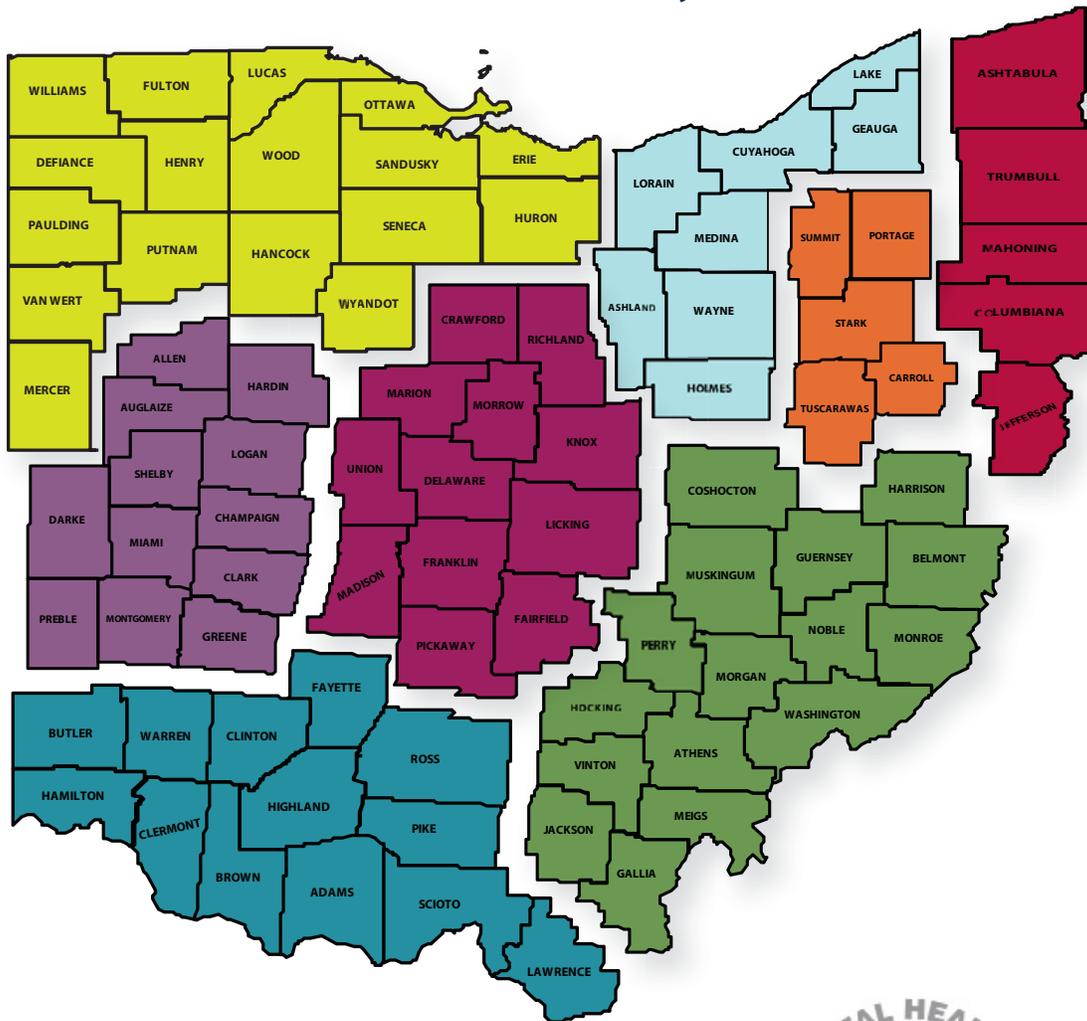




### Surveillance of Drug Abuse Trends in the State of Ohio June 2015 - January 2016



Legend	
<span style="color: orange;">■</span> Akron-Canton region	<span style="color: purple;">■</span> Columbus region
<span style="color: green;">■</span> Athens region	<span style="color: darkpurple;">■</span> Dayton region
<span style="color: teal;">■</span> Cincinnati region	<span style="color: yellow;">■</span> Toledo region
<span style="color: lightblue;">■</span> Cleveland region	<span style="color: red;">■</span> Youngstown region



# Ohio Substance Abuse Monitoring Network

## Surveillance of Drug Abuse Trends in the State of Ohio

June 2015 - January 2016

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### Toledo Region

- Meth, sedative-hypnotics & Suboxone® availability ↑
- Noted increase in number of heroin dealers
- Dealers often sell cocaine along with heroin
- Participants report having been saved from overdose with Narcan®
- Heroin users seek sedative-hypnotics to assist with withdrawal
- High & increased availability of meth in rural areas of region

### Cleveland Region

- Marijuana & Suboxone® availability ↑
- Overdose deaths most often due to fentanyl
- High-grade marijuana widely available
- More medical marijuana coming into region
- Marijuana extracts/concentrates (“dabs”) more common
- Reports of alpha-PVP (“flakka”) availability

### Dayton Region

- Ecstasy (“molly”), heroin & meth availability ↑
- Bath salts, prescription opioids & synthetic marijuana ↓
- Law enforcement reports for the first time having more heroin than marijuana cases
- Fentanyl often mixed with heroin or sold as heroin
- Vast majority of overdoses attributed to fentanyl
- Law enforcement reports significant increase in meth cases

### Akron-Canton Region

- Heroin, meth & Suboxone® availability ↑
- Prescription opioids availability ↓
- Fentanyl often mixed with heroin or sold as heroin
- Lower social stigma for heroin use
- Crystal meth highly available in parts of region
- Availability of anabolic steroids for illicit use ↑

### Cincinnati Region

- Heroin, marijuana, meth & Suboxone® availability ↑
- Synthetic marijuana availability ↓
- Dealers give away free testers of heroin, often unsolicited
- Fentanyl often mixed with heroin or sold as heroin
- More crystal meth (“ice”) coming into region from Mexico
- Reports of alpha-PVP (“flakka”) availability

### Youngstown Region

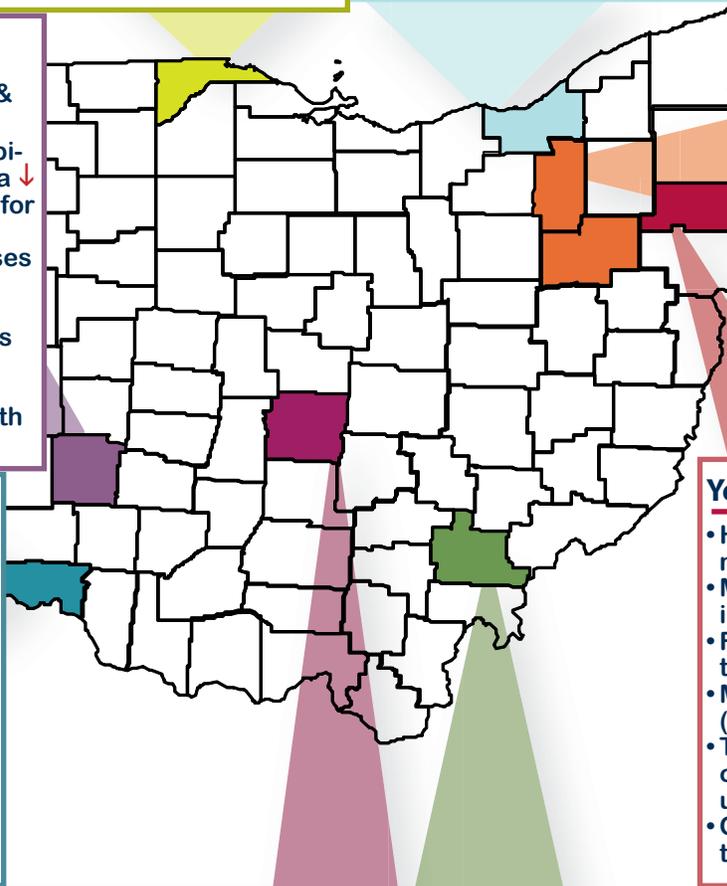
- Heroin, marijuana & meth availability ↑
- More crack cocaine dealers selling heroin
- Fentanyl remains popular adulterant for heroin
- Marijuana extracts/concentrates (“dabs”) more common
- Treatment providers note increase in admissions for meth use
- Opiate users seek Neurontin® to help with withdrawal

### Columbus Region

- Ecstasy (“molly”), meth & Suboxone® availability ↑
- As soon as a heroin dealer is arrested, new dealers move in to sell
- Noted increase in overdoses linked to fentanyl
- BCI reports fentanyl & acetyl fentanyl used as heroin cuts
- More users producing meth
- Reports of alpha-PVP (“flakka”) availability

### Athens Region

- Meth & Suboxone® availability ↑
- Meth as available as heroin
- More users producing meth
- More clinics dispensing Suboxone®
- Fentanyl often mixed with heroin or sold as heroin
- High street availability of Neurontin®
- Opiate users seek Neurontin® to help with withdrawal







### Surveillance of Drug Abuse Trends in the State of Ohio

June 2015 - January 2016

## 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 (treatment 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 epidemiological 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 29, 2016. It is based upon qualitative data collected from July 2015 through January 2016 via focus group interviews. Participants were 335 active and recovering drug users recruited from alcohol and other drug (AOD) treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 133 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 2015. 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 highly available in most OSAM regions and perhaps less available in Cincinnati, Cleveland and Columbus regions. Cincinnati treatment providers indicated that powdered cocaine is not generally a drug of choice for those entering AOD treatment, while Cleveland providers noted that many clients report using the drug to "speedball" (use in combination with heroin). The Cuyahoga County Medical Examiner's Office reported that 26.7 percent of the 172 drug overdose deaths it processed during the past six months involved cocaine (powdered and/or crack cocaine).

Availability of the drug has remained the same throughout OSAM regions, with the exception of Cincinnati where respondents could not agree as to whether or not availability has decreased during the past six months. Participants in the region attributed the perceived decrease in availability to users not wanting powdered cocaine due to its current poor quality; thus, fewer dealers purportedly carry the drug. Both participants and community professionals noted that more users are seeking heroin as this drug has become the drug of choice for users and dealers alike.

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

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

Participants throughout OSAM regions continued to most often rate the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the modal regional quality scores ranged from '2' for Cincinnati to '10' for Athens. The majority of participants from throughout regions noted a decrease in the overall quality of powdered cocaine during the past six months, with the exception of Akron-Canton, Athens and Columbus where participants most often reported quality as unchanged. Participants were in agreement that the quality of powdered cocaine is generally inconsistent. Participants indicated that quality depends on one's relationship with the dealer and the adulterants (aka "cuts") in the drug. Participants often complained that dealers are cutting the drug a lot in an effort to make more money. Some participants added that they purchased powdered cocaine to "cook it up" and turn it into crack cocaine. Participants explained that they do this in order to control for the quality of the drug.

Participants universally indicated that powdered cocaine is often cut with other substances: acetone, baby laxatives, baking soda, blood pressure medication, caffeine, creatine, diuretics, ether, heroin, lactose, laxatives, local anesthetics (lidocaine and procaine), methamphetamine, "molly" (powdered MDMA), Mother of Pearl (a brand name cut often sold as carpet deodorizer from a head shop or a similar product sold as an enzyme supplement at a health and nutrition store), Neurontin® (anticonvulsant), Orajel®, pain relievers (aspirin and Tylenol®), powder (any type), Ritalin®, Seroquel® (antipsychotic), Sudafed®, trazadone (tetracyclic antidepressant and sedative), and various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: analgesics (acetaminophen and phenacetin), atropine (prescription heart medication), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes many names for powdered cocaine. Several participants indicated that street jargon typically reflects the appearance of the cocaine, such as "white" or "fish scales;" whereas other names reflect the texture of the substance, such as "powder" or "soft." Some other names mentioned referred to popular white women, such as "Christina" in reference to Christina Aguilera.

Current Street Names of Powdered Cocaine	
Most Common Names	blow, girl, powder, snow, soft, white (white girl)
Other Names	bitch, Christina, fish scales, ya-yo

The majority of participants continued to report that it is most common to purchase powdered cocaine in a gram amount. However, smaller amounts are also commonly available throughout regions. Akron-Canton participants reported that powdered cocaine is often purchased for as little as \$20 (1/10-2/10 gram, aka "a twenty") and \$50 (1/2 gram, aka "a fifty"). In Cincinnati and Dayton, capsules (aka "caps") of powdered cocaine continue to be very common. Reportedly, a cap (1/10 gram or less) sells for \$5-10. Several participants in Cincinnati once again related that heroin dealers often give capsules of cocaine to those who buy capsules of heroin as a promotion, so users often obtain cocaine at no cost.

Universally, participants continued to report that the price of powdered cocaine is contingent upon quality and the dealer. Depending on region, a gram of powdered cocaine currently sells for \$40-100; 1/16 ounce (aka "teener") sells for \$75-175; 1/8 ounce (aka "eight ball") sells for \$100-250; and an ounce sells for \$800-1,200. Only participants in Youngstown noted an increase in the price of powdered cocaine during the past six months. Cincinnati participants indicated that powdered cocaine is most often purchased from a familiar dealer at a club or bar.

Throughout OSAM regions, participants reported that the most common ways to use powdered cocaine remain snorting and intravenous injection (aka "shooting"). Most participants continued to agree that route of administration depends on the user's drug habits and social circle. Cincinnati participants discussed that if powdered cocaine is used alone, then it is usually snorted; if used with heroin, then it is often mixed into the heroin and injected. Participants also noted that those new to drug use and "part-time" users are more apt to snort powdered cocaine, although Athens participants indicated that the shooting of cocaine has increased.

Throughout OSAM regions, the majority of participants and community professionals continued to describe typical powdered cocaine users as of higher socio-economic status, white and employed in professional occupations. Many participants continued to describe adult entertainers (exotic dancers), construction workers and truck drivers as typical users as well. Community professionals in Athens noted college students as typical users as the drug continues to be associated with "partying" and with those who consume large quantities of alcohol. Law enforcement in Youngstown noted that powdered cocaine is also popular in the Hispanic community.

Many other substances are used in combination with powdered cocaine. Throughout OSAM regions, respondents identified alcohol as the most common substance used in combination with powdered cocaine because it reportedly allows people to consume more alcohol without falling asleep/passing out. Participants also shared that cocaine and heroin or prescription opioids are often used together for a “speedball” effect (combining both the stimulant and sedative aspects of the two drugs). Users also take sedative-hypnotics (Xanax®) to come down from the stimulant high of powdered cocaine.

### Substances Most Often Combined with Powdered Cocaine

- alcohol • heroin • marijuana •
- prescription opioids • sedative-hypnotics •

## Crack Cocaine

Crack cocaine remains highly available throughout OSAM regions. There was almost unanimous agreement among respondents that crack cocaine is easier to obtain than powdered cocaine. In Akron-Canton, participants reported that it is extremely easy to find a crack cocaine dealer; some reporting that dealers will even come up to one’s car to sell the drug. A few Columbus participants observed more people standing on street corners selling crack cocaine in certain areas of Columbus, explaining that one does not need to make a call to a dealer to find the drug.

For half of the regions, availability of crack cocaine has remained the same during the past six months, while for the other regions, there was no consensus as to whether availability has changed. Those respondents who perceived increased availability attributed the increase to more heroin dealers also offering crack cocaine. Similar to powdered cocaine, reportedly crack cocaine is frequently given away with heroin purchase. Those respondents perceiving decreased availability suggested that demand has shifted away from crack cocaine to other drugs, specifically heroin and methamphetamine; thus, dealers have adjusted their supply to match current demand, switching from cocaine sales to the sale of other more profitable drugs. A law enforcement officer in Cincinnati thought availability of crack cocaine has decreased because users can now buy powdered cocaine readily to cook and “rock

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

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

up” (manufacture) their own crack cocaine, thus bypassing the “crack dealer.”

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘5’ and ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). The regions reporting current quality as moderate were Athens, Cincinnati and Toledo. Many participants noted extreme variability and reasoned that quality depends on the dealer and the original purity of the powdered cocaine used to make the drug. Other participants indicated that the quality of crack cocaine is more stable when the user has a steady dealer, while several participants discussed improving the quality of crack cocaine once it is purchased by re cooking the drug to cook off the impurities. The majority of participants throughout regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Cincinnati, Dayton and Toledo where participants most often reported a quality decrease.

Participants throughout regions continued to report baking soda most often as an adulterate (aka “cut”) for crack cocaine and that many other adulterants are also found in the drug: acetone, ammonia, aspirin, baby laxatives, Baby Tylenol®, benzene, bread, creatine, ether, methamphetamine, numbing agents (Anbesol® and Orajel®), procaine (local anesthetic), Seroquel® (antipsychotic), Sudafed®, vinegar, vitamins and “anything yellow” (to give the illusion of high quality). Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: analgesics (acetaminophen and phenacetin), atropine (prescription heart medication), local anesthetics (benzocaine,

lidocaine and procaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes several names for crack cocaine, the most common of which include “hard” and “rock,” reflecting the texture and appearance of the drug.

Current Street Names of Crack Cocaine	
Most Common Names	crack, hard, rock, work
Other Names	butter, candy, girl

Participants continued to report that the price of crack cocaine depends on the amount desired and the quality of the drug. Participants again indicated that crack cocaine is not typically weighed out; rather it is sold by pieces or “rocks.” The most common quantity purchased is a rock weighing approximately 1/10 - 2/10 gram. However, several individuals throughout OSAM regions said crack cocaine dealers will sell the drug for any amount of money. A Dayton participant shared that users can purchase a “hit” (single smoke) of crack cocaine for \$5. An Akron-Canton participant reported that dealers will often trade items for the drug. Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug: a rock typically sells for \$10-20; a gram sells for \$50-100.

Participants continued to report that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka “shooting”). Participants reported various instruments used to smoke crack cocaine, including pop cans, tire gauges and “crack pipes.” A participant stated, *“If you go to prison, you can smoke it out of chicken bones.”* Athens participants indicated an increase in shooting the drug. Participants explained that if intravenous injection is a user’s primary route of administration for other drugs, such as heroin, the user will shoot crack cocaine as well. Participants explained that users break down crack cocaine with acidic juices (lemon juice, pickle juice), soda or vinegar in order to shoot it. Participants also discussed the general anti-social nature and paranoia associated with crack cocaine use and responded: *“Crack smokers usually don’t smoke together. Once there’s ‘smoke’ (crack cocaine), everyone scatters; You go and hide [to use alone].”*

While participants and community professionals varied in their descriptions of a typical crack cocaine user, most

often respondents described typical users as older and of lower socio-economic status, while frequently adding that men who pay for sex, prostitutes and exotic dancers also use crack cocaine. Akron-Canton treatment providers noted that individuals of lower socio-economic status can afford the drug because of its low cost and defined “older individuals” as those 30 years and older; these treatment providers also asserted that there continues to be a stigma surrounding the use of crack cocaine. Toledo treatment providers noted that heroin users often use crack cocaine and added that clients who identify crack cocaine as their primary drug of choice are generally older. Throughout OSAM regions, respondents continued to note more African-American users than white users.

Many other substances are used in combination with crack cocaine. Participants and treatment providers often mentioned crack cocaine used in combination with heroin for the “speedball” effect (both stimulant and sedative highs). One participant commented that heroin and crack cocaine, *“go hand-in-hand.”* Participants explained that alcohol and sedative-hypnotics (Xanax®) bring the user down from the crack cocaine stimulant high. Another participant shared, *“They sprinkle [crack cocaine] in the marijuana ... It’s called a ‘primo.’”*

Substances Most Often Combined with Crack Cocaine
<ul style="list-style-type: none"> <li>• alcohol • heroin •</li> <li>• marijuana • sedative-hypnotics •</li> </ul>

## Heroin

Heroin remains extremely easy to get. Participants and community professionals identified the drug as the most prevalent and problematic of all drugs currently available. Many noted heroin use as epidemic. Availability has increased in five of the eight OSAM regions during the past six months. While many types of heroin are currently available throughout regions, only respondents in Athens and Columbus identified black tar heroin as most available. Most other regions reported brown and/or white powdered heroin as most available, with respondents in Cincinnati and Cleveland reporting powdered heroin in general as most available. Cleveland participants noted gray-colored heroin as prevalent in that region. Participants throughout regions reported several

**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	No Consensus	black tar
Cincinnati	High	Increase	powdered
Cleveland	High	No Change	powdered
Columbus	High	Increase	black tar & brown powdered
Dayton	High	Increase	brown & white powdered
Toledo	High	No Change	brown & white powdered
Youngstown	High	Increase	brown powdered

other colors of powdered heroin as available: beige, blue, pink, purple and tan.

Akron-Canton participants and law enforcement observed dealers moving to Ohio from other states to sell heroin. Treatment providers reported that many users are turning into dealers to support their heroin addictions. Many treatment providers also indicated that increased heroin availability is due in part to the lowering social stigma around heroin use. Cincinnati treatment providers discussed how it is getting easier and easier to locate heroin; they discussed dealers giving away free testers of heroin, often unsolicited; a provider there shared having heroin testers thrown into her vehicle. Columbus law enforcement discussed that new heroin dealers seem to appear every day; as soon as a dealer is arrested, they observed new dealers moving in to sell. Dayton law enforcement expressed concern in reporting that for the first time ever, they have more heroin cases than they do marijuana cases.

Participants throughout OSAM regions most often reported the current overall quality of heroin as high; in fact, participants in five of the eight regions, most often reported the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Toledo participants also reported high-quality heroin, most often reporting it as '9', while participants in Akron-Canton and

Athens reported moderate overall quality, most often reporting '7' and '5-7', respectively. Participants throughout regions indicated that the quality of heroin is inconsistent, fluctuating from day to day. However, participants most often noted that the overall quality of heroin has generally remained the same during the past six months; exceptions were decreased quality for Akron-Canton and increased quality for Cincinnati and Dayton. Cincinnati participants attributed the increase in heroin potency to fentanyl.

Participants and community professionals throughout OSAM regions continued to note fentanyl as a top cutting agent for heroin. Reportedly, heroin dealers sell heroin-fentanyl mixtures as well as straight fentanyl, often unknown to users who think they are buying heroin only. Respondents continued to attribute overdose deaths to fentanyl. A Cleveland probation officer shared that some probationers are becoming afraid of heroin because of the high number of reported overdose deaths, adding that everyone knows at least a handful of people who have died from heroin use. BCI crime labs continued to note that a lot of the heroin cases they process are heroin-fentanyl mixtures, and sometimes even straight fentanyl, noting fentanyl and acetyl fentanyl as heroin cuts during the past six months. The BCI Bowling Green Crime Lab highlighted the "blue-drop" heroin epidemic out of Marion (Marion County, OSAM Columbus region) in which heroin contained lethal amounts of fentanyl.

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one Toledo focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose.

Participants universally continued to indicate that heroin is cut with other substances: acetone, acid, aspirin, baby formula, baby laxatives, blood pressure medication, brown sugar, chicken bouillon, coffee, creatine, dark sodas, dietary supplements (Benefiber®, Metamucil® and protein powder), dirt, ecstasy, embalming fluid, fish oil, joint supplements, ketamine (anesthetic typically used in veterinary medicine), lactose, mannitol (diuretic), melatonin, Neurontin® (anticonvulsant), phencyclidine (aka "PCP"), powdered cocaine, powdered sugar, prescription opioids (Dilaudid®, fentanyl and morphine), prenatal vitamins, quinine (antimalarial), shoe polish, Sleepinal® (over-the-counter sleep aid), sugar, vitamin B-12 and Xanax®. Crime labs throughout OSAM regions noted the following cutting agents for heroin: acetaminophen (analgesic),

caffeine, diphenhydramine (antihistamine), fentanyl/acetyl fentanyl, mannitol (diuretic), quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Additionally, participants reported asking for heroin by code, using certain phrases or questions in conversation, such as, *“Oh, that’s cool. ‘Ron’s’ in town?”* Another participant shared, *“[The dealers call] the good stuff ‘fire’ or ‘orange dope’ or ‘toe tag’ because they know that they could die from it.”*

Current Street Names of Heroin	
Most Common Names	boy, dog, dog food, dope, H, ron
Other Names	brown (brown powdered), ‘china’ (white powdered), tar (black tar)

Participants continued to report that the price of heroin depends on quality and indicated that users most often purchase small quantities of the drug. Universally, the most commonly reported unit of purchase remains 1/10 gram (aka “bag,” “balloon,” “fold,” “pack,” “paper,” “point,” “stamp” or “stamp bag”). However, several participants in Akron-Canton added that users can buy heroin for whatever amount of money they have. Youngstown participants mentioned trading prescription medications for heroin. Dayton and Cincinnati participants reported capsules containing approximately 1/10 gram of heroin (aka “caps”) as commonly found in those two regions.

Reports of current street prices for heroin were variable among OSAM regions: 1/10 gram most often sells for \$10-20; 1/2 gram sells for \$45-80; a gram sells for \$60-200. Athens participants indicated that the price of heroin has increased during the past six months; several participants in the region reported paying up to \$50 for 1/10 gram of high-quality heroin.

Throughout OSAM regions participants continued to report that the most common route of administration for heroin remains intravenous injection (aka “shooting”), followed by snorting. However, participants in Toledo reported that snorting is looked down upon because users believe it is a waste of money to use heroin that way. Participants and community professionals again frequently shared that most heroin users begin by snorting and quickly progress to shooting the drug. Participants reported most often obtaining needles (aka “rigs,” “points,” “sticks” and

“tools”) from retail stores, pharmacies, needle exchange programs, dealers and diabetics. Several participants throughout regions suggested purchasing needles from the Internet and at tractor supply stores. Reports of current street prices for needles ranged from \$2-5 per needle. Participants stated that needles are least expensive when purchased from retail stores or through the Internet.

Sharing needles is reportedly a common practice among heroin users. Participants reported that needles are often shared when users begin to go into withdrawal and they do not have their own. Participants and community professionals continued to express concern over the sharing of needles and diseases (hepatitis and HIV). Several participants indicated that they know the consequences of sharing needles but disclosed that they have shared needles and would reuse them until the tip broke off the needle, rendering it unusable. Some Athens participants reported that they are not concerned with sharing needles because they already have hepatitis, and they believed that most people who use needles also have hepatitis.

While a profile for a typical heroin user did not emerge for most regions, there were a few descriptors that came up frequently in the aggregate data. Heroin users tend to be white, young (under 30 years of age) and have prescription opioid abuse in their use history. Several participants indicated that the spectrum of heroin users is expanding to include anybody, with other participants suggesting an increase in adolescent heroin users. In Columbus, treatment providers often noted males as using heroin more often than females, and they seemed to agree that heroin users are often in occupations such as construction, food service and bartending, reasoning that attendance in these occupations might be more lenient. Law enforcement reported that many heroin users are unemployed, living in unhealthy conditions and that the youngest users they have encountered have been 12 and 13 years of age.

Many other substances are used in combination with heroin. Participants reported using heroin in combination with cocaine and methamphetamine to “speed ball,” which means the substances are used either together or alternately to produce a high and low effect. Another participant reported using this combination to be functional, explaining that after heroin use, stimulant use would allow him to “come up” so as to be able to go to work. Other participants reported that they would use powdered cocaine in combination with heroin out of convenience because dealers would give them cocaine when they purchased

heroin. Reportedly, heroin is used with Xanax® to intensify the effect of heroin, even when participants noted that users know this combination can lead to overdose. Other participants reported using Xanax® so that they wouldn't have to use as much heroin. Participants noted that marijuana is also used with heroin to intensify heroin's effect. Lastly, several participants claimed preference for using heroin by itself, not in combination with other substances.

**Substances Most Often Combined with Heroin**

- alcohol • crack cocaine • marijuana •
- methamphetamine • powdered cocaine •
- sedative-hypnotics •

**Prescription Opioids**

Prescription opioids are highly available for illicit use throughout most OSAM regions. Toledo participants noted that Vicodin® is easily obtained but not desired; further stating that fentanyl and Dilaudid® are highly desired, but not easily obtained. Cincinnati treatment providers reported fentanyl among the top three opioids identified as preferred by clients who report opioids as their drug of choice, while Cincinnati law enforcement indicated that approximately a quarter of all heroin seizures contain fentanyl. Law enforcement clarified that the fentanyl is not pharmaceutical grade but rather manufactured in clandestine labs similar to the way methamphetamine was commonly manufactured.

Availability of these drugs has remained the same for three regions during the past six months, while there was no consensus on whether availability has remained the same or has decreased for three other regions. Only Akron-Canton and Dayton respondents agreed that availability has decreased during the past six months in their regions. Respondents attributed decreases in availability to reductions in physician prescribing, individuals holding onto their prescription opioids instead of distributing/selling them to others, as well as to law enforcement efforts and the extensive availability of heroin, a much cheaper alternative to prescription opioids. Reportedly, fewer dealers are dealing in pills and are now pushing heroin. Law enforcement in Akron-Canton mentioned the success of the "Drop Box Program," where citizens can safely discard unused prescriptions, as helping to reduce the availability

**Reported Availability Change of Prescription Opioids during the Past 6 Months**

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate to High	Decrease	fentanyl Percocet®
Athens	High	No Change	Percocet® Roxicodone® Vicodin®
Cincinnati	Moderate to High	No Change	oxycodone Percocet® Vicodin®
Cleveland	High	No Consensus	Percocet® Vicodin®
Columbus	High	No Consensus	oxycodone
Dayton	Moderate	No Change	Percocet® Roxicodone®
Toledo	High	Decrease	oxycodone Percocet®
Youngstown	High	No Consensus	Vicodin®

of prescription opioids for illicit use; 10,000 pounds of pills were collected in Summit County during the past year.

Corroborating data indicated the presence of prescription opioids for illicit use. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved one or more prescription opioid; the medical examiner's office also found that 26.7 percent of these cases involved fentanyl. The BCI London Crime Lab reported that the number of fentanyl, Opana®, OxyContin®, Percocet® and Ultram® cases it processes has increased during the past six months; also, the lab once again reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Current street jargon includes many names for prescription opioids. Most street names reflect pharmaceutical or brand names, color, shape and/or dosage. Further, Lortab®, Norco® and Vicodin® are considered the same, so they are all referred to as "vikes." Likewise, Percocet® and Roxicodone® often share similar street names.

Reports of current street prices for prescription opioids were consistent among participants with experience

Current Street Names of Prescription Opioids	
<b>General</b>	<b>beans, pills, skittles</b>
<b>Dilaudid®</b>	dilauda, Ds, K4
<b>fentanyl</b>	gel, patches, suckers
<b>Lortab®</b>	smurfs, vikes
<b>methadone</b>	dones
<b>Norco®</b>	red speckles (5 mg), vikes
<b>Opana®</b>	OPs, pandas, stop signs
<b>OxyContin® oxycodone</b>	OCs, oxies
<b>Percocet®</b>	10s (10 mg), blues (5 mg), perks, Ps, school bus (10 mg), yellows (10 mg)
<b>Roxicodone®</b>	30s (30 mg), blues, greens, perk 30s, pinks, roxies
<b>Suboxone®</b>	stop signs, subs
<b>Ultram®/ tramadol</b>	tram
<b>Vicodin®</b>	babies (5 mg), ES (7.5 mg), robin eggs, school buses, Vs, yellows, vikes (10mg)

buying these drugs. Throughout OSAM regions, the majority of prescription opioids reportedly sell for \$1 per milligram. Participants throughout regions reported that the price of prescription opioids has remained the same during the past six months, with the exception of Athens participants who reported increased pricing. Participants indicated that these medications are less expensive when purchased in larger quantities; several participants reported that users will often purchase whole prescriptions due to tolerance and feeling the need for more medication, however no prices were provided for these larger amounts. Many participants also disclosed trading prescription opioids for heroin.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them prescribed from doctors, as well as from friends and family members who are being treated with these medications. Many Akron-Canton participants reported that opioids are still readily prescribed.

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 remains snorting, followed by oral consumption (chewing and

swallowing). Akron-Canton participants added that oral administration of these drugs often involves crushing the pills in toilet paper or a piece of tissue and swallowing (aka "parachuting"). Athens and Toledo participants reported intravenous injection (aka "shooting") as a common route of administration as well; however, a Toledo participant emphasized that many illicit users of prescription opioids have moved on to using heroin, stating, "I haven't seen anybody snort a pill in a long time."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants and community professionals indicated a wide age range for illicit use, extending from high school age to older adults. Many respondents described illicit users of prescription opioids as similar to heroin addicts and added that many begin illicit use with legitimate pain issues. In Youngstown, participants described illicit users as mostly white and aged from teens to 50s, while community professionals described typical illicit users as mostly white, crossing all genders, socio-economic statuses and occupations, including young people who are experimenting and older people who have experienced an injury.

Prescription opioids are often used in combination with other substances. Participants reported that prescription opioids are used with alcohol and sedative-hypnotics (Xanax®) to intensify the high. Several participants indicated that prescription opioid users will mix any other substance that is available at time of use. Other participants reported that they preferred not to combine prescription opioids with any other drugs; a participant explained, "I never like to mix because it would mess my high up."

### Substances Most Often Combined with Prescription Opioids

- alcohol • heroin • marijuana •
- sedative-hypnotics •

### Suboxone®

Suboxone® remains highly available throughout OSAM regions. Street availability has increased for five of the eight regions during the past six months. Throughout regions, participants continued to report the sublingual filmstrip form of Suboxone® (aka "strips") as the most common form

of the drug. Reportedly, there is very limited availability of the tablet form of Suboxone®, as many physicians and clinics have stopped prescribing the tablets due to the higher abuse profile of this form over the strips. Participants in Akron-Canton, Athens and Toledo reported on Subutex® this reporting cycle and indicated that it is sought after but hard to find. Participants noted that the drug is often prescribed to pregnant women and explained that since Subutex® does not contain naloxone, users are able to use heroin with it.

Increases in street availability during the past six months were attributed to more people being prescribed, and more clinics dispensing, Suboxone®. One Columbus participant described the current availability of Suboxone® as, “running water out of the sink.” Respondents continued to report that some users supplement their income by selling all or part of their Suboxone® prescription, explaining that most illicit users take the drug to avoid withdrawal between heroin highs. However, Cincinnati, Dayton and Youngstown respondents reported that a few are using Suboxone® to get high. A Youngstown treatment provider reported that for the first time a client has entered treatment at her agency for Suboxone® dependence; Suboxone® was this client’s drug of choice. Treatment providers in Cincinnati reported that detox from Suboxone® is very painful, perhaps more difficult than for all other drugs, with the exception of methadone.

