, "There's always weed around, you can always find it." The BCI London Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the overall quality of marijuana as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '1-5' for low-grade marijuana and '8-10' for high-grade marijuana. 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 most often reported the quality of low-grade marijuana as '2' and the quality of high-grade marijuana as '10'. Several participants spoke of medical marijuana. A participant shared,

"The medical weed comes from out West like from smoke shops and stuff... it's higher in THC [tetrahydrocannabinol], the medical stuff is because it's so scientific the way that they grow it now." Participants reported marijuana is often laced with crack by individual users and dealers will lace it with heroin or embalming fluid (aka "wet").

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 that low-grade marijuana is the cheapest form of marijuana; high-grade marijuana sells for significantly more.

| | | Current Street Prices for Marijuana | |
|------------------|---|-------------------------------------|---------------|
| | | | |
| Marijuana | low grade: | | |
| | a blunt (single cigar) or two joints (cigarettes) | | \$5 |
| | 1/4 ounce | | \$20-35 |
| | an ounce | | \$90-120 |
| | high grade: | | |
| | a blunt or two joints | | \$20 |
| | 1/8 ounce | | \$50-60 |
| | an ounce | | \$280-400 |
| | 1/4 pound | | \$800 |
| | a pound | | \$3,000-4,500 |

Participants reported obtaining medical marijuana from dealers they know. One participant said, "You have to know someone who gets it, who sells it." Treatment providers said they could obtain regular marijuana in the parking lot. While participants reported a few ways of consuming marijuana, the most common route of administration remains smoking. A less common method is oral consumption in edibles. Participants and community professionals agreed there is no typical profile of a marijuana user. A participant commented, "Everyone smokes weed, even grandmas!"

Methamphetamine

Methamphetamine is moderately 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); the previous most common score was '10'. Participants explained: "You need to know someone to find meth [methamphetamine]; it would take two phone calls." Community professionals most often reported current availability as '5'; the previous most common score was '3'. Law enforcement professionals commented: "We're not hearing too much about meth; it seems more prevalent in the rural areas and across the border [in Kentucky]."

A media outlet reported on methamphetamine seizures and arrests in the region during this reporting period. Five people were arrested after a search was conducted in a Laurelville (Ross County) residence where methamphetamine materials were found (www.nbc4i.com, Oct. 17, 2013).

Participants reported that the availability of methamphetamine has decreased during the past six months. A participant commented, "[Methamphetamine] it's a little harder to find. Need to go out of the city." Community professionals reported methamphetamine availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

Participants rated the quality of powdered methamphetamine (aka "shake-and-bake") as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. A participant shared, "[Quality of methamphetamine] it just depends on who's cookin'." Participants explained that methamphetamine is cut with "anything and everything, whatever is around." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

| | | Reported Availability Change during the Past 6 Months | |
|------------------------|--|---|-----------|
| | | | |
| Methamphetamine |  Participants | | Decrease |
| |  Law enforcement | | No Change |
| |  Treatment providers | | No Change |

Current street prices for methamphetamine were consistent among participants with experience buying the drug.

| Methamphetamine | Current Street Prices for Methamphetamine | |
|-----------------|---|-------|
| | crystal methamphetamine: | |
| | a gram | \$100 |
| | powdered methamphetamine: | |
| a gram | \$40-50 | |

While participants reported a few ways of consuming methamphetamine, the most common route of administration of powdered methamphetamine is snorting. Participants mentioned other common methods of administration to include intravenous injection and smoking.

Participants described typical users of methamphetamine as white, rural and young. A participant shared, "[Typical methamphetamine users] it's mainly people who live outside the city, out in more rural places." Community professionals described typical users of methamphetamine as most often from rural areas and of lower socioeconomic status.

Prescription Stimulants



Prescription stimulants 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); the previous most common score was also '10'. Community professionals also most often reported current availability as '10'; they did not rate availability in the previous report. Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread use. A treatment provider stated, "It is prescribed way too easily. It seems like all my clients are prescribed Adderall®."

Participants and community professionals reported that the general availability of prescription stimulants 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.

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|---|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
|  Treatment providers | Increase | |

Current street prices for prescription stimulants were variable among participants with experience buying the drug.

| Prescription Stimulants | Current Street Prices for Powdered Cocaine | |
|-------------------------|--|--|
| | Adderall® | \$5-10 for 30 mg \$10-20 for 30 mg XR |

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting the drugs from friends and family who have prescriptions or from doctors. While there were a few reported ways of consuming prescription stimulants, the most common route of administration is oral consumption. Participants described typical illicit users of prescription stimulants as college students or young kids. Community professionals described typical illicit users of prescription stimulants as young, white and male, as well as mothers of children with stimulant prescriptions.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains 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); the previous most common score was '9'. Participants explained: "You can buy it [synthetic marijuana] in stores, they sell it under different names; They don't sell K2 anymore, but they sell things just like it with other names; People will mail it to you from other places." Community professionals most often reported the drug's current availability as '4'; the previous most common score was '10'. A treatment provider commented, "People can't buy it [synthetic marijuana], but they have it mailed."

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant commented, "[Synthetic marijuana] *it's a little harder to find, but it's still in stores.*" The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. Note: While participants and community professionals did not provide data regarding bath salts this reporting cycle, the BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Participants indicated poor quality of synthetic marijuana. Several mentioned getting migraines from smoking the substance. Other participants mentioned variable quality. Several participants agreed with a participant who explained, "*There's different kinds of that stuff [synthetic marijuana] too because I smoked it twice. The first time I laughed for 20 minutes and didn't know why I was laughin'. Then the second time I flipped out. Freaked out ... I was just like panicking ... just paranoia.*"

Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$35-50 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." Participants commented: "*Head shops' still sell K2; In the smoke shops they make it [market it] like it's an incense.*" As mentioned previously, both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail.

While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking. Participants described typical users of synthetic marijuana as teens and people who normally use marijuana but temporarily switch to synthetic marijuana to

pass a drug test. Treatment providers described typical synthetic marijuana users as younger, college-aged and white.

Ecstasy

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 '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants most often reported the availability of powdered MDMA (aka "molly") as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants did not differentiate between the two substances in the previous reporting period. Community professionals most often reported the current availability of ecstasy and molly as '10'; the previous most common score was '9' generally.

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

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

| Molly | Reported Availability Change during the Past 6 Months | |
|-------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Current street prices for ecstasy and molly were consistent among participants with experience buying the drug.

| | |
|----------------|--|
| Ecstasy | Current Street Prices for Ecstasy |
| | \$6-15 for a low dose (aka "single stack") |
| Molly | Current Street Prices for Molly |
| | \$7-8 per capsule (about 1/10 gram) |

While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is oral consumption. Participants described typical users of ecstasy as teenagers, college students and white. Participants commented: "[Ecstasy/molly] *it's a big college thing, college kids are always looking for it; The easiest place to find ecstasy is on a college campus.*" Community professionals described typical users of ecstasy as younger.

Conclusion

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

While many types of heroin are currently available in the region, black tar and brown powdered heroin are the most available heroin types; however, the BCI London Crime Lab reported processing all types of heroin during the past six months. Participants attributed the continuing increase

in heroin availability to increased demand for the drug, as more users addicted to prescription opioids migrate to heroin use upon learning that the drug is widely available and cheaper than prescription opioids. The most common route of administration for heroin remains intravenous injection. Participants reported obtaining injection needles from people with diabetes, drug dealers and through Internet purchase. Reportedly, drug dealers often sell needles for \$2 apiece. Community professionals described typical users of heroin as young and white. Participants also acknowledged that young people have easy access to heroin.

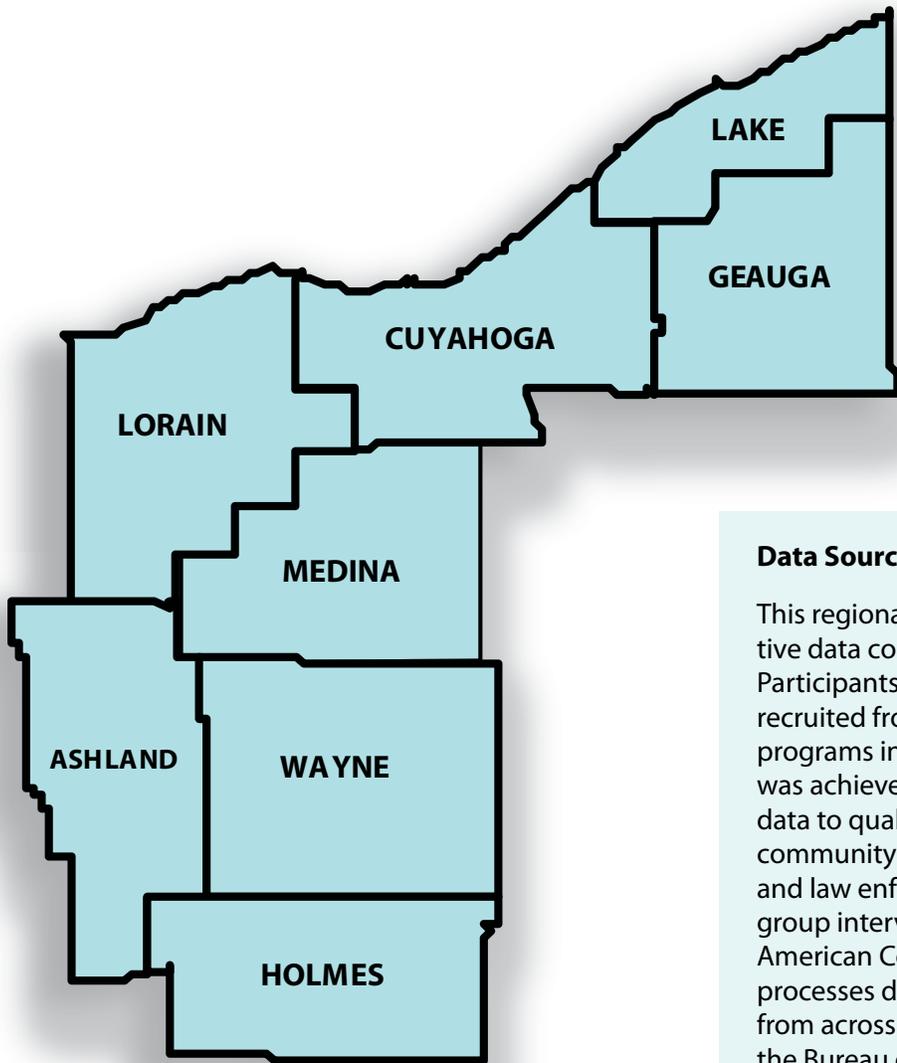
Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through legal prescriptions and buying it from friends and family members with prescriptions. Participants described typical illicit users of Suboxone® as opiate addicts and young people. Community professionals described typical illicit users of Suboxone® as young and more often female.

Participants and community professionals identified Adderall® as the most popular widely abused prescription stimulant. While participants reported a few ways of consuming prescription stimulants, the most common route of administration is oral consumption. Participants described typical illicit users of prescription stimulants as college students or "young kids." Community professionals described typical illicit users of prescription stimulants as young, white and male.

Lastly, although synthetic marijuana remains available in the region, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail. Participants described typical users of synthetic marijuana as teens and people who need to pass a drug test.



Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Angela Arnold, MS

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 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 American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, 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 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

| Indicator ¹ | Ohio | Cleveland Region | OSAM Drug Consumers |
|-----------------------------------|------------|------------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 2,287,265 | 42 |
| Gender (female), 2010 | 51.2% | 51.8% | 76.1% |
| Whites, 2010 | 81.1% | 74.0% | 46.3% |
| African Americans, 2010 | 12.0% | 18.0% | 51.2% |
| Hispanic or Latino Origin, 2010 | 3.1% | 4.4% | 2.6% |
| High School Graduation Rate, 2010 | 84.3% | 82.8% | 73.7% ² |
| Median Household Income, 2012 | \$46,873 | \$52,247 | \$11,000 to \$14,999 ³ |
| Persons Below Poverty Level, 2012 | 16.2% | 12.4% | 51.6% ⁴ |

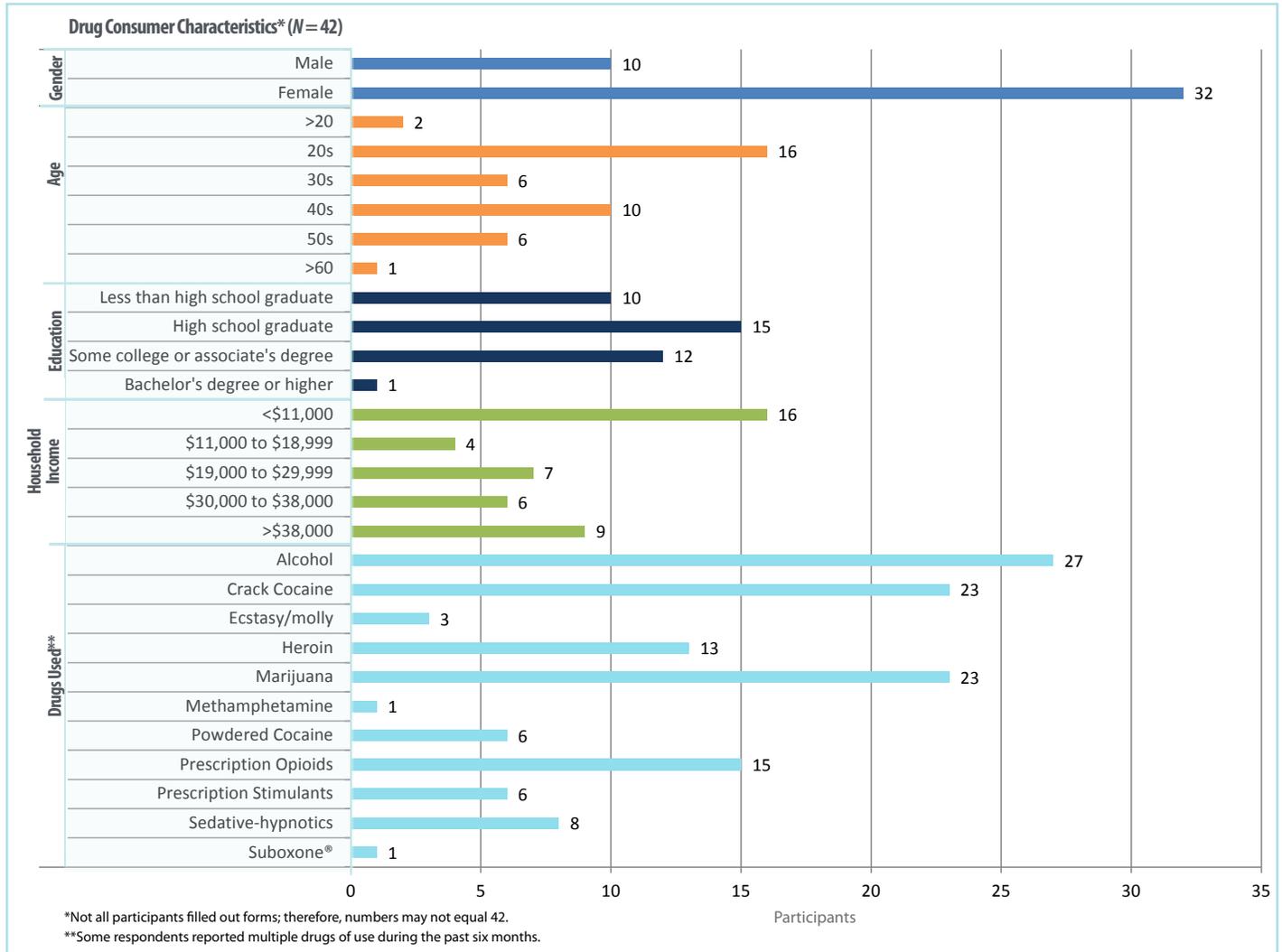
¹Ohio and Cleveland region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²High school graduation rate was unable to be determined for 4 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 5 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 11 participants due to missing and/or invalid data.

Cleveland Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, ecstasy, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Cleveland region. Also highly available were bath salts and PCP (phencyclidine). Changes in availability included increased availability for marijuana.

Participants reported that heroin was found quickly throughout the region. Community professionals overwhelmingly cited heroin as the most available drug in the region. All types of heroin remained available; however, participants continued to report brown powdered heroin as most available. The BCI Richfield Crime Lab reported low availability of black tar heroin in the region, but reported encountering all colors of powdered heroin. Several participants reported availability of gray powdered heroin, which they described as extremely potent. While participants and community professionals reported that the high availability of heroin had remained the same during the previous six months, some participants felt that the increase in heroin was beginning to slow down due to prescription drug controls which were making it less likely for individuals to be prescribed opioids, and thus less likely to become addicted to opioids in the first place. Hence, participants perceived the progression of heroin use was slowing down.

Participants reported that the most common route of administration for heroin remained intravenous injection. Participants continued to report that those who were new to heroin were more likely to snort the drug before progressing to intravenous injection. However, a few participants noted that the length of time of this progression as shrinking and cited movement from snorting to injection of heroin to be as short as a couple of days from first use. Participants and community professionals also noted the high quality of the region's heroin as dangerous for the opiate-naïve population to inject. Respondents commented on the increase in overdosing after a period of heroin abstinence.

Participants reported that the availability of sedative-hypnotics had remained the same during the previous six months, with the exception of Xanax®, which seemed to be slightly more popular, especially among heroin users. Several community professionals also alluded to an increase in Xanax®. A medical examiner's staff mentioned

that Xanax® is commonly present in OVI (operating a vehicle impaired) test results. The Cleveland and Lake County crime labs reported an increase in number of Xanax® cases they processed. Typical illicit users were described as under 25 years of age and addicted to other drugs (especially heroin). Several participants noted the practice of using Xanax® with alcohol and said it intensified the effects of alcohol.

Reportedly, marijuana continued to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it readily. There were two reported classes of marijuana which were available in the region: high-grade marijuana and low-grade marijuana. Every participant rated current availability for both types of marijuana as highly available. Participants reported that the availability of marijuana had increased, especially availability for the high-grade type. A participant observed that low-grade imported marijuana had virtually disappeared due to the high availability and low pricing of high-grade marijuana. Many more participants mentioned marijuana additives compared to previous report periods. One type of additive, a synthetic cannabinoid, was reported to enhance the quality of low-grade marijuana. Reportedly, lower quality marijuana was sprayed with this synthetic cannabinoid to increase quality to that of high-grade marijuana. The frequent reference to this practice may have explained the perceived increase in the availability of high-grade marijuana throughout the region.

Participants reported availability of two forms of ecstasy: traditional ecstasy tablets available in single, double or triple stacks (doses), as well as a loose powder that is purported to be pure MDMA, known as "molly." Participants most often reported high availability of both these substances. Participants reported an increase in availability of molly in particular. In addition, several participants believed that there was "fake molly" on the street. Law enforcement reported that bath salts had been sold as molly. Participants reported that the quality of ecstasy remained inconsistent.

Lastly, PCP was highly available in the City of Cleveland. PCP remained available through a tight network of PCP dealers. Participants described typical users as younger, a smoker of cigarettes and/or marijuana. The Cleveland Crime Lab reported an increase in number of PCP cases it processed.

Powdered Cocaine



Powdered cocaine remains moderately available in the region. Participants reported the current availability of powdered cocaine as '7' (mean score) on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.'

Also, it should be noted that as powdered cocaine is the primary ingredient of crack cocaine, most people with knowledge of powdered cocaine reported purchasing the product to make crack. Participants continued to report that availability of this drug varies greatly depending on a user's relative closeness to a high-level supplier. Many participants noted that dealers are reportedly specializing in higher quality powdered cocaine and that their network of buyers is tight-knit. A participant explained, "If I get crack [cocaine] from a guy [dealer], he's not going to have powder [powdered cocaine]. In my hood, it's strictly one [dealer] for one [form of cocaine] and the other person for the other." Another participant shared, "No, it's [powdered cocaine] not on the east side anymore. You have more rock [crack cocaine] smokers now."

Community professionals most often reported high availability of powdered cocaine and rated current availability as '10'; the previous most common score was '6.' Law enforcement officers and other community professionals did not cite emerging or urgent trends in powdered cocaine availability, and in turn, supplied little information on the drug. A treatment provider said, "I see more crack users than snorters [powdered cocaine users], so I'd say the crack cocaine user outweighs the powder."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.1 percent of the 809 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Three individuals, ranging in age from 29 to 66 years, were arrested on Cleveland's east side as a result of an FBI investigation which identified them as being involved in a national drug ring that brought cocaine to Cleveland from Los Angeles and Las Vegas (www.impact.cleveland.com, Oct. 1, 2013). Hundreds of drug related indictments targeted a major

cocaine dealer from Willoughby (Lake County) and more than 70 of his customers (Geauga, Lake and Cuyahoga counties) (www.impact.cleveland.com, Nov. 8, 2013).

Participants most often reported that the availability of powdered cocaine has decreased during the past six months, reasoning that they encounter powdered cocaine much less often than crack cocaine. Some participants purported that decreased availability of powdered cocaine is the result of the drug being supplanted by heroin and other drugs. A participant explained, "The younger kids are geared to heroin—it's an epidemic—and what they call 'pharmaceutical' stuff and bath salts. So, they're doing stuff that's more easily accessible and cheaper." Of those community professionals who reported on the availability of powdered cocaine, the majority reported a decrease in availability. A treatment provider said, "I don't hear anything about powder." Another health care provider explained, "[Powdered cocaine] it's less available for those who we come in contact with, but it's available for those who are a part of that culture." However, other community professionals explained that their clients would be less likely to report powdered cocaine as a primary drug of choice. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Participants most often rated the current quality of powdered cocaine a '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score averaged to '3.' Participants suggested that powdered cocaine quality is generally poor unless the dealer is well-connected. Participants commented: "By the time it [powdered cocaine] gets here to Cleveland, it's not very good [quality]; if one guy has the good stuff, he's always got it. If he's got shitty, he's always got it." Another participant reflected, "About five years ago it [quality of powdered cocaine] was really good. Now it's hit or miss."

Several participants mentioned the continuing trend of different qualities being available for various uses such as intravenous injection (aka “shooting”), snorting or for cooking into crack cocaine, as well as variability of quality throughout the time of day and month. A participant explained, *“They also have different ways of cutting [mixing other substances in] it. Most of them [dealers] have two or three bags [of powdered cocaine] and they’ll have different levels. Those piles get sold to different people. There’s the 8 p.m. cocaine and the 2 a.m. crack smoker, and the end of the month coke [when supplies are low], shooter’s coke, etc.”* Other participants admitted that the poor quality of powdered cocaine motivated them to seek treatment: *“It’s all garbage. The last good powder was in 1989. That’s the reason I’m here in treatment, I’m spending my money on something I don’t even like anymore.”*

Participants reported that powdered cocaine in the region is cut (adulterated) with ammonia, baby powder, baby laxatives, baking soda, bath salts, caffeine, heroin and vitamin B-12. Another participant commented on how commonly the drug is “stepped on,” or cut, explaining, *“They [dealers] do a tap dance on it [adulterate powdered cocaine]: rat poison, other types of drugs, baby laxative, even insect killers. It’s truly poison.”* A participant shared, *“I heard they were cutting it with bath salts because it’s cheaper and makes the buzz last longer and it looks just like cocaine.”* Another participant reflected, *“I bought some coke one time and found out it was bath salts.”*

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|---|--|
| | <ul style="list-style-type: none"> ○ caffeine ○ levamisole (livestock dewormer) ○ local anesthetics (benzocaine, lidocaine, procaine) ○ mannitol (sugar substitute) | |

Current street prices for powdered cocaine varied among participants with experience buying the drug. Regarding pricing and quantities, a participant said, *“If you’re not getting any weight, it’s a waste of time. Nobody busts down a bag to give somebody a \$50. Truth is, it’s already rocked.”*

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------------------|--|----------|
| | a gram | \$50-100 |
| 1/8 ounce (aka “eight ball”) | \$150-210 | |

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, three would smoke and two would intravenously inject the drug. When users reported on administration via smoking, they almost always meant smoking powdered cocaine after it was “rocked up” as crack cocaine. A participant explained, *“Now, [dealers will ask], ‘Are you shooting or smoking it?’ If you’re shooting, you get powder. If you’re smoking, you get rock. They ask you if you want ‘hard’ [crack cocaine] or ‘soft’ [powdered cocaine].”*

Participants and community professionals described typical powdered cocaine users most often as white and those who are more affluent. In addition, a participant explained age differences in use: *“I’d say between 16 to 25 [years old] and then there’s a gap ... and then older people like my dad’s generation. Older guys at the bar, they go out to the car for a bit and [use powdered cocaine] then come back in.”* Other participants commented: *“Younger people because powder is related with parties; It’s yuppies, upscale guys, nightclub guys.”* A member of law enforcement described the typical user as: *“white people in their 40s and 50s. It’s that 1970s era they can’t get over.”*

Crack Cocaine

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); the previous most common scores were also ‘10’. Participants reported that crack cocaine is very easy to obtain. Incidences of anonymous street transactions continue to be less common in areas where “walk-up” service was previously available. Many participants were keen to agree that crack cocaine has moved from the streets to the phone. Participants explained: *“[Crack cocaine] it’s easy to get, but it ain’t like it used to be. I get phone calls. If they haven’t heard from me in a minute, they call me. I switched from cars to phones; I see [crack cocaine] it’s all over where I live. It’s everywhere: door service, walk service, phone service. It’s like weed [marijuana] ... but they [dealers] don’t stand out on the block no more.”*

Participants reported that the availability of crack cocaine has remained the same during the past six months. How-

ever, participants suggested that preference for the drug is changing and commented: *“Heroin is more available and that’s what people are doing more now; In my neighborhood, it’s all heroin, no one wants to buy crack.”* However, several participants mentioned that dealers are deliberately trying to move their customers away from crack cocaine to heroin. Participants shared: *“I know a lot of people that stopped selling crack to sell heroin. It’s more money; I have multiple drug dealers who sell crack and they sell heroin ... and if they don’t have crack, they’ll tell you to try heroin ... They’ll give you both [crack and heroin unbeknownst to the user] ... you’re sitting there smoking crack and you’re going to get dope sick because they’re putting the heroin in the crack and they don’t tell you.”*

Both treatment providers and law enforcement officers observed that crack cocaine availability remains very high, even as more users are shifting over to heroin use. A treatment provider commented, *“[Crack cocaine] it’s easy to get. There’s a shift [to heroin use], but not a shortage [of crack cocaine] at all.”* A law enforcement officer said, *“[Crack cocaine] it’s there, it just depends on who’s gonna still use it.”* A treatment provider said, *“It [the preference for crack cocaine] is decreasing though, based on what I’ve been told by the consumers, especially during the intake assessments. They say it’s just not like it used to be ... But there’s going to be crack forever.”* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

| Crack Cocaine | Reported Availability Change during the Past 6 Months | | |
|---------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | No Change |
| |  | Treatment providers | No Change |

Participants most often rated the current quality of crack cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3.’ One participant who was reportedly close to a cocaine dealer talked about the scarcity of high-quality product, saying, *“Because of the police, the quality [of crack cocaine] has constricted down within certain circles. You have to be somebody who knows somebody to get in [to obtain high-quality crack cocaine].”* Nearly all participants felt the

quality of crack had decreased in general. Quality is so poor that it is reportedly common for crack users to “recook” the product they receive to remove impurities. A participant explained, *“One day you go to a guy and it’ll blow your wig off [it is high quality crack], and the next time you go to the same guy you’re pissed because it’s garbage [poor quality crack].”* Another participant remarked, *“You can tell [crack cocaine that is cut]—it’s not right. It’s so bad [quality] it makes you want to quit [using crack].”*

Participants reported that crack cocaine in the region is cut with amphetamines (aka “speed”), baby formula, baby laxative, baking soda, bath salts, carpet cleaner, heroin, methamphetamines and the alleged rat poison. Treatment providers heard similar reports. A treatment provider shared, *“Crack has become less and less cocaine. It’s a whole other ballgame. If you’re going to distinguish, there’s so much less cocaine in it. It’s [cut with] synthetic, methamphetamine or [bath salts] because it’s cheaper and it sells.”* Fake product (aka “fleece” or “dummies”) is also reportedly more common, including drywall and cocoa butter sold as crack cocaine. Additionally, as noted previously, several participants mentioned crack cocaine being cut with heroin as a deliberate strategy used by dealers who wish to transition to heroin sales.

| Crack Cocaine | Cutting Agents Reported by Crime Lab | |
|-----------------------|---|---------------------------------|
| | <input type="radio"/> | levamisole (livestock dewormer) |
| <input type="radio"/> | local anesthetics (benzocaine, lidocaine, procaine) | |
| <input type="radio"/> | mannitol (sugar substitute) | |

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Several participants indicated an increase in pricing. Participants generally agreed that previously reported \$5-10 pieces (aka “rocks”) are hard to come by. A participant shared, *“In my hood there’s no such thing as \$10 [crack cocaine]. You gotta go \$20 and up all day long ... If you’re gonna get high, you have to spend money.”* Furthermore, like powdered cocaine, crack cocaine is reportedly more expensive outside of the city. A participant explained that users who come to Cleveland from suburbs are used to paying more for crack cocaine.

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|-------|
| | 1/10-3/10 gram pieces | \$20 |
| | 1/8 ounce (aka “eight ball”) | \$180 |

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and the remaining two would either snort or intravenously inject (aka “shoot”) the drug. A participant explained, *“You got one smoking [crack] in a cigarette, putting in a blunt, in aluminum foil, a bowl, a stem, a can. Some shoot.”* Another participant described shooting crack: *“You can break it down with lemon juice, lime juice, vinegar. You put it [the liquid] on the crack, light it and break it down.”*

A description of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as white, black, Hispanic, east-siders and west-siders, as well as young and old. Participants commented: *“It’s for ages eight to 80; It’s the black community and it’s young girls because the old schools [older drug users] ain’t doing it no more ‘cuz it ain’t good.”* Community professionals also described typical users as any age and added that there is a shift away from crack. One treatment provider commented, *“I have two 20-year-olds in treatment for crack, so some are young;”* while another treatment provider reported, *“I haven’t seen younger with crack. I’ve seen older, late 30s, 40s and up [to] 60s.”* Law enforcement officers remarked on how users are shifting away from crack to heroin. Officers reflected: *“Something has happened to the hard core [crack] user, the down [non-stimulant high] is okay for them now; Heroin is cheaper. It’s trendier.”*

Heroin



Heroin remains highly available in the region. Participants 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); the previous most common score was also ‘10.’ A participant remarked, *“[Heroin] it’s really easy to get.”* Another participant commented, *“There’s more heroin around than any other drug.”* Community professionals overwhelmingly cited heroin as the most available drug in the region and they continued to rate current availability as ‘10.’ A treatment provider remarked, *“Because [heroin is] so prevalent, the market value has declined to the extent that you can get it anywhere in any amount.”* A law enforcement officer said, *“Heroin and prescription opioids are our top issues; 85 to 87 percent of all our undercover buys are related to those two topics.”*

While many types of heroin are currently available in the region, for practical purposes, participants delineated between two types of heroin: powdered heroin and black tar heroin. Powdered heroin is reportedly most available in the region. Participants mentioned fewer distinctions between brown and white powdered availability due to the great variation of and broad spectrum of heroin colors. A participant explained, *“We have all kinds except tar [black tar heroin]—that doesn’t come around too much. Gray, white, dark brown, light brown, tan, blue, green, all different colors [of powdered heroin].”* The BCI Richfield Crime Lab reported processing both brown and white powdered heroin as well as back tar heroin cases during the past six months; Lake County Crime Lab reported processing brown, gray, tan and white powdered heroin as well as compressed rock forms of heroin.

Participants reported current black tar heroin availability as ‘4,’ reporting higher availability on the west side of Cleveland. West side participants commented: *“Tar is on the west side. I’ve never seen it on the east side; Around the west side there’s a lot of tar.”* An east side participant agreed, *“Most [types of powdered heroin] were easy [to obtain] beside the tar—that would pop up every couple of months. I’ve had tar that wasn’t as good as powder.”*

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 12.4 percent of the 809 individuals screened through its Medina lab during the past six months were positive for opiates.

Media outlets reported on heroin seizures and arrests, as well as community action in the region during this reporting period. Three individuals in Lorain County were charged with possession and trafficking heroin after Ohio State Highway Patrol (OSHP) troopers found two ounces of powdered heroin and marijuana in their possession (www.statepatrol.ohio.gov, Aug. 19, 2013). *The Plain Dealer* ran a series of articles titled “The Heroin Epidemic,” which covered the increase of heroin overdose deaths in Cuyahoga County and the nation, the seemingly easy progression from prescription opioid medication to heroin for people of all walks of life, personal stories of heroin addiction, prevention as key and Project DAWN (Deaths Avoided With Naloxone) (www.cleveland.com, Sept. 3-12, 2013). A 23-year-old woman of Avon Lake (Lorain County) pleaded guilty to trafficking heroin to young teenage girls and then turning them over to her boyfriend who would traffic them for sex in return for heroin (www.cleveland.com,

Sept. 20, 2013). More than 30 people faced indictments for being involved in a large heroin ring that brought heroin to Cleveland from Chicago and Atlanta; many of those who faced charges were affiliated with gang activity on Cleveland's east side (www.cleveland.com, Oct. 23, 2013). Solon (Cuyahoga County) began to hold town hall forums titled "Heroin in the Suburbs" (www.impact.cleveland.com, Oct. 24, 2013). Lorain (Lorain County) law enforcement officers saved a young woman from a possible overdose death with Narcan® nasal spray; this was the first save utilizing naloxone in the county (www.morningjournal.com, Oct. 30, 2013 and www.cleveland.com, Oct. 31, 2013). Two batches of heroin lead to over 20 people overdosing in Lorain County during one weekend; the police confirmed that one of the batches was actually 100 percent fentanyl sold as heroin; one drug dealer was arrested and three individuals died from that incident; several others would have succumbed had it not been for the lifesaving efforts by the Lorain Police who used Narcan® to save many of the users that weekend (www.fox8.com, Nov. 11, 2013 and www.newsnet5.com, Nov. 19, 2013). Two men were found dead from heroin overdoses on Cleveland's west side a couple hours apart; one in his home and the other in his car (www.cleveland.com, Dec. 23, 2013).