**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	No Consensus
Dayton	High	No Consensus
Toledo	High	Increase
Youngstown	High	No Consensus

Corroborating data indicated the presence of Suboxone®. American Court and Drug Testing Services reported that 13.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition,

the Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 41.3 percent were positive for buprenorphine.

Current street jargon includes a few names for Suboxone®. Participants continued to report that street names most often referred to the brand name of Suboxone®: “boxes,” “boxies” and “subs;” and to the brand name of Subutex®: “tex.”

**Current Street Names of Suboxone®**

<b>filmstrip</b>	boxes, subs, strips
<b>tablet</b>	oranges, stop signs, subs

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that a Suboxone® 8 mg filmstrip sells for \$8-20, while a Suboxone® 8 mg tablet sells for \$10-30. Many participants added that the drug is less expensive when purchased in larger quantities. Only participants in Akron-Canton and Athens reported on current street pricing for Subutex®. Reportedly, the drug sells for \$10-30 per tablet in Akron-Canton and \$35-40 per tablet in Athens (milligram amount unknown).

Participants reported most often obtaining Suboxone® from dealers, a physician or clinic, or from others who have a prescription. One participant commented, “Everybody gets ‘scripts’ (prescriptions) now. It’s not hard [to find Suboxone®].” Many participants also highlighted that many, if not most, heroin dealers sell Suboxone®. In addition, law enforcement from Tuscarawas County reported that some convenience or corner stores illicitly sell Suboxone®; they also reported on a recent case involving an individual who was caught distributing Suboxone® filmstrips in a community-based corrections facility, which resulted in 30 to 40 individuals at that institution testing positive for the drug.

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is sublingual, intravenous injection (aka “shooting”), followed by snorting; the most common routes of administration for illicit use of Suboxone® tablets and Subutex® are snorting and oral consumption. Several participants reported that filmstrips are easily dissolved in hot water for injection or snorting (aka “puddling,” dissolving the filmstrip in water and snorting the liquid). One participant reported smoking Suboxone® by lacing a marijuana joint with it.

Participants throughout OSAM regions continued to most often describe typical illicit Suboxone® users as opiate addicts who self-medicate to remain sober or to avoid withdrawal in between heroin use. Community professionals described typical illicit Suboxone® users similarly. A treatment provider commented, "Heroin addicts that can't afford their heroin for the day."

Participants reported that Suboxone® is often used in combination with other substances to intensify the high of the other substances; however, participants noted that the drug is most commonly used alone to avoid opiate withdrawal symptoms. A participant reported that Suboxone® can be illicitly used with, "Everything but opiates."

**Substances Most Often Combined with Suboxone®**

- alcohol • marijuana •
- Neurontin® • sedative-hypnotics •

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are currently moderately to highly available in Cincinnati, while highly available throughout all other OSAM regions. There was general consensus, once again, among participants and community professionals that sedative-hypnotics are easy to obtain. One participant said these medications are readily available and remarked, "Just hold your hand out." Another participant indicated that these medications are often sought for illicit use and reflected, "I don't know how many people ask me for my pills." Respondents reported that heroin addicts use these drugs to help alleviate withdrawal symptoms. Toledo respondents attributed the increased availability of sedative-hypnotics in their region to more people using these drugs coupled with an increase in physician prescribing.

Corroborating data also indicated the presence of sedative-hypnotics for illicit use. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 17.1 percent were positive for benzodiazepines. The Montgomery County Coroner's Office found at least one benzodiazepine present in 44.4 percent of the 108 drug-related deaths it processed during the past six months.

Reported Availability Change of Sedative-Hypnotics during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No Change	Klonopin® Xanax®
Athens	High	No Change	Xanax®
Cincinnati	Moderate to High	No Consensus	Klonopin® Valium® Xanax
Cleveland	High	No Change	Klonopin® Valium® Xanax
Columbus	High	No Change	Xanax®
Dayton	High	No Consensus	Klonopin® Valium® Xanax®
Toledo	High	Increase	Xanax®
Youngstown	High	No Change	Xanax®

Current street jargon includes many names for sedative-hypnotics (aka "benzos" and "downers"). Typically, street jargon for these pills reflects the brand name or the description of the pill; for instance, "klonies" for Klonopin® or "peaches" referring to Xanax® since there is a peach-colored Xanax® pill.

Current Street Names of Sedative-Hypnotics	
Klonopin®	K-pins, pins, KPs
Valium®	Vs
Xanax®	blues, footballs, ladders, peaches, xanies, xanie bars

Street prices for sedative-hypnotics remain variable among OSAM regions; although participants throughout regions commented that most sedative-hypnotics are inexpensive. In fact, several participants reported that these drugs are often obtained free of charge or through trade for other drugs. Currently, sedative-hypnotics generally sell for \$1-3 per milligram with price dependent on the region, as well as the type, brand and dosage of the pill. Xanax® sells 1 mg for \$1-4 and 2 mg for \$2-8. However, Athens participants indicated that the street prices of these drugs have increased during the past six months:

Xanax® sells 0.50 mg for \$1-2, 1 mg for \$4-5 and 2 mg for \$10. An Athens participant remarked, *“In the last two years they have doubled in price.”*

In addition to obtaining sedative-hypnotics on the street from dealers and other users, participants also reported getting them through personal prescription, as well as from friends and family members who have prescriptions. Treatment providers reported that illicit users most often obtain the drugs from family members and friends.

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics remain snorting and oral consumption, including “eating” (chewing). Throughout OSAM regions, participants estimated that out of 10 illicit sedative-hypnotic users, 5-10 would snort and 0-5 would orally consume these drugs. Participants far less commonly reported intravenous injection (aka “shooting”) as an alternative route of administration for sedative-hypnotics. One participant shared, *“I’ve seen people mix ‘em (shoot them) with heroin.”*

A single profile for a typical illicit user of sedative-hypnotics did not emerge from the data. However, there was consensus among respondent groups that females are more likely to illicitly use these drugs than are males. Also, the consensus seemed to be that opiate addicts commonly use these drugs to help with withdrawal.

Participants reported that sedative-hypnotics are often used in combination with other substances. A participant commented, *“Good to mix with everything.”* Several participants said that these drugs are used with alcohol and heroin to intensify the effect of each. Sedative-hypnotics are reportedly used with cocaine to balance out the high stimulant effect produced by cocaine use.

### Substances Most Often Combined with Sedative-Hypnotics

- alcohol • crack cocaine • heroin •
- marijuana • prescription opioids •

## Marijuana

Marijuana remains highly available throughout OSAM regions. In addition, respondents in all regions mentioned availability of marijuana extracts and concentrates (aka

“wax” and “dabs,” which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported current availability of dabs as moderate to high throughout the state.

An increase in general availability of marijuana during the past six months was noted in half of OSAM’s eight regions. Furthermore, participants in six regions reported an increase specifically in high-grade marijuana (Akron-Canton, Cincinnati, Cleveland, Dayton, Toledo and Youngstown). Most participants related increased availability of high-grade marijuana to the general preference for a higher quality product. Additionally, participants and community professionals in four regions (Akron-Canton, Cleveland, Dayton and Youngstown) noted an increase in availability and popularity of marijuana extracts and concentrates. The BCI Bowling Green, London and Richfield crime labs, as well as the Lake County Crime Lab, all reported having processed increased numbers of marijuana cases during the past six months; Lake County Crime Lab also reported having processed 23 hashish cases. (Hashish is a potent form of cannabis produced by collecting and compressing the most potent material from cannabis plants.)

Corroborating data indicated the continued high availability of marijuana. The Hancock County Probate and Juvenile Court reported that 95 percent of the positive drug tests from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana. Ohio’s Screening, Brief

### Reported Availability Change of Marijuana during the Past 6 Months

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

Intervention and Referral for Treatment (SBIRT) program reported that over 80 percent of the individuals in the Dayton and Toledo regions who screened positive for any drug use during the past six months, reported marijuana use during the past 30 days.

Participants throughout regions often referred to the overall high quality of marijuana, while describing marijuana extracts and concentrates as extremely high in quality. Participants throughout six regions (Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton and Toledo) reported that the quality of high-grade marijuana has increased during the past six months. Reportedly, increases in quality are due to advances in technology and in knowledge of cultivating the drug. Current street jargon includes countless names for marijuana (aka “weed” and “pot”).

Current Street Names of Marijuana	
Low grade	brick weed, dirt weed, mids, reggie
High grade	chronic, dank, diesel, dro, hydro, loud
Extracts & concentrates	dabs, wax

Reported prices for marijuana were variable throughout OSAM regions. For low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sells for \$5; 1/8 ounce sells for \$20-25; 1/4 ounce sells for \$25-40; an ounce sells for \$80-100. For high-grade marijuana, a blunt or two joints sells for \$10-20; 1/8 ounce sells for \$50; 1/4 ounce sells for \$80-100; an ounce sells for \$300-350. A gram of marijuana extracts and concentrates most often sells for \$50-60.

Throughout OSAM regions participants continued to report that the most common route of administration for marijuana remains smoking. Alternative routes of administration include vaporizing, through the use of an electronic device similar to an e-cigarette, and a few participants in each region mentioned marijuana consumed in edibles (baked goods and candies). Cleveland and Dayton participants noted an increase in popularity and availability of edibles.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe marijuana users as everyone. However, respondents in Akron-Canton and Columbus noted an increase in marijuana use by adolescents; and many

respondents noted that high-grade marijuana is typically related to older, experienced users, while low-grade marijuana is reportedly used most often by younger, inexperienced users.

Participants and community professionals reported that marijuana is most often used in combination with other substances to intensify one’s high. A law enforcement officer stated, “It is almost rare that we get a marijuana case by itself.”

**Substances Most Often Combined with Marijuana**

- alcohol • cocaine • hallucinogen •
- opiates • sedative-hypnotics • tobacco •

## Methamphetamine

Methamphetamine availability is moderate to high throughout OSAM regions. Cleveland participants and community professionals continued to report limited personal experience with this particular drug. Toledo participants and community professionals specifically noted higher availability in rural areas of their region. All regions reported availability of powdered and crystal methamphetamine; Akron-Canton participants also reported low availability of anhydrous methamphetamine. Powdered methamphetamine (aka “one-pot” and “shake-and-bake”) is the most prevalent form of methamphetamine in all regions, with the exception of Columbus, as well as in parts of the Akron-Canton region (Portage and Summit counties), where participants reported highest availability of crystal methamphetamine. Crime labs around the state reported having processed crystal, brown, off-white and white powdered methamphetamine during the past six months; the BCI Bowling Green Crime Lab also reported processing pink methamphetamine.

The majority of regions reported that the general availability of methamphetamine has increased during the past six months. Participants and community professionals reported that increased availability is primarily due to the ease in which the drug is now manufactured. Akron-Canton, Cincinnati and Toledo respondents noted an increase in crystal methamphetamine. The BCI Bowling

Green, London and Richfield crime labs, as well as Lake County and Miami Valley Regional crime labs, reported increased numbers of methamphetamine cases during the past six months.

Reported Availability Change of Methamphetamine during the Past 6 Months		
Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	Moderate to High	Increase
Cleveland	No Consensus	No Consensus
Columbus	High	Increase
Dayton	High	Increase
Toledo	Moderate to High	Increase
Youngstown	Moderate to High	Increase

Akron-Canton participants reported that crystal methamphetamine is often brought to their region from Arizona, while Cincinnati law enforcement reported crystal methamphetamine coming in from California. Cincinnati participants added that biker gangs are often associated with bringing crystal methamphetamine into their region. The powdered form of the drug is easily made by mixing common household chemicals, along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), in a single sealed container, such as a two-liter soda bottle. A majority of respondents emphasized just how easy it is to manufacture methamphetamine.

Participants reported that the quality of methamphetamine depends on who manufactures the drug, what ingredients are used and if it has been adulterated (aka "cut") with additional substances. Most regions rated the overall quality of the powdered methamphetamine as '5-10' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Athens and Columbus participants reported that methamphetamine is often adulterated with ammonia, corrosives (battery acid, brick wash and Drano®), ketamine, prescription stimulants (Adderall®, Ritalin®), NoDoz®, vitamins and nutritional supplements (B-6, B-12 and 'MSM,' methylsulfonylmethane, a joint supplement). Overall, the majority

of respondents throughout OSAM regions reported that the general quality of methamphetamine has remained the same during the past six months. Current street jargon includes many names for methamphetamine.

Current Street Names of Methamphetamine	
General	crank, go, go-fast, meth, tina, tweak
Powdered	shake-and-bake
Crystal	crystal, glass, ice, shards

Reports of current prices for methamphetamine were variable among participants with experience purchasing the drug. For powdered methamphetamine, a 1/10 gram sells for \$20; 1/2 gram sells for \$50; a gram sells for \$60-100. For crystal methamphetamine, a gram sells for \$100-120. Participants and community professionals in several regions reported that users also trade a box of pseudoephedrine for approximately 1/2 gram, or \$50 worth, of the drug. Reportedly, individuals who purchase ingredients for the manufacture of methamphetamine are referred to as "smurfs."

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Several participants indicated that users will often do both routes of administration. In the Columbus region, participants shared that crystal methamphetamine is most often smoked (aka "hot railing"), while powdered methamphetamine is most often injected. A participant described "hot railing" as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose and added, "It's like smoking and snorting it at the same time." Additionally, several participants mentioned snorting methamphetamine as a route of administration for new users.

Participants and community professionals most often described typical methamphetamine users as white, heroin addicts, bikers, of low socio-economic status, as well as, those who work long and late hours (third-shift workers, bar tenders, truck drivers, construction and factory workers). A participant shared that heroin addicts who get out of jail and are on Vivitrol® (a medication assisted treatment), tend to use methamphetamine. A law enforcement officer noted, "It used to be you were either a heroin person or meth person ... now the lines have blurred. There are more people doing both, and they are dealing one to support a habit in the other."

Participants reported that methamphetamine is often used in combination with other substances, but many participants noted that users will often use the drug by itself. Reportedly, heroin and sedative-hypnotics are used with methamphetamine to bring the user down from the stimulant high or to produce a “speedball” effect in which the user seeks both the high and low effects either simultaneously or alternately. One participant explained that methamphetamine is often used with alcohol, so the user can drink more.

**Substances Most Often Combined with Methamphetamine**

- alcohol • heroin •
- marijuana • sedative-hypnotics •

**Prescription Stimulants**

Prescription stimulants remain moderately to highly available throughout OSAM regions. Youngstown participants reported high availability of these drugs, but treatment providers reported low street availability of these medications. In general, the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green and Richfield crime labs, as well as the Lake County Crime Lab reported an increase in the number of Adderall® cases they process during the past six months. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout regions.

Current street jargon includes few names for prescription stimulants (aka “speed” and “uppers”). In fact, the only street name offered was for Adderall®, which reportedly, users often refer to as “addies.”

Reports of current street prices were variable among participants with experience purchasing these drugs. The most common prices reported were for Adderall®: 10 mg sells for \$2-5 and 30 mg sells for \$5-8. Participants reported obtaining prescription stimulants for illicit use from dealers, doctors, college students, mothers who have children with prescriptions, family members and friends with access to prescriptions.

Participants reported that the most common routes of administration for illicit use remain snorting and oral consumption. Descriptions of oral consumption of prescription

**Reported Availability Change of Prescription Stimulants during the Past 6 Months**

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate	No Change	Adderall®
Athens	High	No Change	Adderall®
Cincinnati	High	No Change	Adderall®
Cleveland	Moderate	No Change	Adderall®
Columbus	High	No Change	Adderall®
Dayton	Moderate	No Change	Adderall®
Toledo	High	No Change	Adderall®
Youngstown	Moderate to High	No Change	Adderall®

stimulants included swallowing, chewing, opening capsules and eating the beads, as well as “parachuting” (crushing the pill, wrapping it in a piece of tissue and swallowing). A couple participants from Athens and Cincinnati regions mentioned intravenously injecting (aka “shooting”) prescription stimulants, but this method is reportedly rare.

Participants and community professionals described typical illicit prescription stimulant users as high school and college age, female (often mothers) and individuals who work long or late hours. Respondents reported that college students often use these medications to stay up late and study, while females often use them for weight loss.

Participants reported that prescription stimulants are sometimes used in combination with other drugs and noted that they are often used with alcohol to allow the user to drink more without feeling drunk. A participant added, “Heroin users use them to pick them up and balance them out.”

**Substances Most Often Combined with Prescription Stimulants**

- alcohol • heroin • marijuana • prescription opioids •

**Ecstasy**

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) remains available throughout OSAM regions. Generally,

participants and community professionals reported that traditional ecstasy tablets are less available than the powdered form of MDMA (aka "molly"). Note, not all participants and community professionals responded, since many had no experience with the drug during the past six months.

The majority of regions reported that availability of traditional ecstasy tablets has remained the same, with the exception of Cincinnati participants who reported decreased availability of this form of the drug. Akron-Canton, Athens, Columbus and Dayton respondents reported that the availability of molly has increased during the past six months. Participants who perceived increased availability of molly most often attributed the increase to the growing popularity and demand for the drug: a greater supply to meet growing demand. A participant reasoned, "People like it." Another participant remarked, "It's becoming real popular." One participant also referred to pop culture as an influence on molly's popularity: "It's in the music now ... 'popping mollies.'"

The BCI Richfield and Bowling Green crime labs, as well as, the Miami Valley Regional crime lab reported a decrease in the number of ecstasy cases processed in the labs during the past six months, while the BCI London Crime Lab reported an increase; note, these labs do not differentiate between ecstasy and molly cases.

The majority of participants were unable to discuss the quality of ecstasy or molly, but a few participants in Cincinnati, Cleveland and Dayton rated quality of the drugs as '4-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Toledo participants were unable to rate quality, but reported availability of fake ecstasy tablets. Throughout OSAM regions, participants reported that ecstasy and molly are often adulterated (aka "cut") with other substances: bath salts, heroin, methamphetamine, powdered cocaine and other synthetic drugs. Dayton participants purported that many of the synthetic drugs used to cut ecstasy and molly are being imported from Asia. An Akron-Canton law enforcement officer reported

that much of the ecstasy found in that region during the past six months originated in Asia. Cincinnati and Dayton regions reported that overall quality has remained the same during the past six months, while Cleveland participants reported a decrease in quality.

Current street jargon includes a few names for ecstasy and molly. Additionally, some names for ecstasy are based on the image stamped into the tablet, for instance "Garfield" and "Pac-man."

Current Street Names Ecstasy	
Most Common Names	beans, rolls, skittles, X

Reports of current prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the quality and dose amount of the drug, pressed ecstasy tablets sell for \$5-30. Participants indicated lower prices for lower quality, as well as tablets bought in bulk; for instance, Cincinnati participants shared that one tablet sells for \$10-30, 10 tablets sell for \$90-130 and 100 tablets (aka "jar") sell for \$380. Participants in Athens, Cincinnati and Dayton reported molly being sold in capsules (approximately 1/10-2/10 gram amounts). Prices for molly were fairly consistent among those with experience purchasing the drug. A capsule of molly sells for \$10-20; 1/2 gram sells for \$40-60; and a gram sells for \$80-100. Participants in Cleveland and Youngstown regions reported that molly is most often purchased in gram

Reported Availability Change of Ecstasy during the Past 6 Months			
Region	Current Availability		Availability Change
	Tablet Form (ecstasy)	Powdered Form (molly)	Ecstasy/Molly
Akron-Canton	Moderate	Moderate to High	No Consensus
Athens	Moderate	Moderate to High	No Consensus
Cincinnati	Low to Moderate	Moderate to High	No Consensus
Cleveland	Low to Moderate	Moderate	No Change
Columbus	No Comment	Moderate	Increase
Dayton	Moderate to High	Moderate	Increase
Toledo	Moderate	High	No Change
Youngstown	Low	Low to Moderate	No Change

amounts. Reportedly, ecstasy and molly are found more often in social venues and are generally obtained through specific dealers or friends at bars, raves (dance parties) and music festivals.

Participants reported that the most common routes of administration remain oral consumption and snorting. Oral consumption includes swallowing an ecstasy tablet or molly capsule, as well as “parachuting” (wrapping crushed tablets or molly in tissue and swallowing). Other methods of administration include intravenous injection (aka “shooting”) and anal insertion (aka “bumping” and “plugging”).

Participants and community professionals throughout OSAM regions described typical ecstasy and molly users as younger (late teens through 20s) and those who attend raves (dance parties), clubs, parties and music festivals. Participants noted an increase in African-American users, while community professionals continued to identify whites as typical users of these drugs. Participants added that strippers, drug dealers, skaters and DJs (disc jockeys) often use these substances.

Participants reported that ecstasy and molly are most often used in combination with alcohol, due to the substance being a social drug. Participants added that using ecstasy in combination with LSD (lysergic acid diethylamide) is commonly referred to as “candy flipping.”

**Substances Most Often Combined with Ecstasy/Molly**

- alcohol • hallucinogens • marijuana •

**Synthetic Marijuana**

Synthetic marijuana (synthetic cannabinoids) remains available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However, the majority of participants and community professionals reported little or no personal experience with the drug during the past six months. Akron-Canton participants reported current high availability of synthetic marijuana, while community professionals in that region most often reported low to moderate availability.

Cincinnati and Dayton regions reported a decrease in availability of synthetic marijuana during the past six months and attributed it to the fear associated with the unpredictable and often negative effects of using the drug, whether personally experienced or related through media. The BCI Richfield and Bowling Green crime labs reported that the number of synthetic marijuana cases processed during the past six months has increased, while the BCI London, Miami Valley Regional and Lake County crime labs reported decreased numbers of cases.

Current street jargon includes a few names for synthetic marijuana. Two brand names of synthetic marijuana products continue to be used most often when referring to this drug: K2 and Spice. Additionally, synthetic marijuana is often marketed as “incense.”

Reports of current prices of synthetic marijuana were variable among participants with experience purchasing the drug. Participants explained that this drug is purchased in a little vial or plastic package containing one to three grams of product, selling for \$10-25. Participants reported purchasing this drug from head shops, tattoo parlors, vapor shops and through the Internet. Additionally, participants in Akron-Canton and Athens reported that some users make their own synthetic marijuana.

Participants continued to report that the most common route of administration of synthetic marijuana remains smoking. Columbus participants also mentioned vaping the chemicals and an Akron-Canton participant recalled a user spraying a synthetic cannabis product on their back for absorption through the skin.

**Reported Availability Change of Synthetic Marijuana during the Past 6 Months**

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

\*Synthetic marijuana listed in ‘other drug’ section of the regional report.

Participants and community professionals continued to describe typical synthetic marijuana users as teens and those who are subject to drug testing through probation or employment. Reportedly, very few other substances are used in combination with synthetic marijuana. Many participants noted that synthetic marijuana typically is not used in conjunction with any other substances. One participant emphasized that this drug is used to pass urine drug screens.

**Substances Most Often Combined with Synthetic Marijuana**

- marijuana • methamphetamine •

**Other Drugs in OSAM Regions**

Participants and community professionals listed a variety of other drugs as being present, but these drugs were not mentioned by the majority of people interviewed, and many were not reported on in every region.

**Alpha-PVP**

Alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) is available in

Cincinnati and Cleveland regions. A Cincinnati participant reported using alpha-PVP after MDPV became unavailable from China. This participant reported high availability of the drug during the past six months, while Cleveland law enforcement reported moderate availability.

Media outlets also reflected the presence of alpha-PVP in the Cincinnati region. A drug raid in Lawrence County resulted in seizure of 40 grams of the drug ([www.otfca.net](http://www.otfca.net), July 23, 2015). Additionally, four overdoses in one week in Scioto County were attributed to the use of alpha-PVP ([www.wsaz.com](http://www.wsaz.com), Sept. 16, 2015).

BCI Crime Labs reported that alpha-PVP is classified as a second-generation bath salt. Reportedly, 50 grams of alpha-PVP sell for \$200; 100 grams sell for \$300; a kilo sells for \$750. Both participants and law enforcement reported that this drug is obtained through online purchase. The most common route of administration is snorting. Additional routes of administration include oral consumption and smoking. Respondents described a typical alpha-PVP user as younger (18-25 years of age), synthetic marijuana users and those interested in designer drugs generally.

**Anabolic Steroids**

Law enforcement in two regions, Akron-Canton and Dayton, reported on availability of anabolic steroids during the past six months. Akron-Canton law enforcement

**Reported Availability of Other Drugs in OSAM Regions**

Region	Other Drugs
Akron-Canton	anabolic steroids, bath salts, hallucinogens (LSD, psilocybin mushrooms)
Athens	bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, Neurontin®, Seroquel®
Cincinnati	alpha-PVP, bath salts, GHB, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, Neurontin®, OTC cold and cough medications, Seroquel®
Cleveland	alpha-PVP, bath salts, hallucinogens (LSD, PCP, psilocybin mushrooms), inhalants, OTC cold and cough medications, Seroquel®
Columbus	bath salts, hallucinogens (LSD, psilocybin mushrooms), Neurontin®, Seroquel®
Dayton	anabolic steroids, bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, Neurontin®, OTC cold and cough medications, Seroquel®
Toledo	bath salts, hallucinogens (LSD, psilocybin mushrooms), ketamine, kratom, Neurontin®, OTC cold and cough medication
Youngstown	hallucinogens (LSD, psilocybin mushrooms), Neurontin®

reported high availability of anabolic steroids, while Dayton law enforcement reported low availability. Law enforcement reported an increase in availability of the drug during the past six months in Akron-Canton, while Dayton officers reported that availability has remained the same. Further, media outlets reflected the presence of anabolic steroids in the Akron-Canton region. A part-time police officer was arrested in Mogadore (Summit County) when a drug unit seized 18 vials of anabolic steroids, several hundred anabolic steroid pills, prescription opioids, Xanax® and Adderall® from his residence ([www.otfca.net](http://www.otfca.net), Sept. 3, 2015). An Akron (Summit County) attorney was caught offering legal services in exchange for anabolic steroids ([www.newsnet5.com](http://www.newsnet5.com), Nov. 30, 2015).

### **Bath Salts**

Bath Salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout the majority of OSAM regions. High availability was reported in the Columbus region and in Belmont County (Athens OSAM region), moderate availability was reported in the Akron-Canton region and low availability was reported in the rest of the Athens region, as well as in the Cincinnati and Dayton regions. In Cleveland, participants reported low availability, while law enforcement reported moderate to high availability of bath salts during the past six months.

Cincinnati, Cleveland and Dayton respondents reported that the availability of bath salts has decreased during the past six months. Lake County and Miami Valley Regional crime labs also reported decreased numbers of bath salts cases processed during the past six months. However, BCI Bowling Green, London and Richfield crime labs reported an increase in the number of bath salts cases processed during the past six months.

Participants and community professionals throughout OSAM regions continued to explain that this drug is not preferred because of the negative experiences associated with using the substance, which included participant personal experiences, such as hallucinations. Respondents also noted that media informed reports regarding the bizarre actions and sometimes fatal consequence associated with bath salts use as negatively impacting the demand and availability of this drug.

Participants with experience purchasing bath salts during the past six months reported the following prices: 1/10

gram sells for \$20; a gram sells for \$30-55. Participants reported that bath salts are available through dealers, head shops and via Internet purchase. The most common routes of administration for bath salts remain snorting and intravenous injection (aka "shooting"). In addition, participants in Athens reported that this drug is also smoked. Participants and law enforcement described typical bath salts users as most often white, male and twenty-something. Participants reported that bath salts are most often used alone or in combination with heroin in order to assist users in coming down off the stimulant high of bath salts use.

### **GHB**

GHB (Gamma-Hydroxyl-Butyric acid, a psychoactive drug) is reportedly available in the Cincinnati region. A few participants rated current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, GHB sells in vials of varying amounts for \$20, \$40 and \$60. Participants described typical GHB users as young and gay. GHB is reportedly used in combination with methamphetamine by intravenous injection (aka "shooting"). Media outlets reported on law enforcement seizures and arrests in the region this reporting period. One of the largest GHB seizures in Warren County to date resulted in the confiscation of two gallons of GHB (also known as the "date rape" drug) along with a half-pound of crystal methamphetamine ([www.otfca.net](http://www.otfca.net), July 31, 2015).

### **Hallucinogens**

Hallucinogens remain available throughout OSAM regions. Generally, these include lysergic acid diethylamide (LSD) and psilocybin mushrooms, but Cleveland participants continued to identify phencyclidine (PCP) as available and Dayton professionals identified DMT (dimethyltryptamine) as also available, albeit rarely. Personal experience and knowledge of these drugs was limited to a few participants and community professionals in each region. The few participants with personal experience generally reported current hallucinogenic availability as moderate to high, with the exception of Toledo respondents who reported low availability of these substances. Law enforcement in Columbus reported high availability.

Participants and community professionals noted that availability of hallucinogens is seasonal. Participants most often reported that the availability of LSD and psilocy-

bin mushrooms has either remained the same or has decreased during the past six months, while community professionals in two regions (Dayton and Youngstown) reported decreased availability. The BCI London and Richfield crime labs reported an increase in the number of LSD cases they processed during the past six months, as well as decreased numbers of psilocybin mushroom cases.

Dayton participants reported that the current overall quality of LSD varies, while Columbus and Youngstown participants rated the current quality of LSD as '2' and '7' respectively on a scale of '0' (low quality, "garbage") to '10' (high quality). A Toledo participant reported that the overall quality of psilocybin mushrooms has increased due to better growing techniques.

Reports of current prices of hallucinogens were provided by participants with experience purchasing these drugs. LSD is typically sold on blotter paper or in liquid form: one dose (aka "hit") sells for \$5-10; 10 hits (aka "strip") sells for \$50-80; a vial of liquid LSD sells for at least \$100. Generally, participants reported that psilocybin mushrooms are sold in similar quantities and prices as marijuana: 1/8 ounce sells for \$25-35; an ounce sells for \$100-120. Additionally, Cleveland participants reported a cigarette dipped in PCP sells for \$25.

Participants continued to report that LSD is most often obtained at music festivals, while psilocybin mushrooms are grown from spores purchased online or picked in nature. The most common route of administration for hallucinogens continues to be oral consumption. LSD liquid is often administered on blotter paper which is eaten or it is dropped on a sugar cube or in food, while psilocybin mushrooms are most often eaten in food or brewed in tea. Half of the regions also reported that LSD liquid is administered through ocular absorption via eye drops. Cleveland participants continued to report that PCP is generally smoked.

Participants and community professionals described typical hallucinogen users as young (teens and 20s), marijuana users, music festival attendees, as well as, artists, hippies, whites and males. Cleveland participants reported that typical PCP users are most often African-American and from the inner city.

Participants reported that LSD is most often used in combination with alcohol, ecstasy and molly, marijuana and powdered cocaine; while psilocybin mushrooms are most often used with alcohol, ecstasy, ketamine and marijuana.

Participants shared that LSD is used with ecstasy or molly to intensify the effect of the drugs. However, a few participants reported that hallucinogens are used alone.

### **Inhalants**

Inhalants remain highly available throughout OSAM regions and include duster (DFE) and nitrous oxide. Participants reported that inhalant use is called "huffing" and that nitrites (amyl nitrate and butyl nitrate) are often referred to by the popular brand name: "Rush." Nitrous, which users inhale, is sold in balloons and sells for \$5 apiece. Nitrous is most often obtained at music festivals, dance parties (aka "raves") and clubs. Participants and community professionals described typical inhalant users as younger (teens and 20s), white and male. Participants reported that inhalants are often used in combination with alcohol, hallucinogens, marijuana and molly.

### **Ketamine**

Participants in Cincinnati, Dayton and Toledo reported on current availability of ketamine (anesthetic typically used in veterinary medicine). Reportedly, current availability is low in Cincinnati and Dayton, while moderate to high in Toledo. Cincinnati participants reported that this drug is most often found on college campuses and is sometimes referred to as "lab K." Participants reported that a small vial of ketamine sells for approximately \$70. Reportedly, the most common route of administration is intravenous injection (aka "shooting"). Participants described typical illicit ketamine users as younger (20s), white and male. Participants reported that ketamine is most often used in combination with LSD and other hallucinogens.

### **Kratom**

A couple of participants in Toledo reported on limited availability of kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high). This drug originates in Southeast Asia (Indonesia). One participant explained, "*Small amounts are stimulating and high amounts are sedative ... Some amounts will give you like a cocaine high.*" Another participant shared, "*It took me like six months to get addicted to it ... It gives the same effect as heroin.*"

### Neurontin®

Neurontin® (anticonvulsant) is moderately to highly available throughout OSAM regions that reported on its current street availability. Athens, Columbus, Toledo and Youngstown participants indicated possible increased availability for Neurontin® during the past six months, while Cincinnati and Dayton respondents reported that availability has remained the same. Reports of current street prices for Neurontin® were fairly consistent among those with experience purchasing the drug. Neurontin® sells for \$0.50-2 per pill depending on milligram amount. Respondents suggested these medications are most often obtained via personal prescription or through institutions (jail, prison). The most common route of administration is oral consumption. A couple of participants mentioned that this drug can also be snorted, but reportedly, this method is not preferred. Participants described typical illicit users of Neurontin® as heroin addicts going through withdrawal and those who are in pain. A few participants reported that Neurontin® is used in combination with alcohol, heroin and Suboxone®. Reportedly, users take Neurontin® with alcohol in order to intensify the effects of the alcohol.

licit use was observed in Cincinnati, Cleveland and Dayton regions during the past six months. Cleveland participants noted use of bronchial dilators (Bronkaid®), as well as cough syrups. Law enforcement reported seizing these medications with methamphetamine labs. The most common route of administration for OTC medications is oral consumption. Respondents most often described typical illicit users of these drugs a young (teens-20s), African American, in the hip-hop music scene or middle-aged (40-50 years), white females. Participants reported that OTC medications are often used in combination with marijuana. Further, participants and law enforcement shared that the cough syrups are often mixed with Sprite® or 7UP® and Jolly Rancher® candies (aka “drank”).

### Seroquel®

Seroquel® (antipsychotic) was mentioned as available in more than half of OSAM regions. Participants reported high availability of the drug in institutional settings (jail, prison) and lower availability on the street. Participants reported that the general availability of Seroquel® has remained the same during the past six months. The most common route of administration for Seroquel® is oral consumption. Participants reported that Seroquel® is most often used illicitly by low income people, those who are going through self-detox and by those in incarceration settings. Participants reported that Seroquel® is most often used by itself and not in combination with other substances.