Participants most often reported that heroin availability has increased during the past six months. A participant observed, "I say [heroin] it's more available because I'm an old school crack smoker and you used to have to go around back [of the dealer's house] to get the heroin and now you go to the front door and they ask you what you want, 'boy' [heroin] or 'girl' [cocaine]. It's 'out of the closet' or whatever."

Participants shared several reasons for the purported increase in heroin availability. First, dealers are switching from other drug sales to heroin sales. A participant explained, "When I first started using [heroin] I had a handful of people [dealers] I could get to. Then, as time went on, dealers of other things [drugs] stopped what they were doing and switched over to heroin. There's more clientele and it's more steady because users are going to do whatever they're going to do to not be dope sick. It's a 10-fold increase [in profit]." Second, the heroin market is extremely resilient. A participant shared, "I noticed about the busts in Cleveland, too. But right after that, their families took over and it was right back. Dealers go to jail and they tell their families where the stash is and then their brother or cousin or mom takes over." Finally, participants attributed an increase in heroin availability to limited prescription opioid availability since there

has been increased oversight in prescribing patterns and changes in pill formularies to deter abuse.

Community professionals also reported an increase in heroin availability during the past six months. A treatment provider observed, "It's an epidemic. We have been getting an increase of heroin users as clients in the agency." Law enforcement has also realized an increase in heroin related incidents. A law enforcement officer remarked, "I talked to [an EMS company that serves] townships of 150,000 people, and they use Narcan® [a drug that can be used to stop heroin/opiate overdose] once a day. Now the cops carry it, too. The crime is going through the roof. We're getting hammered with daytime house burglaries [because heroin addicts] need \$50 and they'll do anything to get it." Lake County and the BCI Richfield Crime labs reported that the number of powdered heroin cases they process has increased during the past six months, while the number of black tar heroin cases has remained the same.

| | | Reported Availability Change during the Past 6 Months | |
|--------|---|---|----------|
| Heroin |  | Participants | Increase |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Increase |

Participants most often reported the general current quality of powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' Participants rated the current quality of black tar heroin as '6.' A participant explained the differences in quality of the many powdered heroin varieties: "The gray [colored heroin] is more potent and from what I heard it was cut with fentanyl ... My perception about the blue [colored heroin] is that they put some food color in when they were cooking it to make it blue. Sometimes white is as good as gray, but seven out of ten times, the white ... is completely garbage."

Fewer participants had experience with black tar heroin, but those who discussed black tar heroin's current quality commented: "Tar is supposed to be more pure; A lot of people don't want the tar. Sometimes it would be better or worse than powder, but it was always the last resort until I couldn't get it [heroin] anywhere else." Participants varied in their opinions as to whether the overall quality of heroin

has changed during the past six months. Some participants felt quality has increased and commented: “[The quality of heroin] *it’s better; Every time my dealers had [heroin], it was getting better; I feel that it’s better quality, but some people do cut it with things. One time we had all witnessed somebody die and we all wanted to know where to get it because we were thinking it was good dope.*” Other participants felt heroin quality has decreased as more dealers enter the trade.

Participants reported that heroin in the region is cut with dissolvable powders such as aspirin, baby formula, cocaine, drywall, fentanyl, lactose, Lanacane®, Miami Ice (a cut for heroin sold as room and carpet deodorizer), procaine (local anesthetic), sleep aids and vitamin B-12. A participant shared, “*They cut it with Klonopin® or Sleepinal®—other things that will make [you] nod out. You think you’re getting some good dope, but you’re just taking a pill.*” Participants discussed quality of heroin in relation to cuts in the drug which has led to many overdoses. Participants related: “*I had died three times with the fentanyl in the heroin. I had a high amount of drugs in my system and I had only done a \$30 bag. They tested me and found fentanyl in my system; My boyfriend was selling it [heroin] just before people started dying on it. I had three friends overdose on it [heroin]. They just fell on the table and dropped dead instantly.*”

Community professionals shared similar concern about increases in overdose rates. A law enforcement officer recounted, “*The last six months ... we had 65 overdose deaths. [In] 2011 [the number of overdose deaths] was 22. So far this year, we’re at a higher rate than we were ... It’s going to take everybody in the courts and social services to try to address those problems, but unfortunately ... I don’t see that improving any time soon.*” Another officer commented, “*Sometimes we’ve had trends with overdoses. We lost five in one weekend. Another time we lost seven. When so many are dropping like that it’s a concern. In one case the knuckleheads who were selling it didn’t have any cut in it [pure heroin], so these people were dying with the needle still in their arm. In the other case, they were using fentanyl as a cut.*”

| Heroin | Cutting Agents Reported by Crime Lab |
|--------|---|
| | <ul style="list-style-type: none"> ○ acetaminophen ○ caffeine ○ diphenhydramine (antihistamine) ○ mannitol (sugar substitute) ○ quinine (antimalarial) |

Participants reported that heroin is available in different quantities. Powdered heroin is most commonly sold in chunks, folds or baggies from either known dealers or through anonymous transactions. Small amounts are typically about 1/10 gram and often called a “point.” Current street prices for heroin were variable among participants with experience buying heroin. Participants reported lower pricing for the west side of Cleveland. Note: participants were unable to report pricing information for white powdered heroin.

| Current Street Prices for Brown Powdered and Black Tar Heroin | | |
|---|---|-----------|
| Heroin | brown powdered: | |
| | 1/10 gram bag (aka “point” or “bindle”) | \$10-20 |
| | 8-12 bags (aka “bundle”) | \$80-160 |
| | a gram | \$50-100 |
| | 10 grams (aka “finger”) | \$600-750 |
| | a kilo | \$85,000 |
| | black tar: | |
| 1/10 gram (aka “balloon”) | \$20 | |

Participants reported that the most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, seven would inject, two would snort and one would smoke the drug. A participant shared, “*When I smoked heroin it was usually on a tin foil or rolled up on a blunt.*” Another participant added, “*You can snort [black] tar [heroin] in water.*” Participants continued to report that those who are new to heroin are more likely to snort before progressing to shooting. A participant explained, “[Heroin use] *it’s a progression ... once their [heroin users’] tolerance gets so high ... the only way they can get where they want to get is shooting.*”

Reportedly, syringes are available from dealers as well as from chain pharmacies. The Cleveland region also has a needle exchange program operated by The Free Clinic of Greater Cleveland and many users obtain needles from there. Current street jargon includes many names for syringes including “pencil,” “pin,” “rig” and “works.” Purchasing needles from pharmacies is reportedly more difficult than obtaining them from a dealer. A participant explained: “*By the time I started injecting it [heroin], you had to go in [to a pharmacy] with some knowledge. You had to know the name of the insulin you were [allegedly] using ...*”

nine out of ten [pharmacies] do that now." Participants reported that dealers will typically sell clean, new syringes for anywhere from \$0.50 to \$5 apiece.

A participant expressed concern about the increased number of used needles and spoons (also used for heroin) just laying around outside: *"I ride a bike all day long and I see more needles and spoons all day long now. I used to break them [the needle off the syringe] because of the kids. Now you see them so much I don't even stop now. People were shooting [heroin] in the car and throwing the works [syringes] away [on the ground], but it's dangerous. Too many spoons on the ground."*

A profile of a typical heroin user did not emerge from the data. Participants described heroin users as under age 30 and typically prescription opioid abusers. Generally, participants agreed that younger blacks are not the typical heroin user, but whites and Hispanics use heroin more often. Further, participants noted that older "maintenance" heroin users include people of every race and often veterans.

Participants and community professionals commented on typical heroin users often beginning with prescription opioids and moving to heroin due to price, formulation changes and availability. A participant shared, *"Everyone I know that does heroin, they did prescription pain pills before. But when Opana® got taken off [the old formulary and switched to a new abuse-deterrent formula] and they couldn't get high the same way as before, then they started doing heroin . . . We could spend \$20 on a bag of heroin and get just as high and have some left over and have some to share."*

Community professionals felt that it was not easy to categorize heroin users. Law enforcement officers commented: *"Everyone; It's an increasing span of 30s, 40s and 50s. I don't care what nationality you are, what social level you are in society, it's across the board."* A treatment provider said, *"It's all over the place - young and old, rich and poor."* Treatment providers also observed increasingly younger individuals using heroin.

Prescription Opioids



Prescription opioids remain highly available in the region. Participants and community professionals continued to report 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); the previous most common score for both

groups was also '10'. Participants reported very little use and low availability of "premium" prescription opioids such as Dilaudid®, fentanyl, Opana® and morphine. Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.0 percent of the 809 individuals screened through its Medina lab during the past six months were positive for oxycodone.

There was no consensus among participants regarding a change in availability of prescription opioids during the past six months. One of the participants who felt prescription opioid availability has increased commented, *"I know more people that get prescribed them [prescription opioids]."* Participants who felt that availability has decreased attributed the decrease to general diminished availability on the street and in pharmacy stocks, as well as to reduced prescription writing by doctors.

Community professionals reported an increase in prescription opioid availability during the past six months. Treatment providers suggested doctors do not monitor prescription opioids closely enough, while law enforcement noted an influx of pills from outside Ohio. Law enforcement officers explained: *"Puerto Rico and Florida, Kentucky—pills from there can still find their way up here; We are an international border . . . people forget because they [dealers] go over the water back and forth along with the small airports. This can make this [controlling availability] tough."* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; however, exceptions were increased number of cases for Dilaudid® and fentanyl. Lake County Crime Lab reported increases in the number of Kadian®, OxyContin® and Percocet® cases during the past six months.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|--|--------------|
| |  Participants | No Consensus |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants expressed a preference for formulations that can be crushed, snorted, combined with other drugs or used as cutting agents. These types of pills are reflected in the price as they are significantly more expensive than others. For example, recent changes to Opana® formulations have reduced demand for the new pills and increased demand for the 40 mg crushable version. Current street prices were consistent among participants with experience buying prescription opioids. Participants reported the following prescription opioids as available to street-level users.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---|
| | fentanyl | \$1-1.25 per mcg |
| | Opana® (old formulation) | \$30 for 15 mg |
| | OxyContin® OP (new formulation) | \$55-60 for 40 mg |
| | Percocet® | \$0.20-0.50 per mg |
| | Roxicodone® | \$4-5 for 5 mg \$10-11 for 10 mg \$30 for 30 mg |
| Vicodin® | \$3-5 for 5 mg \$6-7 for 7.5 mg \$6-10 for 10 mg | |

Prescription opioids remain highly available through doctors, friends, family members, health care workers and drug dealers. A participant commented, "You find somebody who has a certain kind of illness. My brother had cancer and he would get like 90 [count of pills] and he would sell them so he could do heroin. He preferred heroin to those." Community providers also reported that most illicit opioid use is from diversion. Law enforcement officers shared: "Mostly it's diversion: theft from homes, cancer patients; They get prescriptions ... we had a guy who stole a prescription pad from a doctor."

While there were a few reported ways of consuming prescription opioids, the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, six would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"), three would snort and one would intravenously inject (aka "shoot") the drugs.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Several participants described user groups to include cancer patients, teenagers, "older folks" and people with worker's compensation claims. A participant said, "It's anybody, really. Could be any age. I know a lot of young people more than older people. The youngest I know is 11 and she's hooked pretty bad [on prescription pills]." Community professionals agreed with participants in reporting a wide range of illicit prescription opioid users. Treatment providers commented: "It's [people aged] late 30s to 65 or 70. It's older people, but I know that kids can easily get it. A lot of the time it's the kids who go into their friends' bathrooms [and obtain prescription opioids out of the medicine cabinet]; We have a [treatment] population from adolescents to geriatrics. I get calls from people on prescriptions who want in the program, but they have reservations about [quitting] something the doctor prescribed. But, it's a full blown addiction."

Suboxone®



Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Community professionals continued to report moderate to high availability of Suboxone®, supplying availability scores of '7-10.' A law enforcement officer said, "I could buy Suboxone® every day of the week. Every informant I've dealt with in the last year is involved with Suboxone® in some way." Another law enforcement officer added, "If it's all you can get, it's all you can get. It [Suboxone®] would not be your drug of choice."

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 6.3 percent of the 809 individuals screened through its Medina lab during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

Participants reported that the availability of Suboxone® has decreased during the past six months. Several participants mentioned increased accountability of their prescriptions. A participant said, "When I was buying 'subs' [Suboxone®], [sellers] would have to take them out of the packages and then give it to me because they have to bring the packages to their doctors." Another participant explained that pregnant women on Subutex® may undergo

greater scrutiny than others who receive prescriptions for the drug and said, *"It's less available. [Treatment providers] they're doing random checks and counts on us. We had to bring our Subutex® with us to group, so then people were becoming more scared to sell them."*

Community professionals reported increased availability of Suboxone® during the past six months. A law enforcement officer said, *"Nobody wants to get dope sick [go through withdrawal]. They will get some 'sub' [Suboxone®] and guard it with their life. That is their life-preserver. It's what methadone was 15 years ago."* The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|-----------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------|
| | sublingual film | \$15-20 for 8 mg |
| | tablet | \$10-15 for 8 mg |

Most often participants reported taking Suboxone® sublingually (dissolving under the tongue). The pill form is more likely to be intravenously injected (aka "shot") or snorted. According to a participant, *"We would be injecting [Suboxone®] pills, snorting them and taking them by mouth."* Another participant reported, *"I shot the strips and they made me really sick."* Other methods of use were reported, *"My friends all dropped the [Suboxone®] strips into your eyes [like eye drops]. You melt it in water and then you drop it in your eye. You don't have to do a lot. It messes you up really bad."*

Participants reported that Suboxone® continues to be primarily acquired by prescription from drug abuse treatment centers, pain management clinics, as well as from friends and dealers particularly connected with heroin. Participants did not express difficulty finding the drug

through friends or dealers, but a few participants reported challenges involved with a managed treatment program. One participant explained, *"I started out at [treatment center A] and I got kicked out because I used someone else's urine, and then at [treatment center B] I dropped a dirty urine with cocaine in it and they threw me out . . . I don't know where my life's gonna go because if I don't have the Suboxone®, I'm going to be sick."*

Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained. A law enforcement officer agreed, *"They [do it just like the] methadone thing: Sell it so they can get real dope. It's not trafficked as much, but they're all trading it. It's the young group, 19-25 [years olds] who are all trading them around."*

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported the current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Discussion of these drugs primarily occurred in the context of other drug use, such as heroin. Community professionals most often reported current availability as '10'; the previous most common score was '7'. Community professionals identified Xanax® as most popular. A law enforcement officer commented, *"It's xanibars [Xanax® 2 mg] and nothing else. Nobody wants Valium®, Klonopin®. It [Xanax®] has a quicker onset."*

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.8 percent of the 809 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported variability in availability for sedative-hypnotics during the past six months, with the exception of Xanax®, which seems to be more popular, especially among heroin users. A participant explained, *"[Xanax®] they're getting more popular. I can name six different rap songs where they're talking about 'xanies' and all that."* Law enforcement reported increased availability for Xanax® during the past six months and reasoned the increase is a

result of increased prescribing by doctors. A law enforcement officer commented, *“Everybody is anxious.”* Lake County and the BCI Richfield crime labs reported that the number of sedative-hypnotics cases they process has generally remained the same during the past six months, with the exception of an increase in Xanax® cases.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | |
|--------------------|---|------------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | No Comment |

Reportedly, a few different types of sedative-hypnotics (aka “benzos” and “downers”) are currently sold on the region’s streets. Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users: Klonopin®, Valium® and Xanax® (aka “xanies”). Participants reported that sedative-hypnotics generally sell for between \$2-5 per pill, with slightly higher pricing for Xanax® which sells 2 mg for \$10-12. Participants most often reported obtaining sedative-hypnotics from doctors, friends and family members; these drugs are not commonly obtained from street-level drug dealers.

While there are a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, the most common route of administration remains oral consumption, including crushing, wrapping in tissue and swallowing (aka “parachuting”). Participants reported that snorting or intravenously injecting (aka “shooting”) sedative-hypnotics is more common when sedative-hypnotics are used in combination with other drugs. A participant shared, *“This is probably going to sound weird, but I used opioids with Xanax® and coke [powdered cocaine to ‘speedball’].”*

A typical profile for an illicit user of prescription sedative-hypnotics did not emerge from the data. Participants did not describe any typical users of sedative-hypnotics in terms of race, gender, geography or socio-economic class. Participants continued to report that typical users are often younger and addicted to other drugs, especially heroin. A former drug dealer stated, *“The heroin people [users] would ask me for the Xanax®.”*

Marijuana

Marijuana remains highly available. Participants and community professionals continued to most often report the current availability of marijuana as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score for both groups was also ‘10’. Nearly every participant had consumed or could obtain marijuana. A participant commented, *“Even if you don’t know where it’s at, you can find it [marijuana].”* A law enforcement officer remarked, *“[Marijuana] it’s highly available because it’s the highest monetary cash gain.”*

Reportedly, there are two types of marijuana available within the region: high-grade marijuana (aka “kush,” “hydro” or “loud”) and low-grade marijuana (aka “regular” or “reggie”). While the most commonly reported availability score was ‘10’ for both kinds, participants reported a wider range of availability scores for high-grade marijuana (‘5’ to ‘10’). Reportedly, the chief factor influencing availability of marijuana grades is the personal preferences of individual dealers. A participant explained, *“It’s whatever they [dealers] prefer. Sometimes it’s about preference, but it’s usually about money. There are people who have enough money to get whatever they want. There is every variety.”* Another participant said, *“They [dealers] do run up to you. It’s all out there. If you got enough money you call the kush man and if you don’t you call the reggie man.”*

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 20.5 percent of the 809 individuals screened through its Medina lab during the past six months were positive for marijuana

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. A man from Middleburg Heights (Cuyahoga County) was arrested in Ashland (Ashland County) after OSHP found more than 30 pounds of marijuana and a few sedative-hypnotic pills in his vehicle (www.statepatrol.ohio.gov, July 17, 2013). A registered home daycare provider was found to have 110 pounds of marijuana in her Maple Heights (Cuyahoga County) home (www.19actionnews.com, Aug. 8, 2013). The MEDWAY Drug Enforcement Agency found over 600 marijuana plants in a field when they conducted a helicopter search in the Orville area (Wayne County) (www.newsnet5.com, Aug. 16, 2013). A driver was arrested after

being pulled over in Hinckley (Medina County) for driving under suspension and found to have marijuana in plain view (www.cleveland.com, Sept. 27, 2013). An older Michigan man was arrested in Lorain County by the OSHP when five pounds of hydroponic marijuana were discovered in his vehicle (www.statepatrol.ohio.gov, Oct. 8, 2013). Cleveland's Gang Impact Unit and SWAT teams arrested an 18 year-old man after conducting a search at his eastside home and finding five boxes and several bags of marijuana and other drug trafficking equipment (www.cleveland.com, Oct. 29, 2013). The Cleveland Division of Police Narcotics Unit led an investigation after officers responded to a call in Tremont (Cleveland westside neighborhood) and found a small marijuana grow operation in the residence (www.cleveland.com, Oct. 29, 2013). In other news, a man in Cleveland Heights (Cuyahoga County) was charged for selling marijuana to teenagers out of his barbershop (www.cleveland.com, Oct. 31, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants discussed variability in finding different qualities. A participant said, "High-grade [marijuana] is less available because everybody is smoking it up ... You gotta catch them [dealers] the day before—before they smoke it up." Another participant said, "I want the best kind. That's why you can't find it where I live because most of the dealers smoked the kush, so you come to buy [kush] and you get a lot less." Participants remarked upon the fluctuations of supply due to seasonal changes and law enforcement seizures and arrests. Community professionals also 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, while Lake County Crime Lab reported a decrease in marijuana cases.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often rated the overall current quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. A participant commented, "With the kush you get too high. I smoke regular." Another participant said, "I know people that buy half and half, low-grade and good, so that it stretches." Participants continued to mention marijuana additives which are used to enhance smell or flavor of the marijuana or to increase the quality of the drug. A participant explained, "Sometimes reggie [low-grade marijuana] has been sprayed with flavor, like Jolly Rancher®." Other participants discussed synthetic cannabinoid sprayed on low-grade marijuana to increase its quality. A participant remarked, "I heard of them [dealers] spraying it with Spice [a synthetic cannabinoid] which was kind of weird ... and I didn't want any more of that."

The price of marijuana depends on the quality desired; current street prices for marijuana were variable among participants with experience buying the drug. Participants reported that low-grade marijuana is the cheapest form of the drug; high-grade marijuana sells for significantly more, reportedly two to three times as much as low-grade marijuana prices.

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--|---------------|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5 |
| | 1/8 ounce | \$15-20 |
| | 1/4 ounce | \$25-40 |
| | an ounce | \$100 |
| | high grade: | |
| | a blunt or two joints | \$10-20 |
| | an ounce | Up to \$50 |
| | a pound | Up to \$5,000 |

While there are several reported ways of consuming marijuana, the most common route of administration remains smoking. A participant commented, "You're smoking it [marijuana], whether it's a vaporizer [specific instrument used to vaporize the active ingredients in marijuana, similar to an E-cigarette] or a blunt or a bong or a bowl!" Few participants had heard of vaporizing, but one explained,

"They're balls, hash balls. You have to use a certain device [vaporizer] to smoke it. It's butane hash oil. It's \$20-30 per ball maybe. I recently heard about it." A law enforcement officer also mentioned this technique called "buttering" and shared, "We have found a lot of these where they take the marijuana stalks and they run it with butane. You take PVC or glass and run butane through it. It forces the resin out and it looks like butter. You smoke it. The THC is so strong. You vaporize it."

A profile for a typical marijuana user did not emerge from the data. Every participant and community professional felt marijuana use to be widespread. However, community professionals noted differences between younger and older marijuana users. A law enforcement officer said, *"The older dealers know what the real deal is. The teenagers up to 40 [years old] ... maybe they are confused about the game because they're smoking this synthetic stuff."*

Methamphetamine



Methamphetamine availability is low to moderate in the region. Participants most often 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); the previous score was a mean of '4'. Participants reported that methamphetamine availability fluctuates and is lowest in the urban centers of the region. Geography continues to influence scores with participants reporting greater availability in the region's far rural east, rural west and southern areas (into the OSAM Akron-Canton region). A participant said, *"I live on Cleveland's east side. I had to travel to get it [methamphetamine]. You can't get it in the city."* Another participant commented, *"I've been approached a couple times [to purchase methamphetamine] and I've never done it, but I've been asked."* Most participants had little personal experience or knowledge of the drug.

Participants commented about the production of powdered (aka "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), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

A participant described that this type of methamphetamine, *"usually [looks] white like cocaine or in chunks."* Another participant shared, *"My boyfriend and I did shake-and-bake. It was really easy ... Mostly I was making it, so I was just buying the products. You had to go to different pharmacies to get the ingredients."*

Community professionals most often reported current availability of methamphetamine as '4'; the previous most common score was '1'. A treatment provider observed, *"I think [methamphetamine] it's more rural areas."* Another treatment provider said, *"[Methamphetamine] it's highly available, but you only hear about it after there's been a bust. It's rare that we get any meth cases [in treatment], and we have three sites [across Cleveland]."* A law enforcement officer explained, *"Meth is lower in our area [Cleveland's west side] compared to Summit County [OSAM Akron-Canton region]. We've probably had 15 different types of labs; whereas they get 140-170 per year ... We mostly see the 'one-pot' cooking method. It's a small close-knit group like heroin used to be 20 years ago. It's cliquish."*

Reportedly, many different types of methamphetamine are available in the region; however, powdered methamphetamine remains the most available type. One participant explained, *"It depends on your dealer, and you know, what they have ... they would tell you I got that 'annie' [anhydrous methamphetamine] or that shit from out west [lab manufactured methamphetamine]."*

Media outlets reported on methamphetamine seizures and arrests in the region during this reporting period. Cleveland officers, responding to another case, came across a meth lab and a moonshine operation at the residence (www.19actionnews.com, Aug. 6, 2013). The Geauga County Sheriff's Office and the Lake County Narcotics Unit and Drug Enforcement Administration responded to a call in Middlefield Township (Gauga County); methamphetamine and evidence of a meth lab were found in a car and residence (www.newsnet5.com, Aug. 16, 2013). Cleveland news reported that methamphetamine labs are increasing in number this year due to the ease with which the drug is made and its portability with the one-pot method (www.10tv.com, Oct. 22, 2013). A man was arrested in Hambden Township (Gauga County) following a traffic stop that ended with authorities finding a mobile meth lab in the vehicle (www.fox8.com, Oct. 31, 2013).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported an increase in availability. A law enforcement officer noted, *"We're seeing an increase in shoplifting in gift cards. [Meth dealers] will use those to give to others to buy their precursors [ingredients for making methamphetamine]."* The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine. Lake County Crime Lab reported a decreased number of methamphetamine cases during the past six months; the lab reported processing white powdered and crystal methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Two participants rated the current quality of one-pot methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); in the previous report, participants were unable to supply a quality score. Participants reported methamphetamine to be cut with baby laxative and vitamins.

Current street prices for methamphetamine were consistent among participants with experience buying the drug.

| Methamphetamine | Current Street Prices for Methamphetamine | |
|-----------------|---|----------|
| | a gram | \$80-100 |
| | 3.5 grams | \$300 |

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, 6-7 would smoke and 3-4 would inject the drug. A participant recalled, *"Out by me ... if they [users] weren't smoking [methamphetamine], they were swallowing it, parachuting it [wrapping it in tissue and swallowing it]."*

Participants described typical methamphetamine users as from more rural areas and white, both males and females. In addition, a few participants mentioned bikers and construction workers as typical users. A participant added, *"I don't see younger people doing it. [Methamphetamine users] they're in their 30s."* Community professionals agreed with participants. A treatment provider shared, *"I used to work in a halfway house and mostly it was all whites with meth. I can't think of one case of one African-American with meth."*

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of prescription stimulants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Reportedly, the three most common prescription stimulants available through illegal channels are Adderall®, Vyvanse® and Focalin®. A participant stated, *"I'm prescribed Ritalin®, but I can get Adderall® from people."* Another participant said, *"We have a doctor who you tell him you have signs of ADHD and he gives us Adderall®. A lot of people where I'm at go there."* Community professionals reported that they do not frequently encounter illicit use of these medications and were unable to comment on availability of prescription stimulants.

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 5.8 percent of the 809 individuals screened through its Medina lab during the past six months were positive for amphetamines, an ingredient in prescription stimulants.

A media outlet reported on amphetamine seizures and arrests in the region during this reporting period. A woman was found with an assortment of drugs including amphetamine salts, marijuana, prescription pills and psilocybin mushrooms (hallucinogens) when she was pulled over for

a traffic violation in Rocky River (Cuyahoga County) (www.cleveland.com, July 5, 2013).

Participants reported that the availability of prescription stimulants has remained the same during the past six months. Lake County and the BCI Richfield crime labs reported that the number of prescription stimulant cases they process has generally remained the same during the past six months; Lake County Crime Lab reported an exception with processing an increased number of Adderall® cases during the past six months.

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|-------------------------|---|------------|
| |  Participants | No Change |
| |  Law enforcement | No Comment |
| |  Treatment providers | No Comment |

Reportedly, all types of prescription stimulants sell for \$1-5 per pill, with Adderall® 30 mg selling for approximately \$5. A participant shared that pills can sell for higher: "There's an older lady and the other lady is in her 20s. For a 30 mg [Adderall® pill], she'll pay \$12 per pill!" Participants continued to report obtaining prescription stimulants most often from people with prescriptions, diversion from children's prescriptions and from obtaining a prescription from a doctor. A participant claimed, "I know a lot of kids who have prescriptions [for stimulants], so it's easy for me [to obtain these drugs]." In terms of most common route of administration for these medications, participants reported oral consumption as the only known route of administration.

Participants described typical illicit users of prescription stimulants as younger, female and users who prefer other stimulants such as cocaine. Other illicit users included people using them for weight loss and to improve productivity. Participants commented: "I never knew anybody that would take them [prescription stimulants] to get high. They're not a preferred drug of choice; I have a friend that takes it to lose weight."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain available in the region.

Participants most often reported the current availability of bath salts as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant shared, "Where I'm from, there are still stores that sell it [bath salts]. You have to know them [to purchase though]. There's a code for Spice [synthetic marijuana], too. [Bath salts] it's in a glass tube, like a test tube. It's a powder and shiny—almost like coke [powdered cocaine]. A couple grams in the tube." Another participant added, "You gotta know somebody [in order to get bath salts]."

West-side law enforcement officers unanimously supplied a score of '10'; the previous most common score for community professionals (including treatment providers and law enforcement) was between '4' and '10'. Law enforcement officers expressed their frustration with preventing abuse of this drug because the imported material available for sale is subtly different than the illegal analogues specified by statute. A law enforcement officer stated, "They just change one molecule and you're not getting positive tests in the labs [for bath salts]. It's being shipped over ... It's millions of dollars of this stuff and if they can do it, they will. It's very nasty stuff, as well as the physical problems it causes." Another law enforcement officer added, "Our inability to identify the analogues—I don't remember the last time we sent anything away [to the lab] that came back positive. They keep changing the analogues and we don't get positives."

Participants most often reported that the availability of bath salts has decreased during the past six months, while law enforcement reported that the availability of bath salts has remained the same. A law enforcement officer expressed his concern: "Heroin is a big increase, but it doesn't mean that any of the other drugs have gone away, especially bath salts and Spice." 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 decrease in bath salts cases.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|---|------------|
| |  Participants | Decrease |
| |  Law enforcement | No Change |
| |  Treatment providers | No Comment |

Participants with personal experience using bath salts reported the current quality of bath salts as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was not reported. Only one participant was able to provide pricing information for bath salts, reporting that a "vial" (unspecified small amount) sells for about \$30. Law enforcement officers reported that bath salts products are sold for \$12.50-20 per gram at the wholesale level and retail for \$60-80 per gram.

Bath salts continue to be available from corner stores, convenience stores and "head shops." Law enforcement provided insight on this topic. A law enforcement officer commented, "You can go to your convenience store, [beverage] drive-thru or cellular outlet retailer [to obtain bath salts]. Every 'mom-and-pop' gas station is selling them and some of them will have a sign that says don't use this and operate a car." Another law enforcement officer explained that these stores obtain the drug from legitimate vendors who service gas stations. Another officer added, "People selling it [bath salts today] are much smarter. They know exactly what to say. We had one investigation where the store owners were very consistent: They were trained about what you could say and not say. There was a coaching manual. We did search warrants and found a play book ... They would teach their employees [what to say about bath salts]."

Participants reported that the most common routes of administration for bath salts include intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 bath salts users, four would shoot, four would snort and two would smoke the drug. Participants and law enforcement described typical bath salts users as generally white and young people in high school.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") 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); the previous most common score was also '10'. A participant reported, "They sell it [synthetic marijuana] in the [convenience] stores. It's the incense in little jugs." Law enforcement officers also reported current availability as '10'; the previous most common score was '9'. A law enforcement officer explained, "If you know the lingo [how to ask for it], you can buy it [synthetic marijuana]."

A media outlet reported on synthetic marijuana seizures and arrests in the region during this reporting period. Five individuals were indicted for sale and distribution of synthetic marijuana from "head shops" throughout northeast Ohio (www.cleveland.com, Dec. 12, 2013).

Participants were unable to report on any changes in bath salt availability, while law enforcement reported that availability has remained the same during the past six months. Lake County and the BCI Richfield crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|------------|
| |  Participants | No Comment |
| |  Law enforcement | No Change |
| |  Treatment providers | No Comment |

Participants were unable to report on quality of synthetic marijuana; in the previous report, participants rated quality '7-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, a participant indicated poor quality of synthetic marijuana when commenting, "That K2 is worse than weed [marijuana] and it can blow your heart up ... It ain't even the same effect as weed. The high is completely different." Participants did not report synthetic marijuana as a drug of choice and suggested that the quality of the drug is variable. As mentioned previously, participants shared that they are most likely to encounter Spice as an additive in low-quality marijuana.

Participants were unable to provide prices for synthetic marijuana; however, law enforcement officers reported that a gram bag sells for \$50-75. A law enforcement officer explained, "The price has gone up because of availability." Participants reported only one route of administration for synthetic marijuana: smoking.

Participants were unable to describe a typical synthetic marijuana user. Law enforcement officers described typical users of synthetic marijuana as people who are on probation or in a monitoring program, high school-aged students and people who are willing to experiment with the drug because it appears legal. A law enforcement officer explained, "These are good kids, honors kids, who had

a mentality that 'it's not illegal. If I can buy it in a store, then it [synthetic marijuana] must not be bad for me.'

Ecstasy

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 ecstasy as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported two forms of the drug as currently highly available: traditional ecstasy tablets available in single, double or triple stacks (doses), as well as a loose powder that is purported to be "pure MDMA," known as "molly." Community professionals reported current availability as variable, ranging from '2' to '10'; the previous most common score was '6-7'. A treatment provider commented, "[Ecstasy] it's very easy to get." A law enforcement officer said, "We've heard about it [ecstasy and molly]. By the time you get to it, it's gone. Ecstasy comes and goes. Molly goes pretty fast."