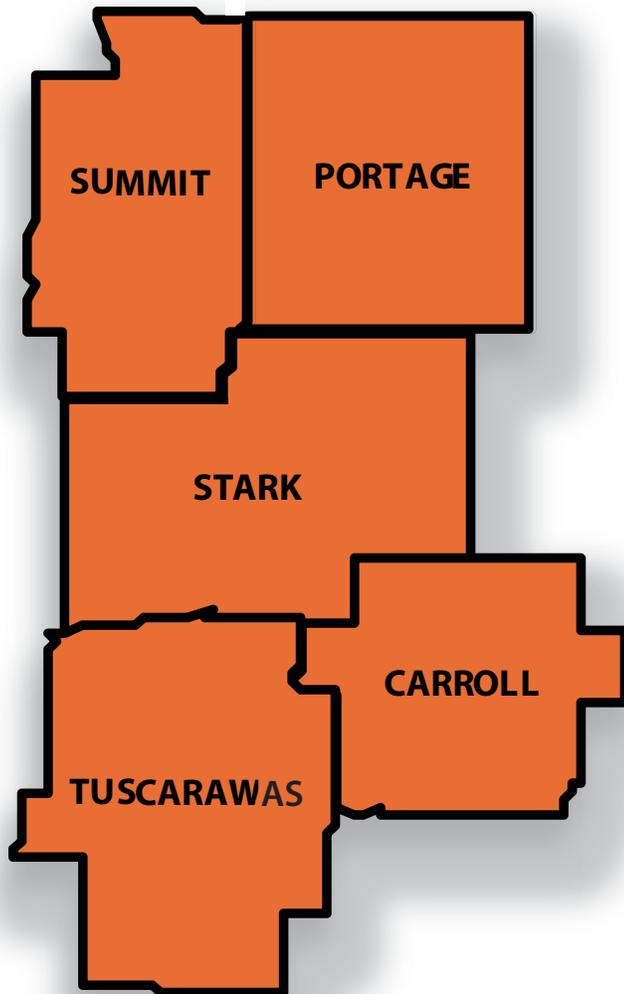
### OTCs

Over-the-counter (OTC) cold and cough medications are highly available due to the legal status of these drugs. Il-

### Current Street Names of Other Drugs in OSAM Regions

<b>Alpha-PVP</b>	flakka, moon rocks
<b>Bath salts</b>	salt
<b>Inhalants</b>	rush, duster, nitrous
<b>Ketamine</b>	K, kitty, lab K, special K
<b>LSD</b>	acid, blotter, circus tickets, L, lucy, microdot, paper, sid, tabs, trip, window pane
<b>Neurontin®</b>	gaba (gabapentin), rotties
<b>Over-the-counter cold and cough medications</b>	drank (purple drank), lean, sizzurp, syrup
<b>PCP</b>	guerilla piss, juice, water, wet
<b>Psilocybin mushrooms</b>	blue buttons, boomers, caps, shrooms, smurfs, stems

## 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 Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

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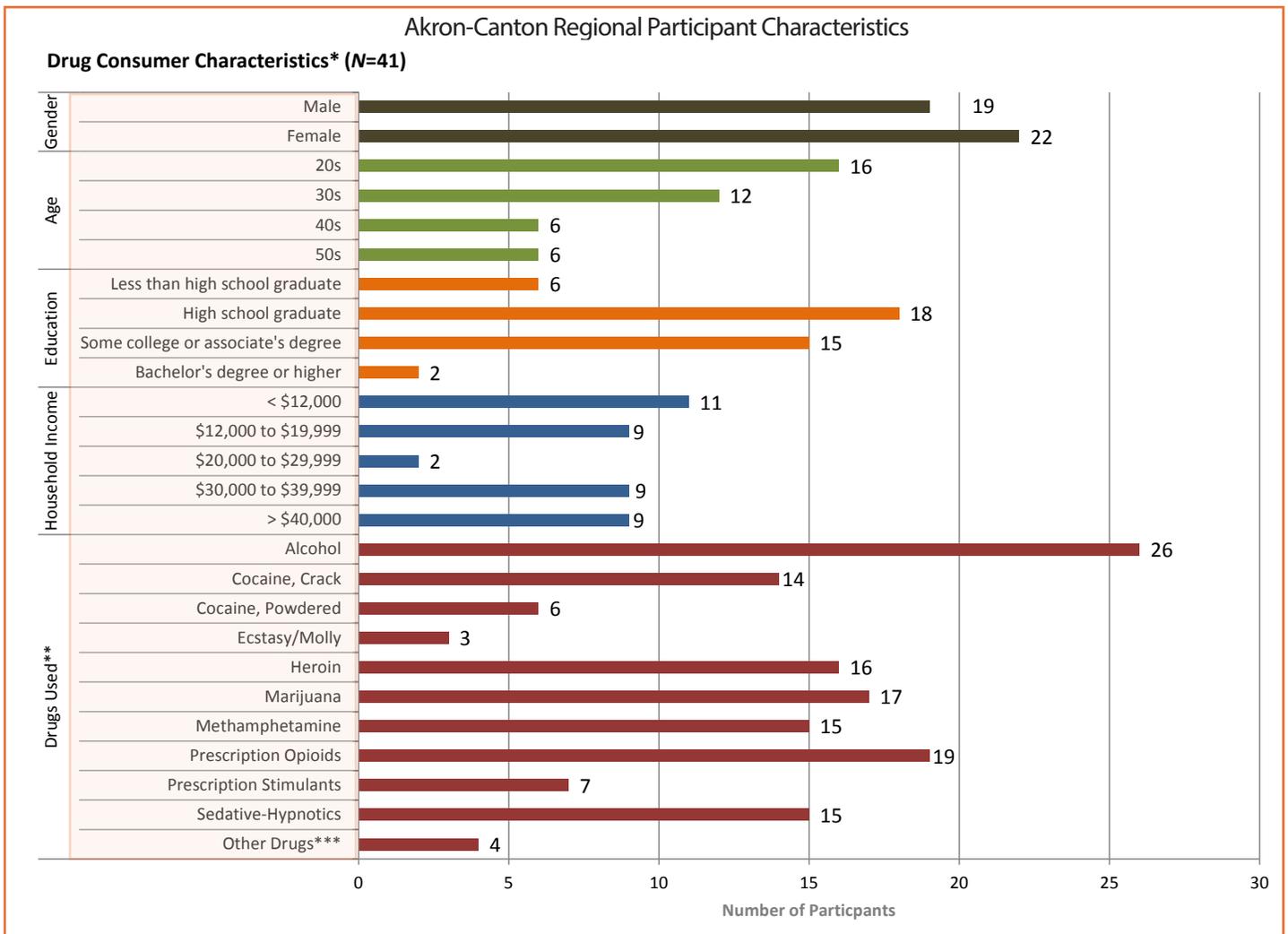
## Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,200,888	41
Gender (female), 2014	51.1%	51.4%	53.7%
Whites, 2014	84.8%	88.1%	82.9%
African Americans, 2014	13.6%	11.1%	9.8%
Hispanic or Latino origin, 2014	3.3%	1.9%	2.5% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	86.7%	85.4%
Median Household Income, 2014	\$49,349	\$48,510	\$20,000 to \$29,999 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	13.7%	37.5% <sup>3</sup>

<sup>1</sup>Ohio and Akron-Canton region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 1 participant due to missing data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 41.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\* Other drugs included: hallucinogens (LSD) and synthetic marijuana.

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region. Likely increased availability existed for heroin and Suboxone®, and likely decreased availability existed for prescription opioids.

Participants and community professionals continued to report brown powdered heroin as the most available heroin type. A law enforcement officer described heroin sales as a “steady paycheck” for dealers because heroin addicts needed the substance on a daily basis to avoid withdrawal and added that cocaine dealers were selling heroin for this very reason. Law enforcement also mentioned that several new heroin dealers had moved into the area from Detroit, Michigan. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the reporting period. Probation officers indicated that the Tuscarawas County Court referred more heroin addicts for medication assisted treatment (MAT) than previously.

Corroborating data also revealed that heroin was readily available in the region. The Portage County Coroner’s Office reported that 67 percent of the 27 drug overdose deaths it recorded during the reporting period involved heroin. Treatment providers and law enforcement noted increased numbers of overdoses and overdose deaths. Participants explained that many users overdosed due to fentanyl being used as an adulterant (aka “cut”) in heroin, which made the product stronger. Participants also reported that white powdered heroin was more likely to have fentanyl cut into it than other heroin types. Law enforcement echoed participant reports and added that fentanyl was often sold on the street as heroin. Several media stories reported on individuals who faced manslaughter charges for the overdose deaths of those to whom they sold or gave heroin.

Participants and law enforcement also reported increased street availability of Suboxone®. Reportedly, several treatment clinics in the region treated heroin addicts with Suboxone®. Participants reported that Suboxone® clients often held onto some of their prescription, but sold or traded the rest to obtain heroin. Law enforcement reported that many heroin dealers sold Suboxone®. Participants

and law enforcement described typical illicit Suboxone® users as individuals who were addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white.

Methamphetamine remained highly available in the region and participants reported that this drug was available in powdered, anhydrous and crystal (aka “ice”) forms during the reporting period. Participants reported powdered methamphetamine (aka “one-pot” and “shake-and-bake”) as the most common form of the drug in the region. According to participants, crystal methamphetamine was imported into the region; law enforcement also noted that this form of the drug was imported from Mexico.

Participants, law enforcement and probation officers reported that the availability of methamphetamine had increased during the reporting period; law enforcement specifically cited an increase in imported crystal methamphetamine. Law enforcement also reported that methamphetamine in the area was often traded for and was rather difficult to obtain on the streets through purchase. An officer explained that a cook would have five to 10 people purchase Sudafed® and supplies, and then give them half a gram of methamphetamine in exchange; a practice known as “smurfing.”

Participants described typical methamphetamine users as primarily white. Treatment providers also described typical users as white and added that they are often limited in education and of lower socio-economic status. Additionally, treatment providers noted that methamphetamine use was intergenerational within families.

## 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.’ A participant stated, “I could get it right now if I wanted.” Another participant reported, “People are out of work. Many people are looking for that dollar. They say they [sell cocaine] because they can make more money [than by working].” Treatment providers

most often rated current availability of powdered cocaine as '8,' while law enforcement rated availability as '5;' the previous most common scores were '6' for treatment providers and '8' for law enforcement. Community professionals indicated that powdered cocaine is not usually a drug of choice. A treatment provider commented, "In the past six months, I don't recall anyone coming in [for treatment] with powdered cocaine as their drug of choice."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A five-year investigation led the DEA (US Drug Enforcement Administration) and Summit County law enforcement to arresting 20 individuals on drug charges; reportedly, several kilograms of cocaine and heroin were brought from New York to Summit County for Ohio distribution ([www.cleveland.com](http://www.cleveland.com), July 10, 2015).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months. However, many participants from Stark and Tuscarawas counties reported an increase in their areas. These participants explained that the poor quality of crack cocaine in these counties has led more users to purchase powdered cocaine. A participant explained, "It's a supply and demand thing. More people are looking for 'powder' (powdered cocaine). Things are changing around and going from 'rock' (crack cocaine) to powder. They're making their own crack."

Treatment providers also reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider commented, "It has been consistent for several years now." Law enforcement reported that the availability of powdered cocaine has decreased. One officer explained, "There's less demand [for powdered cocaine]. Other drugs dominate the scene." The BCI Richfield 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	Decrease
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5' or '7'. Many participants noted that the quality of powdered cocaine is inconsistent. One participant explained, "It depends on who you deal with. Who's honest, who's not. It's all about money." Another participant shared, "It depends on what you want to spend ... Some [dealers] have high quality and sell it for a higher price." Another participant reported that powdered cocaine with a yellow tint is higher quality and explained that this type is not "cut" (adulterated) as often.

Participants reported that powdered cocaine in the region is most often cut with baby laxative and baking soda. Other adulterants mentioned included: aspirin, caffeine, heroin, methamphetamine, Orajel®, procaine (local anesthetic) and vitamins. A participant shared, "They are starting to mix (powdered cocaine) with methamphetamine and a little heroin to make it better ... to make people come back [for additional purchases]." Participants often complained that dealers are cutting the drug a lot in an effort to make more money. One participant reported, "It's 'stepped on' (cut) 10 times here in Akron." 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
	<ul style="list-style-type: none"> <li>levamisole and tetramisole (pet and livestock dewormers)</li> </ul>

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Although the most common amounts purchased are a gram or 1/8 ounce (aka "eight ball"), some participant reported that powdered cocaine is often purchased for as little as \$20 and that a \$50 amount is also common. A participant clarified: "A lot of people buy fifties unless you are doing (powdered cocaine) with someone, then you put your money together to buy an eight ball!"

Participants reported that the most common ways to use powdered cocaine are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 - 2/10 gram (aka "twenty")	\$20
	1/2 gram (aka "fifty")	\$50
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$125-150
	1/8 ounce (aka "eight ball")	\$240-250

powdered cocaine users, five would shoot and four would snort the drug. Participants noted that the route of administration is dependent upon several factors and explained: *"It depends on who you know. Everyone I know snorts it; On the party scene, it is snorted. If you are a junkie, you shoot it; If you use a needle, you will use needles for anything."*

Participants most often described typical powdered cocaine users as of middle to upper socio-economic status. A participant commented, *"It's still a rich man's drug. One thing I learned about cocaine a long time ago, it's no good unless you have the money to spend and do it right."* However, a few participants reported a wide group of typical users. One participant stated, *"All various groups. Upper class, lower class. People you'd never think."* Another participant commented, *"I see a lot of alcoholics use cocaine to keep going ... to stay awake, to play cards."*

Community professionals often described typical powdered cocaine users as employed. Treatment providers added that powdered cocaine users are often individuals who attend bars or clubs. One treatment provider reflected, *"People who use 'powder' (cocaine) are people who go to the bars and drink. A lot of white collar, but they just periodically use powder and drink."* A law enforcement professional thought about a typical powdered cocaine user and replied, *"Tend to be people who are more stable. They have a job and can afford to pay for 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'. Participants

reported that it is extremely easy to find a crack cocaine dealer. Some participants reported that dealers will even come up to one's car to sell the drug.

Treatment providers most often reported the current availability of crack cocaine as '10,' while law enforcement reported it as '6,' the previous most common scores for community professionals were '7-9.' Treatment providers noted that they see many clients who use crack cocaine, while law enforcement reported seeing only a couple of crack cocaine cases during the past six months. An officer explained, *"[Crack cocaine is] not as in demand as heroin or 'meth' (methamphetamine)."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron (Summit County) woman is facing drug charges after taking her 2-year-old cousin with her to six drug houses and using crack cocaine in front of him ([www.cleveland.com](http://www.cleveland.com), Nov. 7, 2015). While executing an arrest warrant, Canton Police (Stark County) found a bag of crack cocaine hidden in a man's belly button ([www.newsnet5.com](http://www.newsnet5.com), Nov. 19, 2015). An Akron couple faced drug and child endangering charges for manufacturing crack cocaine in the presence of their 4-year-old son ([www.cleveland.com](http://www.cleveland.com), Dec. 18, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months. One participant explained, *"Heroin dealers are starting to carry [crack cocaine]. So, someone goes to buy heroin [and the dealers] say, 'Here's a sample [of crack cocaine]! The first hit is always free, then they get hooked.'" Participants also noted that dealers make "good money" making and selling crack cocaine.*

Treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported that availability has decreased. A treatment provider commented, *"It's been high ... it's stayed high."* Law enforcement suggested a decrease in availability primarily due to increased demand for other drugs, specifically, heroin and methamphetamine. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Many participants noted extreme variability and rea-

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

soned that quality depends on the dealer and the original purity of the powdered cocaine used to make the drug. Participants commented: *"It varies ... One time you will get a beautiful buzz, then nothing the next. It depends on how it is cooked; It depends on where you get it. If you go to someone you don't know, it's nothing but 'soda' (baking soda); If the powder is poor, the crack is poor."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts for crack cocaine include: Anbesol® and Orajel® (numbing agents). One participant commented, *"They're finding more stuff to cut it with ... they are finding substitutes to make you think you are getting high."* 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 and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. The most common quantity purchased is a "piece" (approximately 1/10 - 2/10 gram; aka "rock" or "bump"). One participant explained, *"A lot of people I've seen don't even weigh it. They will break a piece off depending on how much money you give."* In general, most participants reported spending \$10-50 when they make a purchase. A participant remarked, *"Whatever you can afford. Whatever money you can get. If you're an addict, you'll get it for any amount, even a few dollars."* Another participant explained that dealers will also trade items for the drug: *"A couple of t-shirts for a 'ten' (\$10 amount)."* Participants noted that larger quantities of crack cocaine are less expensive, but often unaffordable.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10-2/10 gram	\$10-20
	A gram	\$60-100

While there were a few reported ways of using crack cocaine, generally 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. Participants reported various instruments used to smoke crack cocaine, including pop cans, tire gauges and "crack pipes." One participant stated, *"If you go to prison, you can smoke it out of chicken bones."*

Participants and community professionals most often described typical crack cocaine users as older and of lower socio-economic status. Participants added that men who pay for sex, prostitutes and exotic dancers also use crack cocaine. Treatment providers noted that individuals of lower socio-economic status can afford the drug because of the low cost and defined "older individuals" as those 30 years and older. A law enforcement officer commented, *"I'd be surprised if someone of affluence used crack."* Treatment providers also asserted that there continues to be a stigma surrounding the use of crack cocaine. One treatment provider commented, *"There's a lot of stigma [with using crack cocaine] compared to powdered cocaine ... There's a lot of shame and each person's stigma may be different."* However, another clinician explained, *"You will hear someone is here for a certain drug, not crack, but in a one-on-one, outside the (group) room, they might say 'I smoked a lot of crack, too.'"*

## Heroin



Heroin 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'. One participant reported, *"I can get (heroin) delivered."* Another participant commented, *"It's more rampant than it has been in anytime in my life."* A participant reasoned, *"People want to make money. There are so many people selling (heroin) ... there's dealers everywhere."* Community professionals most often reported current availability as '10'; the previous most common score was

also '10'. A law enforcement officer commented, *"On a scale of '1' to '10,' it's a '19.' It's everywhere ...."*

Corroborating data also indicated that heroin is available in the region. Ohio HIDTA's Criminal Patrol Unit Highlighted Seizures report recorded that HIDTA officers interdicted 6.6 pounds of heroin in Akron (Summit County) in February 2015 in a single seizure.

While many types of heroin are currently available in the region, participants and law enforcement continued to report brown powdered heroin as most available. One participant stated, *"Every time I've seen (heroin), it's powder, but I heard of 'tar' (black tar heroin)."* Participants described powdered heroin as coming in a variety of textures: powdery, granular, flaky and chunky. One participant described the texture as similar to chalk. Additionally, participants reported several colors of powdered heroin: beige, blue, brown, gray, pink, purple, tan and white. A participant remarked, *"It's always a surprise. Different every time you get it."* Another participant explained that the color depends on the "cuts" (adulterants) used.

Reportedly, black tar heroin is available in the region; however, participants reported very little personal experience with this type of heroin. Participants commented: *"I've never seen tar; I'd have to go [outside the region to] get it."* Law enforcement rated current availability of black tar heroin as '3'. An officer reflected, *"I've seen the black tar only three or four times the whole year."* Another officer explained, *"If tar were popular, (availability for it) would be '10."*

According to participants and law enforcement, white powdered heroin is rarely found in the region. One participant reported, *"I can get [white powdered heroin], but it would be hard to find."* A law enforcement officer stated, *"If it is white, it is either mixed with fentanyl or is pure fentanyl!"*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two heroin overdoses in one week assisted Cuyahoga Falls Police (Summit County) in locating and arresting two dealers in the area ([www.cleveland.com](http://www.cleveland.com), Aug. 4, 2015). Three people were charged for distributing fentanyl in Akron and Fairlawn (Summit County); they purchased their supply of fentanyl from China and one of their buyers died of an overdose shortly thereafter ([www.impact.cleveland.com](http://www.impact.cleveland.com), Sept. 1, 2015). For a second time in three weeks, an Akron man was arrested for drug dealing: the first charges included 37 grams of heroin, eight ecstasy pills, 30 grams

of marijuana and 82 prescription opioids, while the second charge included several baggies of heroin and 160 grams of marijuana ([www.cleveland.com](http://www.cleveland.com), Oct. 8, 2015). Indictments were handed down to 18 people involved in a heroin drug ring between Chicago, Illinois and Canton (Stark County); heroin, cash and guns were seized during the raids of three drug houses ([www.newsnet5.com](http://www.newsnet5.com), Oct. 21, 2015). An Akron man was sentenced to five years of prison after pleading guilty to involuntary manslaughter and other charges for selling a fatal dose of fentanyl to a woman who believed she was purchasing heroin ([www.cleveland.com](http://www.cleveland.com), Dec. 7, 2015). Just two weeks after finding out her daughter was a heroin addict, the girl overdosed and died; the mother deliberately wrote the obituary in a way that would send out a message about the drugs that took her daughter's life and encouraged those who are addicted to seek treatment ([www.cleveland.com](http://www.cleveland.com), Dec. 18, 2015).

Heroin overdoses have become so common in the region that, as of August 2015, the Summit County Medical Examiner's Office confirmed more than 100 fentanyl and heroin overdose deaths; when responding to calls, a Cuyahoga Falls firefighter admitted that reports of an unconscious person are now most often assumed to be a drug-related overdose ([www.wkyc.com](http://www.wkyc.com), Aug. 24, 2015). In addition to paramedics carrying the life-saving Narcan® (naloxone, the antidote to opiate overdose), Canton Police are now also carrying this medicine in hopes to save even more lives ([www.cantonrep.com](http://www.cantonrep.com), Sept. 30, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. A couple of participants reasoned: *"There's more addicts, so there's more dealers selling [heroin]; More people are coming here from out of state to sell it ... there's money in Ohio."* Another participant commented, *"It's everywhere. (Users) are good networkers. The more you use, the more you can find people to buy it off of."*

Many treatment providers indicated that increased availability is due to low social stigma of the substance. One clinician commented, *"There's no taboo [for heroin] ... it's a rite of passage."* Treatment providers reported that many users are turning into dealers and explained: *"At one point, I didn't think it could get easier [to access heroin], but ... they're turning to dealing to keep the habit going; I hear, 'I started dealing [heroin], so I could use a lesser drug, but then started using the product and things became unmanage-*

able.' I hear that a lot." A law enforcement officer noted, "It used to be you never saw heroin, now it's all we see."

The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with brown and off-white heroin.

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

Participants most often rated the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Many participants reported that the quality of heroin is very inconsistent and commented: "There's no consistency in terms of quality; It's different every time; It's a real crap shoot; Sometimes you get nothing, other times you 'OD' (overdose)." Another participant explained, "Depends on where you get it. You can find some 'fire' (high-quality heroin)."

Participants reported that heroin is often adulterated (aka "cut") with other substances and reported fentanyl and vitamins as the top cutting agents for powdered heroin in the region. A participant shared, "Sometimes [dealers] will tell you it is cut with fentanyl, sometimes not." Other participants stated: "What it's cut with is a big deal with heroin; It's a big deal. [Heroin cut with fentanyl is] more expensive, more potent. It's what's killing everybody; We are losing someone [to overdose] every week." Additional cuts mentioned include joint supplements and Xanax®. 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)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. The most commonly reported unit of purchase is 1/10 gram (aka "point," "stamp" and "stamp bag"). However, several participants added that users can buy heroin for whatever amount of money they have, as one participant commented: "You got \$20, you get a '20' (\$20 amount of heroin). If you got \$10, you get a '10.'" Another participant divulged, "Sometimes people break a gram up into '50s' (\$50 amounts). You get four or five [50s] out of a gram." Other participants reflected: "Depending on the quality, [1/10 gram] could be \$10 to \$20; If it's not 'stomped on' (cut), heroin can sell for \$200 a gram."

Heroin	Current Prices for Heroin	
	<b>Powdered:</b>	
	1/10 gram	\$20
	1/2 gram	\$60-80
	A gram	\$80-200

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 users, eight would shoot and two would snort the drug. Participants and community professionals shared that most heroin users begin by snorting and quickly progress to shooting the drug. A participant explained, "Everyone starts off snorting it. I know only one person who started snorting six years ago and still does. People can't afford to keep snorting to get the same feeling." Likewise, a treatment provider shared, "Almost always they start snorting it, then move to IV (intravenous use). It's more potent and acts faster ... 98 percent [of users] are shooting it."

Participants discussed how readily available needles are for IV drug use. One participant reported, "I pick up trash for my apartment complex and I pick up needles every day ... needles in the bushes, needles by the dumpster." In addition to obtaining needles from dealers, participants reported obtaining them from pharmacies and people who are treated for diabetes. Participants explained that while some pharmacies require prescriptions for needle distribution, many still sell needles upon request. Some participants divulged that users will pay individuals with valid prescriptions to purchase needles from pharmacies

for them. Participants added that sharing needles is common practice. One participant remarked, *"If you are having sex with them, you might as well share a needle."* Reports of street prices for needles were inconsistent among users with experience purchasing them: reportedly prices range from \$1-5 per needle.

A profile for a typical heroin user did not emerge from the data. The majority of participants reported that there are no general descriptions of heroin users. A participant reflected, *"There's 15-year olds shooting (heroin) ... doctors, lawyers ... children on up to grandparents [using heroin]."* Treatment providers, however, reported that heroin users are more likely to be younger, under 30 years of age. A provider commented, *"It's like it's a rite of passage into the 20s."* Another provider clarified, *"Even though it's an old drug, it's a new generation drug ... a drug of our times. We don't get people coming in saying, 'I've been using for eight years.' It's usually three [years] at the max, if that."* Law enforcement reported that typical heroin users tend to be white and young. An officer commented, *"It's a social drug, now. Kids don't think anything about (using heroin)."* Another officer said that heroin users often use heroin after becoming addicted to prescription opioids and reported, *"Five out of 10 people we interview tell us they can't afford their prescriptions anymore, so now they are on heroin."*

## Prescription Opioids



Prescription opioids are moderately to highly available in the region. Participants most often reported the current street 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 '5' or '8.' Participants commented: *"Too easy; Can you go above '10?'; People share them by the handful."* Treatment providers most often reported current street availability of prescription opioids as '6,' while law enforcement most often rated it as '8,' the previous most common scores were '6' for treatment providers and '4' for law enforcement. A law enforcement officer noted, *"Despite the OARRS (Ohio Automated Rx Reporting System), we're still seeing people come through for traveling around between different 'docs' (doctors) and hospitals [to obtain these medications for illicit use]. There are still docs giving out pills."*

Participants identified fentanyl, Opana® and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Other prescription opioids mentioned as currently available included: Dilaudid®, Norco®, OxyContin®

and Vicodin®. One participant reported, *"Norco® is what the doctors are giving anymore."* A few participants noted that OxyContin® is not as available as other prescription opioids. Community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Law enforcement reported limited availability of Opana® and OxyContin® during the past six months; these particular medications are not as popular as they once were for illicit use, as an officer explained, *"They changed the formulation where you can't melt it down [for injection use]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron man pleaded guilty for involuntary manslaughter after a man he sold drugs to died from fentanyl overdose ([www.cleveland.com](http://www.cleveland.com), Sept. 21, 2015). Police are searching for a man who has repeatedly robbed older individuals of pain medications at gunpoint outside of Akron General Medical Center in Stow (Summit County) ([www.newsnet5.com](http://www.newsnet5.com), Nov. 19, 2015).

Perceived change in street availability across the region was inconsistent. Participants from Stark and Tuscarawas counties reported that the general availability of prescription opioids has increased during the past six months, while those in Summit County reported no change in availability and those in Portage County indicated decreased availability. Some participants who indicated an increase commented: *"There's so much of it; If you go to the hospital and tell them you have any kind of pain, they will give you Norco®."* Those who perceived a decrease in availability reasoned: *"They regulate it real good now. They are cracking down; Five doctors went to jail in one week; My network of doctors is getting narrower and narrower; The regulations make it harder, so people don't want to get rid of the little they do have."*

Community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several treatment providers reported decreases due to increased prescription control: *"Since they took prescribing out of the primary cares, some of the pharmacy shopping ... the doctor shopping, has gone down. It's more controlled; We'd have clients come back [from a hospital with a prescription] and I'd ask, 'Are they crazy?' and I'd take them back, but in the past year I haven't had to."* Other treatment providers indicated that availability decreased due to heroin use and commented: *"Because what they want, they are getting from heroin; Heroin is cheaper and the stigma is gone; Dealers are pushing heroin [and] it's harder getting pills to sell."*

Law enforcement mentioned the success of the “Drop Box Program,” where citizens can safely discard unused prescriptions; reportedly, 10,000 pounds of pills were collected in Summit County during the past year. The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes has increased during the past six months, while the number of other prescription opioid cases has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. One participant reported, “[Price] depends on if the pill can be crushed (easier for illicit use which commands higher prices) or if it is a gel.” Another participant remarked, “Pills are expensive. Heroin is cheaper and easier [to obtain].” Law enforcement also noted, “They’re so expensive on the streets. \$30 for Percocet®? Heroin is cheaper.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$100-150 per patch (unspecified dose)
	Opana®	\$1-2 per mg \$55-80 for 40 mg
	OxyContin® OP	\$20 for 80 mg
	Percocet®	\$5 for 5 mg \$8-10 for 10 mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$3 for 5 mg \$7 for 7.5 mg
	Norco®	\$3 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed from doctors, as well as from friends and family members who are being treated with these medications. Many participants reported that the drug is still easily prescribed. Several participants divulged: “I keep four doctors going at the same time; You can purchase fake MRIs, and take it to your doctor; There are still some pill mills; I make sure [pharmacies] don’t communicate, I go to ‘mom and pop’ pharmacies.” Other participants commented on the ease of getting these medications from people they know: “My dad has prescriptions [and] he always has some left over; They don’t even hide it at my job. I can walk up to someone and get a handful of pills like it’s nothing; It seems like all the old gentlemen who come to the bar where I work, they have multiple pain pills and they share them.”

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, six would snort and four would orally consume the drugs. Participants reported that oral administration of the drug generally involves crushing the pills in toilet paper or a piece of tissue and swallowing (aka “parachuting”). One participant complained that Opana® is unable to be snorted due to abuse-deterrent and another participant added, “You can’t snort [OxyContin®] anymore.”

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants reported that users “could be anyone; across the board.” Likewise, community professionals were unable to identify a typical illicit user of these medications.

### 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.’ Treatment providers reported current street availability of Suboxone® as ‘9,’ while law enforcement rated it as ‘6,’ the previous most common score was ‘6’ for both groups of professionals. Participants and community professionals reported that Suboxone® is most often found in sublingual strip form. Participants from Portage and Tuscarawas counties reported the pill form as also available.

Participants reported that the availability of Suboxone® has increased during the past six months. Participants commented: *“More people are prescribed them; There’s more clinics popping up.”* Treatment providers also reported that the availability of Suboxone® has increased. One provider commented, *“Now, Medicaid is covering Suboxone®; [Suboxone® is] much more available than it was.”* Law enforcement reported that the availability of this medication has decreased during the past six months. Law enforcement reported that some of the clinics that were dispensing Suboxone® have been closed. An officer reported, *“We’re not seeing the bill-boards [advertising Suboxone® treatment] anymore.”* The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants added that the drug is less expensive when purchased in larger quantities. Reportedly, Subutex® sells for \$10-30 per pill (unspecified dose).

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-30 for 8 mg
	tablet	\$10-20 for 8 mg

Participants reported most often obtaining Suboxone® through personal prescription or from others who have a prescription. A participant explained, *“Almost all of my friends on heroin are prescribed [Suboxone®]. Many sell them to buy heroin.”* Treatment providers also reported that Suboxone® is very commonly prescribed. A couple of treatment providers commented: *“You don’t have to get [Suboxone®] from the streets; I hear a lot about Suboxone® being given without treatment, from private doctors.”* Another treatment provider reflected, *“Part of the issue is*

*that the doctors prescribe a high level (dosage) because [heroin addicts] come into the office and [doctors] presume they need these [8 or 12 mg] strips, so they have a high [dose] right off the bat and [users] will take a part and sell the rest.”* Likewise, a law enforcement officer noted, *“A lot of heroin addicts who attempted sobriety still have [Suboxone®].”* Law enforcement from Tuscarawas County reported that some convenience or corner stores illicitly sell Suboxone®. Law enforcement also reported on a recent case involving an individual who was caught distributing Suboxone® filmstrips in a community-based corrections facility, which resulted in 30 to 40 individuals at that institution testing positive for the drug.

While there were a few reported ways of consuming Suboxone®, generally, the most common routes of administration for illicit use are sublingual (placing the filmstrip underneath the tongue for absorption) and intravenous injection (aka “shooting”) for filmstrips and snorting for the tablet form of the drug. Several participants reported that filmstrips are easily dissolved in hot water for injection or snorting. One participant reported smoking Suboxone® by lacing a marijuana cigarette (aka “joint”).

Participants and community professionals described typical illicit Suboxone® users as heroin addicts. Law enforcement explained: *“No one uses [Suboxone®] to get high, just to calm the drug effect; Clients use them when they can’t find heroin ... and sell the rest.”*

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street 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 said these medications are readily available and remarked, *“Just hold your hand out.”* Another participant indicated that these medications are often sought out for illicit use and reflected, *“I don’t know how many people ask me for my pills.”* Community professionals most often reported current availability of sedative-hypnotics as ‘7’; the previous most common score was ‘8’. A treatment provider commented, *“I don’t hear much about [sedative-hypnotics], and when you do, it’s people who like to mix it with drinking [alcohol].”* Another provider stated, *“They are easily available.”*

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use, while community professionals identified Ativan®, Klonopin®, Valium® and Xanax® as most available during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested at an Akron (Summit County) strip club and face multiple drug and gun charges; police confiscated sedative-hypnotics (Xanax®, lorazepam), tramadol and Adderall® that were stolen two days prior from a pharmacy in New York, as well as marijuana and 23 guns (some loaded and some stolen) ([www.newsnet5.com](http://www.newsnet5.com), Oct. 27, 2015 and [www.cleveland.com](http://www.cleveland.com), Nov. 18, 2015).

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 Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months, while the number of cases for all other sedative-hypnotics has either decreased or remained the same.

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 “benzos” and “downers”) are currently sold on the region’s streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Participants reported most often obtaining these medications directly from doctors. A participant commented, “It’s easy to get ‘scripts’ (prescriptions).” Other participants shared: “People know what to say, how to act when they go to the doctor, and they get what they want; Depends on how good you are [at] lying.” A treatment provider reported, “Xanax® is really ‘tight’ (controlled). You have to doctor shop and doctors that do give ‘bars’ (2 mg) of Xanax® are being watched. I notice

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 per mg
	Klonopin®	\$1-3 for 0.5 and 1 mg tablets
Xanax®	\$2 for 1 mg \$5 for 2 mg	

*a lot of doctors are giving the anti-depressant meds that work with anxiety rather than the Xanax®... It’s harder for those who use it recreationally, but those dedicated to [finding sedative-hypnotics for illicit use], tend to find it.”*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would snort and three would orally consume (chew) these drugs.

Participants and law enforcement most often described typical illicit users of sedative-hypnotics as older (35-50 years of age) and female. Contrarily, treatment providers described typical illicit users as younger and heroin addicts. A treatment professional explained why younger users are more apt to use these medications and reported, “The pill [using] population, they don’t have to have a house to use it in. It’s easily hideable. They can keep it in the palm of a hand. For kids ... they can use [sedative-hypnotics] in front of mom and dad, just by drinking a bottle of water.” Another provider explained, “Heroin addicts love [sedative-hypnotics] for the effect [it produces when combined with heroin], and they use it for withdrawal.”

## Marijuana

Marijuana 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.’ Participant comments on availability included: “Easier than anything; it used to be seasonal, but not anymore.” Community professionals most often reported current availability of marijuana as ‘10;’ the previous most common score was also ‘10.’ A professional remarked, “It’s like buying ... cigarettes. [Seems] everyone knows a ‘weed’ (marijuana) dealer.”

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka “wax” and “dabs,” which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants rated current availability of these forms of marijuana as ‘5’. A participant related, “You have to seek it out.” One participant group reported that hash oil is more difficult to obtain than the wax form. Law enforcement most often reported current availability of marijuana extracts and concentrates as ‘9’. An officer reported, “It’s coming in from California. It’s very expensive and very potent.”

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 21.5 percent of all THC drug screens ordered during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A recently released felon from Florida made his way up to Akron (Summit County) and began selling marijuana; after selling increasing amounts to an undercover agent and divulging information about his marijuana grow operation, law enforcement arrested him and seized 10 plants from his home ([www.cleveland.com](http://www.cleveland.com), July 10, 2015). Several individuals were arrested in connection to a robbery in which they impersonated FBI agents and raided an Akron home, seizing a large amount of marijuana; subsequently, the resident was also arrested on drug and weapon charges ([www.cleveland.com](http://www.cleveland.com), July 27, 2015). The Summit County Drug Unit arrested a Coventry (Summit County) man after an anonymous tip led authorities to his residence where they seized 10 pounds of marijuana, some cocaine and \$40,000 cash ([www.newsnet5.com](http://www.newsnet5.com), Oct. 27, 2015). Concerned neighbors called police regarding a man climbing through a window of a Mogadore (Summit County) home and when police entered, they found the resident’s grandson hiding under the basement stairs; 20 plants and 52 pounds of marijuana were seized ([www.cleveland.com](http://www.cleveland.com), Dec. 3, 2015).

Participants most often reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. Participants described the availability of low-grade marijuana as: “Harder to find, no one is messing with it; Almost non-existent. If you are low on money and want to get

cheap, you can’t find it.” Participants reported an increase in the availability of high-grade marijuana during the past six months, due to increased social acceptability and legalization of the drug in several states. One participant deliberated, “More states are legalizing it, so they just come over [to Ohio] with it. You got Michigan right there ... it’s legal!” Other participants reasoned: “More people are growing it; You can grow your own.” Additionally, participants indicated that the general availability of marijuana extracts and concentrates (hash oil, dabs and wax) have increased during the past six months. Participants stated: “It’s just starting to pick up; It’s getting more popular. It’s overtaking ‘bud’ (traditional high-grade marijuana).”

Community professionals reported that the general availability of marijuana has remained the same during the past six months. A treatment provider stated, “It’s always consistent.” Law enforcement added that the availability of marijuana extracts and concentrates (hash oil) have increased during the past six months. One officer commented, “It’s a growing trend.” The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

		Reported Availability Change during the Past 6 Months	
Marijuana	 Participants	Increase	
	 Law enforcement	Increase	
	 Treatment providers	No change	

Participants did not rate the quality of low-grade marijuana due to lack of personal experience with it; however, participants most often rated the current quality of high-grade marijuana as ‘8-10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ for low-grade and ‘10’ for high-grade marijuana. Participants further explained that hash oil is of lower quality compared to dabs and wax.

Participants indicated that the quality of marijuana has increased during the past six months. One participant commented, “Botany has come a long way. You can buy good growing systems.” Another participant stated, “It just keeps getting better. More people know how to grow and

how to do it well. People are growing it all year long. The technology is growing."

Reports of current prices for marijuana were provided by participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/8 ounce (aka "eight ball"), although many participants agreed with a participant who commented, "It's all about how much you have to spend." Another participant explained, "If you are going to get weed for the weekend to smoke, you'll take \$100 and get you a nice bag."

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$15-20
	1/4 ounce	\$25-40
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$20-30
	1/8 ounce	\$40-60
	1/4 ounce	\$70-80
	<b>Extracts and concentrates:</b>	
	A gram	\$45-60
	A small bottle	\$80

Participants continued to report the most common route of administration for marijuana as smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants also reported that marijuana can be consumed orally in baked goods. One participant reported that the practice is, "growing in popularity because it is easy to hide." Another participant commented, "I'd make a batch of brownies a week." Discussion of marijuana extracts and concentrates led to one participant explaining that hash oil, because of its lower quality, is typically only used for baking.

A profile for a typical marijuana user did not emerge from the data, although community professionals reported marijuana use increasing among adolescents. A law enforcement officer explained, "It used to be that alcohol was the first drug used, but now marijuana is more often reported as the first drug among young people."

## Methamphetamine



Methamphetamine remains highly available in the region. Participants and law enforcement 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' for both groups of respondents. Treatment providers most often reported the current availability as '7-9'; the previous most common score was '7'. A treatment provider shared, "Once you find (methamphetamine) and you are in that network, then it is very easy to find ... and then they become a maker of it themselves." Other treatment providers reiterated this comment: "People that are in that lifestyle, it is easy to get. They network. They know each other; [Clients reason], 'If my dealer goes down, I have to find someone else, so I learn to make my own.' They are very resourceful."

Participants reported hearing about all types of methamphetamine, but identified powdered methamphetamine (aka "one-pot" and "shake-and-bake") as most prevalent in terms of widespread use. A participant shared, "I started out with crystal meth, but it got harder to find, so I went from there [to powdered]." By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), manufacturing of powdered methamphetamine in a small soda bottle takes approximately 30 minutes and can be prepared in nearly any location.

Participants in Portage and Summit counties reported crystal methamphetamine as highly available. A participant explained, "Very easy to find ... It's brought in from Arizona." Participants added that there is high availability of locally produced crystal methamphetamine in Portage County. Participants reported that anhydrous methamphetamine is most difficult to find. Several participants suggested that anhydrous is most often obtained out of region and asserted: "Those [anhydrous labs] are out West. You get a couple out here, but they get busted because they stink too much; You usually have to go out of town."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police (Summit County) checked on a report of a 1-year-old walking down a street by himself while eating charcoal; four adults, including the boy's mother, were discovered sleeping in a nearby apartment with an active methamphetamine lab and syringes ([www.cleveland.com](http://www.cleveland.com), Aug. 17,

2015). Two individuals were arrested; six ounces of methamphetamine seized and a marijuana grow operation dismantled during a raid of a Canton (Stark County) residence ([www.newsnet5.com](http://www.newsnet5.com), Aug. 12, 2015). Detectives and a special investigations unit searched a home in Alliance (Stark and Mahoning counties), found and dismantled an active methamphetamine lab ([www.wkbn.com](http://www.wkbn.com), Sept. 18, 2015). Three individuals faced charges after attempting to mail nine pounds of crystal methamphetamine from an Akron post office ([www.cleveland.com](http://www.cleveland.com), Nov. 16, 2015). A tip led to Akron Police conducting a well-being check on children at a residence where they discovered meth-making materials in several rooms throughout the house; five individuals faced drug charges and the children were taken into custody by Summit County Children Services ([www.cleveland.com](http://www.cleveland.com), Nov. 23, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Several participants reported: *"More people are making it themselves; You don't have to buy it, you make it yourself."* One participant specified, *"[Crystal methamphetamine] has increased in the past few years."*

Treatment providers reported that the availability has either increased or remained the same. One provider commented, *"It's so easy to make and people are making their own. It's highly addictive..."* Contrarily, law enforcement reported that the availability of powdered methamphetamine has decreased, while the availability of crystal methamphetamine has increased during the past six months.

Law enforcement explained that the number of clandestine labs has decreased dramatically. An officer shared, *"There were times we'd do (break-up) three labs a week, but we recently had a three-month span without one lab."* Another officer recounted, *"The [one-pot] meth labs are way down. They are flooding the county with 'shards' (crystal methamphetamine). We are seeing more and more every day. In my opinion, the trend is going to switch ... It's not because we aren't vigilant, but this new process, it's coming in, it's cheaper and it's ready to go."* It was further explained by law enforcement, *"If you're an addict and you get caught with a couple of grams of crystal ice, you may catch a felony four or five. But with a meth lab, it's a felony one or two with mandatory prison. They are not going to risk it often."*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased dur-

ing the past six months; the lab reported processing mostly crystal, off-white and powdered methamphetamine.

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

Participants most often rated the current overall quality of powdered methamphetamine as '5' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for the overall general quality of methamphetamine. Participants indicated that quality fluctuates. One participant explained, *"Depends on what you use to cook it with."* Participants in Portage and Stark counties reported that the quality of powdered methamphetamine has increased, while participants in Tuscarawas County reported decreased quality during the past six months. Participants complained: *"People don't know how to make it; People who really know how to make it are in jail."*

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Participants commented: *"I see people get a 'twenty' (\$20 worth) or a 'forty' (\$40 worth) or whatever they have in their pocket; You go to someone to buy \$100 worth. I didn't even weigh it, [just] whatever a 'hundred' looked like."* Additionally, participants continued to report the ability of users to trade ingredients (pseudoephedrine) used to make the drug in exchange for the actual product.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/2 gram - a gram	\$50-200
	<b>Crystal:</b>	
	A gram	\$100-180
	1/8 ounce	\$380

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are intravenous injection (aka “shooting”) and smoking. Participants estimated that out of 10 methamphetamine users, four would shoot, four would smoke and two would snort the drug.

Participants described typical methamphetamine users as white. Participants reflected, “*You very seldom see a non-white smoking meth; ... meth is more of a white man’s high. You see white people smoking meth.*” Another participant added, “*It’s a poor man’s drug. You can get more out of it than you can the crack (cocaine) route.*” Community professionals described typical methamphetamine users as white, of lower socio-economic status, unemployed or in a profession that requires long or late-night hours, such as truck driving and bar tending.

### Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current street 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 ‘9.’ One participant commented, “*I know of someone who will get rid of one or two pills, but it’s not on the street corner.*” Another participant expressed that it was relatively easy to find prescription stimulants, stating, “*You just need to call somebody. [Prescription stimulants are] harder than ‘benzos’ (benzodiazepines) [to find], but still easy.*”

Treatment providers most often reported current availability of prescription stimulants as ‘5,’ while law enforcement did not have any information on the illicit use of these medications; the previous most common availability score for community professionals was ‘4.’ A treatment provider commented, “*Not heard much [about illicit use of prescription stimulants] recently. The individuals we see with it are prescribed it, legally.*” Another provider asserted, “*Our clients are not seeking it. They’ve graduated to cocaine and meth.*”

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use and added that Focalin®, described by one participant as “*Adderall® on steroids,*” along with Ritalin® and Vyvanse® are also available in the region. Treatment providers identified Adderall® and Ritalin® as most popular.

Participants and treatment providers reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® cases has increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$4-8 for 30 mg
	Focalin®	\$5-6 for 20 mg
	Vyvanse®	\$7-8 for 70 mg

Participants reported most often obtaining prescription stimulants from individuals who have a prescription. One participant commented, “*It’s not as easy [to obtain a prescription] from a doctor.*” Likewise, treatment providers reported that many users obtain these medications from friends who have a prescription. A treatment provider reported, “*Younger kids are getting prescriptions ... and they pass it on to friends who use it as speed.*”

Participants reported that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume, by chewing and breaking up the capsule, and five would snort the drugs.

Participants and treatment providers described typical illicit prescription stimulant users as younger (high school and college aged). Participants commented: “*A lot of people in school, in college, use them; People who have to stay focused!*”

## 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 current availability of ecstasy (traditional, pressed tablet) 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 '3'. Participants explained, "It's a seasonal thing, easy to get in summer; I've heard of it, not really seen it; In Detroit, not around here." Participants also discussed the accessibility of "molly" (powdered MDMA) and rated its current availability as '10'. Participants commented: "It's really accessible; Very easy to get."

Community professionals most often reported current availability of ecstasy as '5-8' and of molly as '5'; the previous most common scores were 'unknown' for ecstasy and '6' for molly. A treatment provider explained, "It's like meth, if you are in the right place, it's very easy to find." Another provider compared, "If you went to a 'rave' (dance party), you'd have it in your hand without asking for it, but on the streets you have to know someone who knows someone to get it." Other providers indicated that these drugs are not often discussed by clients: "Very few [clients] ever mention it. If you don't bring it up, they won't mention it; Clients report it as past use, 'I did that years ago' or 'I used to love that molly.'" A law enforcement officer reported that much of the ecstasy found in the area during the past six months originated in Asia.

Participants reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. A participant reasoned, "People want the pure form (molly)." Another participant remarked, "It's becoming real popular." One participant also referred to pop culture, "It's in the music now, 'popping mollies'." Treatment providers reported that availability of ecstasy has remained the same during the past six months, while availability of molly has decreased. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate molly from ecstasy cases.

Ecstasy	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No comment
	 Treatment providers	No change

Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	Decrease

Participants were unable to rate the current quality of ecstasy or molly due to limited use of these drugs. Reports of current prices for ecstasy and molly were consistent among the few participants with experience buying the drugs. Participants said that molly is typically sold by weight. One participant added that users often indicate that they are going to purchase molly by saying, "I have to go talk to molly."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$10-15
	Medium dose (aka "double stack")	\$40
	<b>Molly:</b>	
	1/10 gram (aka "a point")	\$10
	1/2 gram	\$50
A gram	\$80-100	

Participants reported that the most common routes of administration for ecstasy and molly remain oral consumption and snorting. Participants estimated that out of 10 ecstasy users, five would orally consume and five would snort the drug. Participants estimated that out of 10 molly users, six would snort and four would orally consume the drug, often wrapping the powder in a small piece of tissue and swallowing (aka "parachuting").

Participants described typical ecstasy users as younger and people who attend raves and parties. Community professionals described typical ecstasy and molly users as young (late teens and early 20s), college students and of higher socio-economic status. A treatment provider described, "More of upper class. The 'clubbers' who don't really drink, they just drink water."

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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'. One participant commented, "It's real easy [to get]. There's a new maker every day." Treatment providers most often reported current availability as '7', while law enforcement most often reported it as '3'; the previous most common score was '3' for treatment providers and '10' for law enforcement. A treatment provider commented, "The one thing I've heard [clients say is], 'I'm not touching that thing again. I smoked that once and I'll never do it again.' I've heard that a lot." Nevertheless, one law enforcement officer reported high availability of synthetic marijuana in Tuscarawas County and reported, "I found some in the alley [behind the Courthouse] on my way to my car the other day. It's still here ... very easy to find."

Participants reported changes in availability of synthetic marijuana differently depending on location. Participants in Tuscarawas and Stark counties reported an increase in availability during the past six months, while participants in Portage and Summit counties reported decreased availability. Participants contributed increased availability to a number of local venues which continue selling the substance; whereas, other participants related decreased availability with law enforcement efforts and indicated that users have to travel out of the region to obtain the drug from a retail shop. A few participants commented: "They raided a lot of places; Now you can only get it from people who make it."

Treatment providers most often reported that the availability of synthetic marijuana has remained the same, while law enforcement most often reported decreased availability. A treatment provider reasoned, "I used to hear more about it." Several law enforcement officers commented: "There's less interest; I haven't seen it. It was a trend ... it's run its course; If stores still have it, it's clandestine. We have not been able to get it." Again, Tuscarawas County appears to be an exception, as an officer there reported increased availability, explaining, "They are getting it from individuals who are buying the chemicals. They spray it on potpourri. It is quite a profitable enterprise. A \$50 investment can yield \$2,000 in product. It is highly addictive." 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	No consensus
	 Law enforcement	No consensus
	 Treatment providers	No change

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported purchasing synthetic marijuana most often in a three-gram package. Participants described: "I see packages that are professionally developed, with logos; You can probably roll four or five 'joints' (cigarettes) from a package."

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A gram	\$10
	3 grams	\$20-30
	1/2 gram	\$140

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available via the Internet and from various retail outlets including head shops, tattoo parlors and vapor shops. Some participants added that they knew individuals who make synthetic marijuana.

While there were a couple reported ways of consuming synthetic marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. One participant reported that the chemicals used to make synthetic marijuana are absorbed through the skin and stated, "I saw someone have [another individual] spray the chemical on their back."

Participants described typical synthetic marijuana users as those subjected to urine drug screens, as well as marijuana users. A participant added, "People who are incarcerated or on probation." Another participant said, "Someone who is out of marijuana." Community professionals described typical users as young (teens and early 20s), as well as, those

subjected to drug screens. A treatment provider reported, *"I've had teen [clients and synthetic marijuana] was their drug of choice. They see the negative effect, but they can't stop."* Other treatment providers commented: *"It's in every institution; The population that is on probation [use synthetic marijuana] because they think they can get away with it."* A law enforcement officer commented, *"A lot of folks [in drug court] relapse on synthetic marijuana [because] many start to fool the UDS (urine drug screen) test and they get hooked."*

## Other Drugs in the Akron-Canton Region

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, bath salts and hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms).

### Anabolic Steroids

Participants did not discuss anabolic steroids, but law enforcement rated 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). One officer reported, *"If we decided to target this drug, we would see it."* Law enforcement indicated that the availability of anabolic steroids has increased during the past six months and reported that the drug is most easily obtained at gyms.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A part-time police officer for Highland Hills (Summit County) was arrested following an investigation and a raid at his residence in Mogadore (also Summit County); the Summit County Drug Unit seized 18 vials of anabolic steroids, several hundred anabolic steroid pills, prescription opioids (oxycodone, hydrocodone, Opana® and methadone), Xanax® and Adderall® ([www.otfca.net](http://www.otfca.net), Sept. 3, 2015). An Akron (Summit County) attorney was caught offering legal services in exchange for anabolic steroids; a subsequent search of his home revealed vials and bags which contained residue of the drug ([www.newsnet5.com](http://www.newsnet5.com), Nov. 30, 2015).

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") remain moderately available in the region, albeit unpopular. Very few participants had per-

sonal experience with this drug during the past six months. Participants most often reported current availability of bath salts as '5-6' 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'. One participant commented, *"[Bath salts are] still around, but scarce."*

Community professionals most often reported current availability of bath salts as '5'; the previous score was '1'. A treatment provider reported, *"[Bath salts are] very rare, but it comes up, especially in institutions."* Law enforcement described the availability of bath salts as, *"a short-lived thing."* An officer reported knowledge of only one case dealing with bath salts during the past year.

Participants did not agree on whether or not there has been a change in availability of bath salts during the past six months. Treatment providers reported a decrease in availability and reasoned that changes in the law and a greater awareness of the negative effects of bath salts have contributed to this decrease. One treatment provider explained, *"The stories I've heard is that bizarre things happen to users."* The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has increased during the past six months.

Reported Availability Change during the Past 6 Months	
<b>Bath Salts</b>	 Participants   No consensus
	 Law enforcement   No comment
	 Treatment providers   Decrease

Participants did not provide information on pricing for this substance. Participants reported that the most common route of administration for bath salts is intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salt users, nine would shoot and one would snort the drug. Respondents described typical bath salt users as white and *"people in institutions."*

### Hallucinogens

LSD and psilocybin mushrooms remain available in the region. Participants most often reported the current availability of LSD as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant shared, *"I thought it disappeared, but two weeks ago someone asked if I wanted a sheet of 'acid' (LSD), and I thought, 'Do they still do that?'"* Participants most often reported current availability of psilocybin mushrooms as

'10;' the previous most common score was '3.' Community professionals reported little information on hallucinogens. A treatment provider stated, "*Clients rarely volunteer [information] about using hallucinogens.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A pound of psilocybin mushrooms was seized from a Cuyahoga Falls (Summit County) home, along with four loaded guns; the resident was arrested on drug trafficking and possession charges ([www.cleveland.com](http://www.cleveland.com), Dec. 23, 2015).

Participants reported that the general availability of hallucinogens has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current street prices for LSD and psilocybin mushrooms were consistent among participants with experience purchasing these drugs. Participants reported that LSD is typically sold as "a hit" (one dose) and that psilocybin mushrooms are sold by weight. Participants reported that the most common quantity of psilocybin mushrooms purchased is 1/8 ounce.

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose	\$10-12
	<b>Psilocybin mushrooms:</b>	
	A gram	\$10-12
	1/8 ounce	\$30-50
An ounce	\$120	

Participants referred to a few places where users obtain hallucinogens. One participant shared, "*You get [hallucinogens] from the same people you get ecstasy from.*" Another participant explained, "*You can buy the [psilocybin mushroom] spores online.*" Other participants discussed picking their own psilocybin mushrooms. One participant commented, "*Go over to Canada. They're legal to pick, all you have to do is go get them.*"

Participants reported that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants estimated that out of 10 hallucinogen users, all 10 would orally consume these

drugs. Participants explained that oral consumption of LSD includes swallowing a hit on blotter paper, or placing drops of liquid LSD onto a piece of food or sugar cube.

Participants described typical LSD users as white and often "hippies." One participant described LSD use as follows: "*It's a spiritual thing, not a social thing. It's not a party drug.*" Participants described typical psilocybin mushroom users as white, high-school aged and individuals who like to smoke marijuana. One participant reported, "*Using mushrooms is big in the art community.*"

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available heroin type. Additionally, participants noted several other colors of powdered heroin as available: beige, blue, gray, pink, purple, tan and white. Law enforcement noted that white powdered heroin is often either mixed with fentanyl or is pure fentanyl.

Many participants reported that the quality of heroin is very inconsistent and commented: "*It's a real crap shoot; Sometimes you get nothing, other times you 'OD' (overdose).*" Participants continued to report fentanyl as one of the top cutting agents for powdered heroin in the region, linking it with the high rate of overdose: "*It's what's killing everybody; We are losing someone [to overdose] every week.*"

Participants and community professionals attributed the increase in heroin availability to more addicted people and to more people selling the drug in the region. Participants observed dealers moving to Ohio from out of state to sell heroin. Treatment providers reported that many users are turning into dealers to support their heroin addiction. Additionally, many treatment providers indicated that the availability increase is due in part to the lowering social stigma around heroin use. The most common route of administration for heroin remains intravenous injection. Treatment providers reported that typical heroin users are more likely to be under 30 years of age. Law enforcement added that typical heroin users tend to be white.

Participants and community professionals identified fentanyl and Percocet® as the most popular prescription opioids in terms of widespread illicit use in the region. Community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several treatment providers reported decreases due to increased prescription control and increased availability and use of heroin, a cheaper alternative to prescription opioids. Law enforcement attributed the success of the “Drop Box Program,” where citizens safely discard unused prescriptions, as a reason for decreased availability; reportedly, 10,000 pounds of pills were collected in Summit County during the past year.

Participants and treatment providers reported that the availability of Suboxone® has increased during the past six months. Participants commented that more people are being prescribed Suboxone® and that there are more clinics offering the drug than previously. Participants reported most often obtaining Suboxone® through personal prescription or from others who have a prescription. Treatment providers also reported that Suboxone® is very commonly prescribed. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

Reportedly, Suboxone® is most often found in sublingual strip form; however, participants from Portage and Tuscarawas counties reported the pill form as also available. Participants and community professionals continued to describe typical illicit Suboxone® users as heroin

addicts who use the drug when they can't find heroin to avoid withdrawal.

Participants reported that the availability of methamphetamine has increased during the past six months, explaining that more people are now manufacturing the drug. And while participants reported hearing about all types of methamphetamine, they continued to identify powdered methamphetamine (aka “one-pot” and “shake-and-bake”) as most prevalent in terms of widespread use. However, participants in Portage and Summit counties reported crystal methamphetamine as highly available as well. 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 crystal, off-white and powdered methamphetamine.

Participants continued to report the ability of users to trade ingredients (pseudoephedrine) used to make the drug for the actual product. Community professionals described typical methamphetamine users as white, of lower socio-economic status, unemployed or in a profession that requires long or late-night hours, such as truck driving and bar tending.

Lastly, law enforcement indicated that the availability of anabolic steroids has increased during the past six months and reported that the drug is most easily obtained at gyms. Media outlets reported on a few law enforcement seizures and arrests in the region this reporting period related to anabolic steroids.





### 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, Belmont and Gallia 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 Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio and includes data from BCI's Athens and Cambridge offices. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

**OSAM Staff:**

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	583,689	43
Gender (female), 2014	51.1%	50.3%	64.3% <sup>2</sup>
Whites, 2014	84.8%	96.8%	87.8% <sup>3</sup>
African Americans, 2014	13.6%	3.2%	2.4%
Hispanic or Latino Origin, 2014	3.3%	1.0%	0.0% <sup>4</sup>
High School Graduation Rate, 2014	82.6%	89.5%	79.1%
Median Household Income, 2014	\$49,349	\$40,682	\$12,000 to \$19,999 <sup>5</sup>
Persons Below Poverty Level, 2014	15.3%	18.7%	70.0%

<sup>1</sup>Ohio and Athens region population statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Gender was unable to be determined for 1 participant due to missing and/or invalid data.

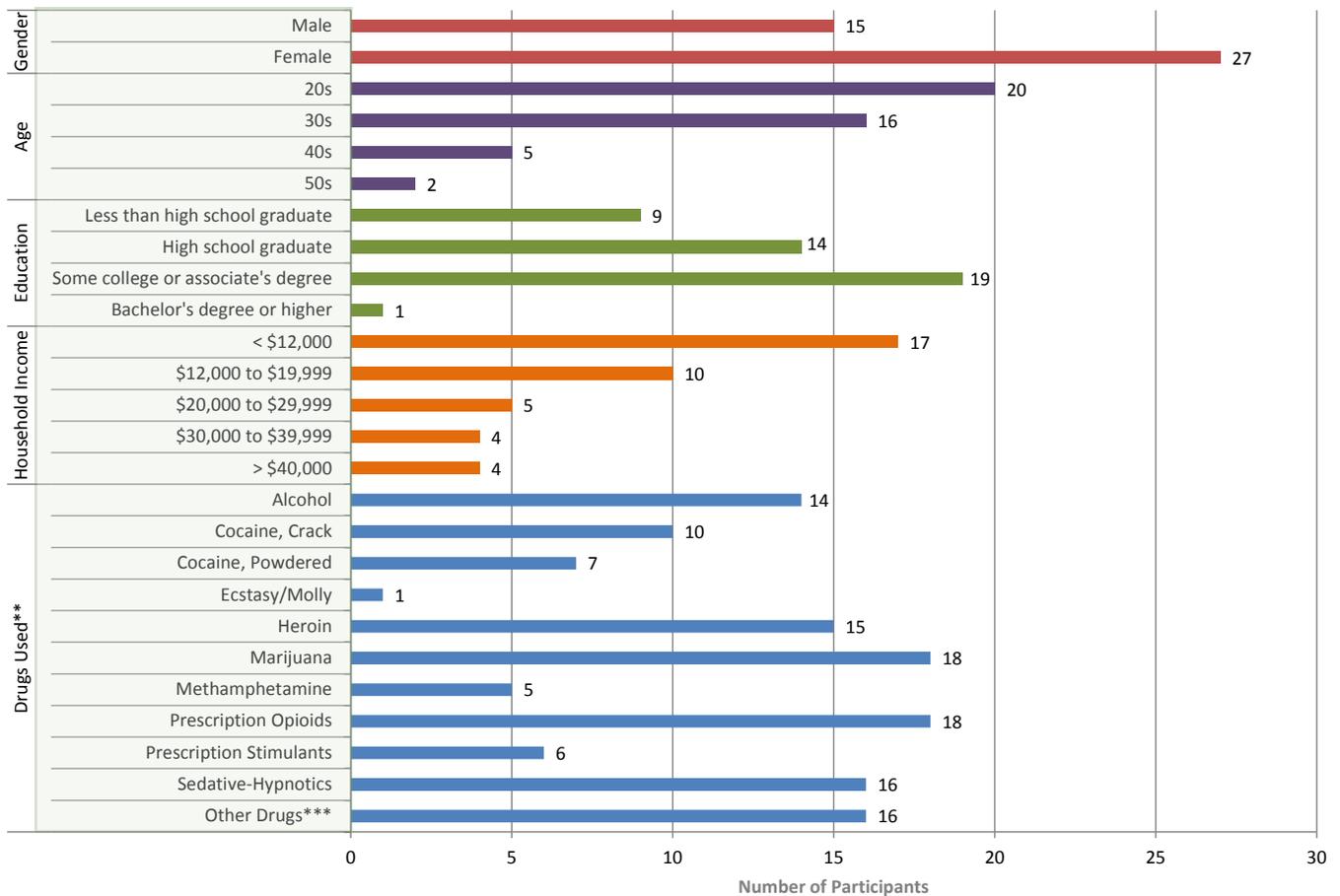
<sup>3</sup>Race was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>5</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income and poverty statuses were unable to be determined for 3 participants due to missing and/or invalid data.

### Athens Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=43)



\*Not all participants filled out forms completely; therefore, numbers may not equal 43.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: synthetic marijuana and other prescription drugs (Neurontin®, Suboxone®, Subutex®).

## Historical Summary

In the previous reporting period (January – June 2015), heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Athens region. Decreased availability existed for prescription opioids and synthetic marijuana, and likely decreased availability existed for Suboxone®.

Participants agreed that heroin was one of the most available substances in the region. A coroner remarked that heroin was the most available drug next to marijuana. While many types of heroin were available in the region, participants reported the availability of black tar and white powdered heroin as most available. Participants also mentioned brown and blue-colored powdered heroin as available during the reporting period.

A probation officer reported a person on his caseload had overdosed on blue heroin in March 2015. Participants shared that the quality of blue heroin was supposedly “better” than other types of heroin and one participant knew someone who overdosed on blue heroin during the reporting period. The BCI London Crime Lab noted that many of the powdered heroin cases they processed during the reporting period had been a heroin-fentanyl mixture and sometimes even straight fentanyl.

A majority of participants in the region, with the exception of participants in Muskingum County, conveyed that clean, unused needles were increasingly difficult to obtain and reported purchasing needles from drug dealers. Participants and community professionals expressed concerns about needle use.

Participants and community professionals reported that the general availability of prescription opioids decreased during the reporting period. Several participants explained that they turned to heroin use because they could not obtain prescription opioids, or enough of these medications, to maintain their addiction. Treatment providers proposed that decreased availability was due to fewer prescriptions written. The BCI London Crime Lab reported that the number of prescription opioid cases it processed had generally either decreased or remained the same during the previous six months. In addition, the lab reported on fake pharmaceutical tablets that were discovered; alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

Methamphetamine remained highly available in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing crystal, brown, off-white and white powdered methamphetamine. Participants divulged that many users would trade a box of pseudoephedrine (an ingredient used in methamphetamine production) for \$50 or for a half gram of methamphetamine. In addition, a few participants shared that some people in rural areas manufactured methamphetamine for sale and not for personal use. While participants and community professionals were unable to provide a typical user description, a probation officer observed that many methamphetamine users were heroin users as well.

Finally, despite legislation enacted in October 2011 which banned the sale of synthetic marijuana, the drug was still available from online stores. Participants were unaware of any retail establishments in the region that sold the drug. Participants and community professionals continued to describe typical users of synthetic marijuana as “younger kids” and individuals on probation.

## 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.’ Treatment providers most often reported current availability as ‘5,’ while law enforcement most often reported it as ‘10;’ the previous most common score for community professionals was ‘5.’ A treatment provider stated, *“It’s here if you want it. It’s just not a hot topic.”* A probation officer remarked, *“It’s easy to get.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) confiscated 46 grams of cocaine and 99 grams of heroin in Guernsey County after observing marijuana in plain view in a vehicle which led to a probable cause search ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 5, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. A participant reflected, "It's been pretty available for a while." Treatment providers also reported that availability of the drug has remained the same during the past six months, while law enforcement reported an increase in availability. Several treatment providers reported that powdered cocaine is not usually identified clients as a drug of choice. The BCI London 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	Increase
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7'. However, participants continued to complain about quality: "Powder (cocaine) is crap; I am from [Belmont County] and it's shit, but in Wheeling (West Virginia) it's good. They didn't put a bunch of 'cut' (adulterant) in it."

Participants reported the top cutting agents for powdered cocaine as baby laxatives, baking soda and vitamin B-12. A participant explained, "[Cocaine dealers] don't care ... whatever they can put in it, as long as they get their money." Overall, participants reported that the general quality of powdered cocaine has remained the same during the past six months. Some participants added that they purchased powdered cocaine to "cook it up" and turn it into crack cocaine. Participants explained that they do this in order to control the quality of the drug, as one participant explained, "If you cook it yourself, you know what you got."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants indicated that the price of powdered cocaine has remained the same during the past six months and added that the most common quantity purchased is a gram.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$25-50
	A gram	\$100
	1/16 ounce (aka "teener")	\$125
	1/8 ounce (aka "eight ball")	\$200+

Participants reported that the most common routes of administration for powdered cocaine remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, six would shoot, three would snort and one would smoke the drug. One participant commented, "Most people that I know that do cocaine, they snort it." Participants suggested that shooting cocaine has increased. A participant reflected, "If I am in a room with 10 people, we are all going to be shooting it because that's who I surround myself by ... people who shoot drugs ...." Another participant commented: "The needle is an epidemic nowadays, so I would say most people would probably be shooting it."