A media outlet reported on ecstasy seizures and arrests in the region during this reporting period. A Cleveland man with a suspended license was arrested after officers pulled him over and found ecstasy pills and marijuana in his vehicle (www.cleveland.com, Dec. 6, 2013).

Participants reported that the availability of ecstasy and molly has remained the same during the past six months. Law enforcement also reported that availability has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider commented, "It's available. All the kids are talking about it [ecstasy/molly]." The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months, while Lake County Crime Lab reported a decrease in ecstasy cases.

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
|  Treatment providers | Increase | |

Most participants rated the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Although molly is marketed as a pure form of MDMA, several participants expressed skepticism about purity. Participants commented, "They [dealers] say it's pure MDMA, but it's not. It looks like coke [powdered cocaine]; it's a white powder and it's stuff for raves [dance parties]. It feels like amphetamines to me." Another participant shared, "I know from people that did ecstasy, that [ecstasy quality] got weaker. And I know that molly is a purer form. And because of the rap songs, they're looking for it. The ecstasy dealers switched or they have both molly and ecstasy." Law enforcement also commented on the quality of ecstasy and molly: "We've heard various definitions of it mixed with stuff; I've heard that [molly] it's straight MDMA, or it's MDMA with coke [powdered cocaine] and heroin."

Ecstasy in tablet form is sold as small colored pills featuring stamped logos or images, while molly is typically sold as a yellowish-white loose powder. Participants did not report "stack" (strength of the ecstasy pill) pricing. Participants reported that molly is typically packaged loose in a fold of paper, usually 2/10 gram. A participant noted that smaller quantities are rare in the region and stated, "You gotta spend \$20." Nevertheless, participants shared that ecstasy and molly are often times available for free at parties. Participants were unable to report current street prices for ecstasy, but provided pricing for molly.

| Molly | Current Street Prices for Molly | |
|-------|---------------------------------|-------|
| | 2/10 gram | \$20 |
| | a gram | \$100 |

Participants reported that the best way to obtain ecstasy or molly is at a party or from friends, but that it could also be purchased from dealers. However, a user would need to make multiple phone calls to reach a dealer. A participant explained, "Molly would be easier to find with people who pride themselves on having everything. It's a party drug, so you're going to ask a friend who gets it sometime."

Participants reported the most common route of administration for ecstasy tablets remains oral consumption; the most common routes of administration for molly include oral consumption, smoking, snorting and intravenous injection (aka "shooting"). Participants had more to say

about the use of molly due to its higher availability in the region and commented: *"I seen people snort it and smoke it; I used to shoot it; You pour the powder on the tongue; I've put it in a water bottle, 'molly water.'"*

Participants described typical users of ecstasy and molly as young club goers. Participants indicated that both blacks and whites use molly. Participants stated: *"White people are going to want it; Black people got it. It's in demand with black people ... The drug dealers do weed and molly."* Community professionals also linked ecstasy and molly to young individuals. A law enforcement officer said, *"[Ecstasy/molly] it's with people in their early 20s."*

Other Drugs

Participants and community professionals mentioned PCP (phencyclidine) as another drug present in the region, but this drug was not mentioned by the majority of people interviewed.

PCP remains highly available in the City of Cleveland. Participants rated its current availability most often as '9-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported current availability as '10'; the previous most common score for community professionals was '7'.

A media outlet reported on PCP seizures and arrests in the region during this reporting period. Four individuals, three of whom were members of the Compton Crips gang, were arrested in Cleveland after a year-long investigation which ended in officers seizing about two gallons of PCP and some marijuana (www.19actionnews.com, Aug. 8, 2013).

Participants and community professionals reported that the availability of PCP has remained the same during the past six months. Reportedly, users and dealers are a small group of individuals. Participants commented: *"I have a friend who is a [PCP] distributor and he says he has a whole lot of clientele. He says he doesn't have a large number of clients, but it's the same group who calls over and over; It's a tight knit community."* The BCI Richfield Crime Lab reported that the number of PCP cases it processes has remained the same during the past six months, while Lake County Crime Lab reported an increase in PCP cases.

Few participants had first-hand experience with PCP. One participant was able to provide information on quality

and rated current quality of the drug as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). This participant added that PCP quality has decreased during the past six months and commented, *"The first time I smoked it [PCP] I was 14. It seems different now."* Participants more often used PCP unknowingly as it can be cut into heroin. A participant shared, *"I had it [PCP] laced with heroin. When they did my drug test when I was on probation, it was in my [system]—PCP. I had been clean from heroin for a month."*

Current street prices for PCP were consistent among participants with experience buying the drug. PCP is still commonly sold in liquid form on a per dip basis. PCP sells for \$10-20 for one dipped cigarette. Participants did not report knowledge of the crystalline powdered form of the drug. An area referred to as 'Water World' on the northeast side of Cleveland continues to be reported as the origin of the region's PCP. Reportedly, the drug remains available only through specific dealers.

Participants reported that the most common route of administration for PCP remains smoking. Participants estimated that out of 10 PCP users, nine would smoke and one would intravenously inject the drug. A participant shared, *"I've injected it [PCP], but it's for smoking."* Participants described typical users of PCP as younger, black and more often residing on Cleveland's east side. A participant observed, *"Younger black males and females love it [PCP]."*

Conclusion

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

While many types of heroin are currently available, powdered heroin is more available than black tar heroin in the region. Participants mentioned fewer distinctions between brown and white powdered availability this reporting period due to the great variation of and broad spectrum of heroin colors. Lake County Crime Lab reported processing brown, gray, tan and white powdered

heroin as well as compressed rock forms of heroin. Participants most often reported the current availability of black tar heroin as moderate, with higher availability for the west side of Cleveland.

Participants shared several reasons for the purported increase in heroin availability. First, dealers are switching from other drug sales to more profitable heroin sales. Second, the heroin market is extremely resilient, even after a large law enforcement bust, associates of jailed heroin dealers take over sales. Finally, limited prescription opioid availability due to increased oversight in prescribing patterns and changes in pill formularies to deter abuse, have given rise to heroin availability. Community professionals also reported an increase in heroin availability during the past six months. Treatment providers noted an increase in clients addicted to heroin and law enforcement observed an increase in heroin related cases.

Participants and community professionals discussed current quality of heroin in relation to cuts in the drug (i.e. fentanyl) which has led to many overdoses. Participants described heroin users as under 30 years of age and typically prescription opioid abusers. Generally, participants agreed that younger blacks are not the typical heroin user, but whites and Hispanics use heroin more often. Treatment providers also reported increasingly younger individuals using heroin.

While there was no consensus among participants regarding a change in availability of prescription opioids during the past six months, community professionals reported increased availability. Treatment providers suggested doctors do not monitor prescription opioids closely enough, explaining that illicit use is fueled primarily through diversion; law enforcement noted an influx of pills from outside Ohio.

Community professionals also reported increased availability of Suboxone® during the past six months. Law enforcement observed that as heroin use increases so does the desire of heroin users to secure Suboxone® to combat withdrawal when heroin is unavailable. Participants did not express difficulty finding the drug through friends or dealers, but a few participants reported challenges involved with a managed treatment program. The BCI Richfield Crime Lab reported an increase in the

number of Suboxone® and Subutex® cases it processes during the past six months.

Another drug reportedly sought by heroin users is Xanax®. Law enforcement reported increased availability for Xanax® during the past six months and reasoned the increase is a result of increased prescriptions by doctors. Participants reported that Xanax® seems to be more popular. Participants often noted an increase in rap song lyrics that make reference to “xanies.” Typical illicit users of Xanax® are often younger and addicted to other drugs, especially heroin.

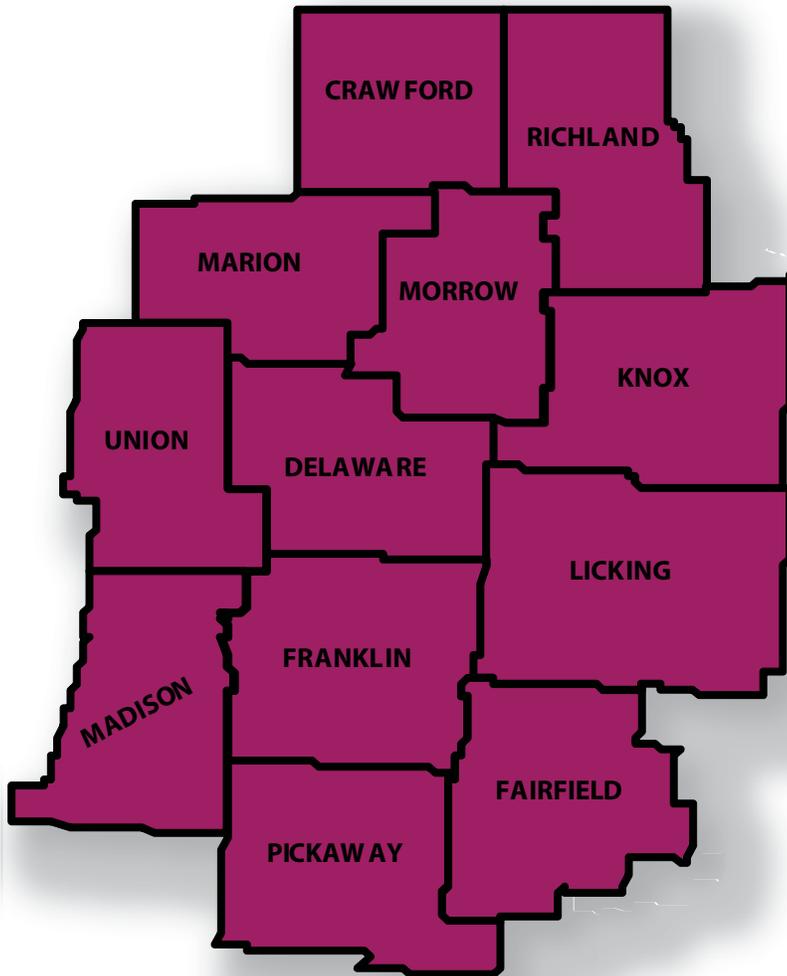
While most participants had little personal experience or knowledge of methamphetamine, community professionals reported an increase in methamphetamine availability during the past six months. In addition, Cleveland news sources reported that methamphetamine labs are increasing in number due to the ease with which the drug is made and its portability with 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; the lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

Participants reported that methamphetamine availability fluctuates and is lowest in the urban centers of the region with availability higher in the region’s far rural east, rural west and southern areas (into the OSAM Akron-Canton region). Participants and community professionals described typical methamphetamine users as from more rural areas and white, both males and females.

Lastly, PCP (phencyclidine) remains highly available in the City of Cleveland. An area referred to as ‘Water World’ on the northeast side of Cleveland continues to be reported as the origin of the region’s PCP. Reportedly, the drug remains available only through specific dealers. Participants described typical users of PCP as younger, black and more often residing on Cleveland’s east side.



Drug Abuse Trends in the Columbus Region



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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 and Franklin 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 American Court and Drug Testing Services, which processes drug screens in Columbus and Lancaster (Fairfield County) from throughout the

region, the Columbus Police Crime Lab, the Franklin County Coroner’s Office and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

Regional Profile

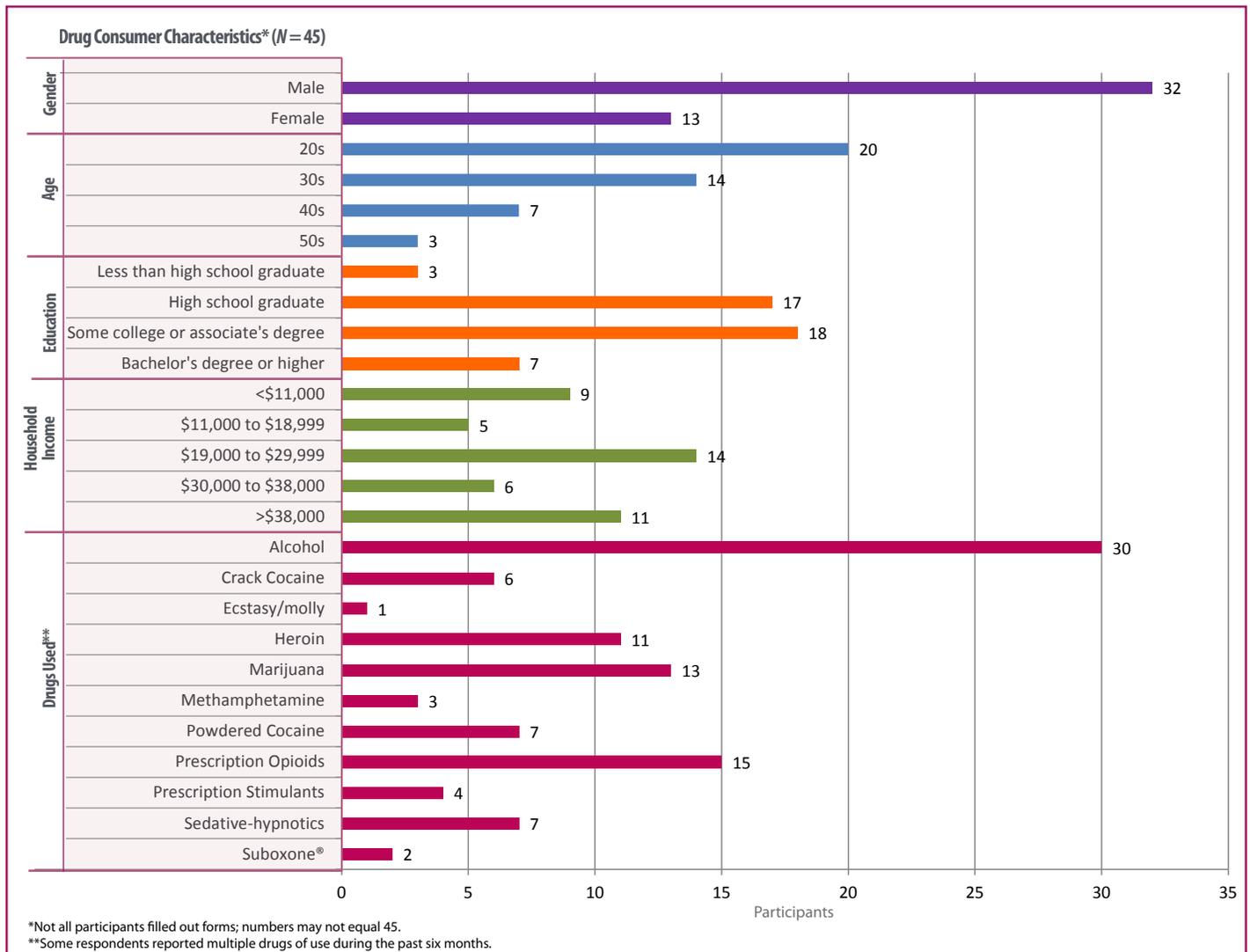
| Indicator ¹ | Ohio | Columbus Region | OSAM Drug Consumers |
|-----------------------------------|------------|-----------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 2,132,217 | 45 |
| Gender (female), 2010 | 51.2% | 50.7% | 28.8% |
| Whites, 2010 | 81.1% | 78.0% | 73.3% |
| African Americans, 2010 | 12.0% | 13.4% | 20.0% |
| Hispanic or Latino Origin, 2010 | 3.1% | 3.3% | 0.0% |
| High School Graduation Rate, 2010 | 84.3% | 77.0% | 93.3% |
| Median Household Income, 2012 | \$45,873 | \$53,422 | \$26,000 to \$29,999 ² |
| Persons Below Poverty Level, 2012 | 16.2% | 13.9% | 25.0% ³ |

¹Ohio and Columbus region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Respondents reported income by selecting a category that best represented their household's approximate income for 2013.

³Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.

Columbus Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Columbus region. Changes in availability included increased availability for heroin and likely increased availability for bath salts and marijuana.

Participants and community professionals most often reported the overall current availability of heroin as highly available. Many participants perceived heroin to be easier to obtain than marijuana. Treatment providers also discussed the high percentage of heroin-dependent clients who were entering treatment. A treatment provider estimated that between 70-75 percent of the clients seen at the provider's agency were heroin addicts. While many types of heroin were available in the region, participants reported black tar heroin as most available. In addition, the BCI London Crime Lab reported processing mostly black tar heroin for Columbus and its vicinity. Participants and community professionals were unanimous in reporting that the general availability of heroin had increased. Several participants and community professionals continued to note the use progression from prescription opioids to heroin and attributed the increase in heroin availability and use to the increased restriction placed on prescription opioids and the substantially lower cost of heroin. Participants described typical users of heroin as prescription opioid dependent, often female and in the teens to 30s age range. Community professionals reported that heroin dealers were typically Hispanic, while users were typically white. In addition, participants noted that the practice of "speedballing" (heroin use coupled with cocaine use) increased in the region.

Participants and community professionals reported that the availability of marijuana had generally remained the same; however, participants indicated an increase in high-grade marijuana (medical and hydroponic). The BCI London Crime Lab reported an increase in number of marijuana cases it processed. Participants attributed the wider availability and the increased quality of high-grade marijuana to an increase in number of people who were growing marijuana indoors throughout the region.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug was still available in the region. Participants reported knowledge of certain convenience stores and "head shops" that continued to sell bath salts, but

explained that a user would have to be known to the retailer to purchase the drug. Community professionals reported an increase in availability of bath salts. The BCI London Crime Lab reported an increase in number of bath salts cases it processed. Participants described typical users of bath salts as opiate users, white and young. A participant reported the use of bath salts in place of heroin when heroin was unavailable. Participants explained that those on probation/parole used bath salts along with synthetic marijuana because both types of drugs were still widely believed not to be tested through standard drug screens.

Finally, while participants and community professionals reported that the availability of ecstasy had remained the same or had possibly even decreased, they reported increased availability of powdered ecstasy ("pure" MDMA, aka "molly"). Participants described typical users of molly as college-aged, drug dealers and those who frequent bars, clubs and raves (dance parties).

Current Trends

Powdered Cocaine

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); the previous most common score was also '10'. A participant within inner-city Columbus stated, "I think it depends on where you're at. If you're in the right area, you can get it [powdered cocaine] real quick." Another participant interviewed in Delaware County stated, "All you gotta do is call somebody [to obtain powdered cocaine]."

Community professionals most often reported the drug's current availability as '7'; the previous most common score was '8'. A detective in Franklin County stated, "I think ... our proximity to Columbus ... makes it [powdered cocaine] readily available ... the cost might be a little more if they [dealers] come up to the suburbs to sell..." Another detective in Franklin County agreed, stating, "Anybody that has the money can get coke [powdered cocaine] ... it's Columbus, Ohio. I mean it's like a hub for pretty much anything you want."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services

reported that 8.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine). The Franklin County Coroner's office reported that 25.4 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of cocaine or by combined effects of cocaine with another substance(s). In addition, the Columbus Police Crime Lab reported processing 703 cocaine cases during the past six months.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Two men were arrested in Madison County after an Ohio State Highway Patrol (OHSP) drug detection dog found more than 50 pounds of cocaine behind a false wall at the front end of their trailer (<http://statepatrol.ohio.gov>, Sept. 30, 2013; www.vindy.com and www.nbc4i.com, Oct. 1, 2013). Two men were arrested after an investigation led the Franklin County Drug Task Force and the DEA (Drug Enforcement Administration) to a home in Columbus where they discovered 6.5 kilograms of cocaine and almost two hundred pounds of marijuana (www.toledoblade.com, Dec. 5, 2013). Twenty-one people were indicted after a year-long investigation called "Operation Get Shorty," a drug trafficking operation in Columbus consisting of many gang members of the Short North Posse who were caught distributing powdered cocaine, crack cocaine, prescription opioid pills and marijuana (www.10tv.com, Dec. 11, 2013).

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

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was between '2' and '4'. Some participants interviewed in Delaware County reported that powdered cocaine in their area is

generally low quality, but that powdered cocaine from inner-city Columbus is high quality. A participant stated, "Around here in Delaware [the quality of powdered cocaine] it's crap ... if you could just go like to Columbus ... you could probably get a '9' or so [high quality powdered cocaine]."

Participants reported that powdered cocaine in the region is cut (adulterated) with Ajax®, baby formula, baby laxatives, baby powder, baking soda, bath salts, creatine, ether, fentanyl, flour, mannitol (sugar substitute), energy pills, molly, NoDoz®, Similac®, Tylenol®, vitamin B-12, as well as substances sold at "head shops" and online as "carpet and room deodorizers." Participants commented more specifically on the common cutting agents used within powdered cocaine: "Vitamin B is the most popular [cutting agent]; You cut it with somethin' called 'Com Back' ... You can get it at [a 'head shop'] ... it looks like fish scales and it makes your cocaine look like it's a really good quality when it's not." Overall, participants most often reported that the quality of powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|---|--|
| | <ul style="list-style-type: none"> ● diuretics (mannitol, sorbitol) ● levamisole (livestock dewormer) ● lidocaine and other local anesthetics | |

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Generally, respondents stated that prices are higher in the City of Columbus, while prices are lower in the surrounding areas.

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-----------|
| | a gram | \$50-100 |
| | 1/16 ounce (aka "teener") | \$75 |
| | 1/8 ounce (aka "eight ball") | \$85-250 |
| | 1/4 ounce | \$200 |
| | 1/2 ounce | \$400 |
| | an ounce | \$850-900 |

Participants reported that the most common way to use powdered cocaine remains snorting, followed by intravenous injection (aka "shooting"). A participant stated, "I

mostly know 'em [powdered cocaine users] to shoot it [powdered cocaine] or just snort it, 'cause to smoke it you have to make it crack [cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. Overall, most participants described typical users of powdered cocaine as anyone; however, participants generally specified typical users as those with average to higher than average income. A participant stated, "Anybody who's got the money." Community professionals described typical users of powdered cocaine as predominantly male, although reportedly, a large number of women also use the drug. Community professionals also described most powdered cocaine users as ranging in age from mid-20s to 40s, with a few users in their 50s. In addition, community professionals reported that typical users are most often white.

Crack Cocaine

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); the previous most common score was also '10'. A participant commented, "Crack [cocaine] is like, definitely a '10' [highly available] because you don't even have to know anybody ... you can pull up to a corner store, and if you look for even a second lost [you are solicited]. 'What do you need, baby, what do you need?' ... ya know? So yeah, you don't even have to know anybody ... you can get it on the street."

Community professionals most often reported the drug's current availability as '8'; the previous most common scores were '6' and '9'. Several treatment providers readily agreed with a treatment provider who stated, "It seems like in Delaware, I'm not seeing it [crack cocaine] so much ... I'm seeing it on [state route] 161, right there. That's where everybody's getting it."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Thirty-two individuals were arrested in Marion (Marion County) as a result of a six-month investigation of drug trafficking crack cocaine, heroin and prescription pills (www.nbc4i.com, Aug. 27, 2013). Media covered a drug raid in Circleville (Pickaway County) in which 39 individuals were arrested and face drug charges for trafficking crack cocaine and heroin (www.10tv.com, Dec. 20, 2013).

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

| | | Reported Availability Change during the Past 6 Months | |
|---------------|---|---|--|
| Crack Cocaine |  Participants | No Change | |
| |  Law enforcement | No Change | |
| |  Treatment providers | No Change | |

Most participants rated the current quality of crack cocaine as '4' or '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality), depending on the seller; the previous most common score was '7'. Participants reported that crack cocaine in the region is most commonly cut with Ajax®, ammonia, baby powder and baking soda. Several participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine. A participant stated, "Whatever they [dealers] cut [powdered] cocaine with, that's what crack's cut with." Another participant commented, "You don't really know ... whatever they put in it."

In addition, participants noted many different colors of crack cocaine depending what the drug is cut with and depending on the dealer. The most commonly listed colors included yellow and white, followed by tan and brown. Participants noted that some cooks use food coloring to dye the drug and that color becomes the signature color of the dealer. Such colors listed by participants included green, pink, blue, purple, red and orange. A participant shared, "Well, the street name for it [colored crack cocaine] is 'crinack' ... there's a song out ... in the song it says how you can find it [crack cocaine] in all colors, and ... so dope boys think that's the thing to do." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

| | | Cutting Agents Reported by Crime Lab | |
|---------------|---|--------------------------------------|--|
| Crack Cocaine |  levamisole (livestock dewormer) | | |

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine.

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|------------|
| | 1/10 gram | \$10 |
| | a gram | \$40 - 50 |
| | 1/16 Ounce (aka "teener") | \$80 - 150 |
| | 1/8 ounce (aka "eight ball") | \$100-150 |
| | 1/4 ounce | \$250 |
| | an ounce | \$700 |

Participants reported that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka "shooting"). Participants noted mixing crack cocaine with lemon juice to be able to inject the drug intravenously. A participant stated, "[Crack cocaine] it's easy to shoot up, it's easy to smoke. Lotta' the people that used to shoot up cocaine won't shoot up coke anymore, they'll shoot up crack 'cause it's better quality."

A profile for a typical crack cocaine user did not emerge from the data. Participants most commonly described typical users as anyone. Some participants went into further detail when describing typical users. A participant stated, "A lot of people that are older that used to run in the eighties [1980s] are 'crack heads' ... a lot of young prostitutes." Another participant agreed stating, "A lot of young, white prostitutes [use crack cocaine]." Community professionals described typical users of crack cocaine as ranging anywhere from 20-50 years of age. Law enforcement professionals stated that most crack cocaine traffickers are African-American who sell to Caucasian users. Furthermore, law enforcement described crack cocaine users as people who are also heroin addicts.

Heroin



Heroin remains highly available in the region. Participants most often reported the current 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); the previous most common score was also '10'. Community professionals also most often reported heroin's current

availability as '10'; the previous most common score was also '10'. A detective stated, "Absolutely available anywhere, give us five minutes [and] I can go get some [heroin]."

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. A participant from Franklin County noted, "Tar's more popular around here. I'm from Cleveland, and I never saw tar [black tar heroin] up there, ever ... but yeah, tar, it's probably a '10' [highly available] around here [Columbus]." In addition, although most treatment providers were unable to comment on the specific types of heroin available in the region, some treatment providers and law enforcement professionals agreed with the consensus of participants that black tar heroin is the most available heroin type in the region. A detective stated, "By far the largest trend is heroin, primarily black tar, probably 98 percent black tar heroin." The few participants who commented specifically on white powdered heroin rated its current availability as between '4' and '6'.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. The Franklin County Coroner's office reported that 38.5 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of heroin or by combined effects of heroin with another substance(s). In addition, the Columbus Police Crime Lab reported processing 356 heroin cases during the past six months.

Media outlets reported on heroin seizures and arrests, legislation efforts and personal stories in the region during this reporting period. FBI agents arrested a Columbus Police detective for trafficking heroin (www.fox19.com, July 22, 2013). Media addressed fears concerning availability of the drug Krokodil (a less expensive alternative drug similar to heroin, originating in Russia); authorities have no confirmed cases in the central Ohio area this reporting period (www.thisweeknews.com, Oct. 11, 2013 and www.10tv.com, Nov. 1, 2013). Media reported on legislation regarding the use and availability of Narcan® (a drug that can be used to stop heroin/opiate overdose) in an attempt to lower the number of lives that are lost to heroin overdose throughout the state; the bill passed the House and is now in the Ohio Senate for review (<http://news.cincinnati.com>, Oct. 16, 2013). A Worthington (Franklin County) mother

shared about how heroin has destroyed her daughter and how she feels the need to protect her belongings from being stolen for money to support the addiction; experts suggest that drug traffickers often target higher socio-economic suburbs because of potentially higher profit in these areas (www.10tv.com, Nov. 15, 2013). Media reported on an additional recovery center in Circleville (Pickaway County) which was recently opened due to the increased number of heroin addicted individuals in that area (www.nbc4i.com, Dec. 19, 2013). Authorities arrested several individuals in an ongoing investigation by federal, state and local law enforcement in Steubenville (Jefferson County); the perpetrators facing heroin trafficking charges, allegedly brought heroin into the area from Chicago (www.justice.gov, Dec. 20, 2013). Another story in the media focused on a young man from Hilliard (Franklin County) who was released from jail after robbing a bank for money to support his heroin addiction and failing at recovery efforts during probation; he is now clean and fighting every day to remain so (www.toledoblade.com, Dec. 12, 2013).

Overall, participants reported that the general availability of heroin has increased during the past six months. A participant from Delaware County stated, "[Current heroin availability is] '10' and [availability has] increased definitely. Everyone wants a piece of the pie." Moreover, participants also reported the availability of white powdered heroin as having increased during the past six months. A participant from Franklin County stated, "[Availability of white powdered heroin has] increased, you used to not see it at all." Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider in Richland County stated, "I would say [current heroin availability] it's about a '9' [highly available] and I think it's increasing." A detective reported, "[Heroin] it's cheap, it's everywhere ... increased [availability], and it'll continue to increase." The BCI London Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months; the lab reported processing all types of heroin.

Most participants generally rated the overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. However, a participant stated, "I'd say around here ... like in Delaware area [heroin quality is] probably like a '5' or '6' [moderate quality], and in the city probably like, in Columbus, [heroin quality is] probably like a '9' or '10.'" Participants reported that black tar heroin in the region is most commonly cut with dark sodas, syrup, coffee and brown

| | | Reported Availability Change during the Past 6 Months | |
|--------|---|---|--|
| Heroin |  Participants | Increase | |
| |  Law enforcement | Increase | |
| |  Treatment providers | Increase | |

sugar. Other common cutting agents cited included any dark chemicals or compounds, benzodiazepines, cocaine, methadone, oil (type unspecified), paint, piano wax, shoe polish, tea and vinegar. Participants reported that white powdered heroin in the region is cut with cocaine, melatonin, powdered sugar and vitamin B-12.

Participants reported that the general quality of heroin has remained the same during the past six months. Specifically, participants reported that the quality of black tar heroin has remained the same or has increased during the past six months. A participant stated, "Over the years, I'd say [there's been] a huge increase in quality [of black tar heroin] ... it [quality] probably went from a '4' to a '7'" [low to moderate]. Another participant stated, "I think [heroin quality] it's gotten better because since I've gotten clean [sober], I've known at least five people to overdose [on heroin]."

Current street prices for heroin were consistent among participants with experience buying heroin. Note: participants were unable to report pricing information for white powdered heroin.

| | | Cutting Agents Reported by Crime Lab | |
|--------|--|--------------------------------------|--|
| Heroin |  | caffeine | |
| |  | diphenhydramine (antihistamine) | |
| |  | mannitol (diuretic) | |
| |  | sugar | |

Current street prices for heroin were consistent among participants with experience buying heroin. Note: participants were unable to report pricing information for white powdered heroin.

| | | Current Street Prices for Black Tar and Brown Powdered Heroin | |
|--------|-----------|---|--|
| Heroin | 1/10 gram | \$10 | |
| | a gram | \$70-100 | |
| | an ounce | \$1,200 | |

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants and treatment providers continued to note that most heroin users progress from smoking the drug to snorting and to shooting it. A participant stated, *“Mostly ... shoot because if you use it [heroin] for too long, you’re just ... you’re chasin’ a high that you ain’t gettin’ anymore, so you go to the next level, and that’s the only reason you would shoot it mostly.”*

Reportedly, injection needles are most often obtained at certain retail stores or pharmacies, the “crack house,” from prostitutes and from people who have diabetes. Participants reported that prices range on the street from \$2-5 per needle or higher if a user really needs one. A participant shared, *“If someone needs one [a needle] though, they’ll pay twenty bucks for one. And I was to the point where I didn’t care if it was dirty or clean. Like if I ... if there was like night time and I knew that I couldn’t get to the pharmacy ‘till like the next morning, I didn’t care.”*

A profile of a typical user of heroin did not emerge from the data. Participants consistently described typical users of heroin as anyone. However, some participants commented that heroin users tend to be in their 20s, prescription opioid users who have switched to heroin or those involved in prostitution. Treatment providers described typical users of heroin as predominantly white males and females, ranging in age from 18 to 40s. A treatment provider stated, *“I think we probably see more women [for heroin addiction], but I think they just get referred more by Children’s Services.”* A treatment provider in Delaware County noted high prevalence of heroin users in the Delaware County Jail stating, *“Take into consideration the folks we see in the jail, it’s high incidence of heroin use over the last six months.”* A detective stated, *“... Absolutely everybody’s [using heroin] ... we’ve seen unfortunately, 13-year-olds as users and it doesn’t matter whether you’re white, black, Mexican; it just doesn’t matter. We’ve seen everybody from that age group, again, all the way to 60, 65 [years of age].”*

Prescription Opioids

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); the previous most common

scores for both respondent groups were also ‘10’. Participants identified Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals identified methadone, OxyContin®, Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use.

A detective in Franklin County stated, *“They [users] love Percocet® ... When [prescription opioids] they’re available, they’re gone. As soon as somebody gets one [a prescription] filled ... the green light’s lit [they are gone].”* A treatment provider in Delaware County stated, *“Consistently I’m seeing Percocet®, but I’ve seen Percocet® fall off, and a year ago everybody wanted the ‘big kahuna, perc 30’s’ [Roxicodone® 30 mg], and I’m not seeing that ... the availability for perc 30’s are just falling off, so people are, are going to the ‘5’s’ [Percocet® 5 mg] and the ‘10’s’ [Percocet® 10 mg], and then they’re going to like other things, like the Dilaudid®.”*

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 14.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone. The Franklin County Coroner’s office reported that 39.3 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of one or more prescription opioids or by combined effects of prescription opioids with another substance(s). In addition, the Columbus Police Crime Lab reported processing 205 cases involving prescription opioids during the past six months.