Participants most often described typical powdered cocaine users as college age, female and of a higher socioeconomic status. One participant commented, "It seems to me that the more money a person has, they are more apt to use cocaine ... in upper-class societies, people seem to [use powdered cocaine] more consistently ...." Another participant countered, "I have seen rich people do it. I have seen poor people use it." Community professionals described typical users as college students. A treatment provider commented, "It's really big in college."

## 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 remarked, "Oh, it's easy [to get crack cocaine], and it's been that way for a while." Another participant commented, "With my connect, [crack cocaine] was coming up from Florida, stopping here (Belmont County), and then heading up to Toledo." Treatment providers most often reported current availability of crack cocaine as '8,' while law enforcement most often reported availability as '2;' the previous most common score was '5' for both groups of professionals. A probation officer explained, "I haven't heard that much about it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police confiscated a large amount of crack cocaine, pills, weapons and cash from a home in Bidwell (Gallia County) ([www.wsaz.com](http://www.wsaz.com), Aug. 26, 2015). A man in Doanville (Athens County) was sentenced to four and a half years in prison after he accidentally shot his wife in the legs while under the influence of crack cocaine; their two children were home at the time, but did not witness the event ([www.athensnews.com](http://www.athensnews.com), Nov. 1, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A participant shared, "For me personally [availability has remained the same], but I only had one dealer and he either had [crack cocaine] or he didn't ... and if he didn't, you would get heroin or something else or we would have to wait around ...." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased 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 overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-6'. Reports on quality varied drastically among participants with experience using crack cocaine. Participants commented: "I always went to the same person and if they have good powder, then they have good 'hard' (crack cocaine); You got to go into the city to get the good stuff; It all depends on who you get it from and when." A participant commented, "Anymore, you just can't tell [quality of crack cocaine] by the color. It used to be that the yellow was good, but now it's just whatever because they are just 'stepping on' (adulterating) it to get that money."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby Tylenol®, baby laxative, baking soda, vitamins and "anything yellow" (to give the illusion of high quality). One participant commented, "The thing about stepping on cocaine or crack is that it's usually like laxative or vitamins. Anything that's clear or the same color." Overall, participants most often reported that the quality of crack cocaine has remained the same during the past six months. Many participants indicated that the quality of crack cocaine is more stable when the user has a steady dealer.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug, who reported that the most common amount purchased is 1/10 gram for \$10. Participants clarified: "It's not weighed. I would just give [the dealer] what money I had and he would give me whatever; It's just a little rock smaller than an M&M."

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. One participant remarked, "Hell, I smoke it and shoot it [in the same sitting]." Participants indicated an increase in shooting the drug. One participant commented, "I have been running into a lot of people lately that are just so into the shooting, that they will break [crack cocaine] down and shoot it."

A profile for a typical crack cocaine user did not emerge from the data. A participant commented, "I think it's getting harder to differentiate what people do just by looking at them because most people are doing more than one [drug]." Community professionals described typical crack cocaine users as 25-45 years of age.

## Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the 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' for both groups of respondents. A participant commented, "It's so easy to get. I hear more about heroin than I do anything else." A treatment provider stated, "Heroin is an epidemic in this county (Athens)."

While many types of heroin are currently available in the region, participants and community professionals reported black tar heroin as most available. However, participants reported on a variety of heroin types as available in the region, including brown and white powdered heroin. A participant in Belmont County reported, "You can drive to Akron to get the 'china white' (heroin with fentanyl)." Only one participant mentioned the presence of blue-colored powdered heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple in Vinton County was arrested after selling heroin out of their home to a man who later overdosed and died ([www.wsaz.com](http://www.wsaz.com), Aug. 18, 2015). OSHP stopped a vehicle in Jackson County; the driver was asked to wait in the patrol unit and, while in there, placed 32 grams of heroin beneath the K-9 (canine) officer's kennel ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 3, 2015). Another individual was arrested when a K-9 officer alerted troopers to a vehicle during a traffic stop and the suspect was caught trying to hide just over 100 grams of heroin in the patrol vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 13, 2015). Two ring leaders of a heroin and cocaine drug trafficking operation in Glouster (Athens County) pled guilty to multiple felonies and now face 14-26 years in prison ([www.nbc4i.com](http://www.nbc4i.com), Oct. 19, 2015). Four individuals in Nelsonville (Athens County) are facing charges due to alleged heroin trafficking from the Columbus area to Athens County ([www.athensnews.com](http://www.athensnews.com), Dec. 6, 2015). Two Glouster residents were charged with drug and invol-

untary manslaughter charges following the death of an individual in their home due to opioid overdose ([www.athensnews.com](http://www.athensnews.com), Dec. 13, 2015).

Community efforts in fighting against the opioid epidemic in the region have also been highlighted by media during the past six months. The Hocking County Municipal Court reported continued success of the Drug Court supporting Vivitrol® (a medication assisted treatment for opioid addiction) ([www.lancastereagle.com](http://www.lancastereagle.com), Sept. 5, 2015). The Athens County Prosecutor's Office, in partnership with a local treatment provider has launched their *Fresh Start Initiative* to address the opioid problem by providing treatment for those who want it in hopes to reduce crime; treatment includes a combination of Vivitrol® treatment and counselling ([www.athensnews.com](http://www.athensnews.com), Dec. 27, 2015).

Participants from across the region agreed that the availability of heroin has rapidly increased during the past six months. Participants commented: "It just keeps getting easier and easier; More and more people are trying to buy and sell it, even if they don't do it." Another participant added, "I am seeing more people using heroin, even those who used crack (cocaine) previously." Community professionals reported that the general availability of heroin has remained the same during the past six months. Law enforcement commented, "I think it's really high, but it has stayed the same. The market is flooded." The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes have increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Reported Availability Change during the Past 6 Months		
Heroin	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current general quality of heroin as '5-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '2' or '7'. Participants noted that the quality of heroin often fluctuates from day to day, as several participants shared: "One day you can go and buy some really, really good dope, then the next day you go back to the same exact person and it's 'dirt' (poor

quality); I would say one out of every three batches is a good one." Many participants complained that white powdered heroin is not pure and users would have to drive outside of the region to obtain that type. One participant reflected, "I don't know what they do to the 'blue' (colored heroin), but I know it's way better." Another participant added, "It all depends on how much it's been cut, no matter what color it is."

Participants reported that heroin in the region is most often cut with nutritional supplements, prescription opioids (including fentanyl), prenatal vitamins and Xanax®. A participant commented, "They say that stuff that's cut with fentanyl is good, but it's killing people." Participants explained that Xanax® is used, "So you get more nodding effects." Other cuts are typically used based on their appearance and the ability to blend it with the substance, such as white and brown sugar. A participant explained that brown powdered heroin is cut with, "Pretty much anything that's brown: brown sugar, dirt." Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab continued to note powdered heroin coming in as a heroin-fentanyl mix, sometimes even straight fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl/acetyl fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug and did not differ depending on the type of heroin purchased. The most common quantity purchased is 1/10 gram. A participant commented, "You're not going to find a gram down here, you can drive up to Columbus and bring it back down here and sell some of it." Other participants explained: "You can get a gram [in the region], but they would have to do it by tenths; Down here you probably have to buy like ten bags to get a gram."

Participants indicated that the price of heroin has increased during the past six months and reported paying higher prices depending on quality. Several participants reported paying up to \$50 for 1/10 gram if it was high quality. A participant commented, "The better it is, the more

it is. I never paid no less than \$50, but it was good. It was worth it, but I OD'd (overdosed) on it, too. I mean he told me it was good, but I was thinking, 'Well, they all say that,' so I drew up the whole thing [in a syringe] and 'blasted it' (injected) and 'fell out' (overdosed)."

Heroin	Current Prices for Heroin	
	1/10 gram (aka "folds")	\$25-50
	1/2 gram	\$100
	A gram	\$200

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 users, nine would shoot and one would smoke the drug. A participant commented, "Most people I know all shoot it." Other participants surmised: "Mostly all would be shooting. It's just occasionally someone would not shoot; If you are 'dope sick' (going into withdrawal), you are going to shoot it." Additionally, most participants asserted that users typically begin heroin use by snorting and quickly progress to shooting. One participant observed, "I started snorting it, but that didn't last long."

Participants reported that needles are most often available from heroin dealers and added that users can also obtain needles from the Gallia County Health Department and the health department in Wheeling, West Virginia. Most participants reported that there are limited pharmacies and medical supply stores that will sell needles without a prescription. A participant explained that individuals usually have to show identification to purchase needles. However, a few participants shared, "You can go to the store and get them now because of the outbreak of hepatitis and syphilis. You just got to show ID now."

Pricing for needles were consistent among those with experience buying them. Reportedly, the most common street price is \$5 per needle and many participants explained that needles are often reused. One participant remarked, "A lot of people just reuse 'em, and reuse 'em, and reuse 'em." Furthermore, sharing needles is not preferred, but is common practice. A participant remarked, "If you're 'sick' (going through withdrawal), you do it." Another participant admitted, "[Sharing needles is] not something that I would do. I mean, there's like three people that I share with, but not someone I didn't know." Some participants reported

that they are not concerned with sharing needles because they already have hepatitis and most people that use needles have contracted it already.

A profile for a typical heroin user did not emerge from the data. Participants and community professionals continued to report that heroin users can be anyone. A participant commented, "Everyone does it now." A treatment provider posited, "It doesn't discriminate." A law enforcement officer reflected, "We've very different varieties of people [using heroin]."

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street 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'; the previous most common score was '5-8'. A law enforcement officer commented, "I feel like doctors just dish them out."

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants commented: "Roxies' (Roxicodone®) and 'perks' (Percocet®) are the most popular; Fentanyl is the hardest to get." Community professionals identified Dilaudid®, fentanyl, Percocet®, Roxicodone®, Ultram® and Vicodin® as most popular.

Corroborating data also indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 850 du (dose units) of oxymorphone and 596 du of oxycodone in two separate seizures in February 2015: one in Jackson County and the other in Gallia County.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant executed at a home in Racine (Meigs County) yielded 947 oxycodone pills, 50.7 grams of crack cocaine, 48.6 grams of heroin, several pounds of marijuana, marijuana plants, firearms and over \$20,000 cash ([www.athensmessenger.com](http://www.athensmessenger.com), Oct. 3, 2015). A woman's attempt to transfer prescription medication to her incarcerated husband by attaching it to the wall of an elevator in the Perry County Courthouse failed when deputies found the medication lying on the floor ([www.nbc4i.com](http://www.nbc4i.com), Dec. 23, 2015).

Participants most often reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, "I think it's harder to

get now than it used to be." Participants suggested that the decrease in availability is due to decreased prescribing by physicians and commented: "You can rarely get a doctor to prescribe 'em; Harder [to obtain], because everyone's getting cut off now." Community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider stated, "It's always been out there and easy to get."

The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for fentanyl, Opana®, OxyContin®, Percocet® and Ultram®. In addition, the lab once again reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram plus a "tax." A participant commented, "It's just that they are so expensive. You can get higher off of \$20 heroin than \$30 of pills." The majority of participants felt that the price of prescription opioids has increased during the past six months. A participant said, "[Dealers] charge double the price for what they are worth." Another participant explained that dealers often inflate the price so they can get extra money to buy their own pills.

Current Street Prices for Prescription Opioids		
Prescription Opioids	Percocet®	\$6-7 for 5 mg \$10-12 for 10 mg
	Roxicodone®	\$20 for 15 mg \$40 for 30 mg
	Vicodin®	\$3 for 5 mg \$7-10 for 7.5 mg

Participants reported most often obtaining prescription opioids through personal prescription or from family members or friends who have them prescribed. A participant reported, "Somebody would share their prescription. I don't know any flat-out pill dope dealers." Another participant divulged, "Family member with a script [or] old people who are dying with a script. I would scrub their bathroom [and] clean their house and they'd give me their pills." One participant remembered, "I know a girl who had her boyfriend break her finger so she could get them [prescribed]."

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 and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, five would snort, four would shoot and one would smoke the medications. Participants explained: "Some people would be snorting 'em, some would be shooting 'em. 'Thirties' (Roxicodone® 30 mg), some people would be smoking those; if it was 'roxy' (Roxicodone®) or 'oxy' (oxycodone) you'd shoot it; I mean, the higher the milligram, I would shoot it." A treatment provider reported, "My clients all say they snort them."

A profile of a typical illicit prescription opioid user did not emerge from the data. Most participants, when asked to describe a typical illicit prescription opioid user, used general words like "anyone" and "everyone." One participant stated, "Really, you can say anybody." Participants also said users are often older, in their 40s and 50s, and often those with legitimate pain issues. A participant commented, "People who go for pain management." Community professionals also found it difficult to describe typical illicit prescription opioid users and reported that anyone "across the board" is likely to illicitly use these medications.

### 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 commented, "You can get them anywhere. People are going to the doctor to get them just to sell them." Participants reported the most available type of Suboxone® as sublingual

filmstrip (aka "strips") and added that Subutex® is more difficult to obtain. A participant explained, "They are hard to get from doctors." Community professionals most often reported current street availability of Suboxone® as '10'; the previous most common score was '7-8'. A treatment provider reported that the high availability of the drug is due to a growing number of clients receiving medication assisted treatment for opiate addiction.

Participants reported that the availability of Suboxone® has increased during the past six months. One participant purported, "There are more clinics [dispensing Suboxone®]." A participant reported that Subutex® has also increased in availability and commented, "They have gotten real easy to get because all you have to do is go to the doctor and tell them you are allergic to Suboxone®, and they have to give you Subutex®." Treatment providers reported that the availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant explained, "With the strips, I can get them for \$10 because more people want the 'pills' (Suboxone® tablets), and so the pills are more like \$20." Another participant added "Subutex® is more expensive because you can still get high on heroin." Reportedly, Subutex® sells for \$35-40.

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$10-20 for 8 mg
	tablet	\$25-30 for 8 mg

Participants most often reported obtaining Suboxone® for illicit use through personal prescription or from someone else who has a prescription. A participant commented, *“Everybody gets scripts now. It’s not hard [to obtain Suboxone®].”*

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is sublingual, intravenous injection (aka “shooting”), followed by snorting; the most common routes of administration for Subutex® are snorting and oral consumption. One participant remarked, *“Nobody is putting those under their tongue, they are all shooting or snorting.”* Several participants commented that they like the strips because they are easier to shoot.

Participants and community professionals described typical illicit users of Suboxone® as opiate addicts who use the drug to avoid withdrawal.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street 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.’ Community professionals most often reported current availability as ‘8-10;’ the previous most common score was ‘9.’ Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while community professionals reported that availability has remained the same. Participants reported: *“Doctors don’t like to prescribe them anymore; From what I hear on the streets, it’s gotten a lot harder to get.”* One participant reasoned, *“The people [doctors] are prescribing them to are addicted to them and they are holding them. They know what it’s like to not have them and they know not to keep bugging their doctor for more, so they hold on to them mostly.”* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant added, *“It’s supply and demand ... so if it’s harder to find, it’s gonna be pricier.”* Participants indicated that the street prices of these drugs have increased during the past six months. One participant remarked, *“In the last two years they have doubled in price.”*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1 per mg
	Klonopin®	\$1 per mg
	Valium®	\$2 for 1 mg \$4 for 2 mg
	Xanax®	\$1-2 for 0.5 mg \$4-5 for 1 mg \$10 for 2 mg

Participants reported most often obtaining these drugs through personal prescription or from someone who has a prescription. A participant reflected, *“They’re really hard to find on the street anymore.”* Another participant commented, *“You have to know someone that gets them prescribed.”* One participant shared, *“My sister is prescribed Xanax®, my neighbor, Klonopin® and my dad, Ativan®, so it’s always easy for me [to get sedative-hypnotics].”* Other participants said: *“The way my doctor explained it, is they only keep you on it for like three months now; I think it has to do with the heroin epidemic around here.”*

Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs. A few participants added that these drugs can also be intravenously injected. One participant shared, *“I’ve seen people mix ‘em with heroin.”*

Participants described typical illicit users of sedative-hypnotics as women and older (50s). Community professionals described typical illicit users as opiate addicts, illicit Suboxone® users and females.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both groups of respondents. A participant reported, "It's harvest season right now, so everyone's got [marijuana]." Another participant remarked, "It's easier to get 'pot' (marijuana) than cigarettes." A law enforcement officer referred to marijuana use in the region as inter-generational. Another officer stated, "Heroin is so prevalent [that] marijuana isn't talked about anymore."

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported current availability of marijuana extracts as '10'. A treatment provider reported, "In the last six months, I have had juveniles (clients) and 100 percent of them were doing dabs."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three illegal marijuana growing sites were found during an Athens County helicopter search ([www.athensnews.com](http://www.athensnews.com), Aug. 5, 2015). A Lodi Township (Athens County) resident was arrested after 88 marijuana plants were found inside of his home along with dried marijuana and the contents to make marijuana "butane honey oil" (dabs) ([www.athensnews.com](http://www.athensnews.com), Aug. 26, 2015). Four men were jailed in Perry County after seizure of 36 pounds of marijuana and 15 large marijuana plants ([www.otfca.net](http://www.otfca.net), Sept. 23, 2015). A K-9 officer alerted OSHP to a vehicle pulled over in Jackson County in which they discovered eight pounds of 'BC Bud' (high-quality marijuana from British Columbia, Canada) concealed in the car's trunk ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 5, 2015). A man was arrested in Jackson County after OSHP discovered

13 pounds of hydroponic (high-quality) marijuana in his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 20, 2015).

Participants reported that the general availability of marijuana has remained the same during the past six months. Participants reported, "This area has always been easy [access for marijuana]." However, some participants believed that availability has decreased and reasoned: "Everybody is doing heroin now ... I mean, it's still easy to get, but it's not like it was; I think it's harder to get [because] everyone is selling the harder grade drugs now; I don't hear anyone talking about 'weed' (marijuana) anymore." A few participants also added that low-grade marijuana is now more difficult to obtain than high grade.

Community professionals reported that the availability of marijuana has remained the same during the past six months, although law enforcement noted increased social acceptability for the drug. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often rated the current overall 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'. One participant commented, "I think [quality] depends on the time of the year. Now, it's pretty good." However, another participant said, "We always have good weed." Participants most often rated the current quality of marijuana extracts and concentrates as '10' as well.

Overall, participants indicated that the quality of marijuana has remained the same during the past six months. Yet some participants commented: "You always hear the old timers talk about how the 'pot' (marijuana) back then was not so great. Now it's like, 'Wow!' and it's getting better; It's got a lot better."

Reports of current prices for marijuana were provided by participants with experience buying the drug. The most common quantity purchased is 1/8 ounce for marijuana. Participants explained that prices can differ depending on the amount purchased as well as a user's personal connection to the seller. A participant shared, "The more you buy, the less it is." Another participant added, "Less [money] if you know the person."

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$25
	1/4 ounce	\$50
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$50
	1/4 ounce	\$100
	An ounce	\$350-400

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would vaporize the drug. One participant commented, "All 10 of us would be smoking [marijuana], sitting around waiting on the crack (delivery of crack cocaine)." Many participants mentioned that vaporizing marijuana is becoming more popular. Additionally, a participant shared having made brownies laced with marijuana.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical users as anybody and everybody. Some participants added that users are often of mellow temperament and "people who wear tie-dye."

## Methamphetamine



Methamphetamine 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'. Participants commented: "I know it's easy [to obtain]; I think it's just as big as heroin now." Community professionals most often reported current availability as '8-10'; the previous most common score was '10'. A treatment provider reported high availability, "Even with all of the busts (methamphetamine arrests)." A probation officer commented, "[Methamphetamine] is pretty available."

Participants reported that although methamphetamine is available in powdered and crystal forms throughout the region, powdered (aka "shake-and-bake" or "one-pot") is the most available type. Participants commented: "The shake-and-bake is way more available, while the 'shards' (crystal methamphetamine) are not as easy [to obtain]; Mostly everything here is shake-and-bake." Shake-and-bake, or one-pot, typically refers to powdered methamphetamine which 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 (found in some allergy medications), powdered methamphetamine can be produced in approximately 30 minutes in nearly any location.

Participants who reported personal use of the drug also reported personally manufacturing the drug. Participants explained: "Meth' (methamphetamine) is easy to make if you know what you're doing; You can go to the store and buy everything you need; There's like videos and stuff [on how to make methamphetamine]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested for manufacturing methamphetamine in the presence of a juvenile in Athens County ([www.athensnews.com](http://www.athensnews.com), Aug. 19, 2015). A traffic stop in McArthur (Vinton County) led to three arrests after police found methamphetamine-making materials in a vehicle, as well as a needle in one of the individual's pocket ([www.wsaz.com](http://www.wsaz.com), Aug. 22, 2015). Two men in Gallia County were sentenced to four years in prison after police found a mobile

methamphetamine lab in their vehicle ([www.mydailytribune.com](http://www.mydailytribune.com), Sept. 1, 2015). Central Ohio Drug Enforcement Task Force agents seized 166 grams of methamphetamine, 26 grams of cocaine, 16 grams of heroin, a large number of prescription pills, two weapons and \$31,000 cash from a Zanesville (Muskingum County) residence ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Sept. 8, 2015). BCI and the DEA (US Drug Enforcement Administration) provided the Athens County Sheriff's Office with a trailer and equipment to aid in the neutralization of methamphetamine labs ([www.athensmessenger.com](http://www.athensmessenger.com), Oct. 10, 2015).

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. One participant explained, "In the last six months, if anything has gotten easier to get, it's [methamphetamine]." Another participant observed, "More people are on it." Very few participants reported difficulty in obtaining this drug and those who did cited law enforcement efforts as the reason. One participant shared, "For me, it's been harder because everyone keeps getting busted." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. In addition to the variety of chemicals typically used to manufacture methamphetamine, participants mentioned Adderall®, ketamine (anesthetic typically used in veterinary medicine) and brick wash as adulterants (aka "cuts") for the drug. A participant stated, "We never put anything in ours, but I hear of people adding Adderall® to get it to go farther." Another participant ex-

plained, "They put [other substances] in there because when you make the meth, a box of Sudafed® will only get you three grams, and so [the cuts] will stretch it so you can sell half of it and 'do' (use) the other half." Participants reported that the general quality of methamphetamine has remained the same during the past six months. One participant disclosed, "Last [batch of methamphetamine] I got was pretty damn good."

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Trading ingredients used to manufacture methamphetamine for the actual drug is common practice. One participant disclosed, "We had 'smurfs' (individuals who purchase pseudoephedrine to supply to meth cooks) that would bring us boxes [of Sudafed®] and we would give them a 'fifty' (\$50 worth; approximately 1/2 gram)." Participants shared: "I could trade boxes of Sudafed®, but I don't know how much I got; I never really paid for it. [It was just the] cost of a box of Sudafed®; They don't weigh, they just say, 'You want \$10 line? You want a bag?'" Another participant revealed, "I never really bought it because I was making it."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/10 gram	\$20
	1/2 gram	\$50

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke, four would shoot and one would snort the drug. One participant reported, "Most people I hung with injected it." Another participant commented, "I injected it and snort it and smoked it, too." Similarly, a participant shared, "Half smoke and half shoot ... I did both all the time." Other participants related: "Everyone I was around smoked it and shot at the same time; I've seen people snort it and smoke it at the same time."

A profile for a typical methamphetamine user did not emerge from the data. A participant shared, "All the meth users I ever met were all heroin users first." Community profes-

sionals described typical methamphetamine users as young adults of lower socio-economic status. A probation officer added, *“Especially transitioning age youth, 18-24 (years).”*

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current street 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 remarked: *“Pretty easy to get; Everyone’s got it.”* Participants indicated that prescriptions stimulants are more available on college campuses. One participant said, *“I’m a student, so it’s a little bit different ... I hear a lot about these around campus.”* Treatment providers most often reported current street availability of prescription stimulants as ‘10’, while law enforcement rated it as ‘3-4’, the previous score was ‘9-10’ for both professional groups. A treatment provider commented, *“They’re all easy to get.”* Participants identified Adderall® and Focalin® as the most popular prescription stimulants in terms of widespread illicit use.

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A law enforcement officer commented, *“It’s the same. It goes in spurts.”* A probation officer stated, *“It’s not anymore available than it ever has been.”* The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

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

Reports of current street prices for prescription stimulants were varied among participants with experience buying these drugs. According to participants, Adderall® 15 mg sells for \$4 apiece. Participants reported that trading these medications in return for other drugs of choice is common practice. One participant commented, *“People will trade you a handful of ‘addies’ (Adderall®) for a ‘bump’ (dose) of ‘subs’ (Suboxone®).”* Another participant confirmed, *“I had a guy who would trade me 30 Focalin® for two Subutex®.”*

In addition to obtaining prescription stimulants from dealers, participants reported obtaining these drugs for illicit use most often from someone they know with a prescription, including their children and college students. A participant reported, *“[Dealers] can like walk down the street [at a college campus] and say, ‘Hey, I have Adderall®.’ They can get rid of a bottle a day.”* A participant explained, *“Everyone wants heroin, so you can trade [heroin] to get all their pills.”* Another participant shared, *“Mothers get it for their kids and then sell it.”* Another participant related, *“I have three adopted brothers and their mom was going to three different doctors and getting three different prescriptions and selling them all!”*

While there were a few reported ways of using prescription stimulants, participants reported that the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort, one would orally consume and one would intravenously inject (aka “shoot”) the drugs. A participant stated, *“Everyone would generally snort them.”* However, a participant shared, *“I shoot ‘em. You got to break up all them beads and put them in a spoon.”* Additionally, a few participants discussed “parachuting” these medications, as one participant explained, *“You can parachute them, too. Put it in like some toilet paper and swallow it.”*

Participants described typical illicit users of prescription stimulants as parents or younger (high school and college age). Participants commented: *“Usually when moms or dads use ‘em, their kids get ‘em [prescribed]; Instead of them giving them to their kids, they are taking them.”* Community professionals described typical illicit users as teenage boys and college students.

## 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 current availability of the pressed tablet form of ecstasy as '5' and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were variable and ranged from '1' to '7'. A participant shared, "It's hard to find [ecstasy] around here," while another participant explained, "Molly is more popular now than ecstasy." Community professionals did not have information on traditional ecstasy pressed tablets, but most often reported the current availability of molly as '10'; the previous most common score was '4-6'.

Participants reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. One participant indicated that availability of ecstasy is variable throughout the year and commented, "Sometimes (dealers) got it, sometimes they don't." Treatment providers reported that the availability of molly has remained the same during the past six months, yet indicated an increase in popularity. Law enforcement reported an increase in molly availability during the past six months. A probation officer clarified, "Not so much around here [Hocking County], but it's very big in the college [areas]." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Very few participants had personal experience using ecstasy or molly during the past six months, and were, therefore, unable to report on the current quality of ecstasy or molly.

Ecstasy	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No comment
	 Treatment providers	No comment

Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	No change

Reports of current prices for ecstasy and molly varied among the few participants with experience buying the drugs. Participants reported that molly is typically sold in capsules. One participant explained, "If you get the powder, they just eyeball it out (don't weigh it)."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$10
	high dose (aka "triple stack")	\$20
	<b>Molly:</b>	
1/10 gram capsule	\$10-40	

Participants reported that molly is most often obtained from a friend or acquaintance. A participant explained, "You have to know someone or drive out to Athens." Another participant added, "It's mostly found around festivals." Participants described typical ecstasy and molly users as college students. Community professionals described typical ecstasy and molly users as younger (college age to 30 years). A probation officer commented, "It's a party drug."

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3'. Community professionals most often reported current as '2'; the previous most common score was also '2'. A treatment provider stated, "It's not popular."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Many participants recounted negative experiences similar to the participant who declared, "I don't know why people like it. I have done it twice [and] it's called 'going bananas' ... makes you go out of your mind and it's not even cool. It's like a big panic attack." Participants cited law enforcement as a reason for decreased availability and reported: "I have heard of it, but they took it out of all the stores; That place that sold it down here got busted." Community professionals reported that 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 decreased 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

Reports of current street prices for synthetic marijuana were consistent among the few participants with experience buying the drug. Participants reported that the most common amount of purchase is a gram for \$10.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available through the Internet. Participants explained: *“They order it online and have it shipped; I knew some people that would order the chemical and make their own.”*

Reportedly, the only route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as younger (18-19 years of age) and individuals on probation. A probation officer furthered, *“Just the kids trying to get over on their probation.”*

## Other Drugs in the Athens Region

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, Neurontin® (anticonvulsant) and Seroquel® (an antipsychotic medication).

### Bath Salts

Bath salts (synthetic compounds containing methylene, mephedrone, MDPV or other chemical analogues, includ-

ing alpha-PVP, aka “flakka”) remain available in the region. However, participants reported differences in availability depending on location and most often reported current availability as ‘1’ in Athens County and ‘8’ in Belmont County on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3-9’. Treatment providers most often reported current availability as ‘1’. A treatment provider explained, *“We don’t hear much about it.”*

Participants reported that the general availability of bath salts has remained the same during the past six months and reasoned that the demand for the drug has decreased. However, a participant commented, *“In my area (Belmont County), it’s gotten pretty bad.”* Treatment providers reported that the general availability of bath salts has remained the same during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants with experience buying bath salts reported that 1/10 gram sells for \$20. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from the Internet. One participant reflected, *“You can buy [bath salts] in stores in Columbus. I don’t know about around here.”* Participants reported that the most common route of administration for bath salts remains smoking. One participant shared, *“I smoked it. It’s just crystals. You put [bath salts] on your foil and light it up.”*

### Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD and 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 commented: *“It’s pretty accessible around here; I could get them all day.”* Participants most often reported the current availability of psilocybin mushrooms as ‘4-5’; the previous most common score was ‘8’. Participants explained: *“[Psilocybin mushrooms] are around, but more around campus; I have eaten ‘shrooms, but they are not easy to find.”* Community professionals were unable to rate the general availability of these drugs, but verified that they have been present in the region during the past six months. A treatment provider described availability of hallucinogens as “seasonal.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Four units of LSD were found in a student's dorm room in Athens County ([www.nbc4i.com](http://www.nbc4i.com), Oct. 16, 2015). A former Athens college student pled guilty to LSD and marijuana trafficking after being arrested for selling 100 doses of LSD and an undisclosed amount of marijuana to a confidential informant; over 200 doses of LSD were seized from the residence along with \$7,626 in cash from the controlled buy ([www.athensnews.com](http://www.athensnews.com), Dec. 9, 2015).

Participants and community professionals reported that the availability of hallucinogens has remained the same during the past six months. One participant commented, *"It's always been the same."* The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Reportedly, LSD is \$10 for one dose (aka "hit") and psilocybin mushrooms are \$30-40 for 1/8 ounce. Participants reported that the most common route of administration is oral consumption for both of these drugs. Participants described typical hallucinogen users as college kids and hippies.

### Inhalants

Although participants did not comment on inhalant use (aka "huffing"), community professionals continued to discuss the use of inhalants among younger users. Probation officers reported an increase in youth who are abusing inhalants.

### Neurontin®

Neurontin® is highly available in the region. Participants most often reported the current street availability for Neurontin® 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, *"Neurontin® is around a lot."* Another participant explained, *"A lot of people in jail get prescriptions."* Community professionals most often reported current street availability as '8'. A treatment provider commented,

*"It's big in this area."* Another treatment provider reflected, *"We often overlook [Neurontin®] ... you don't think to ask about [illicit use of] the medications that they are on."* Law enforcement commented, *"Adult drug court has a big problem with that."*

Participants reported an increase in availability of Neurontin® during the past six months, while community professionals reported that availability has remained the same. Reports of current street prices for Neurontin® were consistent among participants with experience buying the drugs. Reportedly, Neurontin® sells 100 mg for \$0.25, 300 mg for \$0.50 and 800 mg for \$1. Participants and community professionals indicated that illicit users can obtain this drug in jail and by prescription.

The most common route of administration remains oral consumption. A participant shared, *"I knew a guy who tried to snort [Neurontin® and] said it was the worst thing he ever tried to do."* Participants described typical illicit users of Neurontin® as those with little access to other drugs. Participants commented: *"Usually, you only do those when you don't have anything else; Any addict that can't find anything else."* Community professionals described typical illicit users of Neurontin® similarly: opiate users, someone who is desperate to get high and can't obtain any other substance.

### Seroquel®

Seroquel® remains highly available in the region. Participants most often reported the current street availability of Seroquel® 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'. Although community professionals did not rate the current availability of this drug, a treatment provider reported that Seroquel® is highly abused in the region. Further, law enforcement suggested that the availability of Seroquel® has increased during the past six months.

Participants reported that the most common way of obtaining this particular drug for illicit use is through personal prescription or in an institutional setting. A participant shared, *"[Seroquel® is] obtainable. If you tell a doctor you can't sleep, he will just give it to you."* Another participant commented, *"It's in prisons."* Community professionals described a typical illicit Seroquel® user as low income, as well as those who are withdrawing from other drugs.

## Conclusion

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

Heroin remains extremely easy to get. Participants and community professionals identified the drug as most prevalent and problematic of all drugs currently available in the region. Many noted heroin use as epidemic. While many types of heroin are currently available in the region, participants and community professionals reported black tar heroin as the most available type. However, participants reported on a variety of heroin types as available, including brown and white powdered heroin.

Participants from across the region agreed that the availability of heroin has rapidly increased during the past six months, while community professionals reported that heroin availability has remained “really high.” Law enforcement commented that heroin has flooded the drug market. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months.

Participants continued to report that heroin is adulterated with fentanyl and that fentanyl users are overdosing. The BCI London Crime Lab continued to note powdered heroin oftentimes is a heroin-fentanyl mix, and sometimes straight fentanyl is being passed as heroin.

Participants reported that the street availability of Suboxone® has increased during the past six months due to an increase in clinics dispensing the drug. Treatment providers also reported increased availability. Participants most

often reported obtaining Suboxone® for illicit use through personal prescription or from someone else who has a prescription. Participants and community professionals described typical illicit users of Suboxone® as opiate addicts.

Many participants reported that methamphetamine is as available as heroin now in the region. Participants noted that although methamphetamine is available in powdered and crystal forms throughout the region, powdered (aka “shake-and-bake” or “one-pot”) is the most available type in terms of widespread use. Participants and community professionals reported that the availability of methamphetamine has increased during the past six months.