Media outlets reported on prescription opioid seizures and arrests in the region, as well as legislation efforts, during this reporting period. A former Ohio State University football player was arrested in North Linden (Franklin County) for drug possession and trafficking; he was already indicted on drug charges in Meigs County (OSAM Athens region) and was out on bond when he was caught with oxycodone (prescription opioid), benzodiazepines and heroin (www.dispatch.com, July 12, 2013). Media brought attention to the increased number of babies addicted to prescription opioids and heroin when Gov. John R. Kasich’s administration announced a three-year pilot program targeted to help mothers addicted to opiates; this program will provide counseling and medication-assisted treatment and help prevent relapses after the babies are born, as well as decrease the hospital length of stay for infants after birth (www.ohio.com, Aug. 30, 2013). The Ohio Automated Rx Reporting System (OARRS) worked in Gahanna (Frank-

lin County) when a dentist used it to look into a patient that had come in for a toothache and asked for a prescription—doctor shopping is one way addicts will obtain prescription opioids to support their addiction; currently checking the system is voluntary (www.dispatch.com, Oct. 10, 2013). A couple attempted to flee from police in Danville (Knox County) when their vehicle spun out and they were arrested; more than 3,000 prescription pills were found in their vehicle as well as marijuana, powdered and crack cocaine (www.nbc4i.com, Nov. 12, 2013). Lawmakers met in Columbus to work on a package of bills that would address addiction treatment, further fund the OARRS system and establish more guidelines for pain management (www.cleveland.com, Dec. 12, 2013). After an eight-month investigation, a woman in Gahanna was arrested for selling her prescription opioid pills (oxycodone) (www.nbc4i.com, Dec. 13, 2013). A Columbus man was convicted and three others indicted for trafficking prescription opioids; the convicted man supplied his distributors with oxycodone, marijuana and cocaine (www.nbc4i.com, Dec. 18, 2013).

Participants reported that the general availability of prescription opioids has remained the same during the past six months. However, a few participants noted a decrease in availability of OxyContin® and Opana® due to the fact that the reformulated versions of these drugs contain an abuse deterrent, making them undesirable to many. Treatment providers and law enforcement also reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider in Richland County stated, “Whether [availability of prescription opioids] it’s increased in the last six months ... we just have so much of it ... [availability] it’s the same.” The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

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.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|--|
| | Dilaudid® | \$2 for 2 mg |
| | fentanyl | \$2 per mcg |
| | methadone | \$1 per mg pill |
| | methadone liquid | \$70 for 100 mg (10 mg/ml) |
| | Opana® (old formulation) | \$2-3 per mg |
| | OxyContin® OC (old formulation) | \$3 per mg |
| | Percocet® | \$1 per mg |
| | Roxicodone® | \$23-24 for 15 mg \$30-35 for 30 mg |
| | Vicodin® | \$0.75-1 per mg |

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors and hospitals. 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 oral consumption (swallowing and chewing) and snorting.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users of prescription opioids as anyone. Several participants more specifically identified illicit users as anyone who has been injured and been prescribed opioids as medication, along with those who have access to these medications (i.e., doctors, dentists and nurses), as well as upper-class whites who seek “better drugs” for abuse. Community professionals most commonly described typical illicit users of prescription opioids similarly as participants, while also describing that illicit users are aged anywhere from teens to 50s, with some illicit users into their 60s.

Many participants and community professionals continued to note the “pill progression” from prescription opioid abuse to heroin use. A treatment provider in Delaware County talked about her experience working with clients

in Morrow County: *"I think for those starting it [prescription opioid abuse], probably still is the younger group, late high school to like the early-20s that get started with the pills, but it's not very long before they're on to the heroin."* A detective in Franklin County stated, *"Generally our heroin addicts start on that [prescription opioids], and because of the availability of heroin, they may switch at some point, and [heroin] it's much cheaper ... that's a huge driving factor [in switching from prescription opioid abuse to heroin use]."*

Suboxone®



Suboxone® remains highly available in the region. Participants 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); the previous most common score was also '10'. A participant stated, *"I think there's more people using Suboxone® because they ... now think it's socially acceptable because they're put on [prescribed] it ... as long as they're on Suboxone®, they're OK."* Community professionals most often reported the current availability of Suboxone® as '8'; the previous most common score was '10'. A treatment provider in Richland County stated, *"On the street [Suboxone® availability is] ... '9' [highly available]."*

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 12.4 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

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

| Suboxone® | Reported Availability Change during the Past 6 Months | | |
|-----------|---|---------------------|----------|
| |  | Participants | Increase |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported pricing information for the sublingual film/strip form of the drug only, as the pill form has become increasingly unavailable. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors and clinics.

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------|
| | sublingual film | \$10-30 for 8 mg |

Most often, participants reported taking Suboxone® sublingually (dissolving it under the tongue) or by melting the gel strip down and intravenously injecting it. Other participants reported crushing the pill form and snorting. Several participants stated that Suboxone® is still sold in pill form as generic brands.

Participants described typical illicit users of Suboxone® as heroin and prescription opioid addicted persons who are self-medicating either to wean off heroin or prescription opioids or to avoid withdrawal between drug scores. Treatment providers described typical illicit users of Suboxone® as white male and female heroin users, ranging in age from 20-40 years. A treatment provider reported, *"I am getting a lot of clients who are coming in who are buying a lot of Suboxone® on the street. They're trying to get off of heroin and they can't get in to a doctor, so they're buying it on the streets. So that seems to be on the rise."* Another treatment provider stated, *"They [heroin users] use that [Suboxone®] when they can't get to heroin. Some of them are also trying [to abstain from opiate use]."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported the current availability of sedative-hypnotics as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant stated, *"Doctor-wise I would say like a '10' [sedative-hypnotics are highly available from doctors], but yeah, on the streets, I would say like a '6.'"*

Community professionals most often reported current availability as '5'; the previous most common scores were '8' for law enforcement and '10' for treatment providers. A detective stated, "I think [availability of sedative-hypnotics] it's the same as, as the opiates. When they're available ... they're for sale and gone rather quickly...." Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 6.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for sedative-hypnotics. The Franklin County Coroner's office reported that 13.9 percent of all drug-related deaths it processed during the past six months were caused by combined effects of sedative-hypnotics with another substance(s). In addition, the Columbus Police Crime Lab reported processing 79 cases involving sedative-hypnotics during the past six months.

Participants reported that the general availability of sedative-hypnotics has remained the same or has decreased during the past six months. Community professionals most often reported that availability of sedative-hypnotics has remained the same during the past six months. A detective stated, "I don't think there's an increase in any one of 'em ... there's certainly not a drive for them the way there are for opiates." The BCI London Crime Lab also reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | |
|--------------------|---|--------------|
| |  Participants | No Consensus |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of sedative-hypnotics (aka "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 the street-level users.

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|----------------|
| | Klonopin® | \$3-7 per pill |
| | Valium® | \$7 per pill |
| | Xanax® | \$5-7 for 2 mg |

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and friends. 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 for illicit use remain snorting and oral consumption (swallowing and chewing).

Participants most often described typical illicit users of sedative-hypnotics as everyone; however, participants noted illicit use among younger people aged 18-19 years and retirees. Several participants mentioned abuse among middle-aged white women, housewives and "soccer moms." Community professionals most often described typical users of sedative-hypnotics as mostly white females who are in their teens to mid-20s, followed by females in their 30s-40s, followed by white males, as well as opiate users.

Marijuana

Marijuana 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); the previous most common score was also '10'. A participant stated, "I think you can pretty much get weed [marijuana] anywhere." Community professionals also reported current availability as '10'; the previous most common score was also '10'. A treatment provider stated, "[Marijuana] it's very available in Morrow County. They grow it right there."

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, the Columbus Police Crime Lab reported processing 77 marijuana cases during the past six months.

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. In Madison County OSHP troopers spotted a suspicious flat-bed truck; the Drug Enforcement Administration used the assistance of the Columbus Fire Department to cut into customized metal containers concealing one ton marijuana smuggled inside the construction equipment on the truck (www.10tv.com, July 17, 2013). Three workers of a carnival gaming company were arrested at the Ohio State Fair for selling marijuana at the fairgrounds (www.10tv.com, July 30, 2013). An OHSP trooper arrested a man in Bucyrus (Crawford County) after finding five pounds of marijuana in his vehicle (<http://statepatrol.ohio.gov>, Aug. 15, 2013). A Columbus man was shot and killed when three men attempted to rob him of marijuana plants (www.10tv.com, Sept. 17, 2013). Two individuals were arrested in Hilliard (Franklin County) when detectives discovered more than five pounds of marijuana and a marijuana grow operation during a search of a home (www.nbc4i.com, Sept. 24, 2013). Another marijuana grow operation was found at a residence in Blacklick (Franklin County), two people were arrested and several pounds of marijuana and more than 100 marijuana plants were confiscated (www.nbc4i.com, Oct. 23, 2013). A couple was arrested when they were found selling marijuana to high school students (Franklin County) (www.nbc4i.com, Oct. 25, 2013). More than 1,000 kilograms of marijuana were brought from Mexico and sold in central Ohio by a man in Gahanna (Franklin County) who was sentenced in October; an additional five others involved in the same drug ring were also sentenced during this reporting period (www.nbc4i.com, Oct. 31, 2013). Two individuals ended up at the hospital with burns from an explosion at a University District (Columbus) apartment as a result of their efforts to extract THC oil (tetrahydrocannabinol, the principal psychoactive constituent of marijuana) from marijuana to use in e-cigarettes—police seized more than 1,000 grams of marijuana, 150 grams of hashish, cocaine and unidentified pills; this was one of two similar explosions—another explosion happened in Grove City (Franklin County) where police seized 15 mature marijuana plants, 10 pounds of marijuana and psilocybin mushrooms (www.dispatch.com, Nov. 22, 2013).

Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. A law enforcement professional stated, "It [marijuana] never went away; it won't go away either. You can grow it." The BCI London Crime Lab

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

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

Participants most often reported the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall score was also '10'. Specifically, the most common quality score for high-grade marijuana was '10', while quality scores varied between '2' and '8' for low-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 that commercial, low-grade marijuana is the cheapest form of marijuana; high-grade marijuana sells for significantly more.

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--|-------------|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5 |
| | 1/8 ounce | \$25 |
| | 1/4 ounce | \$40 |
| | 1/2 ounce | \$85 |
| | an ounce | \$80-150 |
| | a pound | \$950-1,000 |
| | high grade: | |
| | 1/8 ounce | \$50 |
| | 1/4 ounce | \$100 |
| | an ounce | \$200-350 |

While there were a few reported ways of consuming marijuana, by far the most common route of administration remains smoking. Other routes of administration include eating and vaporizing the drug. In addition to adding marijuana to brownies, participants also reported adding marijuana to Rice Krispies® treats, tea and coffee.

A profile of a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as anyone. A participant abruptly stated, "Everybody in the world [uses marijuana]!" Community professionals also described typical users of marijuana as anyone. A treatment provider stated, "I don't know what's typical. Wide range, very wide range of pot [marijuana users] . . . almost as wide as alcohol anymore." A detective stated, "I would say it seems like everybody smokes weed, but predominantly we consider it a gateway drug . . . it's more prevalent with younger kids, 14, 15 [years of age] even through college age."

Methamphetamine

Methamphetamine's current availability is variable in the region. The majority of participants were unable to comment on methamphetamine because they had no experience or knowledge of the drug during the past six months. Participants who were able to report on methamphetamine most often reported current availability as ranging from '0' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores ranged from '3' to '10'. A participant stated, "Around here [Delaware County] [methamphetamine availability is] probably like a '1' or a '2' . . . around Columbus probably like '8.'"

Treatment providers also reported variable scores for availability of methamphetamine, with scores ranging from '2' to '10'. More consistent scores emerged among treatment providers in Mansfield (Richland County), where availability was most often rated as '5'. Law enforcement rated the availability as '3'. The previous most common scores ranged from '3' among law enforcement to '7' among treatment providers. A detective in Franklin County stated, "... I mean '3' or a '4' [low to moderate availability of methamphetamine], but I mean, again, it [availability] depends what social circle you're in . . ."

Corroborating data also indicated the presence of methamphetamine in the region. The Columbus Police Crime Lab reported processing 16 methamphetamine cases during the past six months. A media outlet also reported that investigators found more than 100 methamphetamine-making pots in a Lancaster (Fairfield County) home after concerned neighbors notified authorities (www.nbc4i.com, Sept. 19, 2013).

Participants most often reported that the availability of methamphetamine has remained the same during the

past six months, while treatment providers most often reported that availability has decreased. Law enforcement stated that although methamphetamine is not as readily available in the region, availability is beginning to increase again. A detective explained that the drug is uncommon in Westerville (Franklin County), however if a drug user is looking anywhere else within the Columbus region he or she will be able to obtain it. Other detectives stated, "Fairfield County has seen a lot of meth [methamphetamine] in the past months; Unfortunately, [methamphetamine availability] that's increased, and we've been on a heck of a dry spell for a long while, but over the last six months we've seen a slight increase." The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | Decrease |

Despite few participants being able to comment on the availability of methamphetamine, even fewer were able to comment on the current quality of the drug. Among participants who were able to report on quality, scores again were variable, ranging from '5' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores ranged from '8' to '10'. Participants reported methamphetamine to be cut with Benadryl®, household chemicals and MSM (methylsulfonylmethane, a dietary supplement).

Current street prices for methamphetamine were variable among participants with experience buying the drug. The cost of methamphetamine ranged from \$50 to \$100 per gram.

While there were a few reported ways of consuming methamphetamine, generally, the most common routes of administration are intravenous injection and smoking. However, a participant with experience using the drug mentioned several additional routes of administration:

"Me and the people I used [methamphetamine] with, we would usually eat it, parachute it [wrap in tissue and swallow], smoke it, snort it."

Profiles for a typical methamphetamine user varied. Participants described typical users of methamphetamine as bikers, clubbers, people in their 30s to 40s and predominantly male. Treatment providers most often described typical users of methamphetamine as white males in their 20s to 30s, with few females reported as users. Law enforcement described the typical user as white females involved in prostitution, ranging in age from 20 to 40 years.

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of prescription stimulants as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread use, and it is the only drug most participants were able to comment on. Only one participant was able to comment on Vyvanse®, rating its current availability as '8.'

Treatment providers most often reported current availability as either '3' or '5', while law enforcement consistently reported current availability as '8'; the previous most common community professional score was '10'. Community professionals identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. Corroborating data also indicated the presence of prescription stimulants in the region. The Columbus Police Crime Lab reported processing 35 cases involving prescription stimulants during the past six months.

Participants and community professionals most often reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider in Richland County stated, "I think the avail-

ability of it [prescription stimulants] is harder [less available than other drugs], unless you've got a child that's on it because that's typically what we see . . . if [clients] they're abusing it because one of their children's on it." The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

Reportedly, Adderall® and Vyvanse® are currently sold on the region's streets. Current street prices for these prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users.

| Prescription Stimulants | Current Street Prices for Prescription Stimulants | |
|-------------------------|---|-----------------|
| | Adderall® | \$0.75-1 per mg |
| Vyvanse® | \$9-10 for 50 mg | |

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed by doctors or from friends and acquaintances that are prescribed them. While there were a few reported ways of consuming prescription stimulants, generally, the most common routes of administration remain snorting and oral consumption.

Participants described typical illicit users of prescription stimulants as high-school- and college-aged individuals. A participant stated, "College kids like to get 'em [prescription stimulants] to stay focused. A lot of high school kids use 'em for abuse [to get high]." Community professionals described typical illicit users of prescription stimulants as predominantly young, white and often female. A detective in Franklin County stated, "Around here, high school and college students, um primarily white, both female and male. So, I'd say typically 16 to 24 age group." Another detective agreed, stating, "Those are the drugs that go around the schools."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the current availability of bath salts as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|-------------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

current availability as '4,' the previous most common score was '7.' Law enforcement professionals did not comment on the availability of bath salts within central Ohio.

Corroborating data also indicated the presence of bath salts in the region. The Columbus Police Crime Lab reported processing 56 bath salts cases during the past six months. Media outlets also reported on bath salts seizures and arrests in the region during this reporting period. A huge, multi-million dollar national synthetic drug operation was discovered in Pickerington (Fairfield County); the drugs were packaged and sealed in cans that appeared to be other consumable items, such as soda pop cans and soup cans (www.610wtvn.com and www.nbcnews.com, July 11-12, 2013). The owner of a smoke shop (Columbus) was arrested for corrupt activity including selling bath salts and synthetic marijuana (www.10tv.com, Aug. 7, 2013). Three individuals were kidnapped on the west side of Columbus and tortured by a known bath salts dealer and two others (www.nbc4i.com, Nov. 14, 2013).

Perceived changes in availability of bath salts varied among participants, with some participants reporting increased availability, others reporting decreased availability and some reporting that availability has remained the same during the past six months. A participant stated, "[Availability has] *decreased, considerably.*" Another participant stated, "*You can get 'em [bath salts] from [area retailers] ... they just changed the name to 'pipe cleaner' and 'glass cleaner.'*"

Treatment providers most often reported that the availability of bath salts has decreased during the past six months. Treatment providers in Richland County unanimously stated that availability has decreased. One treatment provider suggested bath salts are unavailable "*unless you know the password* [how to ask for bath salts where they are sold]." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|---|--------------|
| |  Participants | No Consensus |
| |  Law enforcement | No Comment |
| |  Treatment providers | Decrease |

Current street prices for bath salts were variable among participants with experience buying the drug.

| Bath Salts | Current Street Prices for Bath Salts | |
|------------|--------------------------------------|---------|
| | a gram (aka "bag") | \$20-30 |
| | 1.5 grams | \$25 |
| | 3.5 grams | \$45-50 |

In addition to being available on the street, bath salts also continue to be available from certain gas stations and consistently sold at "head shops," despite legislation enacted in October 2011 banning their sale. While there were a few reported ways of consuming bath salts, generally, the most common routes of administration remain snorting and intravenous injection.

Participants described typical users of bath salts as young, white and as one participant stated, "*Anybody that wants to do coke [cocaine] pretty much ... [bath salts] it's 'synthetic coke.'*" A participant elaborated further by stating, "*The younger white group, a lot of construction workers use it [bath salts], a lot of people that work third shift use it.*" Most treatment providers described typical users of bath salts as consistently white males, aged 20-30 years. A treatment provider stated, "*Definitely more males [than females using bath salts].*"

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, very few participants had personal knowledge of or experience with the drug. Participants with personal knowledge/experience most often reported the current availability of synthetic marijuana as '8' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant stated, "*I would say [synthetic marijuana] its availability is '10' [highly available] because I can go to [a local 'head shop'] and buy it.*" Community professionals most often reported current availability as '2,' the previous most common score was '6'.

Corroborating data also indicated the presence of synthetic marijuana in the region. The Columbus Police Crime Lab reported processing 26 synthetic marijuana cases during the past six months. A media outlet also reported that the DEA and the Franklin County Drug Task Force arrested a man at Port Columbus International Airport for selling synthetic cannabinoids and bath salts in the Columbus area (www.nbc4i.com, Aug. 7, 2013).

Participants and community professionals most often reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, “[Availability of synthetic marijuana] *decreased, then increased, then decreased ‘cause of the law* [banning the sale of the drug].” The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug.

| Synthetic Marijuana | Current Street Prices for Synthetic Marijuana | |
|---------------------|---|---------|
| | a gram | \$10-20 |
| | 3 grams | \$15 |
| | a pack of “cigarettes” (aka “joints,” “sticks”) | \$25 |

A participant explained, “They [dealers] *sell ‘em* [synthetic marijuana] *in like sticks, too ... they like hide them in cigarettes, basically. I think you can get a pack of cigarettes for 25 bucks.*”

In addition to being available on the street, synthetic marijuana also continues to be available from certain gas stations, corner stores and “head shops,” despite legislation enacted in October 2011 banning its sale. A participant

stated, “[Synthetic marijuana] *it’s not illegal because they [manufacturers] change one chemical [in the formulation] ... makes it legal every time.*” The most common route of administration for synthetic marijuana remains smoking.

Participants described typical users of synthetic marijuana as younger people 20-25 years of age, marijuana users and people who are on probation. Community professionals also described typical users of synthetic marijuana as younger people, ranging from high school age to late-20s. In addition, law enforcement stated that typical users generally do not want to be caught with a drug in their system. A detective stated, “*It used to be the people that were on probation that couldn’t smoke their marijuana anymore [typically used synthetic marijuana]. Maybe part of the decrease [in availability and use of synthetic marijuana] is that we’re able to drug test for it.*”

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) current availability varies widely depending upon which form of the drug users seek: ecstasy tablets or powdered MDMA (aka “molly”). Participants most often reported the current availability of ecstasy as ‘2’ and ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was between ‘5’ and ‘10.’ Participants most often reported the current availability of molly as ‘10’; the previous most common score was ‘8.’

Very few community professionals had any knowledge of current availability for ecstasy or molly in central Ohio. Only treatment providers in Delaware and Richland counties were able to comment on the availability of ecstasy, reporting its current availability most often as ‘7’; the previous most common score was between ‘2’ and ‘7.’ In terms of molly, a detective in Franklin County and treatment providers in Delaware County reported its current availability as ‘9’; there was no community professional reporting on molly in the previous report.

Participants most often reported that the availability of molly has remained the same during the past six months; participants were unable to comment on the change of availability of ecstasy as only two participants had knowledge of the tablet form of the drug. Community professionals reported that the availability of molly has increased

during the past six months; treatment providers reported that the availability of ecstasy has decreased. The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---------|---|------------|
| |  Participants | No Comment |
| |  Law enforcement | No Comment |
| |  Treatment providers | Decrease |

| Molly | Reported Availability Change during the Past 6 Months | |
|-------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

| Ecstasy | Current Street Prices Ecstasy | |
|---------|-------------------------------|--|
| | \$25 for two tablets | |

| Molly | Current Street Prices Molly | |
|-------|-----------------------------|------|
| | 1/10 gram | \$10 |
| | 1/2 gram | \$20 |

While there were a few reported ways of consuming molly, generally, the most common route of administration is snorting. A few participants commented on the route of administration for ecstasy, reporting “parachuting” (crushing the tablet in tissue and swallowing) along with “plugging” (anal insertion of the tablet) as common.

Community professionals described typical users of ecstasy as white males and females ranging from teens to early-20s in age. Participants described typical users of molly as high school and college students, and those who attend raves (dance parties) or dance clubs. Community

professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

Other Drugs

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], inhalants, over-the-counter (OTC) drugs and salvia divinorum (psychoactive plant).

Hallucinogens remain available in the region. While no participant reported about the availability of LSD, a couple of treatment providers reported the current availability of LSD as ‘1’ and ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). There was no consensus among these treatment providers as to change in availability during the past six months; a provider in Franklin County reported that availability has remained the same, while a provider in Delaware County reported increased availability. Treatment providers described the typical user of LSD as white males in their late-teens to mid-20s.

Few participants were able to comment on the availability of psilocybin mushrooms within the region during the past six months. Participants most often reported availability as ‘0’ and ‘2’ for out-of-season and ‘8’ for in-season on a scale of 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.’ A detective reported that psilocybin mushrooms are not generally found in the community but stated, “I mean [psilocybin mushroom availability] it’s very isolated to [college] campus.”

Participants consistently reported that the availability of psilocybin mushrooms has remained the same during the past six months. A detective reported that availability has increased during the past six months, while a treatment provider reported that availability has remained the same.

Only one participant was able to comment on the pricing information for the drug. This participant reported that a gram of psilocybin mushrooms sells for \$10; 1/8 ounce sells for \$30. The most common ways to use psilocybin mushrooms remain eating them with food, placing them in tea and drinking or smoking. Participants described typical users of psilocybin mushrooms as younger (aged

teens to 20s), people who also smoke marijuana, “hippies” and “burn-outs.” A detective described typical users as college students, while a treatment provider described typical users as white males in their mid-20s.

Inhalants are highly available in the region, particularly due to the legality of the substances and ease of purchasing them from stores. While no participant reported on inhalants, a couple of treatment providers reported the current availability of inhalants as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Treatment providers reported that the most common inhalant in terms of widespread use is computer duster (aka “duster”). Treatment providers reported typical users of inhalants to be males in their mid-teens to mid-20s.

OTC cough and cold medications are highly available in the region and several are being abused, primarily due to the legality of the substances and ease of purchasing them from stores. A participant and treatment providers 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 a participant reported that the availability of these OTC drugs has remained the same during the past six months, treatment providers reported an increase in the abuse of these medications. Current street jargon for OTC’s includes “triple C’s” for Corcidin® Cough and Cold. A participant described the typical illicit user of OTC’s to be younger, aged teens to early-20s. Treatment providers reported the typical illicit user of OTC’s as white, female, aged teens to mid-20s.

Lastly, salvia divinorum (aka “salvia”) is available in the region; however, only a couple of participants reported on the substance. A participant in Franklin County reported the current availability of salvia as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), while a participant in Delaware County reported current availability as ‘2.’ A participant reported, “[Current availability of salvia is] ‘10’ because they sell it at the store [‘head shop’].” Participants were not in agreement regarding a change in availability during the past six months: availability has remained the same or has decreased.

Participants reported that salvia is marketed under names such as “60x,” “80x” and “100x,” based on strength and price. Reportedly, the “60x” sells for \$60 per gram; “80x” sells for \$80

per gram; “100x” sells for \$100 per gram. There was agreement among participants that salvia is most often smoked either through a pipe at high temperature levels or through a water bong. A participant stated, “*You gotta smoke it [salvia] through a water bong or it don’t affect you.*” Participants described typical users of salvia as young and “skateboarders.”

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remain highly available in the Columbus region. Changes in availability during the past six months include increased availability for heroin and Suboxone® and decreased availability for synthetic marijuana.

While many types of heroin are currently available in the region, black tar heroin remains the most available type. The few participants who commented specifically on white powdered heroin rated its current availability as moderate. Participants also reported the availability of white powdered heroin as having increased during the past six months. Law enforcement attributed heroin’s increasing availability to the low cost of the drug and predicted that availability would continue to increase. Treatment providers described typical users of heroin as predominantly white males and females, ranging in age from 18 to 40s. In addition, a treatment provider in Delaware County noted high prevalence of heroin users in the Delaware County Jail.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months due to a greater number of users who are prescribed the drug and greater social acceptability for the drug. Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 12.4 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. Participants described typical illicit users of Suboxone® as individuals trying to come off heroin or prescription opioids on their own, as well as those who are still actively using heroin or prescription opioids; the latter group of users seek Suboxone® for when their drug of choice is unavailable to avoid

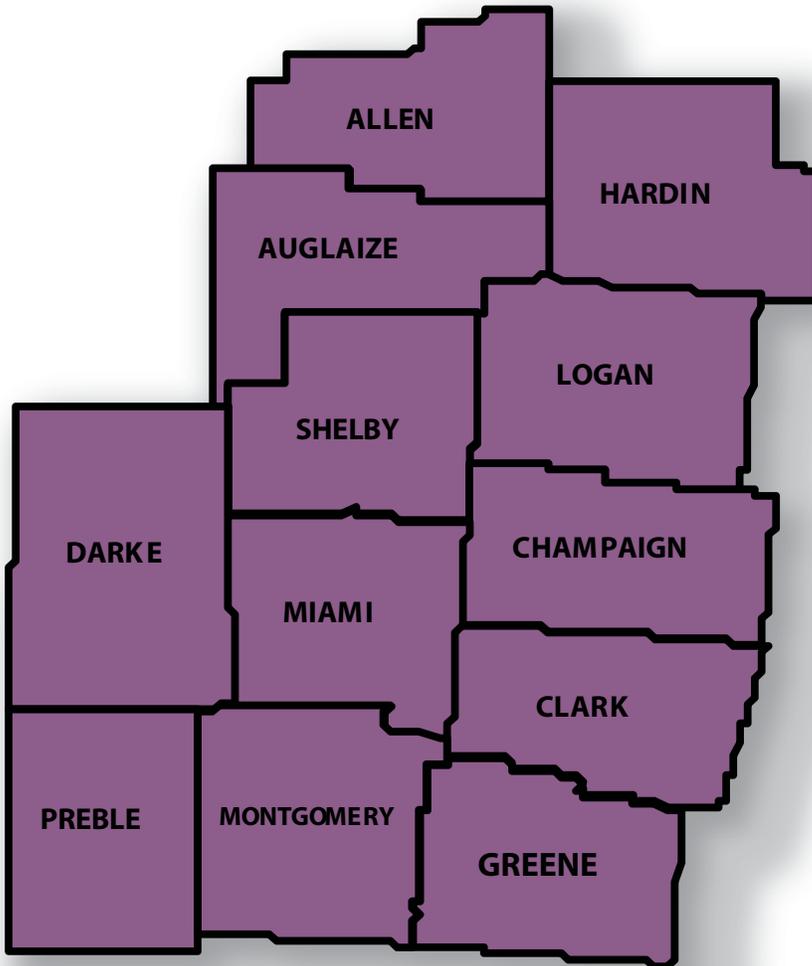
withdrawal. Treatment providers described typical illicit users of Suboxone® as white male and female heroin users, ranging in age from 20-40 years.

Synthetic marijuana remains available in the region. However, very few participants had personal knowledge of or experience with the drug. In addition to being available on the street, synthetic marijuana also continues to be available from certain gas stations, corner stores and "head shops." However, participants attributed decreased availability of synthetic marijuana to legislation of October 2011 banning its sale. The profile of a typical synthetic marijuana user remains unchanged. Participants described typical users of synthetic marijuana as younger people 20-25 years of age, marijuana users and people who are on probation. Community professionals also described typical users of synthetic marijuana as younger people, ranging

from high-school age to late-20s. In addition, law enforcement stated that typical users generally do not want to be caught with a drug in their system.

Lastly, community professionals reported an increase in powdered MDMA (aka "molly") during the past six months. A police detective in Franklin County and treatment providers in Delaware County reported the current availability of synthetic marijuana as '9' (highly available); no community professional reported on molly in the previous report. While there were a few reported ways of consuming molly, generally, the most common route of administration is snorting. Participants described typical users of molly as high school and college students, as well as those who attend raves (dance parties) or clubs. Community professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Tasha Perdue, MSW

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 Miami Valley Regional Crime Lab. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

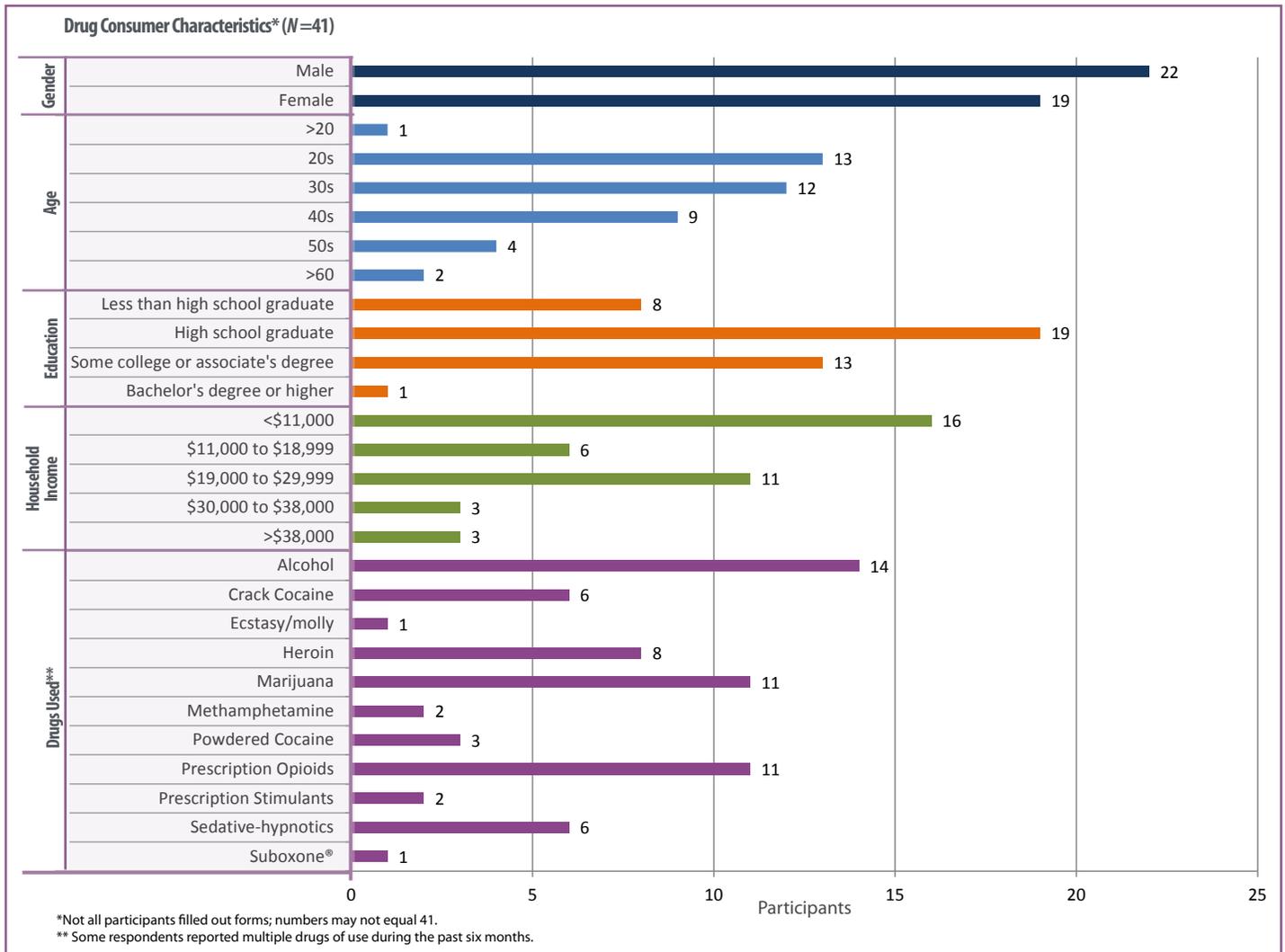
| Indicator ¹ | Ohio | Dayton Region | OSAM Drug Consumers |
|-----------------------------------|------------|---------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 1,352,510 | 41 |
| Gender (female), 2010 | 51.2% | 51.2% | 46.3% |
| Whites, 2010 | 81.1% | 83.1% | 68.3% |
| African Americans, 2010 | 12.0% | 11.3% | 17.1% |
| Hispanic or Latino Origin, 2010 | 3.1% | 2.0% | 2.9% |
| High School Graduation Rate, 2010 | 84.3% | 88.1% | 80.5% |
| Median Household Income, 2012 | \$46,873 | \$47,061 | \$11,000 to \$14,999 ² |
| Persons Below Poverty Level, 2012 | 16.2% | 14.4% | 61.1% ³ |

¹Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 2 participants due to missing and/or invalid data.

³Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.

Dayton Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana and sedative-hypnotics remained highly available in the Dayton region; also highly available were prescription stimulants and Suboxone®. Changes in availability included likely increased availability for methamphetamine, powdered cocaine and Suboxone®, as well as decreased availability for bath salts and synthetic marijuana.

Participants and community professionals reported that the availability of powdered cocaine had increased. A law enforcement professional suggested the increased availability was due to the growing popularity of mixing powdered cocaine with heroin (aka “speedballing”). Participants suggested an increase in use among younger individuals due to popular culture factors such as song lyrics that promote and glorify cocaine use. Community professionals noted that typical users of powdered cocaine were often white and also added that younger individuals were increasingly using powdered cocaine. In addition, participants discussed the strong connection between alcohol and powdered cocaine by explaining that this drug allows users to consume more alcohol.

Participants and law enforcement reported that the availability of methamphetamine had increased. The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period. Participants from across the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline and powdered tan, white and brown. A treatment provider in Dayton commented that methamphetamine was not as available in Dayton as it was in other areas of the region, while treatment providers in Lima (Allen County) reported high availability. Participants described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine was most often used in smaller social circles.

Participants and law enforcement reported a decrease in availability of bath salts. The Miami Valley Regional Crime Lab reported a decrease in number of bath salt cases it processed during the reporting period. Overall, participants reported that bath salts were not their drug of choice and they had not pursued them.

Despite legislation enacted in October 2011, synthetic marijuana continued to be available on the street from dealers as well as from “head shops.” However, participants and community professionals reported decreased availability of synthetic marijuana. Respondents commented on the impact the legislation had on the availability of the drug. Additionally, a treatment provider discussed information that was released on the dangers of synthetic marijuana use and cited that as having had a positive effect in keeping individuals from using this substance. Treatment providers also noted that users prefer to smoke regular marijuana.

Lastly, community professionals reported increased availability of powdered MDMA (aka “molly”). Law enforcement suggested this substance was increasingly popular with college age communities.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported current availability as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants noted that while users may have to call around for powdered cocaine, they could find the drug if they desired it. A participant commented, *“I could find it [powdered cocaine] any day of the week that I wanted it.”*

Treatment providers most often reported the drug’s current availability as ‘5,’ law enforcement most often reported availability as ‘8;’ the previous most common score among community professionals was ‘6.’ A treatment provider commented, *“Powdered cocaine is not necessarily a drug of choice for this region. You know we [are] dealing more with the crack cocaine.”* A law enforcement officer reflected, *“I think [powdered cocaine] it’s always available ... It’s just whether or not people are using it I think.”*

A media outlet reported on powdered cocaine seizures and arrests in the region during this reporting period. The Miami Valley Bulk Smuggling Task Force searched homes in Huber Heights (Green and Montgomery Counties), New Carlisle (Clark County) and Tipp City (Miami County) and found large amounts of cocaine, heroin and methamphet-

amine; this task force confiscated over 400 grams of cocaine during this reporting period (www.daytondailynews.com, Dec. 14, 2013).

Participants reported that the availability of powdered cocaine has decreased during the past six months and explained: "It [powdered cocaine] was a '10' [highly available] before heroin showed up; I think that's true because heroin's taking over, because everybody wants that [heroin]." Treatment providers reported that availability of powdered cocaine has decreased, while law enforcement reported an increase in availability during the past six months. A law enforcement officer reported, "We're still seeing a lot more heroin than cocaine, but our cocaine numbers are increasing. It's been interesting because for years cocaine was down and we had hardly ever run it ... It's cyclical and we're on the high side right now." The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months (note: the lab no longer makes distinctions between powdered and crack cocaine).

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Increase |
| |  Treatment providers | Decrease |

Participants most often reported the current quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that powdered cocaine in the region is cut (adulterated) with creatine, baking soda, baby laxatives and isotol (diuretic). A participant commented, "People [drug dealers] buy quantities [of powdered cocaine] just to make money, and they cut it with just about anything they can possibly think of and they sell it to somebody else, and they do the same thing." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, powdered cocaine is now sold in capsules (aka "caps"). A participant commented, "I mean nowadays they're selling it [powdered cocaine] like heroin [in capsules]."

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|---------------|
| | a capsule (aka "cap") | \$5 |
| | a gram | \$50-100 |
| | 1/16 ounce (aka "teener") | \$70-100 |
| | 1/8 ounce (aka "eight ball") | \$150-250 |
| | an ounce | \$1,000-1,200 |
| a kilo | \$18,000 | |

Participants reported that the most common routes of administration for powdered cocaine are snorting, intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 powdered cocaine users, four would snort, three would inject and another three would smoke the drug.

Participants described typical powdered cocaine users as of higher socio-economic status and 18-30 years of age. Treatment providers described typical users as more often male, 25-40 years of age and drug dealers. A treatment provider responded, "The guys that actually sell drugs [typically use powdered cocaine] because they think if they sniff cocaine that they don't have a problem." However, a professional from the coroner's office reflected that cocaine users are a diverse group: "I feel like our OD [overdosing] population is really widespread. I think that there are probably an equal number of cocaine users that are white and black, equal male and female."

Crack Cocaine

Crack cocaine is moderately to highly available in the region, depending on location. Participants in Dayton (Montgomery County) and Lima (Allen County) 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 Hardin County and Troy (Miami County) most often reported current availability as '5-8;' the previous most common overall

score was '10'. A participant in Hardin County claimed, "[Crack cocaine] *that's Lima stuff.*" A participant in Lima commented, "[Crack cocaine] *it's always been available as far as I knew.*" Similarly, treatment providers in Lima most often reported the drug's current availability as '10', while treatment providers in Hardin County reported current availability as a '4'; the previous most common score overall was '10'. A treatment provider in Hardin commented, "*I don't have any clients that are admitting to smoking crack [cocaine].*"

This reporting cycle participants also discussed obtaining crack cocaine paraphernalia at regional gas stations. A participant commented, "*They selling pens like right there at [that] store and make it look like there's a rose in it ... and it's a crack pipe ... and they sell bags [prepackaged smoking kits] with a Brillo® [pad, steel wool to use as a filter], pen [to use as a pipe] and lighter.*"

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months (note: the lab no longer makes distinctions between powdered and crack cocaine).

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the current quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported that the quality can vary depending upon from whom the user purchases the drug. Participants reported that crack cocaine in the region is cut with baking soda as well as substances from "head shops." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant commented, "*More cutting and less cocaine.*"

| Crack Cocaine | Cutting Agents Reported by Crime Lab | |
|---------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for crack cocaine were variable among participants with experience buying the drug. Participants explained that users can buy crack cocaine by the piece (aka "rock"). A participant stated, "*They [drug dealers] usually already have it [crack cocaine] chopped up into nickels [\$5 pieces], dimes [\$10 pieces], whatever you want.*"

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|-----------|
| | a gram | \$40-100 |
| | 1/16 ounce (aka "teener") | \$60-70 |
| | 1/8 ounce (aka "eight ball") | \$120-170 |

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. Participants speculated about a possible increase in shooting crack cocaine. A participant commented, "*I think [injecting crack cocaine] is common now. I used to do it all the time.*"

A profile for a typical crack cocaine user did not emerge from the data. A participant quipped, "*It don't make no difference these days [anyone can use crack cocaine].*" Another participant replied, "*It's all about the money sometimes ... or if you can't find anything else [crack cocaine is readily available and cheap].*" A treatment provider commented, "*Could be anybody ... it [crack cocaine] doesn't discriminate.*"

Heroin



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); the previous most common scores were also '10'. A participant remarked, "*All you gotta do is walk out this building and give them [heroin dealers] the right look and they got you.*" Another participant claimed, "*There's some people that travel from far away to come to Dayton to get heroin. They come here to get the good stuff and it's cheaper.*"

While many types of heroin are currently available in the region, participants reported the availability of brown and

white powdered heroin as the most available even though black tar heroin was also rated highly available in all areas. Participants most often reported the current availability of all heroin types as '10' throughout the region, with the exception of black tar heroin in Troy (Miami County) where participants there most often reported the current availability of black tar heroin as '3.' Community professionals also reported the availability of brown and white powdered heroin as most available in the region. Additionally, crime lab professionals most often reported black tar heroin's current availability as lower than that of brown and white powdered heroin.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. A SWAT team arrested five individuals in Kettering (Montgomery County) for trafficking heroin (www.abc22now.com, July 8, 2013). A woman was arrested in Darke County for trafficking heroin while her one-year-old child was with her (www.abc22now.com, July 16, 2013). A Kettering couple was arrested after being pulled over with heroin caplets and paraphernalia in their car (www.abc22now.com, July 22, 2013). Two more individuals were found in Preble County collecting scrap metal along the Norfolk and Southern Railroad; they possessed hypodermic needles and capsules used for heroin and were arrested (www.abc22now.com, July 23, 2013). Three men were arrested for selling heroin in the Dayton Mall parking lots (www.daytondailynews.com, Nov. 6, 2013). Further, a heroin dealer from Springfield (Clark County) was sentenced to three years in prison following his third drug-related arrest this year; he was in possession of heroin (some of which were in capsules), crack cocaine and Suboxone® (www.daytondailynews.com, Nov. 20, 2013). Later in the reporting cycle, a crying one-year-old was discovered in a running van in which two unresponsive women were found overdosed on heroin (www.daytondailynews.com, Dec. 5, 2013). Three people were arrested in a drug raid at a home in Sidney (Shelby County); heroin and marijuana were found during the raid (www.daytondailynews.com, Dec. 17, 2013). The Miami Valley Bulk Smuggling Task Force also seized 13.3 pounds of heroin (www.daytondailynews.com, Dec. 14, 2013).

Participants most often reported that the general availability of heroin has increased during the past six months. A participant commented, "[Heroin availability] *it's gotten worse, and it's getting worse.*" In addition, participants reported an increase in overdose rates as well. Participants

commented: "[Overdose rates are] *increasing; I know a few people that died this year from it [overdosing on heroin]. I know like five people actually, that died this year.*" Participants shared that hesitation to call for assistance when a user is overdosing is common among heroin addicts. A participant stated, "*If somebody dies around me, I'll leave them where they're at.*" A participant explained, "*You'll get involuntary manslaughter; That's why people are laying there dying.*" Another participant added that those who overdose face felony charges themselves: "*There's this law in Kenton that if they go out to the hospital ... if they're overdosing, they're going to charge them [the overdosing heroin addict] with a felony five and that's not right.*"

Community professionals also reported that the general availability of heroin has increased during the past six months. A law enforcement officer said, "*A lot of people are starting to know heroin addicts which I think is interesting, because I don't think a lot of people before the last six months or a year could say they knew a heroin addict. But, I know now I can say that personally.*" A crime lab professional reported, "*We're not that far from being able to say that heroin is our most prevalent drug, and I mean it's always been marijuana.*" Community professionals also reported an increase in overdose rates. A crime lab professional reported, "*If not every day, at least every other [day] we get one or two [heroin] overdoses.*" Treatment providers also explained that users are hesitant to call for assistance when they see someone overdose. A treatment provider remarked, "*Like if someone overdoses, they'll just leave them there or they'll just keep quiet because they understand that they can get charges as well as the person that's overdosed.*" The Miami Valley Crime Lab reported that the number of heroin cases it processes has increased during the past six months; the lab reported processing brown, tan and white powdered heroin.

| | | Reported Availability Change during the Past 6 Months | |
|--------|---|---|----------|
| Heroin |  | Participants | Increase |
| |  | Law enforcement | Increase |
| |  | Treatment providers | Increase |

Participants most often reported the general quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Several participants shared stories of ending up in a

hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. A participant shared, *"I don't know [what heroin is cut with], but I've been in the hospital three times and got surgery and my vein removed out of my arm and out of my hand because of what it was cut with."* Another participant reflected, *"My sister, she's in a coma from doing some heroin [that was cut with something]. For a month she had to go to a nursing home and she's 30 years old ... I've been in the hospital the last two years and at 36 [years old] I had two heart attacks from doing heroin."* Participants also explained that drug dealers have increased awareness of the quality of their drugs and often give warnings to the users. Participants shared: *"Dude [the dealer] told me, 'Don't snort more than half a cap because it's so potent.' And I didn't listen. I went home and I woke up in the hospital and I was blue and breathing ten times a minute; My dope boy called me later to make sure that I was okay 'cause he said it [heroin] was so strong. I was like, 'How nice of him to call me and make sure that I'm alive.'"*

Participants reported that heroin in Dayton is cut with dietary supplements, fentanyl and other unidentified substances. Several participants discussed a particular blue colored heroin reportedly cut with fentanyl. Community professionals also discussed heroin mixed with fentanyl. A crime lab professional reported, *"We did, too, just get inundated with a lot of overdoses because of the fentanyl issue ... We had probably close to 20 overdoses in a four-day [period], Friday, Saturday, Sunday, Monday, it was overwhelming."* Additionally, in a press release, the Montgomery County Coroner's Office disclosed that heroin cut with fentanyl is being sold by regional drug dealers. Since November 2013, the coroner's office reported 23 suspected heroin deaths in the county: eight cases have been confirmed as having contained both heroin and fentanyl, with another 23 cases still under investigation (www.mcoho.org/government/coroner/newsdetail1139.html). Overall, participants most often reported that the general quality of heroin has remained variable during the past six months.

| | |
|---------------|---|
| Heroin | Cutting Agents Reported by Crime Lab |
| | <ul style="list-style-type: none"> ● caffeine ● diphenhydramine (antihistamine) ● quinine (antimalarial) |

Participants reported that heroin is available in different quantities. Reportedly, brown and white powdered heroin

are most often sold in capsules (aka "caps") containing approximately 1/10 gram. Reportedly, users get a deal if they purchase in greater quantities; for example, three capsules can be purchased for \$20. Participants referred to a purer form of powdered heroin as "raw" which costs substantially more than "regular" brown and white powdered heroin. Black tar heroin is most often sold in folded corners of a piece of paper (aka "folds" or "papers") and placed in a baggie; the paper helps to keep the product from sticking to the bag. Participants also reported purchasing black tar heroin in "bundles" which are 10-12 small packs of heroin. A participant discussed traveling out of the Dayton region to get cheaper pricing on heroin: *"I was getting ounces for like \$800, but I had to go to Toledo, Detroit [Michigan] area to get it for that [price]."* Participants also continued to mention dealers in Dayton giving away free testers of heroin.

| | | |
|---------------|---|--|
| Heroin | Current Street Prices for Heroin | |
| | brown and white powdered: | |
| | 1/10 gram | \$10 |
| | 1/2 gram | \$50 |
| | a gram | \$70-100 ("regular") \$200 ("raw") |
| | 1/2 ounce | \$1,100-1,500 ("regular") \$2,200-2,400 ("raw") |
| | black tar: | |
| | 1/10 gram | \$20 |
| | 1/2 ounce | \$1,500 |

While there were a few reported ways of using heroin, the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, five would shoot and the other five would snort the drug. Participants commented: *"Snorting it [heroin] takes a good 5-10 minutes for the sickness to go away; I'd rather shoot because it goes straight, especially when I'm sick."* A treatment provider commented, *"And they [heroin users] would start out, most of them, they would start out snorting and then go to shooting."*

Participants reported trouble obtaining new needles: *"You'd have to go out of this area to get them at a store ... But they're very hard to come by; The pharmacy here quit selling them. I went off on them, 'You want everybody to get Hep C and AIDS!'"* Others reported easy access: *"I get 'em right*

here in Lima. I mean if you need them you just go to the pharmacy and tell 'em you need some diabetic needles and they have you sign and you get a little pack for \$3 with 20 in there; Yeah you can go to Bellefontaine [Logan County] and get a box for 100 for \$21.99 and come back and sell them [on the street] for \$5—sometimes \$5 for one." Participants revealed concerns about sharing needles. Participants commented: "I'm sure there's a lot of fear there, but when you're dope sick you don't care. You really don't ... But I guarantee probably 80 percent of heroin addicts have Hep C; I would say 80-90 percent of people that does heroin has Hep C." A treatment provider agreed and commented, "I think all of my clients who have used heroin have Hepatitis."

Participants described typical heroin users as younger. A participant added, "It's more suburban areas [where heroin use is most common]. It's not in the city. It's outside [the city]." Community professionals described typical users of heroin as white, male or female of all ages. A treatment provider noticed an increase in African American users: "And the heroin is becoming such a major issue that, yeah, in the Caucasian community it's high, but in the African-American community in the past few months it is starting to rise."

Prescription Opioids

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); the previous most common score was '8' for participants and '10' for community professionals. A participant said, "You can get it [prescription opioids] on the street easy." A treatment provider said, "[Prescription opioid use] it's at an all-time high." Participants and community professionals identified Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on prescription opioid seizures and arrests, as well as community efforts addressing opiate addiction in the region during this reporting period. A man was arrested in Dayton when he went to a pharmacy to pick up a fraudulent prescription for 180 Norco® tablets (www.abc22now.com, Aug. 3, 2013). Several media outlets (*Dayton Daily News*, WHIO Radio and WHIO-TV) collaborated to inform the community about the opiate addiction problem in Ohio; the special was titled "Prescription For Pain" and brought together experts who answered

questions and discussed how people in all walks of life are touched by opiate addiction; The Montgomery County Coalition for Drug Free Communities also held a town hall meeting to discuss the same issue (www.springfieldnews-sun.com, Oct. 21, 2013).

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider commented on the use and access of prescription pain pills in the region: "The abuse of it [prescription opioids] is still, I mean I haven't seen it taper off none ... it's like really, really bad." The Miami Valley Regional Crime Lab reported the following changes in case numbers during the past six months: increased numbers for Dilaudid®, Percocet® and Vicodin®; decreased numbers for Kadian®, methadone and OxyContin®.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of prescription opioids (aka "killers") are currently sold on the region's streets. Current street prices for prescription opioids were variable among participants with experience buying the drug. Participants reported that the price of pills has increased to \$1 or more per milligram. Some participants reported noticing an increase in individuals switching over to heroin and commented: "Heroin is cheaper; Some people is going to the heroin because it's more cheaper and the pills cost more than what they used to cost." Participants reported the following prescription opioids as available to street-level users.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---|
| | Dilaudid® | \$8-10 for 8 mg |
| | methadone | \$6-7 for 10 mg \$40 for 40 mg wafer |
| | Opana® (old formulation) | \$60 for 40 mg |
| | Percocet® | \$3 for 7.5 mg \$5-14 for 10 mg |
| | Roxicodone® | \$15-30 for 30 mg |
| | Roxicet® | \$25 for 15 mg |
| | Ultram® | \$0.50-1 for 50 mg |
| | Vicodin® | \$2-3 for 5 mg \$3-5 for 7.5 mg \$5-7 for 10 mg |

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from dentists, doctors, pain clinics and emergency rooms. A participant commented, "Dentist. You can tell them you got a toothache, and they sending you home with Vicodin®." Another participant shared, "My last doctor I could pay. I paid like \$350 for a visit, but she would give me the syrup with codeine in it; she'd give my oxycodone; she'd give me the xani-bars [Xanax®], the vike's [Vicodin®], the Somar®—anything I'd want."

While there were a few reported ways of consuming prescription opioids, the most common routes of administration are snorting followed by intravenous injection (aka "shooting") and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five to nine would snort and the others would either orally consume or shoot the drugs. A participant explained that medications with acetaminophen in them are undesirable for snorting.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anybody. Community professionals reported that young people often initiate drug abuse with prescription opioids.

Suboxone®



Suboxone® remains highly available in the region. Participants 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); the previous most common score was also '10'. Community professionals most often reported current availability as '7'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has decreased during the past six months. A participant claimed, "It's a little harder to get [Suboxone®]. People that get it don't want to get rid of it." Contrarily, community professionals reported that availability of Suboxone® has increased during the past six months. Law enforcement commented, "[Suboxone®] it's definitely less [available] than heroin, but our numbers have doubled in the second half of the year." A law enforcement officer reflected, "My only two guesses are that [Suboxone®] is what is being prescribed instead of methadone. And, as the population of heroin users is increasing, the population [availability] of the Suboxone® is just going with it." A treatment provider added, "It's getting more readily available to them [heroin users]." The Miami Valley Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|---|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Increase |
|  Treatment providers | Increase | |

Current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant explained that prices varied on the street: "[Suboxone® street pricing] just depends on who you're running into, I guess."

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------------------------|
| | sublingual film | \$10 for 8 mg \$25-30 for 12 mg |

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from clinics. Reportedly, legitimate prescriptions are more difficult to obtain. Participants commented: *"With Suboxone®, it's very expensive ... If you don't have insurance, it's very expensive and stuff; A lot of people can't afford it [Suboxone®] ... How many heroin addicts that needs Suboxone® do you know that can walk into a clinic and afford to pay \$700 a month for something like that? You know what I mean? It's just not possible."*

Most often, participants reported taking Suboxone® sublingually. Participants estimated that out of 10 illicit Suboxone® users, nine would take the drug sublingually and the other one would intravenously inject it. Participants described typical users of Suboxone® as opiate users. Participants commented: *"Depends on your mindset [if] you're gonna use it [Suboxone®] or abuse it; If you're using it correctly, it's gonna help you, but I also see people who are on pills [prescription opioids] that you know [are not using Suboxone® correctly]. It's hard to get off pills."* Community professionals often described typical users of Suboxone® as self-medicating: *"Someone that's trying to get off heroin; Someone that's trying to, you know, get clean."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants continued to most often report the current availability of sedative-hypnotics as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8'. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant remarked, *"It's all available. You can get anything basically that you want if you know how to talk it."* Likewise, community professionals most often reported current availability as '8'; the previous most common score was also '8'. Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant claimed, *"Actually, you know what? Besides heroin, that's the main thing that everybody wants—Xanax®, Valium®, Klonopin®."* A law enforcement officer reported, *"I can say*

our benzo [benzodiazepines] numbers are up already." The Miami Valley Regional Crime Lab reported the following changes in case numbers during the past six months: increased numbers for Ativan®, Klonopin®, Lunesta® and Valium®; decreased numbers for Ambien® and Xanax®.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | |
|--------------------|--|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of sedative-hypnotics (aka "pharmies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant explained, *"People will hold their medication until someone is really geeking for that medicine, so you're gonna pay a few dollars more you know."* Participants reported the following sedative-hypnotics as available to street-level users.

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|---|
| | Ativan® | \$2 for 2 mg |
| | Klonopin® | \$0.50-2 for 1 mg \$2-4 for 2 mg |
| | Valium® | \$2 for 10 mg |
| | Xanax® | \$0.50-2 for 0.5 mg \$2-3 for 1 mg \$5-6 for 2 mg |

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and therapists. A participant commented on the availability of sedative-hypnotics: *"Everybody knows somebody that got something, a muscle relaxer, or something."* Another participant reflected on the ease of obtaining these drugs from medical professionals: *"If you go to your local psychiatrist or your local therapist, benzodiazepines are pretty easy for you to get your hands on. You can use them for a variety of things and you can use them a variety of different ways, so they're pretty common."* A law enforcement officer also commented, *"I also think benzos are a lot easier to get than a lot of other prescriptions. You can go to a doctor and say you feel anxious and they'll give you something."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration for illicit use are oral consumption, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit sedative-hypnotic users, three to eight would snort, two to seven would orally ingest and one would shoot the drugs.

Participants described typical users of sedative-hypnotics as someone with mental health issues. Community professionals described typical illicit users of sedative-hypnotics as most often white and using heroin.

Marijuana

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); the previous most common scores were also '10'. Participants reported: "You can get that [marijuana] anytime; You can get weed [marijuana] just about anywhere." A treatment provider commented, "People think marijuana is ... less [harmful] than cigarettes, so they think it's better to smoke marijuana than to smoke cigarettes."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. A man in Shelby County received a gun safe that he ordered online; the safe was made in Mexico and the man found 280 pounds of marijuana inside when he opened it (www.vindy.com, Aug. 18, 2013). Also, the Miami Valley Bulk Smuggling Task Force seized over 20 pounds of marijuana this reporting period (www.daytondailynews.com, Dec. 14, 2013).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. Participants mentioned that growing marijuana used to be seasonal; however, participants agreed that marijuana is now being grown all year round. One participant commented, "That's how people are doing it, they got grow machines. People are growing [marijuana] in their houses ... instead of getting it shipped in." A treatment provider noted, "I think people are more likely to experiment with trying to grow it [marijuana]. In our area, there are more people that live on farms that grow quite a bit. They will put it in the middle [of a cornfield] and they will grow it." A crime lab professional added, "Now we get loads of [marijuana] plants all the time

because so many people are doing indoor grows." Additionally, crime lab professionals reported an increase in hash labs and food products made with marijuana. The Miami Valley Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|--|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participant quality scores of marijuana ranged from '3' for low-grade, '5' for mid-grade and '10' for high-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2' for low-grade, '5' for mid-grade and '10' for high-grade. Several participants explained that the quality of marijuana depends on the grade of marijuana. A treatment provider had also heard of different varieties of marijuana: "I mean you're not just talking about regular marijuana or the 'kush' [high-grade marijuana] ... I mean there's 180 different types of marijuana ..."

Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported low-grade marijuana as the cheapest form; high-quality marijuana sells for significantly more.

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--|----------|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5 |
| | 1/4 ounce | \$30-40 |
| | an ounce | \$100 |
| | a pound | \$700 |
| | high grade: | |
| | a blunt or two joints | \$20-25 |
| | an ounce | \$50-120 |
| | a pound | \$1,500 |

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would vaporize or orally ingest the substance. A participant added, *“My friend, he had throat cancer, so he couldn’t smoke and went to Michigan and a friend up there was like a pharmacist and—I mean there was like lollipops, there was cakes, there was all kinds of stuff [made with marijuana].”*

A profile of a typical marijuana user did not emerge from the data. Participants and community providers continued to describe typical marijuana users as *“anybody and everybody.”* However, both respondent groups noted an increase in individuals using marijuana at earlier ages, indicating that first-time marijuana use typically occurs between ages 12-17.

Methamphetamine

Methamphetamine’s availability is variable in the region. Participants most often 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); the previous most common score was ‘6’. Participants reported that methamphetamine is available in powdered and crystal forms. A participant explained, *“Well there’s two different types. You got ‘shake-and-bake’ [powdered methamphetamine] and you just got regular ‘shards’ [crystal methamphetamine], like glass ... the shards are better than the shake-and-bake. The shake-and-bake is just made in a bottle ... the other stuff [crystal methamphetamine] is made in a laboratory.”* Participants commented about the production of “one-pot” or “shake-and-bake,” 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), people who make methamphetamine (aka “cooks”) can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Community professionals most often reported the current availability of methamphetamine as ‘6’ with more rural areas of the region reporting higher availability: ‘10’ in Lima, ‘8’ in Hardin County and ‘6’ in the City of Dayton; the previous most common overall score was ‘4’. A treatment provider commented, *“With my poly [drug] users, all of them have identified using it [methamphetamine] ... it seem like*

everybody that I work with have it in their history of using. I mean, I don’t think it was so much their drug of choice, it’s because it was there [available].”

A media outlet reported on methamphetamine seizures in the region during this reporting period. The Miami Valley Bulk Smuggling Task Force seized over 25 pounds of methamphetamine (www.daytondailynews.com, Dec. 14, 2013).

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. A participant reflected, *“Most people around here are hooked on heroin or you’d probably see it [methamphetamine] more.”* A crime lab professional commented, *“And we’re seeing a lot more meth within the City of Dayton in the last six months to a year and that increase is gonna come from the one-pots [one-pot method of production].”* The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing brown, tan and white powdered along with crystal forms of the drug.

| Methamphetamine | Reported Availability Change during the Past 6 Months | | |
|-----------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | No Change |
| |  | Treatment providers | No Change |

Most participants rated the current overall quality of methamphetamine as ‘8’; the previous most common score was ‘7’. Current street prices for methamphetamine were consistent among participants with experience buying the drug.

| Methamphetamine | Current Street Prices for Methamphetamine | |
|-----------------|---|-------|
| | 1/2 gram | \$40 |
| | a gram (powdered) | \$60 |
| | a gram (crystal) | \$100 |

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking, snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, four would smoke, three would snort and three would shoot the drug.

Participants described typical users of methamphetamine as “bikers” and those living in rural areas. A participant explained that methamphetamine is more available in rural areas, *“Cause you can hide a meth lab easier out there because your closest neighbor is two miles away, you know? They ain’t going to smell nothing or hear anything.”* Community professionals also described typical users of methamphetamine as more rural. In addition, a crime lab professional commented, *“And we’re seeing meth from white [individuals]—I would say maybe 40 [years of age] and below.”* Treatment providers commented: *“Rural population, definitely, with the meth; You don’t hear much about the urban population [using methamphetamine].”*

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported 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); the previous most common score was also ‘10’. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread use. A participant commented, *“Adderall® is pretty common now.”* Another participant remarked, *“Just because everybody’s got ADD now ... it’s another one of those things that the doctors kind of just throw us a script [prescription].”* Community professionals most often reported current availability as ‘8’; the previous most common score was also ‘8’. Community professionals also identified Adderall® as the most popular prescription stimulant in terms of widespread use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider shared, *“We’re seeing more and more and more children in our area being diagnosed with that [ADHD]. You know, it seem like every kid we got, got an IEP [individualized education plan] in some shape, form or fashion.”* The Miami Valley Regional 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.

| Prescriptions Stimulants | Reported Availability Change during the Past 6 Months | |
|--------------------------|---|------------|
| |  Participants | No Change |
| |  Law enforcement | No Comment |
| |  Treatment providers | Increase |

Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users.

| Prescription Stimulants | Current Street Prices for Prescription Stimulants | |
|-------------------------|---|----------------------------------|
| | Adderall® | \$3 for 10 mg \$4-5 for 30 mg |

While there were a few reported ways of consuming prescription stimulants, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription stimulant users, seven would snort and three would orally consume the drugs.

Participants described typical users of prescription stimulants as college students. A participant remarked, *“College kids are eating them [prescription stimulants] like candy.”* Participants explained: *“You can get your homework done and then some; Someone in school studying or someone that’s drinking or partying all night—they want to stay up all night. More of a younger age group for those stimulants.”* Community professionals described typical users of prescription stimulants as white, younger and often female. A crime lab professional commented, *“Yes, and we’ve also had a case or two where the parent is stealing from their child. Again, white and I’d say maybe like early- to mid-20s type situation. I see more moms. Yeah, more women. Their kid is getting it prescribed and they [the mom] are using it.”*

Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are low to moderately available throughout the region. Participants most often reported current availability of bath salts as '3-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '0'. Community professionals most often reported bath salts current availability as '4'; the previous most common score was '10'.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. One participant commented, "You can't find that [bath salts] no more." A treatment provider remarked, "We don't hear anything about bath salts anymore." A crime lab professional attributed the decrease in bath salts availability to: "Laws, and I think some people, too, got scared. And then was another round of deaths a few months ago that got some publicity and so again, I think people probably backed off of those [bath salts]." The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Most participants did not have first-hand knowledge of bath salts and those that did reported negative experiences. A participant shared, "It was a bad experience every time. Shit [bath salts] was the devil. I'm surprised I didn't eat someone's face off like that guy in Florida. Seriously, it was worse than any upper I've ever done."

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell \$15-20 per gram. Bath salts continue to be available on the street from dealers as well as from gas stations and through the Internet. A participant commented, "If you ask [for bath salts at a gas station] sometime the dude will go in the back and grab them. He didn't sell it on

the shelves, but the people he knew that used to come buy it—that he felt comfortable with—you can go ask for it and he would go in the back and come back out with it [bath salts]." Internet availability was also discussed by a participant: "You can still buy it online, and they'll send it to you over the mail, but you have to buy like bulk."

While there were a few reported ways of consuming bath salts, the most common route of administration is snorting. Participants described typical users of bath salts as: "People that like stimulants; People that do meth and crack." Community professionals described typical users of bath salts as younger or people trying to pass drug tests.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is highly available in the region. Participants 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); the previous most common score was '2'. A participant explained, "You can get it [synthetic marijuana], [but] people don't really want it anymore." Community professionals most often reported current availability as '7'; the previous most common score was '3'.

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant reflected, "Not as much [available] because the K2s illegal now, so you don't see it at gas stations or anything. It was very readily available six months ago." The Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Although participants were unable to rate quality of the product, many participants remarked on physical discomfort from using synthetic marijuana. A participant shared, *"That shit [synthetic marijuana] gives you headaches."*

Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$20-35 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." A participant shared, *"You can still get it [synthetic marijuana] at head shops that sell bowls [smoking devices] or pipes."* Another participant remarked, *"They changed the recipe [of synthetic marijuana], and there's a lot of herbal smoking blends out there."*

While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking. Participants and community professionals described typical users of synthetic marijuana as similar to typical users of bath salts: younger and people on probation.