Participants who reported personal use of methamphetamine also reported personally manufacturing the drug, explaining that the drug is easy to make and more people are producing it. Very few participants reported difficulty in obtaining this drug and those who did cited law enforcement efforts as the reason. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants noted that many methamphetamine users were heroin users first. Community professionals described typical methamphetamine users as young adults (18-24 years) of low socio-economic status.

Lastly, Neurontin® is highly available in the region. Both participants and community professionals described wide availability and abuse of the drug. A law enforcement officer commented that adult drug court has a “big problem” with illicit Neurontin® use. Participants described typical illicit users of Neurontin® as those with little access to other drugs. Community professionals described typical illicit users as opiate users, as well as those who are desperate to get high and cannot obtain any other substances.



## 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 Warren 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 Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

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## Regional Profile

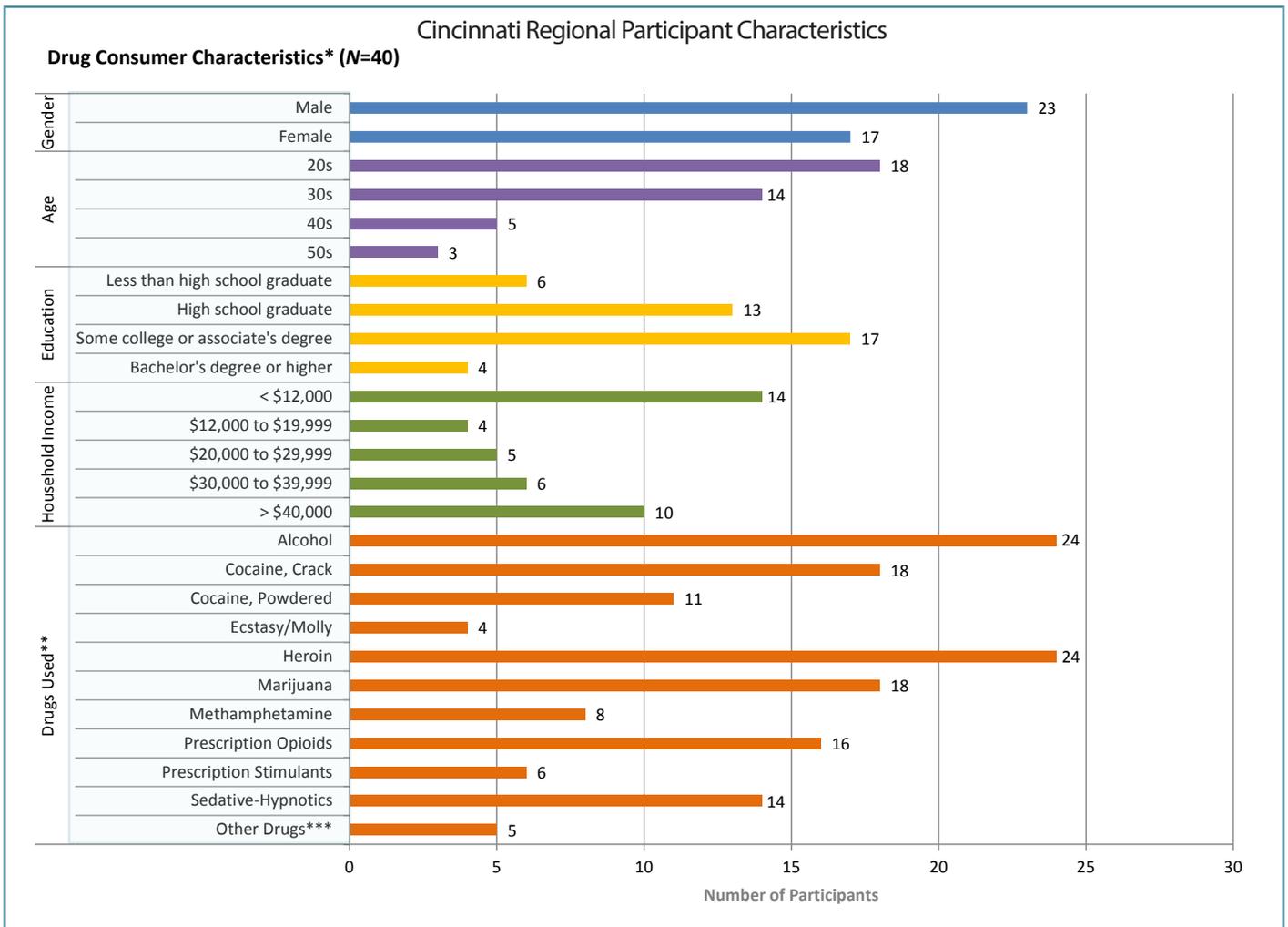
Indicator <sup>1</sup>	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,035,847	40
Gender (female), 2014	51.1%	50.9%	42.5%
Whites, 2014	84.8%	83.8%	84.6% <sup>2</sup>
African Americans, 2014	13.6%	13.9%	5.1%
Hispanic or Latino Origin, 2014	3.3%	2.7%	2.6% <sup>3</sup>
High School Graduation Rate, 2014	82.6%	86.5%	85.0%
Median Household Income, 2014	\$48,349	\$47,806	\$23,000 to \$29,999 <sup>4</sup>
Persons Below Poverty Level, 2014	15.3%	15.1%	43.6%

<sup>1</sup>Ohio and Cincinnati region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Race was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup>Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>4</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



\*Not all participants filled out forms completely; therefore, numbers may not equal 40.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: bath salts (alpha-PVP), hallucinogens (LSD), ketamine and Suboxone\*.

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® were highly available in the Cincinnati region. Increased availability existed for heroin and methamphetamine, while decreased availability existed for synthetic marijuana and likely decreased availability existed for prescription opioids and Suboxone®.

While many types of heroin were available in the region, participants reported white powdered heroin as most prevalent. Participants also discussed gray-colored heroin and several participants mentioned seeing pink- or blue-colored heroin during the reporting period. Participants reported that pink and blue varieties were fentanyl-heroin mixtures and also suspected gray and white powdered heroin as adulterated with fentanyl. The BCI London Crime Lab reported that many of the heroin cases that came through the lab were found to be fentanyl-heroin mixtures and sometimes even straight fentanyl. Participants discussed a number of local overdoses on heroin during the reporting period.

Participants continued to report the most common route of administration for heroin as intravenous injection (aka “shooting”), and reported that heroin users would use whatever needle was available, often sharing or reusing needles. Participants and community professionals noted the typical age for heroin use as expanding with increased heroin use observed in adolescent and older adult populations. Additionally, community professionals discussed first-time adolescent drug users going straight to heroin, bypassing traditional gateway drugs.

Participants and community professionals reported increased availability of methamphetamine. Many treatment providers commented on a relationship between methamphetamine and heroin, as both were readily available and often used conjointly. Participants reported availability of powdered (aka “shake-and-bake”) and crystal (aka “ice”) methamphetamine in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants reported that precursor ingredients (pseudoephedrine) used for methamphetamine production were traded for the drug. Other participants reported obtaining the drug for free from friends or family members who produced it. Community professionals described typical users of methamphetamine as white, aged 20s to 30s.

A few participants discussed availability of alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) and reported high availability of this drug in the region. Participants reported increased availability, especially in rural areas. Participants described this drug as a synthetic amphetamine that was most often ordered from the Internet and did not show up on drug screens. Reportedly, the most common routes of administration for this drug were snorting and intravenous injection (aka “shooting”). Participants reported that the drug produced hallucinations and added that it was often used with heroin to “speedball” (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

Participants reported current street availability of Neurontin® (anticonvulsant). Participants explained that heroin addicts used Neurontin® to avoid withdrawal (aka “dope sickness”), as the drug reportedly lessened some of the effects. Participants reported that Neurontin® could be obtained from dealers and that it was easily prescribed.

Lastly, while participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B, they reported increased availability for these substances during the reporting period. Participants divulged that people were making these drugs and added that these compounds could also be ordered online. A participant reported that 25-I is often adulterated with “molly” (powdered MDMA). The BCI London Crime Lab reported that blotter paper with 25-I, 25-C and 25-B came through the lab during the reporting period.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the

previous most common score was '8.' A participant commented, "It's really easy for me to get." Community professionals most often reported current availability as '8-9'; the previous most common score was '6.' Treatment providers stated: "I hear about it being available; It's extremely easy [to get], but it's not the drug of choice." Law enforcement shared: "Cocaine is always available; 'Powder' (powdered cocaine) is always out there."

Participants reported that the general availability of powdered cocaine has remained the same or has decreased during the past six months. Several participants shared similar sentiments: "I think it's stayed the same; It's stayed the same or slightly decreased." A few people thought the availability of powdered cocaine has decreased and explained: "I'm from a more rural area in Adams County and it's decreased; In the Cincinnati area, I think it's gotten harder to find anything powder-wise; In my opinion it's lower 'cause the cocaine isn't as good as it used to be so nobody's buying it; I think it's decreasing due to the fact of the heroin epidemic now ... It's not as popular as heroin."

Similarly, community professionals reported that the availability of powdered cocaine has remained the same or has decreased slightly during the past six months. Treatment providers commented: "It's stayed the same in regards to availability; I think it's about the same as always." However, several clinicians reflected: "I think it's declining ... the money is in the heroin. The guys aren't wanting to sell the cocaine; I think it depends on what part of town you're in. You can get it right here on this street here." Law enforcement officers commented: "It's tougher to get 'coke' (powdered cocaine) than it was. It's gone down some; I think it's slightly gone down as heroin has risen." Another law enforcement officer explained, "It's no longer the open-air market or curbside service that it used to be. Where 'crack' (crack cocaine) you could drive up to the corner and get window service. I don't see that with [powdered] cocaine anymore." The BCI London 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 consensus
	 Law enforcement	No consensus
	 Treatment providers	No consensus

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' One participant stated, "The cocaine isn't as good as it used to be." Another participant thought, "It depends on where it's from. If it's coming from Chicago or places like that, it's a lot stronger than what we get around here."

Participants reported that powdered cocaine is often adulterated (aka "cut") with other substances including: baby formula, creatine, laxatives, mannitol (diuretic) and vitamin B-12. Participants explained: "It's cut every time it is touched; Each person cuts it with something different so by time it gets to you, you have so many different types of cuts in it you have no idea what it's been cut with ... mannitol, B-12. They shred it up like that." Other substances mentioned as cuts included: ether, isotol (dietary supplement), Mother of Pearl (a brand name cut often sold as carpet deodorizer at a head shop or a similar product sold as an enzyme supplement at a health and nutrition store) and Ritalin®. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, "The quality of cocaine is way down and no one wants to do it."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	● levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants said that 'point one' (1/10 gram) is generally the smallest amount one can purchase. Reportedly, 'caps' (capsules containing 1/10 gram of cocaine) remain available. Participants shared: "[Powdered cocaine] can go as low as \$5 for a cap; It's supposed to be a tenth (of a gram), but it ain't nowhere near that." Several participants related that heroin dealers often give capsules of cocaine to those who buy capsules of heroin as a promotion, so users often obtain cocaine at no cost. A law enforcement officer reflected, "(Powdered cocaine is) more expensive now than it was ten years ago ... Ten years ago it was \$19,000 a kilo and now we're up to \$36,000."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$40-50
	A gram	\$60-100
	1/8 ounce (aka "eight ball")	\$150-200
	An ounce	\$800-1,100

Participants indicated that powdered cocaine is most often purchased from a familiar dealer at a club or bar. A participant shared, *"The dealers are people that you would know personally around the neighborhood."* Other participants commented: *"The dealers are also in the strip clubs; It's at almost every bar I've been to."* Law enforcement reported similarly, *"It's still [available], but now it's like a known dealer and a known customer base."*

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. A participant explained, *"Just coke alone is probably snorting it, but if you're using heroin it's probably shot (injected)."* Another participant reflected, *"I think the beginner, or the part-time user, whether it's cocaine or heroin, is probably a snorter."* One participant divulged, *"Like I started out snorting (powdered) cocaine and heroin. Then I went to mixing it and injecting it ...."*

Participants described typical powdered cocaine users as white, 18 to 45 years of age, those who go to bars and clubs, as well as those working various high stress or labor intensive jobs such as stock brokers, restaurant workers and prostitutes. A participant shared, *"It seems like more of a social thing. You've gotta be in a group of people."* Another participant stated, *"They call it a rich man's drug."* Community professionals most often described typical users as white, 20s to 30s, middle to upper class, as well as those working in construction. One treatment provider stated, *"I think it's the same as it's always been, you know, middle to upper class for powder cocaine. It's a party drug still!"*

## 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 remarked: *"I see a lot of it. It's anywhere you go; I would say crack cocaine, it's out there everywhere; It's very easy to get."* A participant stated, *"It's just much easier to get than powder cocaine."* Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '5'; the previous most common score from community professionals was '8'.

Corroborating data also indicated crack cocaine as available in the region. Ohio HIDTA's Criminal Patrol Unit Highlighted Seizures report recorded that HIDTA officers interdicted 125 grams of crack cocaine along with 74 grams of heroin in Ross County in February 2015 in a single seizure. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Butler County Undercover Regional Narcotics officers along with Butler County SWAT seized over a quarter ounce of crack cocaine and some prescription pills during the execution of a search warrant at a local residence ([www.otfca.net](http://www.otfca.net), July 30, 2015).

Participants reported that the general availability of crack cocaine has remained the same during the past six months. Participants commented: *"It's stayed the same; In Cincinnati, about stayed the same."* However, a number of participants indicated decreased availability. One participant stated, *"It's decreasing and 'ice' (crystal methamphetamine) is coming in instead."* Treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement officer commented, *"As heroin increased, crack cocaine has kind of waned."* Another officer thought, *"[Availability of crack cocaine] has decreased because the users of crack can now buy the powder and cook it down and have their own crack. They don't need to find a buyer to sell it straight to them."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased 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 rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants often indicated variability in quality of crack cocaine. Participants stated: "[Quality] depends on your connections; It's up and down. It just ranges; Sometimes with the crack if it's called 'melt' ... it's like a purity of '10.'" Several participants shared observations regarding the color and quality of the drug and commented: "The color does vary; Some is bright white and some is tinted; If it's yellow, it's better quality, like an '8' or '9' [on the scale]." A participant stated, "Just depends on the dealer and what they 'cut' (adulterate) it with."

Participants reported that crack cocaine in the region is most often cut with ammonia, baking soda and benzene. One participant stated, "Baking soda is the only thing I think they use to actually cook it. They have other things to 'blow it up' to make it look bigger." A participant explained, "They make it bigger so it looks like you're getting more than what you're getting."

Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Several participants discussed improving the quality of crack once it is purchased and explained: "You can recook it to cook off the impurities to make it more pure; If you cook it, the quality goes up ... there is stuff you can do to make it better."

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants most often reported purchasing crack cocaine by the piece, not necessarily weighed out, in \$10 increments. A few participants explained: "You can find somebody who will sell you any amount you want for the money you have; They will sell you whatever you want."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	1/2 gram	\$30
	A gram	\$50-75
	1/16 ounce	\$90-100
	1/8 ounce (aka "eight ball")	\$150-300
	1/2 ounce	\$800-1,200

Participants reported that the most common route of administration for crack cocaine is smoking. A participant state, "It's mainly smoked." Another participant shared, "I 'shot' (injected) it a couple times." A participant clarified, "It's only about two out of 10 who might shoot it." Participants explained that users break down crack cocaine with acidic juices (lemon juice, pickle juice), soda or vinegar in order to shoot the drug.

Participants found it difficult to describe a typical user of crack cocaine. Participants most often described users as being from two age groups: younger (20s) and older (45-60s) and coming from a wide range of socio-economic statuses and occupations; occupations mentioned included lawyers, construction and factory workers, as well as prostitutes. Community professionals described typical crack cocaine users as males, 40-50 years of age, African American and of lower socio-economic status. Law enforcement officers described: "Younger, black; Lower socio-economic status, inner-city." However, one officer noted a younger age group similar to what participants reported and commented, "Upper teens to 20s."

## Heroin



Heroin 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'. Participants often commented similarly:

*"Way past a '10; '10 plus; If I could go above '10' I would." A participant claimed, "If I go down to Cincinnati, I stop at any gas station and I got two to three people asking me if I wanna test out some heroin." Community professionals most often reported current availability as '10; the previous most common score was also '10. Community professionals also reported: "It could be rated higher than a '10; It's a '12; It's a '20." A treatment professional stated, "You can get it delivered to your house."*

While many types of heroin are currently available in the region, participants continued to report powdered heroin as most available. A participant stated, *"I'd say ... nine out of 10 times you're gonna find a powder form, whether it's white, gray, or brown. And maybe one out of 10 times you'll find 'tar' (black tar heroin)." Another participant confirmed, "Tar is available, but not as much as powder though." Participants most often reported the current availability of black tar heroin as '2-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3. Likewise, community professionals reported powdered heroin as the most available heroin type in terms of widespread use throughout the region. Treatment providers commented: "You won't find a lot of tar downtown (Cincinnati). It's all the powdered heroin ... It's typically the Mexicans that have the tar; It's all powder from what I've heard."*

Corroborating data also indicated heroin as available in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 58 grams of heroin and 40 grams of heroin in two separate seizures in Scioto County; one in April and the other in May 2015. In addition, officers interdicted 100 grams of heroin in Hamilton County in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An extensive narcotics investigation in Fayette County led to the indictment of 11 individuals and seizure of heroin and crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), July 1, 2015). Three individuals

were arrested in their home in Portsmouth (Scioto County) for drug trafficking; 30 grams of heroin were seized ([www.wsaz.com](http://www.wsaz.com), July 15, 2015). A woman was found high on heroin in her car with her 5-year-old son, along with a needle, syringe and spoon ([www.wcpo.com](http://www.wcpo.com), Oct. 14, 2015). A man was arrested in Chillicothe (Ross County) after selling 25 grams of heroin to an undercover officer ([www.nbc4i.com](http://www.nbc4i.com), Oct. 29, 2015). A cook at the Madison Correctional Institution in London (Madison County) was arrested after purchasing a half ounce of heroin from an undercover officer to smuggle into the prison ([www.wcpo.com](http://www.wcpo.com), Oct. 20, 2015). Three men, spurred by their heroin addiction, were arrested for participation in over 32 burglaries in Clermont County ([www.wlwt.com](http://www.wlwt.com), Oct. 29, 2015). Additionally, 106 burglaries from July through October in Clermont County were attributed to heroin addiction ([www.wcpo.com](http://www.wcpo.com), Nov. 5, 2015). Authorities noted an increase in drivers using heroin; Hamilton Police (Butler County) responded to a call in which a driver was passed out with a needle still in his arm and car in gear, going around in circles on a road ([www.cleveland.com](http://www.cleveland.com), Dec. 7, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants commented: *"It continues to increase; It's increased among all groups." A couple of treatment providers discussed: "It's getting easier and easier. I mean, have you heard of the 'testers' (free samples handed out by dealers)? They're out there; I've had them thrown in my vehicle ... So it's beyond available." Law enforcement discussed the widespread use of the drug and reported: "Everything from open-air markets to drug trafficking organizations in this region, and when I say this region, I mean the Midwest; Heroin has started to take over everywhere ... Cincinnati, St. Louis, Chicago." Another law enforcement officer remarked, "It peaked a couple of years ago and hasn't gone down. I don't know if it can get any more available."*

The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Participants most often rated the current 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. Several participants reported: *"It's a '10; Very good [quality]." One participant stated, "I've always traveled to the city ... one way (to Cincinnati) or the other (to Dayton) to get [heroin] 'cause usually the better quality is in the city."*

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

Participants identified different adulterates that affect the quality of heroin and reported that the top cutting agents are baby laxatives, fentanyl and mannitol (diuretic). One participant explained, “[Heroin is cut with] *some of the same stuff as ‘coke’ (powdered cocaine) to get the dealers to have more quantity of it. But to increase the quality, it’s cut with fentanyl.*” Additional cuts mentioned included: over-the-counter sleep aids, prescription opioids (Dilaudid®, morphine), vitamins and Xanax®. Overall, participants reported that the quality of heroin has increased during the past six months. Participants reflected: *“Well, before they started ‘cutting’ (adulterating) it with fentanyl, a lot of powder was junk; I’d say it’s definitely got better since cutting with fentanyl.”* The BCI London Crime Lab continued to note that a lot of the heroin cases it processes are heroin-fentanyl mixtures, and sometimes even straight fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl/acetyl fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. A participant explained, “[Heroin prices] *could go by weight or go by ‘cap’ (capsule).*” Another participant added, *“It’s cheaper in the city.”* Of note, several participants reported pricing for higher quantities than in past reports and law enforcement also reported: *“\$2,600 an ounce, sometimes cheaper; We’re seeing \$80,000 a kilo now for heroin is not unusual. The price is through the roof.”* One officer shared a shift in drug dealing and noted, *“The cocaine kilo dealers are now the heroin kilo dealers.”* A participant added, *“Tar prices are primarily the same as powder.”*

Heroin	Current Prices for Heroin	
	<b>Powdered:</b>	
	A capsule (less than 1/10 gram)	\$5
	1/10 gram	\$15-20
	1/2 gram	\$50-70
	A gram	\$100-140
	1/8 ounce	\$350-400
	1/4 ounce	\$500
	An ounce	\$1,400-2,600
	1/4 pound	\$5,600
	<b>Black tar:</b>	
	1/2 gram	\$50-70
	A gram	\$120

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin user, nine would shoot and one would snort the drug. A participant shared, *“They put a little water on [the heroin] to snort.”* Law enforcement reported, *“We are actually seeing a lot of snorting deaths and I’m sure that has to be related to the fentanyl ... about 30 percent are snorting deaths.”* Many participants shared about the progression in method of administration. A participant shared, *“I think everyone starts out by snorting or smoking it, but within a month or two, they’re shooting it.”* Other participants related: *“Beginners normally snort, then you realize you’re wasting your money ‘cause once you shoot that needle for the first time it’s a total different ballgame; Once you’ve done it once, it’s hard to turn back. I was scared to death of needles for years and ... it was just a matter of time before it got me.”*

Participants reported that injection needles are available from stores, pharmacies, needle exchange programs, dealers and diabetics. Participants commented: *“If you’re a heroin addict, you can get them anywhere. There’s people that sell them; They’re easy to get off the street.”* Participants discussed purchasing needles from pharmacies: *“I always just*

said my dad was diabetic; If you know somebody that has a diabetic in the family, you can go to some drugstores ... and tell them you're picking the needle up for them and they will sell them to you." A couple participants added: "You can get them from the needle exchange program; There's one near [a local] hospital." Others suggested purchasing needles from the Internet and at local tractor supply stores. Several participants shared experiences finding needles on the ground and reported: "You can walk down the street and needles are all over the ground and everywhere; My car broke down last summer right up the road here and I walked ... it wasn't even two miles and we found 21 needles on the side of the road. 21!"

Reports of current street prices for needles ranged from \$2-5 per needle. Participants stated that needles are least expensive when purchased from stores or online and reported: "You can get \$20 for a bag; They cost \$12 for 100 of them." However, participants often noted deals on the street: "You can get three [needles] for \$5; I've gotten them for free after buying a quantity of heroin." One participant admitted, "I got some for free from friends." Another participant explained, "With the needle exchange, you take the old ones in and they give you new needles."

Sharing needles is reportedly common practice among heroin users. One participant explained, "Let's say me and Mike's riding around, I got my needle and he don't have one and we can't just go get him one easily and he's 'dope sick' (going into withdrawal). Nine times out of 10, we're gonna end up sharing ... That's just how that works." Another participant stated, "Yeah, people share them."

The majority of participants described typical heroin users as 18 to 45 years of age, white, suburban and those who have prescriptions for pain medication. Participants commented: "I would say more white people; Primarily white suburban; Skinny white kids; People in the suburbs." Several participants indicated that the spectrum of heroin users is expanding to include anybody: "Pretty much everybody; All kinds of ages of people; Rich, poor, black, white, Asian, young, old; All jobs." Other participants suggested an increase in younger heroin users and commented: "It's getting younger and younger; Starting to see 18 [year olds] and high school kids. I went to private high school and they said it's getting in there." A participants added, "I found a lot of African Americans sell it and it's a lot of young whites who 'do' (use) it." Further, participants often stated that heroin users often began their addiction by way of prescription opioid use: "They get hooked on OxyContin® and switch to heroin; Once

they started putting gel in the OxyContin® and the pain pills so they couldn't shoot it anymore. It opened it up for heroin; The older [population uses heroin] because it's the prescription pain pills they become addicted to then they find out we can get the heroin".

Community professionals described typical heroin users as young, white males. Treatment providers commented: "Young white males; From suburbia; More white than African American or any another minority." A law enforcement officer reported, "We hear a lot of people who were on pain pills ... and now they're on heroin." Other officers observed: "We're seeing the people who are dying [from heroin overdose] are more females. Probably three to one of the people who are dying are females."

## Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported the current street 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 also '7'. Community professionals most often reported current availability as '10'; the previous most common score was '7'. Treatment providers remarked: "Oh, they're readily available; They are probably more available on the street than they are from a 'doc' (doctor)." An undercover law enforcement officer stated, "We could buy [opioids on the street] every day." Another officer reported, "About one out of every four of our heroin seizures has some fentanyl!" Another law enforcement officer clarified, "They are manufacturing fentanyl in labs like they did with 'meth' (methamphetamine) back in the day."

Participants identified Opana®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant thought, "I would have to say Percocet® is the biggest." Another participant agreed and said, "Percocet® is probably the biggest ...." Community professionals identified fentanyl, Norco®, oxycodone, OxyContin®, Percocet® and Vicodin® as most popular. A treatment provider commented, "Fentanyl. Fentanyl is the drug of choice. Fentanyl is definitely in the top three." Other treatment providers clarified: "Fentanyl is only talked about when it is being mixed or laced [in heroin]; There's a lot of talk about heroin being laced with fentanyl!" A couple of treatment providers remarked: "Norco® is [widespread]. I mean, we've got guys coming back from the dentist

*with scripts of Norco® daily; Norco®. That's the one. Oh, absolutely." A law enforcement officer stated, "Oxies' (OxyContin®/oxycodone), Percocet®, Suboxone®, Soma®... We're seeing all those in conjunction with each other."*

Corroborating data also indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit *High-lighted Seizures* report recorded that HIDTA officers interdicted 840 du (dose units) of oxycodone and 200 du of hydrocodone in two separate seizures in Scioto County; one in January and the other in June 2015.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After stopping a vehicle in Scioto County for a traffic violation along US 23, the driver handed over 340 oxycodone pills and 200 alprazolam pills to Ohio State Highway Patrol (OSHP) ([www.wsaz.com](http://www.wsaz.com), July 7, 2015). OSHP confiscated 325 oxycodone pills from a driver pulled over in Scioto County for a lane violation ([www.wsaz.com](http://www.wsaz.com), July 7, 2015). Another traffic stop in Scioto County resulted in seizure of 1,252 oxycodone pills and the arrest of two individuals from Ashland, KY ([www.wsaz.com](http://www.wsaz.com), July 8, 2015). OSHP stopped a vehicle in Warren County for a traffic violation and when the passenger was asked to step out of the vehicle, 419 oxycodone pills fell out of his pant leg; a subsequent probable cause search resulted in seizure of five grams of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 21, 2015). OSHP seized 230 oxycodone pills and small amount of marijuana from a vehicle pulled over for a traffic violation in Lawrence County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Aug. 8, 2015). Police responded to complaints and arrested a Michigan man for selling prescription opioids in a hotel located in Ironton (Lawrence County); 159 oxycodone tablets and marijuana were seized ([www.irontontribune.com](http://www.irontontribune.com), Aug. 13, 2015). OSHP seized 520 oxycodone pills, 103 alprazolam pills and eight grams of marijuana when they pulled over a vehicle in Scioto County for a marked lanes violation ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 3, 2015). New Miami Police (Butler County) reported an increase in filings of fraudulent drug theft and explained that individuals are using the police reports to obtain "replacement" medication from pharmacies and doctors ([www.ohio.com](http://www.ohio.com), Sept. 8, 2015). A man surrendered a bag of 250 oxymorphone pills to OSHP during a traffic stop in Scioto County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 11, 2015). A drug dealer in Hamilton County was sentenced to 10 years in prison for involuntary manslaughter and drug trafficking following the overdose death of an

addict he sold fentanyl to under the guise of heroin ([www.wcpo.com](http://www.wcpo.com), Dec. 23, 2015). Two men were arrested in Norwood (Hamilton County) when they stopped on the side of the road to inject heroin on their way to purchase more heroin in the area; 20 tramadol pills and a number of used syringes were found ([www.wcpo.com](http://www.wcpo.com), Dec. 28, 2015).

In addition, media reported on counterfeit oxycodone pills, which were found to be pressed heroin ([www.wcpo.com](http://www.wcpo.com), Nov. 17, 2015) and Hamilton County was noted as leading the state in the number of fentanyl-related overdose deaths by the Ohio Department of Health and the Centers for Disease Control and Prevention ([www.wcpo.com](http://www.wcpo.com), Oct. 27, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant declared, *"They are getting harder and harder to get."* Several participants attributed decreased availability to decreases in doctor prescribing patterns combined with high street prices: *"It's harder to get and the prices are going up, that's why there's been the switch to heroin; [Percocet® is] hard to get unless you have a pain doctor 'cause the DEA (US Drug Enforcement Administration) is cracking down on it so much ... I went to heroin when I was kicked out of my pain doctor for marijuana [use]."* A few participants noted an increase in availability of fentanyl. A participant mentioned, *"I know some people who said they couldn't get high off heroin no more, so they actually bought straight fentanyl!"*

Community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A law enforcement officer commented, *"Pretty consistent over the past year."* A few treatment providers noted increases in availability of Norco® and 30 milligram Percocet®. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for fentanyl, Opana®, OxyContin®, Percocet® and Ultram®. In addition, the lab, once again, reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Reports of current street prices for prescription opioids were consistent among participants with experience buying these medications. Most participants stated that pre-

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

scription opioids sell for approximately \$1 per milligram. A participant shared, "There's a lot of liquid [methadone] around here. You buy 50 mg of liquid for 25 to 50 cents a milligram." Another participant stated, "Perk 30' (Roxicodone®) you can get [for] up to \$45 apiece." The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$0.50-1 per mg
	Percocet®	\$4-5 for 5 mg \$10 for 7.5 mg \$8-10 for 10 mg
	Opana®	\$5 for 5 mg
	Oxycodone	\$1 for 1 mg
	Tylenol® 3, 4	\$1-2 (unspecified dose)
	Vicodin®	\$2-4 for 5 mg \$7 for 10 mg

Participants reported that prescription opioids are most often obtained through personal prescription and from friends and family members who have prescriptions. A participant commented, "They're usually gotten from doctors." A treatment provider also commented, "They can get scripts, but they are abusing it, not using it as prescribed."

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume (swallow) and two would snort the drugs. Participants indicated a few users will intravenously inject (aka "shoot") some of the medications and one participant remarked, "Anything that you can shoot is high demand." Another participant clarified route of administration for Percocet®:

*"It depends on the Percocet®. If you have the one with acetaminophen in it, people primarily swallow them. Without the acetaminophen in it, they shoot or snort them."*

Participants described typical illicit users of prescription opioids as people who have legitimate pain issues who overuse these prescriptions. A participant commented, "Somebody who has been injured." Another participant added, "Those who worked in construction your whole life, physical labor." Most participants indicated a wide age range for illicit users extending from high school age to older adults. Community professionals described typical illicit users of prescription opioids as similar to heroin addicts and added that many begin with legitimate pain issues. A treatment provider noted, "I've heard a lot of people say high school is when they started with the [pain] pills and ... then that would become almost unavailable, so they would go to heroin." Other treatment providers commented: "Any age range, or occupation; Across the board ... young on up." Law enforcement described: "Very similar to heroin; A lot of white females, but it does run the gamut. It doesn't exclude anyone."

### Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of Suboxone® 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 reported that the most available type of Suboxone® is the sublingual filmstrip (aka "strips"). Treatment providers most often reported current street availability of Suboxone® as '10', while law enforcement most often reported it as '7'; the previous most common score for community professionals was '5'. A treatment provider commented, "I don't think anybody is exclusively using Suboxone® as their drug of choice."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Warren County woman was arrested after mailing an inmate Suboxone® filmstrips ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 16, 2015).

Participants reported that the street availability of Suboxone® has increased during the past six months. One participant stated, "It's a lot more easier to get." Treatment providers reported increased availability of Suboxone® as well, while law enforcement reported that street availabil-

ity of the drug has remained the same during the past six months. Treatment providers expressed concern over the illicit use of Suboxone®. A treatment provider explained, *"It's a bridge that keeps you from getting sick until you can get your next 'fix' (high). That's how it's been described to me."* Other treatment providers commented: *"It's abused; I have yet to meet a guy that has been on Suboxone® maintenance to say anything good about it because they use that to get high."* A couple treatment providers added: *"Yeah, and it's painful detox; Yes, more painful than anything here, other than methadone."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A treatment provider noted clients reporting an increase in street prices of Suboxone® and commented, *"Five years ago it was \$5 a pill, now it's over \$10 a pill."* Reportedly, one Suboxone® filmstrip or tablet sells for \$10-15.

In addition to obtaining Suboxone® for illicit use from dealers, participants also reported getting the drug by obtaining a personal prescription through Suboxone® clinics. One participant stated, *"I went to a Suboxone® clinic and they gave them to me."* A treatment provider stated, *"We see and hear about guys that are actually just going out on the street and they're getting Suboxone®."* Participants and law enforcement directly stated that users will often sell at least some of their Suboxone® medication. One participant divulged, *"I was prescribed 70 of those per month and sold them all for 'dope' (heroin)."* Another participant expounded, *"At one time, I was prescribed two strips a day. So I would only need to take a strip a day, so I had an extra strip I could sell."* A law enforcement officer reported, *"They're prescribed to addicts and then they continue doing heroin and sell their Suboxone®. That's what we're seeing."*

Participants reported that the most common route of administration for illicit use of Suboxone® is sublingual (dis-

solving under the tongue). Participants and community professionals described typical illicit users of Suboxone® as heroin users. A treatment professional commented, *"Heroin addicts that can't afford their heroin for the day."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available in the region. Participants most often reported current street 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 '10'. Treatment providers most often reported current availability as '9', while law enforcement most often reported '7-8'; the previous most common score was '7' for both respondent groups.