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) and "molly" (powdered MDMA) remain moderately available throughout the region. Participants most often reported current availability of these substances as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. A participant commented on the increased popularity of club drugs: *"I'd say it's more popular because first of all, in hip-hop songs they're talking about 'popping molly' and glamorizing it. And then, I just think people want to stay up all night and they want to be able to party and dance."* Although club drugs are available, a participant commented, *"[Ecstasy and other club drugs] it's not an addiction drug around here."* Community professionals most often reported current availability as '5,' the previous most common score was '6.' A treatment provider posited, *"With the molly, I think that's kind of scared some people because of the mixture of the types of drugs that they using and the reaction that people have had to that drug. I think that's scared people and keeping them away from that."*

Participants and community professionals reported that the availability of ecstasy and molly has remained the

same during the past six months. The Miami Valley Regional Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

| Reported Availability Change during the Past 6 Months | | |
|---|--|-----------|
| Ecstasy |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |
| Reported Availability Change during the Past 6 Months | | |
| Molly |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Current street prices for ecstasy and molly were consistent among participants with experience buying the drug.

| Current Street Prices for Ecstasy | | |
|-----------------------------------|--|-----------------|
| Ecstasy | high dose (aka "double stack" or "triple stack") | \$20 per tablet |
| | 100 tablets (aka "jar") | \$300 |
| | 1,000 tablets (aka "jug") | \$3,000 |
| Current Street Prices for Molly | | |
| Molly | 1/10 gram | \$10-25 |
| | a gram | \$80 |

While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is snorting. Participants described typical users of ecstasy as younger and those that like the club scene. Community professionals described typical ecstasy users as more likely male. A crime lab professional commented on typical users as follows: *"White, under 30. I would probably say more male as well."*

Other Drugs

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, inhalants, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], over-the-counter (OTC) medication, ketamine and Neurontin®.

Current availability of anabolic steroids varies from low to moderate throughout the region. Participants in Hardin County reported overall availability as '6,' while participants in Miami County reported overall availability of '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Crime lab professionals reported current availability as '3.' A participant commented, "There's a lot of people around here into the weight lifting and stuff." Law enforcement suggested a slight decrease in availability during the past six months. A crime lab professional commented, "We're down a little bit from where we were six months ago [regarding availability of anabolic steroids]. The fact that we've had 15 steroid cases is still a big deal. I mean that's still pretty significant."

Current prices were consistent among participants with experience buying anabolic steroids, but varied depending on the method of obtaining them. A participant explained different purchasing options for anabolic steroids: "If you get them online, it's probably \$50-75 by the bottle. But if you get them from someone that already has them in town, it's like \$100-\$120 a bottle—and that's just one cycle." Participants most often reported in-person purchases ranged from \$120-150 for one cycle of anabolic steroids.

Participants described typical steroid users as individuals who regularly go to gyms to work out and those involved in sports. A participant observed, "Junior, senior year they'd start [using steroids in high school] ... If they want to get bigger for the next season or if they want a little boost." Community professionals described typical steroid users as athletes and often individuals in prison. A treatment provider reflected, "You hear about it [steroid use] amongst the athletes. See here's the thing, in high schools they don't really test for steroids. They get a one-time drug screen going into the season ... the push is bigger, stronger, faster for the athletes—and the bigger, stronger, faster you are, the better chance you have to get a scholarship ... there's a lot of kids that's been exposed to it." In addition, a crime lab professional reported, "A big case that we did this year was correc-

tions people [corrections officers] selling them in prison ... So yeah, they've been going around to prisons."

Participants reported high availability of inhalants in the region due to the legality of the substances and the ease of store purchase. However, participants did not report personal inhalant use during the past six months. Participants identified that youth and people who are required to take drug screens might be more likely to use inhalants. A participant explained, "A lot of teenagers [use inhalants], and I know for me, they can't screen for it [inhalants]. You can't get tested for it, so if ... you go in for a drug screen and if you're on probation ... it's cheap, it's easy, and they can't test for it."

Hallucinogens are low to moderately available throughout the region. Participants most often reported the overall availability of hallucinogens as a '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "If it's [hallucinogens] around, people will buy." Law enforcement professionals most often reported overall hallucinogenic availability as '2.' A crime lab professional remarked, "We're getting a lot of [psilocybin] mushroom grows ... It's not illegal to buy the spores on the Internet ... they're just not illegal until you start growing them." Pricing was consistent among users with experience buying hallucinogens.

| Current Street Prices for Other Drugs | | |
|---------------------------------------|---------------------------------|---------|
| Other Drugs | LSD: | |
| | a hit (single dose, aka "trip") | \$5-10 |
| | 100 hits (aka "sheet") | \$300 |
| | psilocybin mushrooms: | |
| | 1/8 ounce | \$20-30 |
| | an ounce | \$120 |

Participants described typical users of hallucinogens as: "hippies; experienced drug people; white people."

Over-the-counter (OTC) medicines remain highly available throughout the region due to the legality of the substances and the ease of store purchase, although participants reported the drugs as undesirable personally. Participants identified motion sickness medications, sleep aids and cold and flu/cough medications as most popular in terms of

widespread abuse. Treatment providers recounted low reporting of OTC medications among their clientele. One participant suggested an increase in popularity of Dramamine® (motion sickness medication). Another participant shared, *"I got addicted to sleep aids, like Unisom® and stuff like that because when I stopped doing drugs—if I don't have drugs—I gotta have something to help me sleep, so I got addicted to PMs [nighttime medicine], bad."* Participants reported that typical OTC users are more likely to be younger or *"those that ain't got the money to get high."* A treatment provider agreed, *"It's popular among the younger people because they can't get the codeine, so they'll try to get the Nyquil®."*

Participants reported increased ketamine availability throughout the region. Participants explained that ketamine has similar effects to heroin. Reportedly a gram of ketamine sells for \$70-80. In addition, participants and treatment providers reported increased interest in Neurontin®, a seizure medication.

Conclusion

Heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Dayton region. Changes in availability during the past six months include increased availability for heroin and Suboxone® and decreased availability for bath salts and synthetic marijuana.

While many types of heroin are currently available in the region, brown and white powdered heroin are the most available heroin types; black tar heroin is also highly available. Community professionals observed that heroin may have eclipsed marijuana as the most available drug in the region. Participants continued to note dealers in Dayton giving away free testers of heroin.

In addition to a general increase in heroin availability during the past six months, participants and community professionals also noted an increase in overdose rates. Both groups of respondents reported that hesitation to call for assistance when a user is overdosing is common among heroin addicts due to fear of criminal prosecution.

Several participants shared stories of ending up in a hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. Participants also explained that drug dealers have increased awareness of

the quality of their drugs and often give warnings to users. Several participants discussed a particular blue colored heroin reportedly cut with fentanyl. Community professionals also discussed heroin mixed with fentanyl. Additionally, the Montgomery County Coroner's Office warned that heroin cut with fentanyl is being sold by regional drug dealers. Since November 2013, the coroner's office reported 23 suspected heroin deaths in the county: eight cases have been confirmed as having contained both heroin and fentanyl with another 23 cases still under investigation. Participants described typical heroin users as younger. Community professionals described typical users as white, male or female of all ages. A treatment provider noticed an increase in African-American heroin users.

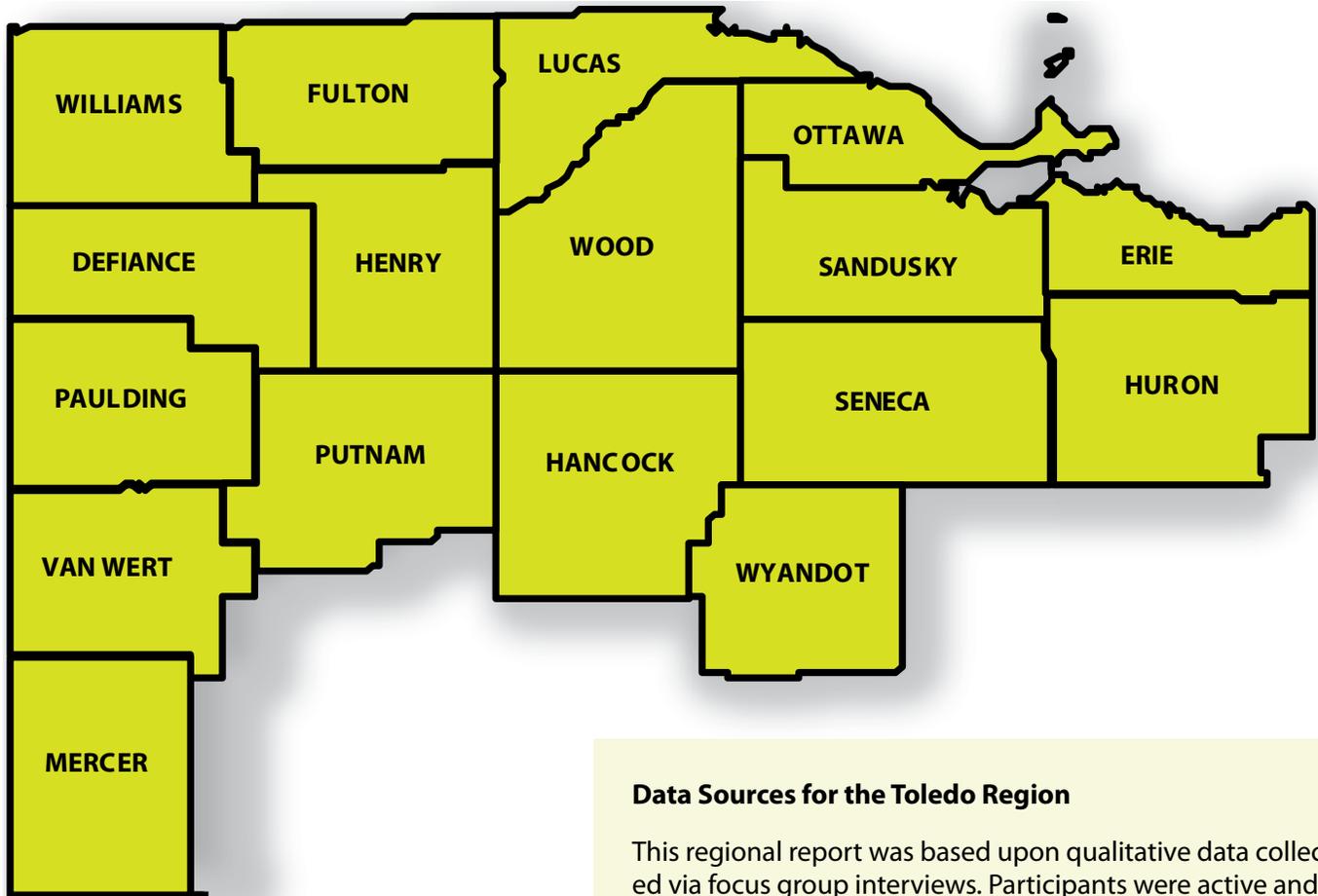
Community professionals were in agreement in reporting an increase in street availability of Suboxone® during the past six months. In addition, the Miami Valley Crime Lab reported that the number of Suboxone® cases it processes also increased during the past six months. Community professionals postulated that Suboxone® has supplanted methadone as the drug most often prescribed to combat opiate addiction. Law enforcement speculated that as heroin use continues to climb, so will the illicit use of Suboxone®. Participants and community professionals continued to describe opiate addicts who are self-medicating as typical illicit users of the drug.

Participants and community professionals reported decreases in the availability and use of bath salts and synthetic marijuana during the past six months. Respondents attributed waning user interest in these drugs to legislation banning their sale, thus limiting availability, along with a general fear regarding the many publicized negative side-effects of their use.

Lastly, the Miami Valley Regional Crime Lab reported a couple of additional substances as possible emergent drugs. The lab reported that it processed 41 cases of mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests); this number represents an increase in cases from the previous reporting period. The lab also noted an increase in hashish (cannabis product with higher levels of THC than marijuana) cases/labs and warned of clandestine fentanyl (either dispensed alone or mixed with heroin and/or cocaine) as well as an increase in food products containing THC (tetrahydrocannabinol, the principal psychoactive constituent of cannabis).



Drug Abuse Trends in the Toledo Region



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 Defiance and Lucas 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 Toledo Police Crime Lab. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

| Indicator ¹ | Ohio | Toledo Region | OSAM Drug Consumers |
|-----------------------------------|------------|---------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 1,231,785 | 40 |
| Gender (female), 2010 | 51.2% | 51.1% | 47.5% |
| Whites, 2010 | 81.1% | 83.7% | 60.0% |
| African Americans, 2010 | 12.0% | 8.0% | 20.0% |
| Hispanic or Latino origin, 2010 | 3.1% | 5.4% | 28.2% |
| High School Graduation rate, 2010 | 84.3% | 83.8% | 84.2% ² |
| Median Household Income, 2012 | \$46,873 | \$47,682 | \$11,000 to \$14,999 ³ |
| Persons Below Poverty Level, 2012 | 16.2% | 12.8% | 52.9% ⁴ |

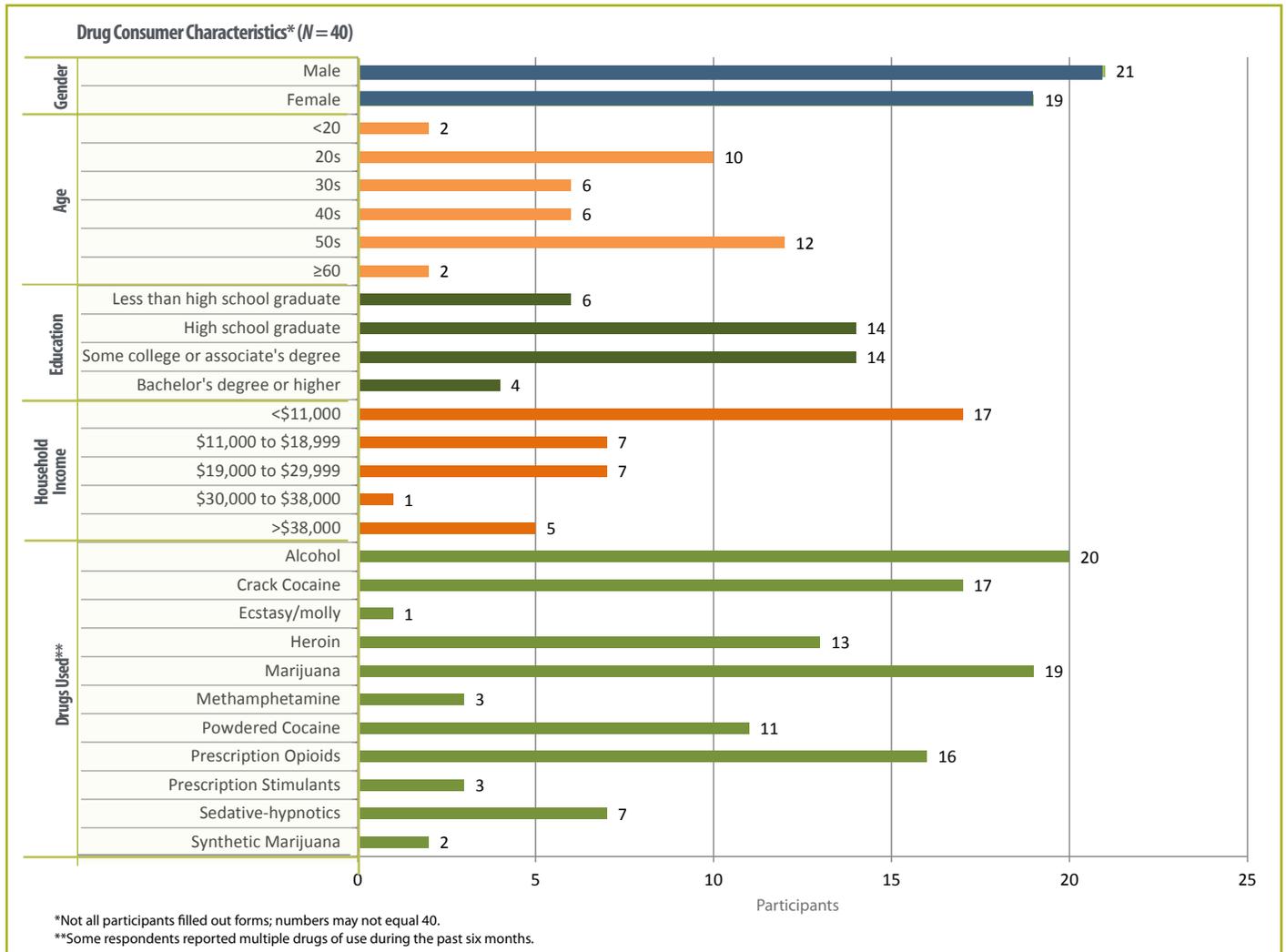
¹Ohio and Toledo region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013 - January 2014.

²High school graduation rate was unable to be determined for 2 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for two participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 5 participant due to missing and/or invalid data.

Toledo Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Toledo region; also highly available were powdered cocaine and bath salts. Changes in availability included likely increased availability for heroin, methamphetamine and Suboxone®.

Participants and community professionals reported that white powdered heroin (aka “China white”) was the most available type of heroin in the region. Treatment providers and law enforcement reported an increase in availability of white powdered heroin. The Toledo Police Crime Lab reported the number of powdered heroin cases it processes had increased. The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region. Law enforcement commented on the emergence of a gray-colored heroin called “gravel” because of its appearance. Treatment providers continued to suggest that the cheaper price for heroin relative to the price of prescription opioids is a contributing factor in the heroin demand. Treatment providers in rural areas identified heroin as a primary drug of choice for users in their area. A shift occurred over the past few reports as more participants reported purchasing heroin in Toledo instead of Detroit. However, participants reported that heroin could be purchased for as little as \$5 in Detroit. Participants described the typical heroin user as in their 20s and 30s, white and middle to upper socioeconomic status. However, many participants and community professionals reported initiation of heroin use as having increased in adolescent populations.

Participants reported increased availability of Suboxone®. Although treatment providers reported that the availability of Suboxone® had remained the same during the previous six months, consistently high, law enforcement officers reported increased availability. Treatment providers thought availability on the street was high because private physicians were prescribing Suboxone® and not monitoring its use. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from people with prescriptions. Participants described the typical illicit user of Suboxone® as someone not wishing to experience the sickness related to opiate withdrawal.

Law enforcement in more rural areas of the region reported an increase in methamphetamine. The Toledo Police Crime Lab reported an increased number of methamphetamine cases it processed during the reporting period. Participants in rural areas knew substantially more about methamphetamine than did participants from urban areas; participants in Toledo were more likely to have seen or experienced methamphetamine in passing. Participants reported that methamphetamine was available in both crystal and powdered forms. The BCI Bowling Green Crime Lab reported processing mostly off-white powdered methamphetamine cases during the previous six months. Participants described typical users of methamphetamine as white; law enforcement reported an increase in female methamphetamine users.

Lastly, despite legislation enacted in October 2011, participants continued to report that bath salts remained available on the street from dealers as well as from “head shops,” convenience stores and gas stations. The most commonly cited labels for this substance remained “incense” and “plant food.” The Toledo Police Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants described typical users of bath salts as people aged early 20s and younger, people who like the crack or powdered cocaine high and people on probation who have to submit to urine drug screens. Law enforcement described typical bath salts users as aged mid-20s to 30s.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘8-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), with those in urban areas rating current availability higher; the previous most common score was also ‘8-10’. Similarly, community professionals most often reported the drug’s current availability as ‘9’; the previous most common score was ‘5-8’, with those in urban areas rating availability higher. However, participants and treatment providers often reported that powdered cocaine is not a primary drug of choice in the region. One participant explained, “[Powdered cocaine is] ... so expensive. We were huge on what’s cheap and what gets you high the fastest.” A treat-

ment provider commented, "What I hear is ... they [users] wouldn't typically reach for it [powdered cocaine], but if it's available to them ... [they're] gonna use it."

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Toledo police and FBI agents intercepted a cocaine drug ring and arrested 12 men in "Operation Tailgate," which targeted the group for smuggling about 10 kilograms of cocaine into the Toledo area in the tailgates of trucks every couple of weeks (www.toledonewsnow.com, Aug. 20, 2013). The Ohio State Highway Patrol (OSHP) arrested an impaired driver in Findlay (Hancock County) and found 29 grams of cocaine in the vehicle (www.statepatrol.ohio.gov, Sept. 8, 2013). Two California men were arrested in Wood County after OSHP found 42 pounds of cocaine and two pounds of black tar heroin in their vehicle (www.statepatrol.ohio.gov, Sept. 24, 2013).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months. However, the Multi-Area Narcotics (MAN) Task Force, a police unit covering Defiance, Putnam and Williams counties, reported an increase in powdered cocaine during the past six months. An officer reported, "We are seeing a huge influx with the cocaine in the last six months, both powder and crack form." The Toledo Police Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. (Note: the crime lab no longer makes distinctions between powdered and crack cocaine cases.)

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | No Change |

Participants most often reported the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant with recent drug dealing experience reported on smaller dealers in the area: "[Powdered cocaine is] good quality until they [smaller dealers] start cutting it up. We bring it to them good and then they

add all kinds of stuff to stretch it ... by the time it gets down here, it's usually about a '5' or a '6' [on the quality scale]." Participants reported that powdered cocaine in the region is cut (adulterated) with acetone, baby formula, baby laxatives, baby powder, baking soda, creatine, isotol (diuretic) and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for powdered cocaine were consistent among participants with experience buying the drug.

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-------|
| | a gram | \$50 |
| | 1/16 ounce (aka "teener") | \$100 |
| | 1/8 ounce (aka "eight ball") | \$180 |
| | an ounce | \$750 |

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. One participant commented, "Because it's poor quality, a lot of people will shoot coke [powdered cocaine]."

Although participants often described typical users of powdered cocaine as anybody in terms of age, race and gender, they identified the typical user as a person with the financial means to purchase the drug. One participant explained that they see typical cocaine users as someone who is "high functioning financially." Participants shared that powdered cocaine is often used at bars, clubs and parties. Participant comments included: "I know a lot of [exotic] dancers that do it; People who party all the time; [Powdered cocaine is] a party drug ... go to the club and you can sell a lot of powder." Participants made distinctions

between powdered and crack cocaine users. One commented, "You're not gonna find people smoking crack with people snorting coke." Another participant shared a personal experience regarding this social stigma: "A lot of my friends that were doing it [powdered cocaine] would look down on me for doing crack." Community professionals did not have a lot to say about the typical powdered cocaine user, but a Toledo police officer reported that law enforcement has seen an increase in female use of the drug and in females getting caught with it.

Crack Cocaine

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); the previous most common score was also '10'. A participant reported, "You can get crack cocaine ... wherever you want to go." Community professionals most often reported the drug's current availability as '6'; the previous most common score was '7-8'. A treatment provider commented, "I don't see it [crack cocaine] as much ... I mean, I think there are still people in the community that are using it ... but there are other things they prefer."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested two individuals in Wood County after finding 20 packages of crack cocaine, prescription opioid pills (oxycodone), several unidentified pills and marijuana in their vehicle (www.statepatrol.ohio.gov, Nov. 12, 2013). A young man in Toledo jumped from a second story window of an abandoned house in an attempt to avoid police; he was arrested after being caught and police seized 2.5 grams of crack cocaine from him (www.statepatrol.ohio.gov, Dec. 30, 2013).

While participants reported that the availability of crack cocaine has remained the same during the past six months, participants observed that there are other drugs of preference. One participant commented, "I don't know that the [crack cocaine] availability is lessening, but more people are moving to opiates." Community professionals were unable to report specifically about the change in availability of crack cocaine. Most community professionals acknowledged availability of crack cocaine while reporting that other drugs are in higher demand. A treatment provider commented, "I would say [crack cocaine]

that's less common than methamphetamine." Another treatment provider observed that those coming into treatment often report that they have used crack cocaine but are more likely to be addicted to other drugs. A treatment provider commented, "I think there are still people in the community that are using it [crack cocaine], but ... [with] our patients ... it's not their drug of choice." A law enforcement officer suggested that current demand is greater for heroin. The Toledo Police Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. (Note: the crime lab no longer makes distinctions between crack and powdered cocaine cases.)

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|--------------|
| |  Participants | No Change |
| |  Law enforcement | No Consensus |
| |  Treatment providers | No Consensus |

Participants most often reported the current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A few participants preferred the quality of yellow-colored crack cocaine and commented: "We had good crack. It was like butter; You try to find yellow [colored crack] 'cause that's the better kind." However, the majority of participants shared: "[Crack cocaine] it's junk. It ain't no good anymore; Last time I got it, it was terrible, I'd say a '6' [on the quality scale]; The quality just wasn't there." Participants reported that crack cocaine in the region is cut with ammonia, baby formula, baby powder, baking soda, laxatives and prescription opioids. One participant commented, "They [dealers] put all kinds of stuff in it [crack cocaine]." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|------------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices were consistent among participants with experience buying crack cocaine. A participant explained the most common practice is “to 20 yourself to death,” (to repeatedly buy \$20 worth of crack cocaine).

| Crack Cocaine | Current Street Prices for Powdered Cocaine | |
|---------------|--|-------|
| | 1/10 gram | \$20 |
| | 1/16 ounce (aka “teener”) | \$100 |
| | 1/8 ounce (aka “eight ball”) | \$150 |
| | an ounce | \$750 |

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. One participant explained, “I shot it [crack cocaine]. You use vinegar to break it down and shoot it.”

A profile of a typical crack cocaine user did not emerge from the data. Participants described users of crack cocaine as anyone, younger and older. Participants commented: “I’ve seen everybody—doctors and lawyers [use crack cocaine]; A lot of homeless people smoke crack. Usually they start using when they have things and end up with nothing.” Toledo police reported that crack cocaine use is predominately found in urban neighborhoods among African-American users, while more rural officers reported “no stereotypical users.”

Heroin

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); the previous most common score was also ‘10’. One participant described, “It’s an epidemic [of heroin use] and it’s spreading through northwest Ohio.” Another participant observed, “You have more heroin addicts than crack addicts.” Treatment providers and law enforcement most often reported current availability as ‘7’; the previous most common score was ‘10’. A law enforcement officer reported, “[Heroin] it’s everywhere. We’re finding it everywhere.” Another law enforcement officer from a more rural area of the region reported,

“It used to be that they [users] had to ‘trip,’ meaning they had to go outside of our jurisdiction [to obtain heroin]. I think our dealers are picking up on that and now are starting to move into our areas.”

While many types of heroin are currently available in the region, participants and community professionals reported white powdered heroin (aka “China white”) as most available. Participants most often reported the current availability of white powdered heroin as ‘10’; the previous most common score was also ‘10’. A participant said, “[White powdered heroin] that’s what you find the most.” An officer reported, “Everything that we’re seeing in Williams, Defiance and Fulton [counties] is probably coming out of Toledo; that’s gonna be China white.” A Toledo area law enforcement officer concurred, “We [law enforcement] are more likely to come across white [powdered heroin].”

Participants also reported high availability of brown powdered heroin, reporting its current availability most often as ‘10’; the previous most common score was ‘7’. One participant explained that brown heroin is “like the consistency of brown sugar.” Treatment providers and law enforcement most often reported brown powdered heroin’s current availability as ‘7’; the previous most common score was ‘10’.

Participants reported moderate availability of black tar heroin, rating its current availability as ‘6’; the previous most common score was ‘4’. Community professionals also reported moderate availability of black tar heroin and rated its availability ‘6-7’. However, law enforcement officers from more rural parts of the region reported current availability of black tar heroin as ‘2’. A Toledo police officer reported, “I’ve seen it [black tar heroin] a couple of times, but we’re more likely to come across the white [powdered heroin].”

Media outlets reported on heroin seizures and arrests in the region, as well as a new drug testing “patch” coming to the northwest Ohio area. *Toledo News Now* reported on a “Drugs of Abuse Patch” or “sweat patch” that is tamper-evident and is being used in other parts of the nation; the patch can detect opiates, cocaine, marijuana, amphetamines and PCP (phencyclidine) when it is worn on the upper arm for 10-14 days (www.toledonewsnow.com, Aug. 13, 2013). A 65-year-old man was arrested by the Ohio State Highway Patrol (OSHP) when he was pulled over in Toledo and found in possession of 42 grams of heroin (www.statepatrol.ohio.gov, Oct. 25, 2013). Two men were

pulled over for speeding in Hancock County and arrested for heroin possession; OSHP seized 17.6 grams of heroin and 6.7 grams of cocaine (www.statepatrol.ohio.gov, Oct. 27, 2013). OSHP seized 1.02 kilograms of heroin in a four-day effort targeting drug trafficking on the Ohio Turnpike between Cleveland and Toledo (www.toledoblade.com, Dec. 23, 2013). Two individuals were arrested at a residence in Mercer County; one because of a warrant due to positive heroin screens while out on bond, the other for possession of heroin (www.daytondailynews.com, Dec. 24, 2013).

Participants and community professionals agreed that the availability of white, brown and black tar heroin has remained the same during the past six months. One participant reported that nothing has changed except the death rate of people overdosing on heroin. A representative with the Multi-Area Narcotics Task Force reported that heroin is coming into the area not only from Toledo, but also from: "Columbus to Findlay to Putnam County. We're [also] getting stuff [heroin] out of Chicago and Fort Wayne [Indiana]." The Toledo Police Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months, and the types included white, beige, brown and tan powdered heroin along with black tar heroin.

| Heroin | Reported Availability Change during the Past 6 Months | |
|--------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants most often reported the overall current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Frequent heroin users reported looking for high-quality heroin in order to reach a longer high. One participant shared, "[I] can go 36 hours—it just depends on how good the dope [heroin] was. I can shoot some dope at nine in the morning and by not even the next morning I would start to feel bad—just depending on if the dope was good. But then you go another 8 to 10 hours, then you really start to get sick." Participants explained that reports of an overdose signals higher quality which will spur users to seek out that par-

ticular heroin. One participant explained, "If somebody ODs [overdoses], then that's the stuff they want." Participants had limited experience with black tar heroin and reported variable quality with some users reporting it as potent and others reporting it as "junk." One participant shared their opinion: "If someone that's hooked on heroin goes and does, just like a 20 [\$20 worth] of black tar, most likely they're gonna overdose because it's gonna be way more stronger than they're use to. It's the concentrated form."

Participants reported that white and brown powdered heroin in the region are often cut with baking soda, bath salts, prescription opioids (specifically fentanyl and Percocet®), Similac® and sleep aids. A participant commented, "Most everything around here is fentanyl. [Heroin] it's cut with it." A law enforcement officer also reported, "A lot of the times, the people I'm dealing with ... say that the China white is cut ... with the [fentanyl] patches. That's the product they're buying as heroin." Participants were unable to report on cutting agents for black tar heroin, but reported that uncut (unadulterated) black tar heroin is typically held onto by dealers. A participant explained, "I don't see a lot of tar ... There's somebody who is hustling [cutting black tar heroin with other substances], who is trying to get money ... so to a customer ... it might not be as readily available because if you get tar that's uncut ... it's very potent."

| Heroin | Cutting Agents Reported by Crime Lab |
|--------|--------------------------------------|
| | ● diphenhydramine (antihistamine) |

Current street prices for heroin were variable among participants with experience buying heroin. Participants reported that the most common way to purchase powdered heroin is in 1/10 gram increments often folded in a KENO ticket, a lottery ticket, a magazine page or a telephone book page. A participant stated, "Most people don't buy it [heroin] in bulk ... [unless] you're dealing." Reportedly, prices in the City of Toledo are lower than prices in more rural areas of the region. A participant said that more rural users most often purchase \$40 amounts and share: "Yes, 40s [of heroin] are huge; You would just get a little more [than 2/10 gram]." Participants had limited experience purchasing black tar heroin. Overall, participants reported heroin pricing has remained the same during the past six months.

| Heroin | Current Street Prices for Heroin | |
|--------|--------------------------------------|------------------------------|
| | white and brown powdered | |
| | 1/10 gram (aka "pack, paper, point") | \$10 (urban) \$20 (rural) |
| | 1/2 gram | \$50 |
| | a gram | \$100-120 |
| | 1/4 ounce | \$240 |
| | black tar | |
| | 1/10 gram | \$10 |

While there were a few reported ways of using heroin, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants commented: *"There's a difference between those who snort and shoot up [heroin]; Usually the person that's shooting it is not going to be around the person that snorts it . . . they don't want people watching them . . . It's embarrassing and looks degrading."* Although many participants reported on users moving from snorting to shooting heroin, one participant shared, *"For the first three years I snorted it [heroin], and my mom's been doing it for three years now and she still snorts it."*

Participants reported getting injection needles from dealers, people with diabetes, doctors, pharmacies, retail stores and the streets. One participant reported, *"As long as you know what to ask for, you'll get it."* Participants explained that once a needle is obtained, a user will look for water to mix and cook the heroin. However, often heroin addicts might not wait to find a place where he or she can get access to clean water. One participant disclosed, *"We'll use anything to shoot up [heroin] . . . that's liquid. We'll use snow. I've used puddle water. I've tried to use spit—anything."*

A profile of a typical user of heroin did not emerge from the data. One participant reported, *"To look at them, you wouldn't be able to choose which one [was on heroin]."* Another participant commented, *"It used to just be like . . . when you think of a junkie, you think of a homeless [person] doing whatever to get it [heroin], but now it's hitting like middle class [people] in like nice areas of town, and they're getting younger and younger."* Other participants shared: *"I've seen very young age, like 16-21 [years old]. They're shooting [heroin] early; My brother is 16 and doing it."* Both

Toledo police and the Multi-Area Narcotics Task Force reported an increase in juveniles who are using heroin. Law enforcement officers commented: *"The last 6 to 12 months we've been seeing more juvenile [heroin] users; A lot of young kids . . . I would say 14 to 18 [years of age]."*

Prescription Opioids

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); the previous most common score was also '10'. One participant reported, *"You gotta have the money and know the right person who has them [prescription opioids]."* Participants identified Percocet® and Roxicet® as the most available prescription opioids in terms of widespread use, followed by OxyContin® and Opana®. Reportedly, most opiate users are not interested in Vicodin®. One participant commented, *"I always see Percocet® floating around—and Vicodin®, but people don't usually want to pay for nothing except for the Percocet®."* Participants reported that Vicodin® is "weak" and commented: *"Only in a pinch . . . [Vicodin® is] the last resort; When you're really desperate and don't want to be sick."*

Law enforcement reported that prescription opioids remain highly available. However, an officer commented, *"Before . . . everybody had pills [prescription opioids] and now . . . they got one or two pills on them—before, they had 20 to 30 pills in their pocket—Now they're moving toward heroin."* Community professionals identified Percocet®, followed by OxyContin® and Vicodin® as the most popular prescription opioids in terms of widespread use. A treatment provider commented, *"It seems like [prescription opioids] it's so available—whether it be on the streets or going to physicians."*

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested two individuals in Bowling Green (Wood County) and seized 676 oxycodone pills (www.nbc4i.com, Aug. 15, 2013). OSHP found 243 oxycodone pills and arrested two individuals after they pulled a vehicle over for a marked lanes violation (www.statepatrol.ohio.gov, Sept. 4, 2013). OSHP also seized 238 OxyContin®, 76 Lortab®, 33 Percocet®, three Hydrocodone, marijuana and Xanax® when they stopped a vehicle in Wood County (www.northwestohio.com, Nov. 19, 2013). A Tennessee man was arrested by OSHP in Findlay (Hancock

County) for possession of 1,066 oxycodone pills (www.nbc4i.com, Nov. 19, 2013).

Both participants and community professionals reported that the availability of prescription opioids has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; the crime lab reported processing 79 cases of oxycodone hydrocodone (the highest number of cases for any prescription opioid this reporting period).

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

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. A participant noted, "You can get a good deal if you buy a script [prescription for opioids] though; the more you buy, the cheaper it will be." Participants reported the following prescription opioids as available to street-level users.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|--|
| | fentanyl | \$25 for 25 mcg patch \$70 for 50 mcg patch |
| | methadone | \$1 per mg |
| | Opana® | \$1 per mg |
| | OxyContin® OP (new formulation) | \$30 for 40 mg \$75 for 80 mg |
| | Percocet® | \$1 per mg |
| | Roxicodone® | \$20-30 for 30 mg |
| | Vicodin® | \$3-5 for 500-750 mg |

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from doctors, emergency rooms, neighbors, relatives and pain clinics. Participants reported that youth often get prescription opioids from a parent's medicine cabinet. One participant commented, "Some parents don't drink or don't have a liquor cabinet, but the kid wants a buzz, so they get the medicine [prescription opioids]. They don't understand the severity of it... I didn't... The first time [I abused prescription opioids], I didn't even know what a withdrawal was. I'm like, 'Why are my legs hurting?'" Participants also shared that many users obtain a prescription then buy additional prescription opioids from someone else when their prescription runs out. One participant shared how they usually obtain prescription opioids from the doctor, "I would say that my tooth was bothering me. I have no insurance and I have to wait to get into the clinic. I've taken Motrin®. I've taken Tylenol®. I've done hot compresses, cold compresses. I've tried Anbesol®. Nothing is working. I have to go to work tomorrow and I don't want to call off." Participants admitted that while some doctors are duped into believing they are relieving their patient's pain, others have been caught knowingly involved. A treatment provider concurred that unscrupulous doctors are involved in this aspect of the drug trade, commenting, "Some physicians are closed down and the DEA are watching closer."

While there were a few reported ways of consuming prescription opioids, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would intravenously inject (aka "shoot") the drugs. One participant who preferred shooting commented, "I don't see no sense in it [snorting the pills]... I don't think it adds to it." Another participant reported on the slippery slope from prescription opioid abuse to injecting heroin and commented on the new formulations of pills to make them more difficult to abuse: "They [pharmaceutical companies] make the ones [pills] that you can't get high off of it the way you want to... so what they do is they push these kids over into the heroin... and then the heroin is much cheaper and way better [stronger]."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants commented: "Anybody you see [can abuse prescription opioids]; 50 [years old] and over are on it, and you see people 14 [years old] and up on it." Community professionals agreed. A police officer commented, "[Illicit use of prescription opioids] it's every

age, every walk of life. We've had a 68-year-old lady selling her pills and she was using." A treatment provider described the typical illicit user as, "Someone with ... chronic pain ... that started out being prescribed it [opioids], and the pain wasn't getting addressed and the tolerance increased and they just kept going heavier and heavier because they're miserable."

Suboxone®

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); the previous most common score was also '10'. Participants commented: "[Suboxone®] that's everywhere; A lot of them on the streets. If you want to pay the money, you can get them." Community professionals most often reported the drug's current availability as '10'; the previous most common score was '7-10'. A treatment provider commented, "[Suboxone® availability] it's been a '10' for a while [and so] we test everyone that comes in for Suboxone®." Another treatment provider said, "[Suboxone® availability] it's right up there with heroin ... I've had a lot of patients say they've tried to use it when they can't get anything else ... and when they don't want to be sick." A law enforcement officer replied, "They [those who are prescribed Suboxone®] are keeping some, but then they are also selling some to buy other things."

Participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. Participants agreed that Suboxone® sublingual films (aka "strips") are more common to find than Suboxone® tablets. A participant said, "[I] don't see pills anymore." The Toledo Police Crime Lab reported

that the number of Suboxone® cases it processes has decreased during the past six months.

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------|
| | sublingual film | \$10-20 for 8 mg |

In addition to obtaining Suboxone® on the street from dealers, participants reported purchasing the drug from individuals who have prescriptions. A participant commented, "People I've seen using Suboxone®, use it when they're withdrawing ... [and] they'll sell [some] to people who have a ... moment of clarity like, 'I don't want to do drugs anymore.'"

While there were a few reported ways of consuming Suboxone®, the most common route of administration is sublingual (under the tongue). Participants estimated that out of 10 illicit Suboxone® users, eight would use them sublingually and two would intravenously inject (aka "shoot") them. One participant explained that users will split the films for more use/sales out of them: "They [users] take them [Suboxone®] and freeze them and break them into quarters so you can sell them ... They'd save some for themselves because you always have to have them or you withdraw." Reportedly, the pill form of Suboxone® can also be injected or snorted. One participant shared, "I tried the under the tongue thing, but it didn't give me the effect I wanted [as] when I snorted them [Suboxone®]."

Participants described typical illicit users of Suboxone® as opiate addicts. Participants commented: "People who run out of heroin; Pill heads." In addition, law enforcement reported that Suboxone® is popular among incarcerated populations. A law enforcement officer commented, "The [Suboxone®] strips are being mailed to correctional facilities because they're [getting] through [mail inspections]."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of

| Suboxone® | Reported Availability Change during the Past 6 Months | | |
|-----------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | No Change |
| |  | Treatment providers | No Change |

these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant commented, "Anybody and their brother can get prescribed any type of benzo [benzodiazepine]." Participants identified Xanax®, followed by Klonopin® and Ativan® as the most popular sedative-hypnotics in terms of widespread use. Participants shared: "I know a lot of people who take Xanax®; They [users in more rural areas of the region] just got hip to Klonopin®." Community professionals agreed with participants and reported current availability as '10'; the previous most common score was also '10'. Most often treatment providers and law enforcement identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. A law enforcement officer commented, "Everybody wants Xanax® and everybody's got Xanax®."

Media outlets reported on sedative-hypnotic seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) found six Klonopin® pills, a used syringe and marijuana when they stopped a vehicle in Hancock County (www.statpatrol.ohio.gov, Sept. 7, 2013). OSHP seized 100 Xanax® pills, marijuana and heroin when they arrested three individuals after pulling over a vehicle for speeding in Rossford (Wood County) (www.statepatrol.ohio.gov, Oct. 22, 2013).

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer commented, "Xanax® was huge, and still we're seeing some Xanax®." However, some treatment providers agreed that sedative-hypnotics are not as preferred as some other drugs. A treatment provider commented, "I would say [sedative-hypnotics] it's a '10' as far as availability, but it doesn't seem like it's a prime focus." The Toledo Police Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | | |
|--------------------|---|---------------------|-----------|
| |  | Participants | No Change |
| |  | Law enforcement | No Change |
| |  | Treatment providers | No Change |

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Some participants reported they didn't have to buy them. Participants commented: "[Sedative-hypnotics] they're available, but you don't hear people buying them; They're not that valuable. It's not a huge high." 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.

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|--|
| | Klonopin® | \$2 for 1 mg |
| | Xanax® | \$1 for 0.5 mg \$2 for 1 mg \$4 for 2 mg |

Reportedly, users are more likely to obtain sedative-hypnotics from doctors via prescription or from people they know than from dealers on the street. Participants commented: "Not really dealers—well once in a while; [You can get sedative-hypnotics prescribed] from the doctor pretty easily." Another participant commented, "The folks that I know, they all do the mail order for Ativan®."

While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral consumption and snorting. Differences in routes of administration were found throughout the region. Out of 10 illicit sedative-hypnotic users, urban participants estimated that seven would orally ingest and three would snort the drugs, while rural participants estimated that nine users would snort and one would intravenously inject the drugs.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. One participant reflected, "Used to be benzos were more for women, but it isn't no more." Nevertheless, treatment providers still identified typical sedative-hypnotic users as more likely to be women who have anxiety or depression.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to report current availability as '10' on a scale of '0' (not available,

impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both participants and community professionals. A participant reported, "I can get that [marijuana] anywhere, every day." A law enforcement officer commented, "It [marijuana availability] can go beyond '10' [on the availability scale]. It's everywhere, absolutely everywhere."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested six men and seized 907 pounds of marijuana in related traffic stops in Lake Township (Wood County) (www.nbc4i.com, July 18, 2013). OSHP discovered and seized 33 pounds of marijuana when they stopped a Pennsylvania man in Wood County (www.statepatrol.ohio.gov, July 20, 2013). OSHP also found 20 grams of marijuana and two human trafficking victims when they pulled over a vehicle in Lucas County (www.statepatrol.ohio.gov, Aug. 13, 2013). The Putnam County Sheriff's Office arrested two men after finding 200 marijuana plants near Miller City (Putnam County) during a helicopter drug search (www.northwestohio.com, Aug. 15, 2013). Two people were arrested by OSHP in Wood County for marijuana possession; more than one pound of marijuana was confiscated (www.statepatrol.ohio.gov, Sept. 9, 2013). Two men were charged with drug felonies when OSHP found more than 20 pounds of marijuana, two small jars of hashish and hydrocodone pills in their vehicle during a traffic stop in Erie County (www.statepatrol.ohio.gov, Sept. 18, 2013). OSHP seized 2.98 kilograms of marijuana and 28 grams of hashish in a four-day effort targeting drug trafficking on the Ohio Turnpike between Cleveland and Toledo (www.toledoblade.com, Dec. 23, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, community professionals reported an increase in the availability of marijuana. Law enforcement and treatment providers agreed: "I would say it [marijuana availability] increased because of the law passing in Michigan ... it kinda funnels its way across the border ... and it seems [even] more available." The Toledo Police Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Participant quality scores of marijuana ranged from '7' for low to mid-grade marijuana to '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were also '7' and '10' respectively. Several participants shared noticeable differences between qualities of marijuana. A participant explained, "You might find 'reggie' [low to mid-grade marijuana] that gives you a tingle, but it's nothing like smoking the hydro [hydroponic, high-grade marijuana]." Another participant agreed that hydroponically grown marijuana is "the top of the line." Law enforcement also noted quality differences. One police officer explained that high-grade marijuana is considered great because users are "not paying for seeds or stems."

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--|----------|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | \$5-10 |
| | 1/4 ounce | \$25 |
| | 1/2 ounce | \$40 |
| | an ounce | \$75-100 |
| | a pound | \$650 |
| | high grade: | |
| | a blunt or two joints | \$20 |
| | an ounce | \$400 |
| a pound | \$1,000-1,200 | |

The price of marijuana depends on the quality purchased; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported that commercial/low-grade marijuana is the cheapest form of marijuana; higher quality marijuana sells

for significantly more. A law enforcement officer added, "[Marijuana is] coming in from California, Colorado and Washington State."

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all ten would smoke the drug. Participants explained that a few marijuana users smoke via a marijuana vaporizer (electronic smoking device). A participant added, "You are a serious stoner [marijuana user], if you use a vaporizer."

A profile of a typical marijuana user did not emerge from the data. Community professionals shared descriptions: "Across the board. All races; A lot of everybody." A treatment provider added, "Most [users] don't view it [marijuana] as a drug. It's 'just marijuana.' They view alcohol the same way, too."

Methamphetamine

Methamphetamine availability remains variable throughout the region. Participants most often reported current availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) with higher availability noted in more rural areas of the region ('10'); the previous most common score was '4' ('6' in rural areas). Community professionals followed similar patterns in rating the current availability of methamphetamine with those in more urban areas reporting lower availability of '1-5' and those in more rural areas reporting higher availability of '6-9'; the previous most common score was '2' in the City of Toledo and '5' in the rural areas. A law enforcement officer from a rural area of the region reported, "[Methamphetamine] that's rampant . . . I think we're up to close to 40 meth labs this year so far."

Participants reported that methamphetamine is available only in powdered forms via "one-pot" or "shake-and-bake" method, 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), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Reportedly, this type of methamphetamine is also referred to now as "bottle dope." Participants in rural areas knew

substantially more about methamphetamine than did participants from urban areas. There were no participant reports of crystal methamphetamine in the region.

Although law enforcement reported the presence of a variety of methamphetamine as available in the area (homemade, methamphetamine from Mexico as well as crystal methamphetamine called "ice"), they cited shake-and-bake, the homemade variety, as most available. A law enforcement officer explained, "A lot of our local meth users are creating it themselves . . . They can make up to probably 5 or 6 grams. [They] might sell a gram or trade for pseudoephedrine [main ingredient needed for meth production]. That's the biggest thing, because they're only allowed to buy so much pseudo in a 3-day period."

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. A participant commented, "The thing about meth is that you can make it in a Gatorade® bottle . . . There's so many people that know how it do it that once you buy the ingredients, it costs you \$60--about 3.5 grams of actual meth from that." A law enforcement officer reported, "In Northwest Ohio the meth production stays steady . . . As long as people can manufacture it in a pop bottle in 35 to 40 minutes, we're gonna see that drug." The Toledo Police Crime Lab reported an increase in the number of methamphetamine cases it processes during the past six months; the crime lab reported processing crystal methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Most participants rated the overall current quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). One participant reported that the high from poor-quality methamphetamine typically lasts about five hours and the high from good-quality methamphetamine lasts at least 24 hours. Another participant reported high-quality methamphetamine

could last several days. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. However, most participants with experience using the drug reported they made it or it was given to them. Reportedly, a gram sells for \$20.

While there were several reported ways of using methamphetamine, the most common routes of administration are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. Participants explained: *"You smoke it [methamphetamine] on foil or in a pipe, you know, or shoot it; It depends on the crowd; There's a different buzz [high] from each [method], if you smoke it, it's like a prolonged buzz that lasts a really long time. Whereas, if you shoot it, it's like a really big rush at first and then it will last, but not as long, maybe 4 to 5 hours."* Participants described typical users of methamphetamine as most often male and from rural areas. A treatment provider also described typical users as from a lower financial status.

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants identified Adderall® as the most available prescription stimulant in terms of widespread use. Participants commented: *"I can get Adderall® pretty well. I wouldn't say it's hopping, but it's available; Adderall® is much more available than Ritalin® and stuff."*

Treatment providers most often reported current availability as '7'; while law enforcement rated current availability lower as '4'; the previous most common score among community professionals was '5-7'. A treatment provider shared, *"We have a couple [of clients] that like amphetamines."* A law enforcement officer explained that people have them illegally; however, law enforcement has not encountered prescription stimulant drug dealers. The officer said, *"[Prescription stimulants] they're just passed through person to person."* Another officer commented that these drugs are not preferred and said, *"I'd say in the pill world ... people want their percs and vikes [prescription opioids]."*

Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of prescription stimulant cases it processes has also remained the same during the past six months.

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|-------------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | No Change |
| |  Treatment providers | No Change |

Participants reported Adderall® as available to street-level users, but reported that users typically do not pay for prescription stimulants. Participants with experience buying prescription stimulants reported that Adderall® 20 mg sells for \$3-5.

In addition to obtaining prescription stimulants from people they know outside the home, participants reported taking them from children. A participant explained that addicts who have children with stimulant prescriptions will often, *"... sell their kids drugs to get high."* While there were several reported ways of using prescription stimulants, the most common route of administration is oral consumption. However, one participant shared that he and his wife would intravenously inject her prescription of Ritalin®.

Participants described typical illicit users of prescription stimulants as college students, anyone working long hours or who needs to stay awake for long periods of time. Participants discussed different effects of taking prescription stimulants. One participant shared, *"Like me, I can take it and I'm just calm because I have a chemical imbalance. Other people, who don't have that chemical imbalance, it's ... basically doing coke [powdered cocaine], but cheaper."* Another participant disclosed, *"I did it [Adderall®] because I like to be up and running around and constantly moving ... If you snort Adderall®, it's just like snorting cocaine."*

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported current availability of the drug as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) with more rural area participants reporting slightly higher availability ('5'); the previous most common score was '9'. A participant commented, *"I think every time they made them [bath salts], they passed a new law making this one illegal or that one illegal."* Treatment providers most often reported current availability as '8'; the previous most common score was '8-10'. Treatment providers shared that there is a stigma around using bath salts. One treatment provider shared that those who use bath salts, *"...don't come in for treatment. They do them [bath salts], and they don't seek treatment."* Treatment providers also commented on law enforcement activity concerning this drug. A treatment provider stated, *"[Law enforcement] they're really been cracking down on convenience stores [that sell bath salts]. I think that the message is spreading that it's not as available."*

Participants reported that the availability of bath salts has decreased during the past six months. A participant shared, *"For a while, I got it [bath salts] a lot from places out here [in Toledo]."* The Toledo Police Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|---|------------|
| |  Participants | Decrease |
| |  Law enforcement | No Comment |
| |  Treatment providers | No Comment |

Participants were unable to rate the quality of bath salts, but implied that current quality is not that good. Participants shared: *"[Bath salts use] it's not that enjoyable; It feels like crappy Adderall®."* Participants were also limited in their knowledge of current bath salt pricing. Among those participants with experience purchasing the drug, participants reported that a half gram of bath salts sell for \$20.

Despite legislation enacted in October 2011, bath salts continue to be available from convenience stores (in and out of the region), as well as from the Internet. A participant commented, *"A lot of the convenience stores in Toledo are getting busted, [but] you can still buy it [bath salts] on the Internet though."*

While there were several reported ways of using bath salts, the most common route of administration is smoking. Participants estimated that out of 10 bath salt users, five would smoke, three would intravenously inject (aka "shoot") and two would snort the drug. One participant reported, *"I've done it [bath salts] every way. I snorted it, smoked it, [and] shot it."*

A profile of a typical bath salts user did not emerge from the data. Participants were unable to identify characteristics of typical users. Treatment providers reported that users are generally 18 to 25 years old.

Synthetic Marijuana

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); the previous most common score was also '10'. Community providers reported low availability of synthetic marijuana throughout the region and most often reported current availability as '1-2'; the previous most common score was '8-10'. A treatment provider commented, *"[Synthetic marijuana] it's there, but nobody's interested in using it."*

Participants reported that the availability of synthetic marijuana has remained the same during the past six months. A participant commented, *"The place I go to ... [synthetic marijuana] it's under the counter."* Community professionals reported a decrease in availability of synthetic marijuana. A treatment provider commented, *"That [synthetic marijuana] was really hot [popular] for a while, but we haven't heard it lately ... It's really decreased in the last 6-7 months."* Law enforcement attributed decreased availability to enforcement efforts, as well as to a general lack of interest in the product. Law enforcement officers reported: *"We just took out a factory that was manufacturing synthetic"*

marijuana; In the last three months . . . we've really impacted it [availability of synthetic marijuana]." The Toledo Police Crime Lab reported an increase in the number of synthetic marijuana cases it processes during the past six months

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|-----------|
| |  Participants | No Change |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug.

| Synthetic Marijuana | Current Street Prices for Powdered Cocaine | |
|---------------------|--|------|
| | a gram | \$10 |
| | 3 grams | \$20 |

Synthetic marijuana continues to be available from gas stations, "head shops" and tattoo parlors. A participant commented on easy availability: "[Synthetic marijuana] that's at the gas stations."

While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the substance.

Participants described typical users of synthetic marijuana as: "People that are on probation and can't smoke weed; high school kids." Participants often reported that they preferred regular marijuana over synthetic and shared: "What's the point?; The only reason people do it [use synthetic marijuana] is if they have to take a drug test." Treatment providers described typical users as adolescents or people who do not have access to marijuana. A treatment provider added, "People that prefer marijuana . . . don't care for K2."

Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains moderately 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) with more rural area participants reporting higher availability ('9'); the previous most common score was also '7'. Similar scores were provided for powdered MDMA (aka "molly"). Urban area participants most often reported the current availability of molly as '7', while rural participants most often reported current availability of molly as '10'. Treatment providers and law enforcement most often reported moderate to high current availability of ecstasy as '8' and '5' respectively; the previous most common score was '3' and '8' respectively.

Media outlets reported on ecstasy and molly seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) seized 55 ecstasy pills and a bag of oxycodone pills from a vehicle pulled over in Wood County (www.statepatrol.ohio.gov, Sept. 23, 2013). Media reported on the increase of molly use in the area; the report explained the connection between molly and popular culture and reported an increase in treatment for the drug in Bowling Green (Wood County) (www.northwestohio.com, Nov. 26, 2013).

Participants reported that the availability of ecstasy has decreased during the past six months or is concentrated among small pockets of people. A participant commented, "When it first came out, it was a big thing to take ecstasy and go out to a party . . . [now] that's kind of played out. There's so many other things I've seen in my area that unless you are in a party crowd or club atmosphere, [ecstasy] it's just not something people seek." The same can be said for molly which is reportedly concentrated within the arts community. A participant observed, "The only time I've seen molly was at a music festival." According to a treatment provider, the availability of ecstasy is decreasing: "I have not heard much about ecstasy . . . I'm kind of surprised that went by the wayside. I don't remember a positive screen on it." Law enforcement officers agreed that availability has declined during the past six months, although one officer added that ecstasy is recently, "becoming more popular . . . I just pulled 35 off a person a couple of weeks ago." The Toledo Police Crime Lab reported

that the number of ecstasy cases it processes has remained the same during the past six months.

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---------|---|----------|
| |  Participants | Decrease |
| |  Law enforcement | Decrease |
| |  Treatment providers | Decrease |

Participants with experience using ecstasy reported that the overall quality of the drug has decreased during the past six months, but they were unable to assign a quality rating score to the drug. A participant commented, "Ecstasy has lost a lot of its quality. It's mostly bunk [bad quality]." Participants reported that ecstasy is now being cut with cocaine, heroin and methamphetamine. A participant shared, "Ecstasy is cut with all different kinds of stuff. You can get coke-based [cocaine] or heroin-based ecstasy or meth-based. They call it 'smacky.'" A law enforcement officer reported, "Generally, we are seeing the ecstasy mixed in with the methamphetamine."

Although only a few participants had experience purchasing these drugs, street prices for ecstasy and molly were consistent among participants. One participant reported, "[Molly] it's priced the same as 'China' [white powdered heroin] ... it's just sold in capsules or papers."

| Ecstasy | Current Street Prices for Ecstasy | |
|---------|--|------------------------------------|
| | ecstasy: | |
| | single, double and triple stacks (doses) | \$5-10 each depending on dose type |

| Molly | Current Street Prices for Molly | |
|--------|---------------------------------|------|
| | molly: | |
| | 1/2 gram | \$60 |
| a gram | \$100-110 | |

Reportedly, the most common route of administration for ecstasy is oral consumption. However, one participant commented, "With 'X' [ecstasy] you can snort it, shoot it, dissolve it and drink it, and put it in your butt."

Participants described typical users of ecstasy as younger. A participant explained, "It's more of a younger drug ... club thing ... You're not gonna take ecstasy and sit down and watch TV." Another participant shared that exotic dancers often use ecstasy. Community professionals also reported that ecstasy is typically a drug used in clubs and described typical ecstasy users as more often white and 15-30 years of age.

Other Drugs

Participants reported low availability of psilocybin mushrooms in the region, but this drug was not mentioned by the majority of people interviewed. Participants most often reported the current availability of psilocybin mushrooms as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. A participant shared, "I know people who grow them [psilocybin mushrooms] in their house all year round." The Toledo Police Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months.

Participants with experience using psilocybin mushrooms noted variability in quality of the substance. One participant commented, "There's really good mushrooms out there and there's really bad mushrooms." Participants reported that psilocybin mushrooms are most often purchased as 1/8 ounce for \$40. The most common route of administration is oral consumption, although participants reported that psilocybin mushrooms have a bad taste. Participants described typical psilocybin mushroom users as: "clubbers; hippies; partiers."

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Toledo region. Changes in availability during the past six months include decreased availability for ecstasy.

Participants and community professionals reported that the availability of heroin has remained the same during

the past six months; that is extremely available. Participants referred to heroin use as epidemic and reported that there are currently more individuals addicted to heroin than crack cocaine. While many types of heroin are currently available in the region, white powdered heroin (aka "China white") remains the most available heroin type. The Toledo Police Crime Lab reported processing white, beige, brown and tan powdered heroin along with black tar heroin.

Participants reported that while the high availability and use of heroin has remained unchanged in the region from the previous reporting period, many participants observed that the death rate from heroin overdose has increased. Participants attributed this increase in overdose deaths to more potent heroin and to prescription opioids being used as a cut for heroin (specifically fentanyl and Percocet®). Participants also noted bath salts and sleep aids as cutting agents for heroin. Participants explained that the report of an overdose is viewed as a signal of higher quality heroin. This spurs users to seek the dealer of that specific heroin so as to purchase heroin of the same high quality. Both Toledo police and the Multi-Area Narcotics Task Force reported an increase in juveniles using heroin.

According to participants and community professionals, the availability of ecstasy has decreased during the past six months or it is concentrated among small pockets of people. The same can be said for powdered MDMA (aka "molly") which is reportedly concentrated within the arts community. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months. Participants stated that ecstasy is now being cut with cocaine, heroin and methamphetamine. Participants and community professionals reported that ecstasy is typically a drug used in clubs and described typical ecstasy users as more often white and 15-30 years of age.

Lastly, despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from certain convenience stores, gas stations and "head shops" (in and out of the region), as well as through the Internet. Community professionals reported a decrease in the availability of synthetic marijuana during the past six months, with law enforcement attributing the decrease to enforcement efforts and a general lack of interest in the product.

Drug Abuse Trends in the Youngstown Region

Regional Epidemiologist:

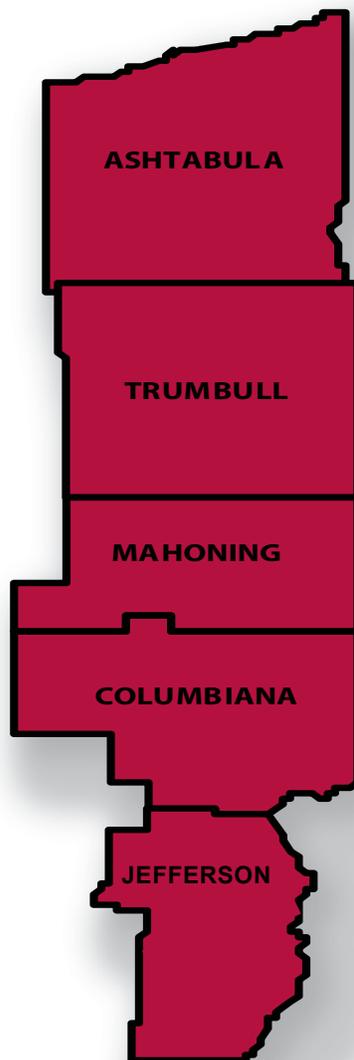
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Data Sources for the Youngstown Region

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 Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and health care professionals) via focus group interviews, as well as to data surveyed from 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 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

Regional Profile

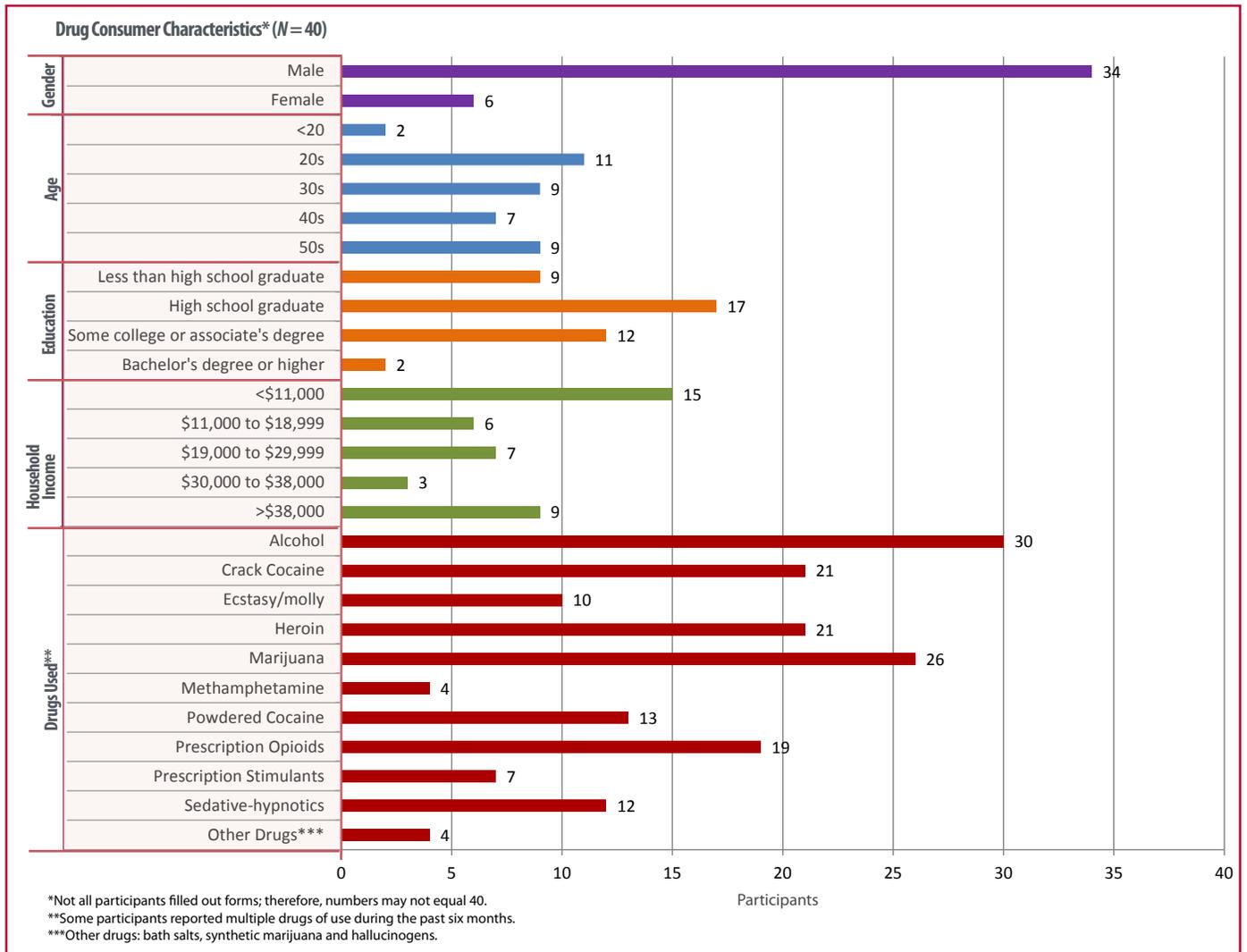
| Indicator ¹ | Ohio | Youngstown Region | OSAM Drug Consumers |
|-----------------------------------|------------|-------------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 728,182 | 40 |
| Gender (female), 2010 | 51.2% | 51.1% | 15.0% |
| Whites, 2010 | 81.1% | 86.3% | 82.1% |
| African Americans, 2010 | 12.0% | 8.7% | 15.4% |
| Hispanic or Latino Origin, 2010 | 3.1% | 2.7% | 5.1% |
| High School Graduation Rate, 2010 | 84.3% | 86.8% | 77.5% |
| Median Household Income, 2012 | \$45,873 | \$40,388 | \$15,000 to \$18,999 ² |
| Persons Below Poverty Level, 2012 | 16.2% | 17.9% | 57.6% ³ |

¹Ohio and Youngstown region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Participants reported income by selecting a category that best represented their household's approximate income for 2013.

³Poverty status was unable to be determined for 7 participants due to missing and/or invalid data.

Youngstown Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region; also highly available was ecstasy. Changes in availability included increased availability for ecstasy and likely increased availability for marijuana and methamphetamine.