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants stated: *"The most available I'd say is Xanax®; Xanax® and Klonopin® are the big two."* A participant shared, *"I was prescribed Valium® for a while and ... everyone wanted them."* Another participant added, *"Xanax® are around, but as far getting somebody to come up off of them, it's hard."* One participant reflected, *"Ativan® and Ambien® ... I used those two. I used one of them to come off my cocaine high and one to go to sleep on. Ativan® to come down and Ambien® to go to sleep and then start the whole thing all over the next day."* Community professionals identified Klonopin®, Valium® and Xanax® as most available. A law enforcement officer stated, *"Xanies' (Xanax®), we'll still see those in the pill cases."*

Corroborating data also indicated that sedative-hypnotics are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit *High-lighted Seizures* report recorded that HIDTA officers interdicted 200 du (dose units) of alprazolam (Xanax®) in Scioto County in June 2015 in a single seizure. Media outlets also reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 520 oxycodone pills, 103 alprazolam (Xanax®) pills and eight grams of marijuana when they pulled over a vehicle in Scioto County for a marked lanes violation ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 3, 2015).

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants stated: *"They're not as easy to get [as previously]; Xanax® is harder to get now."* One participant shared, *"The beginning of the month it's a little bit easier to find*

*'cause everybody has them, like re-upping the prescriptions.'* Treatment providers reported an increase in availability of these medications, while law enforcement reported a decrease in availability during the past six months. A treatment provider said, *"Increased across the board."* Law enforcement responded: *"I'd say that's gone down slightly; With the heroin taking off, I think the heroin has become more important to them."* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax®.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Increase

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1-2 per milligram.

Participants reported obtaining sedative hypnotics from dealers and doctors. Participants stated: *"Yeah, you can get them right off the street [from dealers or individuals with prescriptions]; You can get them prescribed, too."* A treatment provider said, *"They are usually prescribed it and then start abusing it."* Another treatment provider commented, *"I've heard my clients ... It's usually that a family member has it and it's easily available that way."* A law enforcement officer stated, *"The teens will abuse whatever they can get their hands on ... [prescription medication] from mom, dad, grandma."* The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants remarked: *"You just pop it in your mouth; Swallow it; They eat it or snort it."*

Participants described typical illicit users of sedative-hypnotics as college students, unemployed, as well as, cocaine and heroin users. Community professionals found it difficult to describe a typical illicit sedative-hypnotic user. Treatment providers commented: *"White, young males; White and young. Like 18 or 19 years old; Younger teenagers."* One treatment provider reflected, *"I know a lot of older,*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 per pill (unspecified dose)
	Klonopin®	\$1 for 1 mg \$2 for 2 mg
	Valium®	\$2 for 10 mg
Xanax®	\$2-3 for .25 mg \$4-5 for 2 mg \$8-10 for 3 mg	

*white women that love their Valium®. They love their Xanax®. They are legally prescribed it and it just takes a hold of them.'* A law enforcement officer reflected, *"It seems like all of our cases, they are a little older ... in their 40s."*

## Marijuana



Marijuana 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'. Participants stated: *"It's easy to get anytime, anywhere; It's all around; They'll deliver the 'hydro' (high-grade, hydroponically grown marijuana) right to you."* Community professionals most often reported current availability of marijuana as '10'; the previous most common score was also '10'. A treatment provider stated, *"The hydro is really up there. That's what they want."* Law enforcement indicated that high-grade marijuana is more available than low-grade marijuana, but reiterated that both remain highly available throughout the region.

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants reported lower availability of these forms of marijuana and most often reported current availability as '7-10' on the above availability scale. Participants shared: *"The waxes and dabs are here; Dabs is primarily the wax. They do have oils."* Another participant reflected, *"I only came across oil once that was in the last six months. A friend*

of mine had some that he actually gave to one of his friend's dad that had lung cancer or something to put on his chest or what not." A participant reported, "You can make your own dabs." Community professionals most often reported current availability of marijuana extracts/concentrates as '8.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Authorities seized 2,500 marijuana plants in Scioto County ([www.wsaz.com](http://www.wsaz.com), Aug. 5, 2015). A Springboro (Warren County) student was indicted for distributing brownies that were laced with hashish to students and a teacher ([www.10tv.com](http://www.10tv.com), Aug. 11, 2015). Information to the Clinton County Sheriff's office led to the arrest of two men traveling from Columbus to Ross County with 131 bags of marijuana, valued at more than \$200,000 ([www.nbc4i.com](http://www.nbc4i.com), Nov. 25, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of high-grade marijuana has increased during the past six months. Participants added that the availability of marijuana extracts/concentrates has remained the same during the past six months. Participants commented: "High grade is like coming in more; The high grade is increasing 'cause ... they want the best." One participant reflected, "High grade is getting easier to get and a lot of people want medical [marijuana] from like Michigan or a state that does prescribe it."

Several participants explained the increase in high-grade marijuana is due to progression of use from low-grade marijuana to high-grade marijuana and commented: "The younger kids are the ones who don't care about the best [quality]. They're just like, 'I want some weed;' When they get older, veteran smokers, they want the high grade." One participant reflected, "I started with really low-grade stuff, then I moved on to high grade. I wanted that good stuff that lasts a lot longer." Another participant reasoned, "Now that I think it's legal in some places ... everybody's like, 'I gotta try that.' Then they try it and they're like, 'Oh yeah, I want that from now on. I don't wanna go back to [the low-grade stuff]."

Community professionals reported that the general availability of marijuana has increased during the past six months. Treatment providers remarked: "They all want the hydro; They all want the medical marijuana; Everyone wants the high grade." The BCI London 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	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' One participant replied, "'10' all around." Participants specifically reported quality of low-grade marijuana as '5' and of extracts/concentrates as '10.' Participants reported that quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has increased. Participants commented on high-grade quality: "It's off the charts good; Fantastic; The potency of marijuana has gone out the roof!"

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants commented: "Reggies' (regular, low-grade marijuana) sell really cheap; High grade is about two to four times the price of low grade."

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume (eat) the drug. Participants responded, "Yeah, primarily all smoke; You can eat it in brownies and cookies; Don't often see edibles very much around here." Two participants clarified: "It's the older crowd that eats it if they have health issues, like arthritis or something; A lot of people eat a lot of marijuana candies for arthritis. It just depends." Additionally, participants reported that the wax is smoked.

A profile for a typical marijuana user did not emerge from the data. Participants described users as everybody, all ages and races. However, participants reported differences in those who use low- and high-grade marijuana. One participant stated, "Low grade is most common among teenagers, high school kids." Participants further described typical users of marijuana extracts/concentrates as: "Hippies and concert goers and things like that; Potheads. If you like smoking 'pot' (marijuana), you would absolutely love doing dabs."

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$50-100
	An ounce	\$350-400
	1/4 pound	\$600-800
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10-15
	1/8 ounce	\$50-60
	An ounce	\$300-400
	1/4 pound	\$1,100-1,200
	1/2 pound	\$2,400
	<b>Extracts and concentrates:</b>	
	A gram	\$50-60

Community professionals described typical marijuana users similarly. Treatment providers responded: *"It's across the board; Thirteen [years of age] and up; We have kids smoking the high-grade marijuana at age 10."* Another treatment provider added, *"I was downtown last night and I saw middle-class white people [smoking marijuana in public] ... I was like 'Wow.'"*

## Methamphetamine

 Methamphetamine is moderately to highly available in the region. Participants most often reported the current availability of the drug 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'. Community professionals most often reported current availability as '8-9'; the previous most common score was '10'. One treatment provider stated, *"We have a lot of [clients using methamphetamine, but] not as much as heroin or cocaine."* A law enforcement officer re-

marked, *"Heroin and 'meth' (methamphetamine) are the top two drugs right now."*

Participants reported that methamphetamine is available in powdered (aka "shake-and-bake") and crystal (aka "ice") forms throughout the region. Participants described: *"It's purchased as ice ... crystalized; Shake-and-bake is more of a powder."* Reportedly, powdered methamphetamine is considered the most prevalent form throughout the region in terms of widespread use. Participants explained: *"There are easier ways to make it now; You can 'shake-n-bake.'"*

The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A law enforcement professional explained, *"The shake 'n' bake method only takes about 1.5 hours to make. They have 'smurfs' [people who purchase ingredients] buy the pseudoephedrine and that's what we're seeing."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man in Portsmouth (Scioto County) tried to flee his home when probation officers came looking for him; a methamphetamine lab was seized ([www.wsaz.com](http://www.wsaz.com), July 22, 2015). Approximately 4.7 pounds of crystal methamphetamine was confiscated in Hamilton County after being transported in ceramic watermelons from Mexico City, Mexico by an alleged illegal immigrant ([www.otfca.net](http://www.otfca.net), Dec. 3, 2015). A drug sweep in Felicity (Clermont County) resulted in the arrest of 13 individuals suspected of drug trafficking and/or manufacturing methamphetamine; search warrants resulted in seizure of two marijuana grows and a methamphetamine lab ([www.otfca.net](http://www.otfca.net), July 2, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. A participant responded, *"It has definitely increased over the past six months."* Another participant related, *"I was on the phone with my mom yesterday, she lives in Bethel (Clermont County) on a 75-acre farm and she's on the phone and she heard something rustling in the weeds and she thought it was like a deer or something. Some dude in the woods next to the house had blown up a meth lab, killed his friend and was taking off running from the cops up the side of the woods ... while I was on the phone with*

her!" Participants also noted an increase in crystal methamphetamine and commented: "The 'ice' (crystal methamphetamine) has really taken over; Ice is becoming more common."

Similarly, community professionals reported increased availability of methamphetamine during the past six months. Treatment providers commented, "It has increased; It's on the rise." One law enforcement officer shared, "China will sell bulk pseudoephedrine to Mexican cartels and they'll have a super lab in Mexico ... they just ship finished product, 10 pounds at a time, up here. They're [also] able to get liquid ephedrine in Mexico." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-10'. One participant stated, "A lot of biker gangs are bringing it in, so it's pretty strong." A law enforcement officer stated, "I came from California where meth was everywhere in the late '80s. Now, the meth we are getting [in the Cincinnati region] is the best looking meth (high quality) that I've seen since I left California." However, several participants indicated that the quality of methamphetamine has decreased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, seven would shoot and three would smoke the drug. Participants stated: "Most are shooting it; They shoot more than smoke; It's mostly injected."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/2 gram	\$50
	A gram	\$50-100
	An ounce	\$800-1,400
A pound	\$5,000-10,000	

Participants described typical methamphetamine users as 18 to 50 years of age, those working long and/or late hours (truck drivers, third-shift workers) and individuals in the gay community. Law enforcement described typical methamphetamine users as white. One officer added, "The bikers are still involved bigtime in meth."

### Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current street 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 also '8.' Participants commented: "It's easy to get if you really want it; It's pretty available." Community professionals most often reported current availability as '8'; the previous most common score was '5.' Treatment providers reported seeing more illicit use of prescription stimulants than law enforcement. An officer commented, "We just don't see a lot of that."

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. A participant claimed, "Adderall® is the top one." Another participant responded, "Adderall® and Ritalin®." Treatment providers identified Adderall® as most popular. One clinician remarked, "Adderall® is the one now."

Participants reported that the general availability of prescription stimulants has increased during the past six months, while treatment providers reported that availability has remained that same. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	No change

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 10 mg \$7-10 for 30 mg
	Ritalin®	\$3-4 for 10 mg

Participants reported obtaining these drugs from dealers and through personal prescription and from those with prescriptions. One participant explained, *"You can find Adderall® in a few bars. I mean that's where I found them. On the street they're rare. You would have to know somebody with a prescription for them ... I have a friend of mine that's on Adderall® and was on Vyvanse®. That's mostly where I got my Adderall® from."* Other participants shared: *"You can get them on the street if you want them; You can get them from college kids."* Treatment providers discussed: *"Either they are prescribed it and started abusing, or they sell it; Or they take it from family members; They just go to a college campus."*

Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume these drugs. Participants responded: *"Just swallow them; Eat them."* One participant added, *"You can inject Adderall®. It's not good though. I didn't like it."*

Participants described typical illicit users of prescription stimulants as most often female, ranging in age from teens through 30s. A participant reasoned, *"Women because it's like speed and they lose weight."* A participant noted, *"Those who work long hours [illicitly use prescription stimulants to stay awake]."* Community professionals described typical illicit users as college students.

## Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy 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 '6.' Participants most often reported the current availability of "molly" (powdered MDMA) as '8;' the previous most common score was '6.' Although participants most often reported the two forms of ecstasy as highly available, several participants noted that molly is more prevalent than the pressed tablets. Participants commented: *"Around here molly is ecstasy; I done molly in the last six months, so I say molly is more available than the tablets; Any dealer pretty much that I talk to, they either use it and they have it or they can find it."*

Community professionals most often reported current availability of ecstasy tablets and molly as equally available at '4-7;' the previous most common scores were '3' for each type. When asked about ecstasy and molly availability, one law enforcement professional stated, *"It's the same thing and it follows the same group."* Another law enforcement professional stated, *"It's probably more available than we know because we do not work those cases. We do not go up to the university, but if we did, I'm sure we'd find it."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants stated: *"It's decreased; They've gone down."* Law enforcement reported that the availability of ecstasy and molly has remained the same during the past six months, while treatment providers reported increased availability for ecstasy and molly. The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	Increase

Participants discussed the current quality of ecstasy and molly and most often rated it as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months. However, one participant stated, "[Quality has] gone up, but what people are calling 'molly' is not molly. I've heard of a thousand people taking meth and selling it as molly." Another participant stated, "When people are saying 'molly,' ... [often] they're taking methamphetamines." One participant stated, "If you eat meth, it could be easily misconstrued for 'rolling' (using molly)."

Reports of current prices for ecstasy/molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules and ecstasy as tablets.

		Current Prices for Ecstasy/Molly	
		Ecstasy/Molly	
<b>Ecstasy:</b>			
	A tablet		\$10-30
	10 tablets		\$90-130
	100 tablets (aka "jar")		\$380
<b>Molly:</b>			
	A capsule		\$15
	1/2 gram		\$50-60

Participants reported that the most common routes of administration for ecstasy/molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, eight would orally consume and two would snort the drugs. One participant stated, "You put it on your tongue." Participants indicated that molly is obtained at raves (dance parties) and at clubs. Participants described typical ecstasy/molly users as teens, "ravers," and those in the club scene. One participant stated, "If you're going to some music event or some rave where there's gonna be music, a lot of people are gonna be on molly." Another participant stated, "Hippies." Community professionals described typical users as younger, college students and those that are a part of the club scene.

## Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids) remains 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 '4.' Participants commented, "I don't see it; It's not really around; I never seen it around here." However, other participants shared: "It's in Butler county; It's in the prisons." Law enforcement most often reported current availability of synthetic marijuana as low.

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A couple of participants observed: "It was available and all of a sudden it started disappearing; It started to get harder to find when they pulled it off shelves in stores." Treatment providers reported that availability has remained the same during the past six months, while law enforcement noted decreased availability. An officer reflected, "We saw it a few years ago when it came up before the regulations changed. Since that, it's kind of gone down." Another law enforcement officer explained, "It's definitely gone behind closed doors. Where it used to be, you could walk into those head shops and they were [placed] at eye level." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

The majority of participants did not report personal experience with synthetic marijuana during the past six months. The few participants with experience with the drug during the past six months reported current quality of synthetic marijuana as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Regarding quality, one participant stated, "It was pretty potent." A couple participants referred to synthetic cannabinoid liquid and shared: "Sometimes people will spray the 'JWH' (a group of synthetic cannabinoids) on the 'weed' (marijuana); You can get it in a liquid form and spray it on weed and make it a lot stronger."

Participants reported that synthetic marijuana is often laced with other substances to increase the potency of the drug. A participant reported, *"They lace it with embalming fluid or PCP (phencyclidine) and stuff."* Another participant clarified, *"They would put embalming fluid on it ... I mean this was in prisons, but they were doing it on streets, too ... makes it more intense."* One participant recalled, *"Lace it with cocaine, fentanyl, alcohol."* Several participants reported negative experiences. One participant stated, *"I tried it one time and it gave me a terrible migraine ...."* Another participant stated, *"It seems like everybody has a bad time on synthetic anything."*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is two to three grams for \$20. One participant stated, *"In prison they would sell it in what they called a stick which would be enough to make a single joint. That would be \$5."*

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in prisons, in head shops and online. One participant stated: *"Local gas stations will have them; I could get it online whenever I wanted too. But it wasn't my thing."* Another participant said, *"Then when they took it off the shelf, all they did was take one chemical out of it and the stuff was back on the shelf again. Like the bath salts."*

Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as individuals in prison and those who need to pass a drug test for employment or probation. One participant stated, *"If you're on probation that's what you're gonna look for 'cause it don't show up on a (drug) urine test."*

## Other Drugs in the Cincinnati Region

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: alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant similar to bath salts), bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), GHB (Gamma-Hydroxyl-Butyric

acid, a psychoactive drug), inhalants, Neurontin® (anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic medication).

### Alpha-PVP

A few participants mentioned the availability of alpha-PVP (aka "flakka") in the region. A participant stated: *"[Alpha-PVP is] under the umbrella of bath salts. Bath salts are really just a trick name to get through customs to put on shelf ... also called research chemicals or desire drugs."* One participant explained, *"I used MDPV. Then last year it became illegal to produce MDPV in China, so I couldn't get it anymore. So, I switched to alpha-PVP which is very similar but cheaper."* When asked how available is alpha-PVP, one participant stated, *"I get it off the Internet, so it's infinitely available ... a '10'."* Regarding any change in availability during the past six months, one participant stated, *"It's much less available than it was before."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A drug raid at a residence in Lawrence County resulted in four individuals arrested for distributing flakka; during the investigation, 40 grams of this drug were seized, as well as almost 40 firearms ([www.otfca.net](http://www.otfca.net), July 23, 2015). Ironton (Lawrence County) has witnessed effects of the second-generation bath salts, called "alpha-PVP" or "flakka;" this area of Ohio has been identified in the media as the "largest epicenter of flakka outside Florida" ([www.fusion.net](http://www.fusion.net), July 1, 2015). There were four overdoses on flakka in a three-week period in Portsmouth (Scioto County); one of the individuals died ([www.wsaz.com](http://www.wsaz.com), Sept. 16, 2015). Authorities in Portsmouth spoke out on the "growing synthetic drug problem in the area," specifically concerned with flakka which has affected several individuals in their area ([www.ohioems-news.com](http://www.ohioems-news.com), Sept. 16, 2015).

Regarding pricing, one participant stated, *"MDPV was more expensive. The alpha was \$200 for 50 grams which would be \$4 for a gram, or \$300 for 100 grams which would be \$3 a gram. A gram would last me about a week."* Participants reported that the substance is snorted or eaten, but most commonly snorted. Participants described the typical user of alpha-PVP as the designer drug crowd and those who use synthetic marijuana.

**Bath Salts**

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, its availability is limited. Participants most often reported current availability of bath salts as a '1' or '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 '1.' One participant stated, "No one really does it or cares for it." Community professionals most often reported current availability as '0' to '1,' the previous most common score was '1.'

Participants and community professionals reported that availability of bath salts has decreased during the past six months. One law enforcement professional stated, "It's just like the synthetic weed. Once the regulations went into place, it pretty much went away." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab explained that alpha-PVP is classified as a second-generation bath salt. Participants did not know the current costs of bath salts, but described typical bath salts users as middle-aged, white and male.

**Hallucinogens**

Hallucinogens are moderately to highly available in the region. Participants most often reported current availability of these drugs as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability of hallucinogens as '2-4.' Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use.

Participants stated that the availability of LSD has decreased during the past six months, while the availability of psilocybin mushrooms has remained the same. One treatment provider reported on overall decrease in availability of hallucinogens. One participant stated, "It's more common [to use hallucinogens] around music festivals, jam band concerts and stuff ... or that's where it is most popular these days." The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current prices for hallucinogens were variable among participants with experience purchasing these

drugs. Participants reported that LSD is purchased in strips, sheets and liquid form. One participant stated, "I go buy a 'hit' (one dose) most of the time." Another participant reported, "The more you buy, the less you're going to pay. You might pay \$10 for one hit, but if you buy 10 hits, you pay \$80 for that." One participant stated, "Ten sheets equals a book and 100 sheets equals the bible. The bible costs about \$10,000." Several participants reported that psilocybin mushrooms are priced similarly as marijuana. Participants stated: "Basically the same pricing as weed; Same as weed prices." However, one participant stated, "It depends. A lot of [pricing for LSD and psilocybin mushrooms] depends on the quality of it."

		Current Prices for Hallucinogens	
Hallucinogens	<b>LSD:</b>		
	A hit (single dose)		\$4-10
	A strip (10 hits)		\$35-80
	A sheet (100 hits)		\$100-150
	<b>Psilocybin mushrooms:</b>		
	1/8 ounce		\$25-30
	1/2 ounce		\$60
	An ounce		\$100-120
	1/4 pound		\$400-425

As mentioned above, participants also reported that LSD can be purchased in liquid form. One participant stated, "Well, the way they do the strips is they have a piece of perforated paper and they will have the LSD dripped on it ...." One participant stated, "I've spent over \$100 on a bottle of eye drops [filled with LSD]. There's quite a bit of it in it."

Participants reported that LSD and psilocybin mushrooms are most commonly orally consumed. One participant stated, "You dissolve [LSD] on your tongue or in your mouth." Another participant explained, "With liquid (LSD) they can just drop it on your tongue, put it on sugar cubes, put on cookies, crackers ... anything that can absorb the acid ... you can put in anything. I even went as far as dropping it in my eye." One participant stated, "Acid' (LSD) is made into a tea." In terms of psilocybin mushrooms, participants stated:

*"You just eat them; You can mix it with chocolate, peanut butter sandwiches, and reduce it down into honey and eat by the spoonful."*

Participants described typical hallucinogenic users as hippies, individuals frequenting music festivals, concert goers and bluegrass fans. One participant stated, *"LSD would be like those with the Grateful Dead type bands."* One law enforcement professional stated, *"(Hallucinogenic use) is a subculture, it's around the campus, it's a younger group."*

## **GHB**

A few participants mentioned the availability of GHB. Participants familiar with this drug most often reported its current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Regarding pricing, one participant stated, *"\$20 in a blue vial. It comes in \$20, \$40 and \$60 vials."* Participants described the typical users of this drug as young as well as individuals in the gay community. One participant stated, *"It's used in conjunction with crystal meth and you inject it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. One of the largest GHB seizures in Warren County to date resulted in the confiscation of two gallons of GHB (aka the "date rape" drug) along with a half-pound of crystal methamphetamine ([www.otfca.net](http://www.otfca.net), July 31, 2015).

## **Inhalants**

Participants reported that inhalants are highly available in the region and used most commonly among young individuals: teenagers, college-age individuals and those who attend raves and clubs. One participant stated, *"Some of them are just starting, and it's an easy way to get high 'cause they might not have money, just like going and getting Nyquil® or something like that."* Another participant shared, *"You can go and get big tanks full of nitrous and then it's \$5 a hit per balloon at parties."*

## **Ketamine**

Participants and community professionals reported that ketamine (a prescribed type of anesthetic, typically used in veterinarian medicine) is available in the region, although its use is thought to be limited. Participants and communi-

ty professionals most often reported the current availability of the drug as '2-3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant stated, *"You really gotta know somebody [to obtain ketamine]."* One treatment provider stated, *"We don't see that at all."* One participant stated, *"If you're close to a college campus, you'll get something that's called, 'Lab K,' people that are smart enough to create it out of available chemicals ... 'cause stealing it from a vet is just stupid."* One law enforcement professional stated, *"We don't see that at all."*

Regarding pricing, participants stated: *"A 'Go-Cap' (capsule) is \$40; A vial goes for \$75; I get a 100 ml vial for about \$70; \$300 to \$1,000 per ounce ... just depends on who you know."* Participants reported that this drug is most commonly injected. Participants described typical users of ketamine as hippies.

## **Neurontin®**

Neurontin® is moderately to highly available in the region. Participants most often reported the current street availability for Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability as '6'. Both participants and community professionals reported that the availability of Neurontin® has remained the same during the past six months.

## **Seroquel®**

Seroquel® is moderately to highly available in the region. Participants most often reported the current street availability of Seroquel® as '10'; while community professionals most often reported it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals reported that the availability of this drug has remained the same during the past six months. One treatment provider stated, *"Seroquel® makes you sleepy. I think it's kind of like the jail version of heroin. Heroin addicts that are coming into treatment that can still keep their buzz maintained."* One law enforcement professional stated, *"The crack users used to use a lot of Seroquel® because it was the only way they could sleep."*

## **OTCs**

OTCs (over-the-counter) cold and cough medications are highly available in the region due to the fact that they are

legal medications, easily obtained through pharmacies and corner stores. A treatment provider explained, *"It's not as available in the drug store as it used to be. Now it's on the streets ... a lot."* Another treatment provider reported that cough syrup is often preferred for illicit use. Participants and community professionals described typical illicit users of these medications as young (teenagers to 20s) and more often African-American individuals. Participants commented: *"[OTC medications] are mainly used by teens; They have parties where they have it."*

## Conclusion

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

Participants and community professionals reported that the availability of heroin has increased during the past six months. Treatment providers discussed how it is getting easier and easier to locate heroin; they discussed dealers giving away free testers of heroin, often unsolicited. A provider shared having heroin testers thrown into her vehicle. Law enforcement also discussed the widespread use of heroin as seemingly everywhere.

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Overall, participants reported that the quality of heroin has increased during the past six months. Participants attributed the increase in heroin potency to fentanyl be-

ing used as a cutting agent for the drug. The BCI London Crime Lab continued to note that a lot of the heroin cases they process are heroin-fentanyl mixtures, and sometimes even straight fentanyl.

The majority of participants described typical heroin users as 18-45 years of age, white, suburban and those who have prescriptions for pain medication. However, several participants indicated that the spectrum of heroin users is expanding to include anybody, while highlighting an increase in younger users. Community professionals described typical heroin users as young, white males. However, law enforcement noted that they are seeing more females dying from heroin overdose than males.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, while powdered methamphetamine (aka "shake-and-bake") is considered the most prevalent form throughout the region in terms of widespread use, participants noted an increase in crystal methamphetamine (aka "ice") and commented that ice is becoming more common. Law enforcement discussed an increase in ice coming into the region from Mexico.

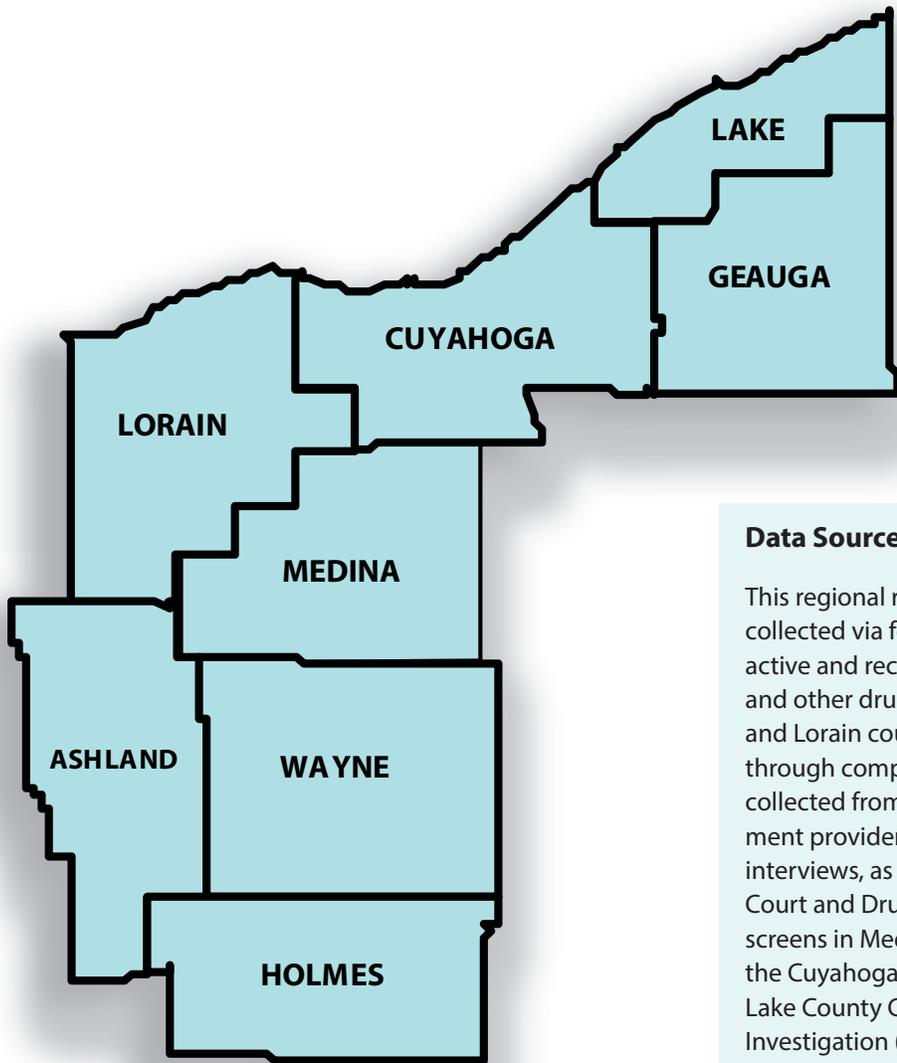
Participants described typical methamphetamine users as 18-50 years of age, those working long and/or late hours (truck drivers, third-shift workers) and individuals in the gay community. Law enforcement described typical methamphetamine users as white.

A few participants mentioned the availability of alpha-PVP (aka "flakka") in the region. Participants explained that flakka is a bath salt and can be purchased via the Internet. Participants reported that the substance is snorted or eaten, but most commonly snorted. Participants described the typical user of flakka as the designer drug crowd and those who use synthetic marijuana.

Lastly, a few participants mentioned the availability of GHB (aka "the date rape drug"). Participants familiar with this drug most often reported its current availability as moderate. Participants described the typical users of this drug as young as well as individuals in the gay community. Participants explained that GHB is used in conjunction with crystal methamphetamine and is typically intravenously injected.



### Drug Abuse Trends in the Cleveland Region



**Regional Epidemiologist:**  
**Jennifer Tulli**, MSW, LISW-S, LCDC III

#### 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, Geauga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, the Cuyahoga County Medical Examiner’s Office, the Lake County Crime Lab and the Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron-Canton and Youngstown areas. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

#### OSAM Staff:

**R. Thomas Sherba**, PhD, MPH, LPCC  
 OSAM Principal Investigator

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,275,513	38
Gender (female), 2014	51.1%	51.7%	52.6%
Whites, 2014	84.8%	78.1%	61.1% <sup>2</sup>
African Americans, 2014	13.6%	19.7%	27.8%
Hispanic or Latino Origin, 2014	3.3%	4.9%	16.2% <sup>3</sup>
High School Graduation Rate, 2014	82.6%	83.0%	75.7% <sup>4</sup>
Median Household Income, 2014	\$49,349	\$55,422	\$20,000 to \$29,999 <sup>5</sup>
Persons Below Poverty Level, 2014	15.3%	15.5%	38.2%

<sup>1</sup>Ohio and Cleveland region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Race was unable to be determined for 2 participants due to missing and/or invalid data.

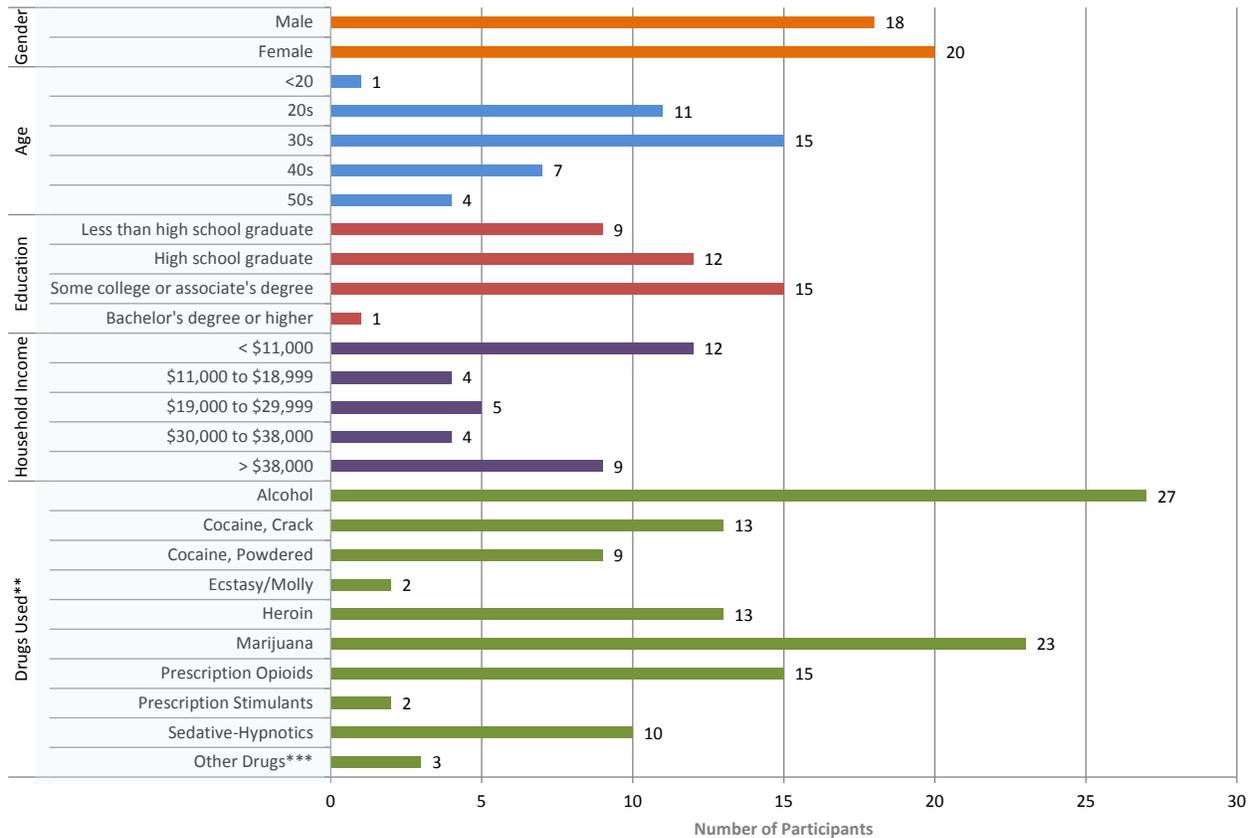
<sup>3</sup>Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>High school graduation was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>5</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income and poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

### Cleveland Regional Participant Characteristics

Drug Consumer Characteristics\* (N=38)



\*Not all participants filled out forms completely; therefore, numbers may not equal 38.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: hallucinogens (LSD, PCP, psilocybin mushrooms) and other prescription drugs (codeine, promethazine).