Ecstasy and powdered MDMA (aka “molly”) generated much discussion in the focus groups. Participants and community professional noted an increase in the availability of these drugs. Most participants agreed that molly was more available than ecstasy throughout the region. In fact, participants from all participating counties in the region consistently reported an increase in the availability of molly; whereas law enforcement referred to an increase in number of ecstasy tablets seized. Participants with experience using molly reported high quality of the substance. However, some participants noted that molly was cut with powdered cocaine and bath salts. Law enforcement added that dealers were selling what they called molly, but that this molly often came back from crime labs as ecstasy cut with cocaine or bath salts. Law enforcement reported they rarely find “pure” MDMA. Ecstasy and molly continued to be connected to users aged late teens to early 20s who attend parties and raves (dance parties).

While participants and community professionals reported that the overall availability of marijuana had remained the same, participants and law enforcement indicated that the availability of high-grade marijuana (medical and hydroponic) had increased. Participants and law enforcement attributed the wider availability and increased quality of high-grade marijuana to an increase in medical marijuana being brought in from states which have legalized the sale of the drug, as well as the ease with which people can grow marijuana hydroponically. Treatment providers reported that high quality marijuana is preferred among clients. Participants noted that lower grades of marijuana were increasingly more difficult to obtain.

Methamphetamine was variable in availability. Mahoning County participants and law enforcement reported low availability of methamphetamine in their county, while participants in Trumbull and Ashtabula counties reported

high availability. Similarly, community professionals in Ashtabula County also reported high availability, while law enforcement in Trumbull County reported that methamphetamine “cooks” had migrated from Ashtabula County to Trumbull County. Participants reported increased availability of methamphetamine in Trumbull County. Overall, participants and community professionals generally agreed that methamphetamine availability had increased in at least part(s) of the region. The BCI Richfield Crime Lab also reported an increased number of methamphetamine cases it processed in the previous six months.

Participants reported that methamphetamine is primarily available in “shake-and-bake” or “one-pot” method forms. Participants from Ashtabula County informed that anhydrous and red phosphorous-produced methamphetamine was also available in the region. However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine.

Participants continued to report that some users trade boxes of pseudoephedrine for either methamphetamine or their drug of choice; law enforcement reported it is increasingly more common for heroin users in the region to trade pseudoephedrine for heroin or to manufacture methamphetamine as a means to support their heroin habit. While there were many ways of using methamphetamine, the most common route of administration remained smoking. Participants and community professionals continued to cite white individuals as typical users of methamphetamine.

Lastly, prescription stimulants remained highly available in the region. Participants most often reported the current availability of Adderall® as most available. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from family doctors, other physicians, or from individuals who have prescriptions. Participants continued to identify typical illicit users of prescription stimulants as high school and college students who use the drugs to study and to remain focused during exams. Participants added, for the first time, that methamphetamine users were also illicit users of prescription stimulants; these users sought prescription stimulants when methamphetamine could not be obtained.

Current Trends

Powdered Cocaine

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); the previous most common score was '8.' Participants stated: "[Powdered cocaine] *it's everywhere. There's a lot of 'powder heads' [powdered cocaine users] out there now.*"

Community professionals most often reported the drug's current availability as '7'; the previous most common score was '10.' A healthcare professional reported, "*They [clients] all seem to know where to get it [powdered cocaine] ... mostly from downtown [Youngstown] places.*" Community professionals noted that powdered cocaine is less available in the region than crack cocaine.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Sixteen individuals of a street gang were arrested for cocaine and marijuana trafficking in Youngstown (www.wfmj.com, Aug. 12, 2013). Campbell police (Mahoning County) arrested a driver after finding 1.8 grams of cocaine in his vehicle (www.vindy.com, Dec. 3, 2013).

Participants and community professionals most often reported that the availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants explained that the quality of powdered cocaine depends on the dealer. The majority of participants expressed that powdered cocaine is generally of low quality: "*Crap; It's not getting any better; The good*

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|------------------|--|-----------|
| |  Participants | No Change |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

stuff is still garbage." Participants reported that powdered cocaine in the region is cut (adulterated) with baby aspirin, baby laxative, baby powder, baking soda, caffeine, cake mix, creatine, diabetic milk, ether, flour, methamphetamine, steroids, Tylenol® and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|---|---|----------|
| |  | caffeine |
|  | levamisole (livestock dewormer) | |
|  | lidocaine and other local anesthetics | |

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that pricing is dependent on the quality purchased. Several participants noted an increase in pricing during the past six months.

| Powdered Cocaine | Current Street Prices for Powdered Cocaine | |
|------------------|--|-----------|
| | 1/2 gram | \$20-50 |
| | a gram | \$40-60 |
| | 1/8 ounce (aka "eight ball") | \$125-260 |
| an ounce | \$700-1,100 | |

Participants mentioned some of the ways to obtain powdered cocaine: "*go through someone with connection; go to 'ghetto gas' [inner-city gas stations where dealers walk up to you], in clubs normally, especially for coke [powdered cocaine] and heroin. Somebody's sitting in the back [and will] approach you [to let you know that powdered cocaine is available].*"

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Additionally, a participant mentioned oral consumption: "[Users] *put it [powdered cocaine] in their coffee.*" Participants described typical users of powdered cocaine as drug dealers and people with money. Treatment providers described typical users of powdered cocaine as teens, young adults and people with money.

Crack Cocaine

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); the previous most common score was also '10'. Participants shared that they could get crack cocaine on certain street corners or by sitting at certain gas stations. Participants stated: *"Someone will come up to you [and offer crack cocaine]; You can buy that anywhere around here."* Treatment Providers most often reported the drug's current availability as '8-9'; the previous most common score was '10'.

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Youngstown police made a couple arrests dealing with crack cocaine resulting from traffic stops: the first arrest was made on the city's west side when police pulled over a car and found a crack pipe under the passenger's seat; the second arrest was made that same morning after finding a car pulled over in the parking lot of a former school on the south side of the city; police found two bags of crack cocaine and paraphernalia in the vehicle and arrested the driver (www.vindy.com, July 2, 2013). U.S. marshals served a warrant at a south-side home and arrested a woman on drug charges; four rocks of crack cocaine and three bags of heroin were seized (www.vindy.com, Oct. 2, 2013). Ohio State Highway Patrol seized 25 bags of crack cocaine, as well as heroin, marijuana and ecstasy after pulling a driver over for OVI (Operating a Vehicle Impaired) (www.statepatrol.ohio.gov, Oct. 4, 2013).

Participants reported that the availability of crack cocaine has varied during the past six months. Some participants described availability as having increased while other participants noted that crack cocaine dealers have switched to selling heroin. Treatment providers and health care professionals reported that the availability of crack cocaine has remained the same. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|---|--------------|
| |  Participants | No Consensus |
| |  Healthcare professionals | No Comment |
| |  Treatment providers | No Change |

Participants most often reported the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Similar to the current quality of powdered cocaine, many participants reported that crack cocaine is currently "crappy." One participant elaborated, *"If you re-cook it [remove the impurities from crack cocaine] . . . it's good; you can make it a '10' [high quality] every time."* In addition, participants reported that the drug now comes in many colors, such as beige, black, brown, gray, orange, white and yellow. Participants remarked: *"They [dealers] can make it whatever color you want; You can put dye in it . . . It's like their signature."* Participants reported that crack cocaine in the region is cut primarily with baking soda. Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

| Crack Cocaine | Cutting Agents Reported by Crime Lab | |
|---------------|---|---------------------------------|
| |  | levamisole (livestock dewormer) |

Current street prices for crack cocaine varied among participants with experience buying crack cocaine.

| Crack Cocaine | Current Street Prices for Crack Cocaine | |
|---------------|---|-----------|
| | 1/10 gram (aka "hit" or "rock") | \$10 |
| | 3/10 gram | \$20 |
| | a gram | \$100-150 |

Participants confirmed that a rock is usually the size of “half a Skittle®” candy. Participants also reported that some crack cocaine dealers have a “happy hour” or time of the day when they discount prices. A participant remarked, “[Crack cocaine] it get cheaper in the earlier part of the day.” Another participant commented on price variation during different times of the month and shared, “The first through the 15th [crack cocaine sells for] \$100 per gram ... the rest of the month one gram costs \$150.” Yet, another participant explained that one can often exchange sex for the drug and stated, “You can trade your girlfriend for it [crack cocaine] if you needed to; They [drug dealers] have sex with them ... most times girlfriend is [an] addict and high, too.”

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, six would smoke, three would intravenously inject (aka “shoot”) and one would “eat” the drug.

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anyone. Participant comments included: “People you wouldn’t even think of smoking dope; preacher; 60 year-old ladies; every kind of person out there.” Community professionals described typical crack cocaine users as over 25 years of age, with a treatment provider elaborating, “don’t get too many young kids [in treatment for crack cocaine].” Community professional comments included: “All races; girls who work the streets; lower poverty people.”

Heroin



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); the previous most common scores were also ‘10’. Participant comments on current availability included: “Heroin has took over here in the last 10 years; Last six months to a year, [dealers] are pushing heroin; ... That’s all I got is ‘the boy’ [heroin].” Participants explained that to obtain heroin all you have to do is “call a dope man.”

While many types of heroin are currently available in the region, participants reported powdered heroin as most available; while powdered heroin most often is brown, participants reported encountering gray, tan, white and

“salt and pepper” (mixture of brown and white) heroin as well. Participants most often reported the current availability of black tar heroin as ‘5’; the previous most common score was ‘2’.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. The media ran a story on the increase of heroin and opiate addiction in Mahoning and Trumbull counties; a Mahoning County Common Pleas Court judge reported that 85 percent of the individuals in the drug court program are addicted to heroin or prescription opioids and the average age of participants is 23 years vs. 35 years fifteen years ago. Trumbull County Mental Health and Recovery Board also has seen a rise of opiate use and the county is ranked seventh in the state for opiate-based deaths; the county is believed to attract drug dealers because of easy access to major road networks (www.vindy.com, Aug. 11, 2013). East Liverpool City Hospital (Columbiana County) reported that heroin overdoses are increasing and added that about half of drug deaths at that hospital in 2013 were caused by heroin (www.wtov9.com, Nov. 6, 2013). Two Lowellville (Mahoning County) residents were arrested and face drug charges after police searched their home for stolen property and found heroin filled syringes, crack cocaine and prescription pills (www.vindy.com, Nov. 7, 2013). DEA agents interrupted a Spanish heroin network that brought heroin from the state of New York into the Youngstown region; agents seized more than a kilo of heroin and arrested nine individuals, seven of which reside in the Youngstown and Campbell (Mahoning County) areas (www.vindy.com, Nov. 14, 2013). Another story focused on a former Ohio doctor who would provide heroin and/or prescriptions for pills in exchange for sex; he is now in jail after letting a pregnant woman and her unborn daughter die of a heroin overdose (www.vindy.com, Dec. 21, 2013).

Participants most often reported that the general availability of heroin has increased during the past six months. A participant stated, “This right here is like a heroin epidemic.” Another participant remarked, “Everybody is like, ‘Damn, [heroin] it’s an enterprise down here.’” Participants consistently attributed the increase in heroin use to increased availability of the drug along with the reformulation of popular prescription opioids, such as OxyContin®, which has made some prescription opioids more difficult to abuse. Community professionals also most often reported increased availability of heroin during the past six months. A nurse who volunteers on a helpline shared

| Heroin | Reported Availability Change during the Past 6 Months | |
|--------|--|----------|
| |  Participants | Increase |
| |  Healthcare professionals | Increase |
| |  Treatment providers | Increase |

that there has been an increase in calls related to heroin. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants most often reported the general quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that heroin in the region is cut with baby formula, baby laxatives, baking soda, benzodiazepines, cement, coffee, eye liner, prescription opioids (fentanyl, methadone), Ramen Noodle® soup flavoring, sleeping pills and Vitamin B. Participant comments on cutting agents included: "You can use anything to cut it [heroin] with; Go to hardware store [to find something to use as cutting agent]; I usually don't ask [what heroin is cut with]." Overall, participants reported that the general quality of heroin has decreased during the past six months.

| Heroin | Cutting Agents Reported by Crime Lab | |
|---|---|---------------------------------|
| |  | diphenhydramine (antihistamine) |
|  | quinine (antimalarial) | |

Participants reported that heroin is available in different quantities. Current street prices for heroin were consistent among participants with experience buying the drug.

| Heroin | Current Street Prices for Powdered Heroin | |
|--------|---|---------|
| | 1/10 gram | \$10 |
| | 1/2 gram | \$50-80 |
| | a gram) | \$100 |

Participants noted that prices fluctuate depending on location within the region, with prices being higher in more rural areas. In describing black tar heroin pricing, a partici-

pant stated, "If I was going to get tar [black tar heroin], I'd just spend as much money as I had." Another participant elaborated, "I think [black tar heroin] it's pretty expensive around here."

While there were a few reported ways of using heroin, the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants reported obtaining injection needles (aka "pens," "rigs" and "straws") from drug dealers, people with diabetes and retail store pharmacies. A participant added, "If desperate ... go to any place that sells dog medication where you can get a 'vet clinic needle.'" The price for needles varies depending on the vendor. Participants reported that dealers typically sell needles for \$3-7; people with diabetes typically sell needles for \$2.5-3. Participants reported that needles sold through retail pharmacies are considerably lower in cost than street purchase.

Overall, participants reported that obtaining needles has become more challenging than it has been in the past. Participant comments on current availability of injection needles included: "little harder to get; used to be able to buy them; they're behind the counter." Participants reported that some users share injection needles. A participant stated, "I've seen a lot of [needle] sharing." Participants voiced concern over contracting Hepatitis C. Several participants noted a need for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist used to save lives of those who are overdosing).

A profile of a typical user of heroin did not emerge from the data. Participants described typical users of heroin as: "every walk of life; everyone." Treatment providers described typical users of heroin as addicted to prescription opioids.

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported 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); the previous most common score was '8.' Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Additionally, participants reported fentanyl and Ultram® as highly available; Dilaudid®, methadone and Opana® as moderately available; OxyContin® OC and Percodan® as rarely available. Participants discussed ways to abuse the reformulated OxyContin® OP, involving a process

of freezing and then microwaving the drug. However, a participant stated, "People say, 'F*ck all that; I'll buy some heroin instead [of trying to manipulate the abuse-resistant OxyContin® OP].'"

Community professionals also most often reported the current availability of prescription opioids as '10,' the previous most common score was '7-10.' Treatment providers identified Percocet® and Ultram®/Ultracet® as the most popular prescription opioids in terms of widespread use. A treatment provider stated, "[Ultram®/Ultracet®] that's one they'll seek out prescriptions for . . . [it's considered] 'the safe one;' I've heard more about people who are using it [Ultram®/Ultracet®] or being addicted to it." Treatment providers also noted Opana® as highly available. A treatment provider remarked, "Opana® kind of took over the OxyContin® in some ways 'cause they're stronger [than many other prescription opioids]." Health care professionals shared that Dilaudid® is currently the pain medication most often utilized in emergency rooms.

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Youngstown police arrested a man after he was found with 35 Vicodin® pills and a bag of marijuana (www.vindy.com, July 18, 2013).

Participants and community professionals most often reported that the general availability of prescription opioids has remained the same during the past six months. A community professional commented, "Opiates in all forms are still prevalent." The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; however, exceptions were increased number of cases for Dilaudid® and fentanyl.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|----------------------|--|-----------|
| |  Participants | No Change |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|---|--|
| | fentanyl | \$0.50-1 per pill |
| | Kadian® | \$15 for 40 mg \$40 for 100 mg |
| | methadone | \$5-8 per pill |
| | Norco® | \$4 per pill |
| | Opana® (new formulation) | \$1 per mg |
| | OxyContin® OC (old formulation) | \$1-1.50 per mg |
| | OxyContin® OP (new formulation) | \$15-25 for 40 mg \$40-50 for 80 mg |
| | Roxicodone® | \$15-25 for 15 mg \$20-30 for 30 mg |
| | Ultram® | \$1 per pill |
| Vicodin® | \$2-3 for 5 mg \$3-5 for 7.5 mg \$5-10 for 10mg | |

participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

In addition to obtaining prescription opioids on the street from dealers, participants reported obtaining the drugs by waiting around pharmacies and asking people picking up prescriptions to sell, knowing someone with a prescription or getting a prescription from a doctor.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption (swallowing and/or "eating," crushing/chewing). Participants estimated that out of 10 illicit prescription opioid users, four would snort, four would eat and two would intravenously inject (aka "shoot") the drugs.

Participants described typical illicit users of prescription opioids as anyone. Participants more specifically identified illicit users as anyone who is in pain, "addicts" and people with access to the drugs (e.g., nurses). Community professionals most often observed illicit prescription opioid users as of low income and white

Suboxone®



Suboxone® remains 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); the previous most common scores were also '10'. A participant disclosed, "I have a prescription [for Suboxone®], and I never took one," illustrating how the drug may end up on the streets. Another participant stated, "[Suboxone®] they're everywhere right now; people are always asking me to buy them." A health care professional reported, "They [clients] get Suboxone® from the street . . . or they get it and sell it for other uses."

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participant comments on increased availability included: "Way more; People are getting off heroin and don't want to get sick; Anybody in IOP [intensive outpatient treatment] over there is . . . selling it [Suboxone®]." A psychiatrist shared, "I see more patients on Suboxone® now than [I] used to . . ." The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|-----------|--|----------|
| |  Participants | Increase |
| |  Healthcare professionals | Increase |
| |  Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

| Suboxone® | Current Street Prices for Suboxone® | |
|-----------|-------------------------------------|------------------|
| | Sublingual film | \$15-20 for 8 mg |
| | tablet | \$30 for 8 mg |

In addition to obtaining Suboxone® on the street from

dealers, participants reported getting the drug from clinics, other "addicts" and through "twitter" communications. Participants also noted that drug dealers will often trade heroin for Suboxone®.

Participants reported that the most common route of administration for Suboxone® film remains oral consumption, similar to a Listerine® breath strips. Participants also noted that the drug can be intravenously injected (aka "shooting"). A participant observed, "[Users are] taking Suboxone® strips, melting them down, shooting them up."

Participants described typical illicit users of Suboxone® as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user of Suboxone® as someone who self-medicates.

Sedative-Hypnotics

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); the previous most common score was also '10'. Participants identified Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Community professionals most often reported current availability of sedative-hypnotics as '9'; the previous most common score was '6'. Community professionals identified Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider stated, "They [clients] all like benzos [benzodiazepines]." A health care professional noted, "We do know that some people sell them [benzodiazepines]." Another health care professional explained that some clients request Xanax®, and when refused, they say, "I can get them from the street if you don't want to give me then."

Media outlets reported on sedative-hypnotic seizures and arrests in the region during this reporting period. A couple from Boardman (Mahoning County) was arrested for robbing an older woman to support their addictions; the husband had alprazolam (Xanax®) and a straw [used for snorting] in his pocket (www.vindy.com, Oct. 5, 2013).

Participants and community professionals reported that the general 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, with the exception of an increase in Xanax® cases.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | |
|--------------------|--|-----------|
| |  Participants | No Change |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

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.

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|--------------------------------------|
| | Ativan® | \$0.50 for 1 mg \$1.50 for 2 mg |
| | Klonopin® | \$1-3 per pill |
| | Soma® | \$2-2.50 per pill |
| | Valium® | \$0.50-1 for 5 mg \$1-2 for 10 mg |
| | Xanax® | \$3-5 for 2 mg |

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from pharmacies, doctors or from 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, the most common routes of administration are oral consumption, intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume, three would intravenously inject and two would snort the drugs. Participants described typical illicit users of sedative-hypnotics as younger. Community professionals described typical illicit users as young females.

Marijuana

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); the previous most common scores were also '10'. There was agreement among community professionals that marijuana is the most used drug in the region. However, a participant stated, "I think heroin is easier to find than weed [marijuana]." Participants reported both commercial/low-grade and high-grade marijuana as highly available. As with other drugs in the region, participants stated that in certain areas one could wait in parking lots for someone to offer marijuana for sale. A participant remarked, "Go to any store in Youngstown, wait 10-15 minutes [you will be offered marijuana]."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Youngstown police arrested two men, each with a bag of marijuana, as a result of traffic stops (www.vindy.com, July 2, 2013). A speeding violation led to a young man's arrest by Youngstown police when 12 bags of marijuana were found in his car (www.vindy.com, July 18, 2013). Youngstown police seized a large bag of marijuana from a man whom they arrested (www.vindy.com, Aug. 21, 2013). Campbell (Mahoning County) police arrested two men with 11.3 grams of marijuana and 1.8 grams of crack cocaine (www.vindy.com, Oct. 2, 2013). Campbell police found marijuana hidden throughout a vehicle that was pulled over for a traffic stop (www.vindy.com, Dec. 3, 2013). Youngstown police arrested two men when they conducted a search in their home and found two bags of marijuana and other drug paraphernalia (www.vindy.com, Dec. 5, 2013).

Participants most often reported that the availability of marijuana has increased during the past six months. Participants shared that marijuana is obtained through "younger kids" selling it, explaining that "older dealers" are now selling something else, and most often heroin. A former dealer shared that they would have 15 pounds of medical grade marijuana delivered to an abandoned house, send money to people that shipped it; they would use the package tracking information to know when to be at the abandoned house and wait to pickup the marijuana upon delivery. Other participants pointed out that more users are growing their own marijuana. Community professionals most often reported that availability of mari-

juana 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.

| Marijuana | Reported Availability Change during the Past 6 Months | |
|-----------|--|-----------|
| |  Participants | Increase |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

Participants most often reported the current overall quality of marijuana as '5' for low-grade marijuana and '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous overall most common score was '10'. Several participants explained that the quality of marijuana depends on where it's grown and how it looks. A participant stated, "greener the better." Overall, participants reported that quality of marijuana has generally remained the same during the past six months.

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 that commercial/low-grade marijuana is the cheapest form of marijuana; higher quality marijuana sells for significantly more.

| Marijuana | Current Street Prices for Marijuana | |
|-----------|--------------------------------------|---------------|
| | a blunt (single cigar) or two joints | \$5-10 |
| | 1/4 ounce | \$20-35 |
| | an ounce | \$150-180 |
| | a pound | \$1,200-4,500 |

Overall, participants noted that the price of marijuana has increased during the past six months, attributing the price increase to increases in marijuana quality.

While there were a few reported ways of consuming marijuana, the most common routes of administration are smoking and eating. Participants mentioned users making THC (tetrahydrocannabinol, the principal psychoactive

constituent of marijuana) oil to put into brownies, cookies, etc. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals most often described typical users of marijuana as anyone.

Methamphetamine

Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's overall current availability in the region as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores varied from '2-10'. Participants in Mahoning County reported low current availability for methamphetamine. A participant in Mahoning County reported, "It [methamphetamine] *might be sprinkled around* [found in pockets of Mahoning County], *but* [heroin dealers] *they're gonna shut that down*." Community professionals most often reported the drug's current availability as '6-7'; the previous most common score varied from '3-10'.

Participants from Jefferson and Trumbull counties reported on 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), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. In addition to shake-and-bake methamphetamine, participants reported limited knowledge of the crystal form of the drug.

Media outlets reported on methamphetamine seizures and arrests in the region during this reporting period. A man was charged with his third OVI in Ashtabula County when the Ohio State Highway Patrol flagged him down for a random motor vehicle inspection and found a gram of methamphetamine as well as syringes filled with heroin in his car (www.toledonewsnow.com, Oct. 3, 2013).

Participants most often reported that the availability of methamphetamine has increased during the past six months. A participant stated, "[Methamphetamine] *it's around more than it used to be in this area ... increase related to crack down on bath salts* [legislation banning the sale

of bath salts].” Another participant noted, “*The reason the epidemic of meth has come back is because bath salts came on the market, sold over the counter ... but they completely shut down all the stores that were selling that, so people went back to the method of shake-and-bake with meth.*” In Mahoning County, some participants believed that the availability of methamphetamine is bound to increase. A participant stated, “*I think meth’s going to be here [Mahoning County] real soon.*” Community professionals most often reported that the availability of methamphetamine has remained the same 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. The lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|--|-----------|
| |  Participants | Increase |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

Participants most often rated the current overall quality of methamphetamine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6’. Overall, participants reported that the general quality of methamphetamine has varied during the past six months.

Participants were unable to report on current street prices for methamphetamine but suggested that methamphetamine is cheaper than crack cocaine. While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking and snorting.

Participants described typical users of methamphetamine as Latinos, whites and exotic dancers. Community professionals could not describe typical users of methamphetamine.

Prescription Stimulants



Prescription stimulants remain highly available in the region. Participants most often reported 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); the previous most common score was also ‘10’. Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. Community professionals were unable to rate availability of these drugs; the previous score provided for Adderall® was ‘2’.

Participants and community professionals most often reported that the general availability of prescription stimulants has increased during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

| Prescription Stimulants | Reported Availability Change during the Past 6 Months | |
|-------------------------|---|----------|
| |  Participants | Increase |
| |  Healthcare professionals | Increase |
| |  Treatment providers | Increase |

Reportedly, many different types of prescription stimulants are sold on the region’s streets. Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants reported the following prescription stimulants as available to street-level users.

| Prescription Stimulants | Current Street Prices for Prescription Stimulants | |
|-------------------------|---|-------------------|
| | Adderall® | \$0.50-1 per mg |
| | Vyvanse® | \$10-15 for 70 mg |

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from parents of children with prescriptions, adolescents selling their medication and through prescriptions from doctors.

While there were a few reported ways of consuming prescription stimulants, the most common routes of administration remain snorting and oral consumption (“eating”). Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the medications. Participants described typical illicit users of prescription stimulants as college students.

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported moderate to high availability, rating current availability as ‘7-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Community professionals most often reported current low availability of bath salts. A treatment provider stated, “I’ve not heard much [about bath salts] since guy ate face off.” Another treatment provider mentioned having had a couple of clients reporting bath salts use during the past six months.

Participants reported that the availability of bath salts has decreased during the past six months. A participant discussed, “They don’t sell them [bath salts] anymore [legally] ... [availability] went down ... way down.” Community professionals reported that the availability of bath salts 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.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|------------|--|-----------|
| |  Participants | Decrease |
| |  Healthcare professionals | No Change |
| |  Treatment providers | No Change |

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for \$25 per gram. Participants reported the following routes of administration for bath salts: smoking, snorting and intravenous injection (aka “shooting”). The most common route of administration is snorting. A profile of a typical bath salts user did not emerge from the data.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remain available in the region. Participants with personal knowledge of the drug most often reported its current availability as ‘4-5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant stated, “[Synthetic marijuana] it’s not real big around here.” Community professionals most often suggested moderate to high available, although they did not assign a current availability rating.

Participants and community professionals alike reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, “I think it [availability of synthetic marijuana] decreased ... like when it was new, people tried it, but nobody’s really sticking to it.” Health care professionals noted that while they have seen few cases of synthetic marijuana use during the past six months, they occasionally hear of hospital patients reporting use. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---------------------|---|----------|
| |  Participants | Decrease |
| |  Healthcare professionals | Decrease |
| |  Treatment providers | Decrease |

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from certain retail stores. While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking.

Participants described typical users of synthetic marijuana as high-school aged and individuals who do not have drug connections, as well as individuals who cannot smoke marijuana due to subjection of employment drug testing. Treatment providers also described typical users of synthetic marijuana as younger.

Ecstasy



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 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 previous most common score was '9'. Participants most often reported the current availability of "molly" (powdered MDMA) as '10'; the previous most common score was also '10'. Participants most often reported ecstasy's current availability as '5' and molly's current availability as '6'. Treatment providers also noted that molly is more common than ecstasy.

Participants reported that the availability of ecstasy and molly have changed during the past six months, elaborating that ecstasy's availability has decreased while molly's availability has increased. Treatment providers reported that the availability of ecstasy has remained the same during the past six months while also mentioning hearing more about molly. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

| Ecstasy | Reported Availability Change during the Past 6 Months | | |
|---------|--|-----------|--|
| |  Participants | Decrease | |
| |  Healthcare professionals | No Change | |
| |  Treatment providers | No Change | |

| Molly | Reported Availability Change during the Past 6 Months | | |
|-------|--|----------|--|
| |  Participants | Increase | |
| |  Healthcare professionals | Increase | |
| |  Treatment providers | Increase | |

Participants were unable to rate the quality of either ecstasy or molly but expressed that users prefer molly to the more traditional ecstasy tablet. A participant explained, "Ecstasy is cut with too many different things, you don't know what you're getting anymore. Molly is better."

Current street prices for ecstasy and molly were variable among participants with experience buying the drug. Participants disclosed that molly often comes in a vial, though no specific prices or quantities of amount were given.

| Ecstasy | Current Street Prices for Ecstasy | |
|---------|---|---------|
| | a single-stack (low dose) tablet | \$5 |
| | a double-stack or triple-stack (higher dose) tablet | \$10-25 |

| Molly | Current Street Prices for Molly | |
|-------|---------------------------------|------|
| | 1/10 gram (single capsule) | \$10 |

While there were a few reported ways of consuming ecstasy and molly, common routes of administration are snorting, oral consumption and parachuting (wrapping powder in tissue and swallowing).

Participants described typical users of molly as college students and younger people, as well as people influenced by "rappers" and certain pop artists. Other participants described typical users of ecstasy as anybody who likes to dance. Community professionals described typical users of ecstasy as: "party people; young; dancers."

Other Drugs

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 [dimethyltryptamine (DMT; a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], ketamine (general anesthesia used in veterinary medicine), over-the-counter (OTC) drugs and salvia divinorum (psychoactive plant substance).

Hallucinogens remain available in the region. DMT is highly available in the region with participants report-

ing 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 most often reported that the availability of DMT has increased during the past six months. The BCI Richfield Crime Lab reported that the number of DMT cases it processes has increased during the past six months. Participants reported that DMT is referred to as the "dream drug" as its use causes dreams. Participants reported that typical users of hallucinogens generally are younger.

Reportedly, LSD is also highly available in the region with participants reporting its current availability as '10'. Participants most often reported that the availability of LSD has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months. Participants reported current street prices for LSD as \$10 per "hit" (dose). The most common routes of administration for LSD are oral consumption and through the eye via an eye dropper. Participants described typical LSD users as "hippies."

Psilocybin mushrooms are highly available in the region with participants reporting the drug's current availability most often as '10'; the previous most common score was '5-10'. Participants reported that the availability of psilocybin mushrooms has remained the same during the past six months. A participant stated, "*You gotta get them [psilocybin mushrooms] in season.*" Another participant shared, "*I know people who freeze them [for later use].*" The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months. Reportedly, current street prices for psilocybin mushrooms include: 1/8 ounces for \$25; an ounce for \$150. The most common routes of administration are eating and drinking (usually in a tea). Participants described the typical user of psilocybin mushrooms as: "*hippie; stoner.*"

Ketamine is moderately available in the region. Participants most often reported the drug's current availability as '5'. Participants reported that the availability of the drug has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of ketamine cases it processes has remained the same during the past six months. Reportedly, 1/10 gram of ketamine sells for \$10. Routes of administration include snorting and intravenous injection.

Participants reported that OTC drugs, particularly Coricidin® Cold and Cough (aka "triple C"), as continuing to be abused by adolescents in the region. Reportedly, adolescents purchase these medications from retail stores and commonly mix them with alcohol. In addition to OTCs, certain prescription cough syrups are also sought for abuse. Participants reported that "lean" (prescription codeine cough syrup mixed with Sprite® and/or Jolly Ranchers® candies) sells for \$60-70 per little bottle (quantity unspecified).

Salvia divinorum (aka "salvia") is highly available in the region with participants reporting the drug's availability as '8'. However, participants reported that the availability of the substance has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of salvia cases it processes has remained the same during the past six months. Participants reported that a gram of salvia sells for \$20-30.

Lastly, the BCI Richfield Crime Lab also reported that case numbers for gamma-hydroxybutyric acid (GHB) and phenylcyclidine (PCP) have remained the same during the past six months, while noting a decrease in piperazine cases.

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 increased availability for heroin, "molly" (powdered MDMA), prescription stimulants and Suboxone®; and decreased availability for synthetic marijuana.

Participants and community professionals were unanimous in reporting that the current high availability of heroin continues to increase. Participants explained that to get heroin all you have to do is call your dealer. Reportedly, there has also been an increase in calls related to heroin on a helpline serving the region. Participants consistently attributed the increase in heroin use to increased availability of the drug along with the reformulation of popular prescription opioids, such as OxyContin®, which has made the drugs more abuse resistant.

While many types of heroin are currently available in the region, participants reported powdered heroin as most available; and while powdered heroin most often is light

brown, participants reported encountering gray, tan, white and “salt and pepper” (mixture of brown and white) heroin as well. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same. Overall, participants reported that the general quality of heroin has decreased during the past six months; participants named fentanyl as a cut for heroin.

The most common routes of administration for heroin remain intravenous injection and snorting. Participants reported that obtaining injection needles has become more challenging than previous. Participants reported that some users share injection needles. Participants voiced concern over contracting Hepatitis C, with several participants noting a need for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist).

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Both groups of respondents perceived a general increase in the number of Suboxone® prescriptions administered in the region as the reason for increased street availability of the drug. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from clinics, other “addicts” and through “twitter” communications. Participants also noted that drug dealers will often trade heroin for Suboxone®. Participants described typical illicit users of Suboxone® as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user as someone who self-medicates.

While participants reported that both ecstasy and molly are highly available in the region, they reported that users prefer molly to the more traditional ecstasy tablets. Treatment providers also reported hearing more about molly than ecstasy during the past six months. Participants described typical users of molly as college students and younger people, as well as people influenced by “rappers” and certain pop artists.

Lastly, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Participants attributed decreased availability to legal measures as well as to the general undesirability of the drug. However, health care professionals noted that while they have seen few cases of synthetic marijuana use during the past six months, they occasionally hear of hospital patients reporting use.



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