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, ecstasy, heroin, marijuana, PCP (phencyclidine) and sedative-hypnotics were highly available in the Cleveland region. Increased availability existed for marijuana and Suboxone®.

While many types of heroin were available in the region, participants and community professionals reported brown powdered heroin as most prevalent. Participants reported increased availability of brown powdered heroin during the reporting period. In addition, participants and community professionals reported high availability of white powdered heroin, which was believed oftentimes to contain fentanyl.

Several participants discussed the general high quality of heroin. According to participants, heroin that was connected in overdose was sought by other users because of its perceived high potency. Participants reported fentanyl as a common adulterant for powdered heroin. Specifically, participants reported on the presence of pink-colored heroin in the region; participants explained that fentanyl powder could be purchased through the Internet and was often pink in color.

Prescription opioid availability was variable throughout the region. Only two participants admitted illicit use of prescription opioids during the reporting period, while the majority of those interviewed had already progressed to heroin use.

Participants and community professionals reported increased availability of Suboxone®. Participants commented on the ease of obtaining the drug; community professionals noted an increase in doctors who prescribed Suboxone®. Participants and community professionals described typical illicit Suboxone® users as opiate addicts and those aged 20s through 30s.

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.4 percent of the 1,918 individuals screened through its Medina lab during the reporting period were positive for marijuana. Participants and community professionals reported increased availability of high-grade marijuana.

Participants who had personal experience with methamphetamine reported increased availability of the powdered type (aka “one-pot” and “shake-and-bake”), while

the availability of crystal methamphetamine (aka “ice”) remained the same. The BCI Richfield Crime Lab reported a decrease in number of methamphetamine cases processed during the reporting period, while the Lake County Crime Lab reported an increased number of cases. The labs reported having processed crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as “crack users.”

Lastly, participants reported high availability of PCP (aka “wet”) and explained that users would dip a cigarette into PCP to smoke the drug. A participant reported that a dipped cigarette (aka “woo stick”) sold for \$10. The BCI Richfield Crime Lab reported that the number of PCP cases it processed had increased during the reporting period.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was variable. Participants stated: *“I can get a delivery anywhere; It’s easier to get [cocaine] than to get change for the bus; It’s on every corner. You don’t even have to ask for it.”* Community professionals most often reported current availability of powdered cocaine as ‘4-7’; the previous most common score was ‘5-8’. Professionals stated: *“It’s available and a lot of clients use it to speed ball [combined use with heroin]; I hear it’s very available, but most of the ‘coke’ (powdered cocaine) is cooked up to make ‘crack’ (crack cocaine), so it really depends on the dealer.”* A probation officer stated, *“If they want it, they are going to get it ... I never hear about struggles to get it.”*

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.2 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine). The Cuyahoga County Medical Examiner’s Office reported that 26.7 percent of the 172 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Four men accused of cocaine trafficking in Mentor (Lake County) were arrested after a search of a residence resulted in the seizure of 1.5 kilograms of cocaine, an undisclosed amount of marijuana, marijuana candy, over \$44,000 and eight guns ([www.otfca.net](http://www.otfca.net), Aug. 18, 2015). Three ounces of cocaine and 359 oxymorphone pills were found during a probable cause search of a vehicle in Lorain County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 30, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider stated, "People are still using it, so it's supply and demand." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months, while the Lake County Crime Lab reported an increase in cocaine cases (note, the lab does not differentiate between powdered and crack cocaine).

Powdered 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 overall quality of powdered cocaine as '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported, "Quality depends on who you get it from." Participants reported the top adulterants (aka "cuts") for powdered cocaine are creatine and vitamin B. Other cuts mentioned included: baby laxatives, caffeine, "molly" (powdered MDMA) and any type of powder. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants stated: "[Dealers] are using more 'cut' than drug to get their money because they are just worried about what is in their pocket; It is garbage because everyone 'steps on' (adulterates) it."

Powdered Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> <li><input type="radio"/> acetaminophen</li> <li><input type="radio"/> atropine (prescription heart medication)</li> <li><input type="radio"/> local anesthetics (benzocaine, lidocaine and procaine)</li> <li><input type="radio"/> mannitol (diuretic)</li> <li><input type="radio"/> pet and livestock dewormers (levamisole and tetramisole)</li> </ul>	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. The most common quantity purchased is a gram. A participant stated, "A half a gram is usually the smallest amount some people will sell." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40
	A gram	\$50-80
	1/8 ounce (aka "eight ball")	\$175
	1/2 ounce	\$600
An ounce	\$1,200	

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants stated: "On the west side (of Cleveland) people prefer to shoot up coke but on the east side they snort; Usually everyone is snorting."

A profile for a typical powdered cocaine user did not emerge from the data. However, most participants and treatment providers noted that the drug is used most by whites. Participants described typical powdered cocaine users as: "All walks of life ... teachers, fireman, cops ... it used to be considered the rich man's drug; It is no respecter of any culture; That could be anyone honestly ... the average drug addict or a jock from a high-school sports team; A pretty wide range of people use cocaine." Law enforcement described typical powdered cocaine users as, "It's across

*the board; Not just an inner-city problem ... it's in the upper suburbs, not under the bridge people ... it's your neighbors; White, young professionals."*

## 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 reported: *"Most of my heroin dealers sold crack because it went hand-in-hand; I once bought it off a fourteen year old; 'Crack babies' are still being born, so it is still being used."* Community professionals most often reported current availability as '10'; the previous most common score was '5-7' and '10'. Treatment providers stated: *"It's on every street corner; I hear about it but not as much as heroin."* Law enforcement stated: *"A few of my people [on probation] are getting scared about heroin and now I am seeing more crack; I still see it ... I have a 77-year-old probationer on it."*

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One treatment provider reported, *"It's very available, but the focus has shifted off crack and onto heroin so you may not hear about it as much ... but it's there."* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased 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 overall quality of crack cocaine 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 crack cocaine in the region is most often adulterated (aka "cut") with baking soda because, as one participant stated, *"That is the only thing that rocks it."* Other cuts for crack cocaine include:

Anbesol®, baby laxatives, bread and procaine (local anesthetic). Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant stated, *"[Quality] still just depends on who you get it from."*

Crack Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> <li><input type="radio"/> acetaminophen (analgesic)</li> <li><input type="radio"/> atropine (prescription heart medication)</li> <li><input type="radio"/> local anesthetics (benzocaine, lidocaine and procaine)</li> <li><input type="radio"/> mannitol (diuretic)</li> <li><input type="radio"/> pet and livestock dewormers (levamisole and tetramisole)</li> </ul>	

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants explained that pricing depends on the size of the crack cocaine piece (aka "rock"). A participant stated, *"It is mostly sold by piece, but I'd say a size of a gram is 50 bucks."* Overall, participants reported that the price of crack cocaine has generally remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	A gram	\$50
	An ounce	\$1,200-1,300

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.

A profile for a typical crack cocaine user did not emerge from the data. Participants stated: *"It's younger these days ... 16 (years old) on average; It has no borders; It's in the suburbs and inner city, but majority is in the city; Different walks of life use it; This stuff don't discriminate."* Community professionals described typical crack cocaine users as most often African American and impoverished. Law enforcement stated: *"I see an older crowd using crack ... like 40s and up; It's more African American, both genders, inner cities, but some in suburbs."*

## Heroin

Heroin 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 stated, *"It is actually out of control."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider reported, *"From what I hear in groups, it is very available ...."* A law enforcement officer stated, *"It is the thing now ... and seems so normal."*

While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants stated: *"Powder is the most prevalent; 'Tar' (black tar heroin) comes around once in a while, but it's mostly powder around here; Gray-colored heroin is popular."* Reportedly, black tar heroin is not very available in the region. Participants most often reported the current availability of black tar heroin as '0', while law enforcement most often reported its current availability as '3'. Law enforcement stated, *"I don't think availability and demand for tar is as great as powder because people don't know how to use it as much."*

Corroborating data indicated the continued high presence of heroin in the region. American Court and Drug Testing Services reported that 10.6 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for opiates. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved heroin. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 6.5 pounds of heroin in Lorain County in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Following the heroin and fentanyl overdose death of a man from Richfield (Summit County) investigators found traces of DNA on the heroin baggie next to the victim's body, later found to be that of a Cleveland man, the victim's heroin dealer ([www.cleveland.com](http://www.cleveland.com), Aug. 3, 2015). A woman in Sterling (Wayne County) died of a heroin overdose eight hours after giving birth to a still-born child ([www.news-net5.com](http://www.news-net5.com), Aug. 4, 2015). A man was arrested in Garfield

Heights (Cuyahoga County) for possession of heroin and drug abuse instruments ([www.cleveland.com](http://www.cleveland.com), Nov. 6, 2015). A Cleveland man was stopped by police in Brecksville (Cuyahoga County) and was found with a suspended license and in possession of heroin ([www.connect.cleveland.com](http://www.connect.cleveland.com), Nov. 13, 2015).

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. One probation officer stated, *"I think some of my people are starting to be afraid of heroin because of the deaths and knowing a lot of people who have died ... everyone knows at least a handful of people who have died from heroin."* The BCI Richfield and Lake County crime labs reported that the number of powdered heroin cases they process have remained the same during the past six months. The BCI Richfield lab reported an increase in the number of black tar heroin cases it processes. The labs reported processing brown, gray, off-white, tan and white powdered heroin.

		Reported Availability Change during the Past 6 Months	
Heroin	 Participants	No change	
	 Law enforcement	No change	
	 Treatment providers	No change	

Participants most often rated the current general 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'. A participant reported, *"The last time I did 'powder' (powdered heroin) it made me 'OD' (overdose), so it was [potent] ... the police came and gave me Narcan® and then EMS gave me more ... the cop said it was cut with fentanyl."* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are fentanyl and sleep medication because of the sedation effects. Participants reported: *"When it is pure white, it is cut with fentanyl ... I didn't like it when I got it ... I blacked out for seven hours; People are cutting it with fentanyl and killing people."* Additional cuts mentioned included: acid, baby laxatives, creatine, ecstasy, ketamine (anesthetic used in veterinary medicine), lactose, melatonin, quinine (antimalarial) and Xanax®.

<b>Heroin</b>	<b>Cutting Agents Reported by Crime Labs</b>
	<ul style="list-style-type: none"> <li><input type="radio"/> acetaminophen (analgesic)</li> <li><input type="radio"/> caffeine</li> <li><input type="radio"/> diphenhydramine (antihistamine)</li> <li><input type="radio"/> mannitol (diuretic)</li> <li><input type="radio"/> quinine (antimalarial)</li> </ul>

Reports of current prices for heroin varied among participants with experience purchasing the drug. Heroin is most commonly purchased by the gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

<b>Heroin</b>	<b>Current Prices for Heroin</b>	
	<b>Black tar or powdered heroin:</b>	
	1/10 gram (aka "balloon" for black tar)	\$10-20
	1/2 gram	\$60-70
	A gram	\$100-140
	An ounce	\$2,200

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot black tar heroin; seven would shoot, two would snort and one would smoke the powdered form of the drug. A participant reported, "Rarely is it smoked because the effect does not last that long."

Participants reported that injection needles are most available from drug dealers and through friends who have diabetes. Additionally, participants reported obtaining needles from pharmacies and through needle exchange programs. Participants reported: "I get them from the needle exchange; Certain pharmacies let you buy them or if you buy ready insulin you can get the needles, too; Some people order them online." Reportedly, needles purchased on the street most often sell for \$3 per needle. Participants related that sharing needles is a common practice. One participant stated, "I would share a needle with friends ... if I get sick enough, I don't care and I will just use without caring about who they are."

Participants and community professionals described typical heroin users as white, suburban and young (18-25 years old). Participants stated: "The majority are Hispanics and whites, males and females, more come from the suburbs; Where I live is rural and crime rate is going up because of it; When I was in high school, nobody used it ... but now 14- and 15-year-old kids are doing it."

### Prescription Opioids

Prescription opioids are highly available in the region. Participants most often reported the current street 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 '2.' Community professionals most often reported current street availability as '8'; the previous most common score was '5' for treatment providers and '8' for law enforcement. Treatment providers reported: "They say that it is very easy to get Vicodin®; I just had a client who used Dilaudid® and it was pretty available at her work; There have been about four clients that I have dealt with who were abusing methadone."

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant reported, "Percocet® is the main one out here and easy to get." Community professionals identified Percocet®, Suboxone® and Vicodin® as most popular.

Corroborating data indicated the presence of prescription opioids for illicit use in the region. American Court and Drug Testing Services reported that 6.0 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for oxycodone. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved one or more prescription opioid; the medical examiner's office also found that 26.7 percent of these cases involved fentanyl. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 266 du (dose units) of oxycodone in Lorain County in May 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A K-9 officer assisted Ohio State Highway Patrol (OSHP) in the discovery and seizure of 429 oxycodone pills hidden in a vehicle in Lorain County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 28, 2015). The former executive director of a Westlake (Cuyahoga County) assisted-living facility was caught on video stealing oxycodone pills

from a patient; during the investigation, she took over 60 pills ([www.cleveland.com](http://www.cleveland.com), Aug. 3, 2015). Seven individuals were arrested in Medina County due to four fentanyl overdose deaths in one day; following the string of overdoses, an illicit shipment of fentanyl was seized; 32 grams of fentanyl was found in the possession of one of those arrested ([www.otfca.net](http://www.otfca.net), Aug. 6, 2015). A woman in Parma Heights (Cuyahoga County) was pulled over in a traffic stop and arrested with her one-year-old child in the car for being under the influence of heroin while operating a vehicle ([www.connect.cleveland.com](http://www.connect.cleveland.com), Nov. 13, 2015).

There was no consensus among participants as to whether or not the street availability of prescription opioids has changed during the past six months: some participants reported that general availability has decreased, while an equal number of participants reported that availability has remained the same. Community professionals reported that the general availability of prescription opioids has remained the same. The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of fentanyl, methadone and oxycodone cases; the numbers for all other prescription opioid cases have either remained the same or have decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

Participants reported most often obtaining prescription opioids through prescription and from dealers. They reported: *"I used to get them from your basic drug dealer; Someone may send a mass text or someone gets hot and posts it on Facebook, so people know who to call; I just go to the doctor and get mine."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$16 for 8 mg
	fentanyl	\$150 for 100 mcg
	methadone	\$1 for 10 mg
	Opana®	\$1 per mg
	OxyContin® OP	\$15 for 80 mg
	Percocet®	\$1-1.50 per mg
	Roxicodone®	\$20 for 15 mg \$25-45 for 30 mg
	Vicodin®	\$4 for 5 mg

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription opioid users, five would swallow and five would snort the drugs. Participants stated: *"For fentanyl gel patches, I would stick them under my tongue; I'd eat [most prescription opioid pills] or make them dissolve in a pop; Most people are sniffing pills now because it hits them fast."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants reported: *"I seen everyone use pills; Heroin addicts use fentanyl ... either on purpose or when heroin is cut with it; Young kids take tramadol; Young and old use them ... it doesn't matter, professional or not; A lot of heroin addicts will use pills when they can't get heroin. Or crack addicts ... use them to come down [from the stimulant high]."* Community professionals described typical illicit users similarly. Law enforcement stated: *"Everyone uses Vicodin®, Opana®, methadone, OxyContin® ... don't see a trend; Young white people who are just starting off; Same as heroin users ... young, white people from the suburbs."*

### Suboxone®



Suboxone® is highly available in the region. Participants most often reported the current street 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 '4-7'. Participants stated: *"Suboxone® is huge; Suboxone® is*

really easy to get from the doctor but also on the streets; Suboxone® is like methadone ... easy to get; Some use it to get high and some use to try to avoid getting sick." Treatment providers most often reported current street availability as '8'; the previous most common score was also '8'. Law enforcement most often reported current street availability as '10'. Treatment providers stated: "Suboxone® is all they talk about now ... they get a prescription, so they think it is okay; It's the new methadone, more people have access to it and it's really available." Participants and community professionals reported the sublingual filmstrip (aka "strip") as the most available type of Suboxone®.

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 5.7 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for buprenorphine (the main ingredient and generic name for Suboxone®).

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Law enforcement stated, "It's easy to get, they go to the clinic and get it; From experience with my people who are prescribed it, they have not used it and have sold it." The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15 for 8 mg \$15-30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through doctors. While there were a few reported ways of

consuming Suboxone®, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, nine would place the drug under the tongue and one would intravenously inject (aka "shoot") it.

Participants described typical illicit Suboxone® users as heroin addicts trying to avoid withdrawal. A participant stated, "Few use to get high ... most use it to try to avoid getting 'dope sick' (going through withdrawal)." Community professionals described typical illicit users similarly. A law enforcement officer shared, "I've seen a lot of people who have it in their shoe because they are afraid of getting sick ... so they just carry a strip in their shoe in case they need it."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street 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'. A participant shared, "I got them from my doctor and it was pretty easy." Community professionals most often reported current availability of sedative-hypnotics as '8'; the previous most common score was '8-9'.

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: "I got Xanax® from the doctor pretty easily ... if you know what to say, you can get it; You can order Xanax®, Soma® ... and it will arrive the next day ... you just sign for it." Community professionals identified Klonopin®, Valium® and Xanax® as most available. Law enforcement reported: "Most people want Xanax®; I hear about Valium® but not as often; Klonopin® is a '10'. I know a lot of people are taking it ... it is legitimately prescribed to them maybe, but holy cow they are really prescribing it."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.2 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for benzodiazepines. The Cuyahoga County Medical Examiner's Office reported that 16.9 percent of the 172 drug overdose deaths it processed during the past six months involved benzodiazepines.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Months of investigation into drug trafficking in Painesville (Lake County) led to the arrest of two men from Detroit and the seizure of over 800 prescription pills, including Xanax® and oxycodone ([www.otfca.net](http://www.otfca.net), Sept. 14, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. One participant who felt that the availability of sedative-hypnotics has decreased stated, "I am out of school now and it was easier for me to get when I was in high school ...". The BCI Richfield Crime Lab reported that the number of Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of Klonopin®, Valium® and Xanax® cases; the numbers for all other prescription opioid cases have either remained the same or decreased.

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

Reports of current street prices for sedative-hypnotics were fairly consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1.5 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for .5 mg
	Xanax®	\$1 for 1 mg
	Soma®	\$2-2.50 for 350 mg
	Valium®	\$1-2 for 10 mg
Xanax®	\$2 for 1 mg \$4-6 for 2 mg	

Participants reported obtaining these drugs from drug dealers, doctors and friends with legitimate prescriptions. Participants stated: "You have to go out and seek it; You would have to be heavily into drugs to know who has them; You can get them from people who have prescriptions, too."

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 are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume (swallow) the drugs and five would snort them.

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. However, there was consensus among respondent groups that females are more likely to use these drugs than males. Participants described typical illicit users of sedative-hypnotics as: "House moms, widowed wives, new moms, teenagers taking from parents; I see white people in the bar scene; I would get them from a lot of older people ... they get them from the doctor and sell it; I don't think there is a typical user really." Law enforcement described typical illicit users as: "13-17 year olds; White; Women mid to late 20s, maybe into 30s but definitely mainly women; Looks like they are doing heroin and Xanax® together, so I'd say typical user is the same as heroin addicts; Older white ladies, middle age, 35-60 (years old)."

## Marijuana

Marijuana remains highly available in the region. Participants most often reported 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 was also '10'. Participants stated: "There is a lot more medical marijuana going around now, too; People are shipping it in from other states where it is legal, so 'weed' (marijuana) is just exploding here." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer reported, "The State of Colorado is pumping out tons of it ... and a lot is coming in from the mail."

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products

derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts/concentrates as '7'. Community professionals were not able to assign a number rating to current availability of marijuana extracts/concentrates, but both treatment providers and law enforcement perceived an increase in their availability. Law enforcement reported: "We are seeing more edibles; Sometimes the edibles can be like 100 percent THC and that is why kids are overdosing and dying from them; One thing we are seeing more of is dabs and sometimes it is a preferred way of consuming (marijuana)."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 16.9 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for marijuana. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 235 pounds of marijuana in Lorain County in January 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police stopped a vehicle in South Euclid (Cuyahoga County) for a speeding violation, which subsequently lead to the search and seizure of 3.3 grams of marijuana ([www.cleveland.com](http://www.cleveland.com), July 20, 2015). K-9 officers discovered an eight-pound, vacuum-sealed package of marijuana shipped from California, while patrolling shipping centers in Lake County; the evidence room at the police station is filled with over 700 pounds of marijuana from similar situations ([www.otfca.net](http://www.otfca.net), Oct. 26, 2015). While allegedly attempting to avoid hitting an animal, a woman crashed into a home in Elyria (Lorain County), killing a mother and injuring her infant; the driver tested positive for marijuana ([www.myfox28columbus.com](http://www.myfox28columbus.com), Sept. 01, 2015). A man pulled over in Brunswick (Medina County) for a faulty license plate light was found to have marijuana inside his car ([www.connect.cleveland.com](http://www.connect.cleveland.com), Nov. 17, 2015). After a truck was pulled over for a moving violation in Lorain County, drug-sniffing dogs alerted police to drugs inside the vehicle; 90 pounds of marijuana were confiscated, worth over \$450,000 ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 24, 2015). A backpack containing marijuana, a pipe and digital scale along with OSHP citations for possession of drug paraphernalia were found by a pedestrian in North Royalton (Cuyahoga County) which lead to the arrest of the owner after tracking him down at the address listed on the citations ([www.cleveland.com](http://www.cleveland.com), Dec. 11, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of the high-grade marijuana has increased during the past six months. Participants reported: "Even the commercial [low- to mid-grade marijuana] nowadays is high grade; High grade is in demand." Participants indicated that marijuana concentrates and extracts in the form of oils, dabs and wax have also increased during the past six months. A participant stated, "Dabs are more common in the last six months."

Community professionals reported that the general availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. The BCI Richfield and Lake County crime labs reported that the number of marijuana cases they process have increased during the past six months; additionally, the Lake County Crime Lab noted having processed 23 hashish cases.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants most often reported the quality of low-grade marijuana as '3'; the previous most common score was '6'. Participants reported, "In a good hydroponic grow, the THC is probably a whole lot higher ... and it's \$4,000 for a pound if you have good hybrid bud which is what you will find in medical marijuana."

Participants indicated that the quality of high-grade marijuana has increased during the past six months, while the quality of low-grade marijuana has decreased. Participants stated: "I feel like (low-grade marijuana) is really bad, people want 'loud' (high-grade marijuana); Not too many people want low grade; The stuff I had was really crappy, and comparing it to the good stuff ... there is no comparison."

Reports of current prices for marijuana were consistent among participants with experience buying the drug. The most common quantity purchased is an ounce.

Marijuana	Current Prices for Marijuana	
	<b>Low-grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5-10
	A gram	\$5-10
	1/4 ounce	\$25-40
	1/2 ounce	\$45
	An ounce	\$80-90
	A pound	\$1,200
	<b>High-grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10-20
	A gram	\$20
	1/8 ounce	\$45-60
	1/4 ounce	\$80-100
	An ounce	\$240-350
	A pound	\$2,400-4,000
	<b>Extracts and concentrates:</b>	
	dabs	\$50 per gram

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. In addition, participants reported that edibles containing marijuana are becoming more popular, although eating marijuana was said not to be a regular mode of consumption. Participants stated: *"It's just becoming more popular to eat (marijuana) or to do both (eat and smoke marijuana) at the same time; It is less expensive to eat it, and I have found you get higher on an edible ... and it lasts longer; You just say you want to buy a cookie or brownie ... and one would do the job if they (are made) right."*

A profile for a typical marijuana user did not emerge from the data with the exception of edibles. Participants described typical edible users as 'young kids' often between the ages of 10-12 years. Community professionals described typical marijuana users as everyone. Law enforcement reported: *"'Pot' (marijuana) is so much more available and acceptable than I*

*ever thought; People in their 50s and 60s who started smoking in the hippie days are still using it; There are still quite a few people in the suburbs who grow their specialty pot for their group of friends; It's everyone ... there is no specific person; Nobody shocks me with marijuana ... middle-aged professor, house wives, white, black ... all races; Edibles are more young group ... young as 12 or 13 or (16-25 years) ... that concert crew age."*

## Methamphetamine

Methamphetamine remains available in the region. However, only two participants reported current knowledge of the drug; they reported the current availability of crystal methamphetamine as '2' and '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' for powdered methamphetamine and '4' for crystal methamphetamine. Only one treatment provider was able to report on the availability of methamphetamine and she reported current availability as '9'. She stated, *"I have had a few people in the groups who have been caught creating their own (methamphetamine) lab."*

Law enforcement most often reported the current availability of powdered methamphetamine as '8' and of crystal methamphetamine as '1'. Law enforcement reported; *"There is more of the powder form lately; Now you mostly see 'shake-and-bake' (powdered methamphetamine); If we see crystal (methamphetamine) it is coming from the west coast in the mail; Crystal form is not from around here ... Mexicans (drug cartels) are sending a ton of 'meth' (methamphetamine) with heroin."*

Participants reported that methamphetamine is available in powdered and crystal forms. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested two individuals in Holmes County after a search warrant revealed an active methamphetamine lab; 11 non-active labs and chemicals used in the manufacturing process

were also confiscated at the home ([www.otfca.net](http://www.otfca.net), Oct. 14, 2015). Two individuals traveling from Ashtabula County to Willoughby (Lake County) to purchase pseudoephedrine were arrested in a retailer’s parking lot when a police officer noticed that their license plate was registered to another vehicle; heroin, marijuana and equipment for methamphetamine production were found inside the vehicle ([www.connect.cleveland.com](http://www.connect.cleveland.com), Oct. 14, 2015). A methamphetamine lab in Cuyahoga County was raided during the execution of a search warrant and three people were arrested ([www.cleveland.com](http://www.cleveland.com), Dec. 4, 2015).

The two participants with experience with the drug reported differently on the availability of methamphetamine during the past six months. One participant reported that availability has remained the same while the other participant reported that availability has decreased. Law enforcement was also split in their perception of an availability change for methamphetamine during the past six months: some law enforcement reported increased availability while others reported decreased availability. One officer stated, *“It is more available, but people are not focusing on it because of heroin.”* Another officer stated, *“I hadn’t seen any (methamphetamine) for a while, and now I am.”*

Probation officers generally perceived a decrease in availability and reported: *“A low percentage of my people are on meth ... but if they are, it is usually crystal meth ... it pops up as one of the many drugs of choice they have but not the drug of choice; I don’t hear a lot about it. It has a stigma about it; I think it is more prevalent in Lake and Ashtabula (counties).”* The BCI Richfield and Lake County crime labs reported that the numbers of methamphetamine cases they process have increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine.

<b>Methamphetamine</b>	<b>Reported Availability Change during the Past 6 Months</b>	
	 Participants	No consensus
	 Law enforcement	No consensus
	 Treatment providers	No comment

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality,

“garbage”) to ‘10’ (high quality); the previous most common score was ‘4’ for powdered and ‘6’ for crystal methamphetamine. Participants were not able to report on adulterates (aka “cuts”) for methamphetamine. A participant stated, *“I don’t know what it is cut with.”* Overall, participant reported that the quality of crystal methamphetamine has remained the same during the past six months.

One participant with experience purchasing methamphetamine during the past six months reported on current street prices for the drug. She reported that the most common amount purchased is a gram and added, *“I could probably get a gram and a half for like \$60 bucks.”* Reportedly, a half gram of either powdered or crystal methamphetamine sells for \$20 and a gram sells for \$40.

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, seven would smoke, two would intravenously inject (aka “shoot”) and one would snort the drug.

Participants and community professionals described typical methamphetamine users as white and young. A participant stated, *“White adolescents ... girls and boys.”* One treatment provider described, *“Probably lower to middle class and male and females evenly.”* A law enforcement officer described typical users as, *“18-30 year olds locally that have started cooking it and they decided they can kick heroin by medicinally using meth and now they find themselves addicted to meth.”*

### Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported the current street availability of these drugs 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 also ‘6’. Participants stated: *“You can get them because a lot of people sell their prescriptions ... I sold my Vyvanse®; Some are very, very available.”* Treatment providers most often reported current availability as ‘8’, while law enforcement most often reported current availability as ‘6-7’; the previous most common score for both professional groups was ‘7’.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One

participant reported, "You can come off the freeway to buy 'addies' (Adderall®) and hop right back on." Community professionals also identified Adderall® as most popular. A law enforcement officer reported, "The kids that are supposed to take it, don't like the way it makes them feel, but those that don't need it, want it."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased, while the number of Ritalin® and Concerta® cases have increased during the past six months; the Lake County Crime Lab reported that Adderall®, as well as, Ritalin® and Concerta® cases have increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 10 mg \$3-4 for 20 mg \$5 for 30 mg
	Vyvanse®	\$2 per pill (unspecified dose)

Participants reported obtaining these drugs from various sources. Participants stated: "A lot of people sell their prescriptions; I was buying off friends who are prescribed it; You can get them from pill dealers or regular drug dealers ...." While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use remain oral consumption and snorting. Participants estimated that out of 10 illicit

prescription stimulant users, five would swallow and five would snort the drugs.

Participants and community professionals described typical illicit users of these drugs as high-school and college students. Participants explained, "Someone in school ... high school and college mostly ... needing to stay awake to study; People who want to concentrate in school; College kids are big on this." Community professionals described typical illicit prescription stimulant users similarly. One treatment provider shared her experience with the individuals who use prescription stimulants illicitly: "They are 50/50 gender and 50/50 young versus old." Law enforcement reported: "I see high-school kids who have no business being prescribed them; I had a mom who was doctor-shopping [using] her 6-year-old kid ... she dropped 20 pounds; Kids in college ... those in need of studying or wanting to drink longer."

## 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 current availability of the pressed tablet form of ecstasy and of "molly" (MDMA; powdered form) 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'. A participant reported, "(Molly) used to be more in the suburbs but now it is everywhere." However, another participant discussed, "(Drug dealers) give you bath salts instead of molly ... that is big now."

Community professionals most often reported the current availability of ecstasy tablets as '3-6' and the current availability of molly '6'; the previous most common score was '6'. Regarding ecstasy, law enforcement reported, "We don't run into a lot of it; We used to have it a lot at 'rave' (dance) parties." Regarding molly, law enforcement reported, "It's a little bit more (available) than 'X' (ecstasy)."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP discovered a vacuum-sealed bag containing an undisclosed amount of ecstasy, oxycodone and Xanax® pills in the trunk of a vehicle that they pulled over in Lorain County; a loaded .45 caliber semi-automatic gun was also confiscated and the driver and two passengers were arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 7, 2015).

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. One participant who felt availability of ecstasy decreased stated, "It's less because of heroin." The BCI Richfield and Lake County crime labs reported that the number of ecstasy cases they process have decreased during the past six months; the labs do not differentiate between ecstasy and molly cases.

Ecstasy/Molly	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 overall quality of ecstasy and of molly as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant stated: "Quality gone way down compared to before because people selling it are cutting (adulterating) it with the wrong stuff." Reportedly, ecstasy and molly are often cut with other substances including cocaine and heroin. Participants reported: "Ecstasy can be mixed with heroin and 'coke' (cocaine); It depends on what they put in the pill ... I try to base it on the color ... pink is usually mixed with meth ... white is usually mixed with coke ... brown is mixed with heroin." Overall, participants reported that the quality of ecstasy and of molly has decreased during the past six months.

Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs. Reportedly, molly is typically sold by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$5-10
	Medium dose (aka "double stack")	\$7-20
	High dose (aka "triple stack")	\$10-30
	<b>Molly:</b>	
A gram	\$75-100	

Participants indicated that molly is obtained through drug dealers. Participants reported, "You have to know the right person to buy molly." Regarding ecstasy, participants reported: "You can get them at festivals; Go to raves ... it's all about who you know; One guy I know can get anything."

Participants reported that the most common routes of administration for ecstasy are oral consumption and snorting. For molly, it is oral consumption with a combination of parachuting (placing the powder in tissue, wrapping it up and swallowing) and putting it in a capsule. Participants estimated that out of 10 ecstasy users, five would snort, four would orally consume and one would use anally (aka "butt bump" or "plug," insert in the anus). Participants estimated that out of 10 molly users, all 10 would orally consume. Regarding the use of molly, participants reported: "You can buy capsules and put molly in yourself (in the anus), snort or take the pill; You snort molly or put it in your drink."

Participants described typical ecstasy users as people of all races, aged 15-30 years, living in urban areas as well as frequent rave goers. Participants described typical molly users as African-American males aged 16-25 years. Participants reported, "I never seen anyone but dope boys using it; From what I know, younger kids, like 18 to 25 (years) ... black, and white, and Latino use it." Contrarily, community professionals described typical ecstasy and molly users as white and younger. They stated: "Younger white kids, mid 20s ... we used to call them the skater group; For ecstasy it is early 20s who party use it ... the ones who want to party on the weekends."

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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). Participants reported: "I see it all around town near my job; There are three shops right in a row where you can get some." Law enforcement most often reported current availability as '10'. Law enforcement reported: "It is all over the place ... it's marketed as potpourri and incense; We (probation officers) hear about it, but we don't really test for it ... so this could be a bigger problem than we know; They are at every gas station; People had to be carried in from smoke breaks from treatment (outpatient addiction treatment) because they were smoking 'Spice' (a brand name synthetic marijuana product) on their smoke breaks."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Following nine synthetic marijuana overdoses over an 11-day span in Elyria (Lorain County), police were lead to two convenience stores where they later raided and confiscated more than six pounds of synthetic marijuana ([www.otfca.net](http://www.otfca.net), July 16, 2015).

Participants reported that the availability of synthetic marijuana has remained the same during the past six months, while law enforcement reported increased availability. A law enforcement officer stated, *"It is just everywhere and even increasing because the government is two steps behind who is making it."* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	Increase
	 Treatment providers	No comment

Reports of current prices for synthetic marijuana were provided by only two participants with experience buying the drug.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	3.5 grams	\$10
	1/8 ounce	\$15-20

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available. A participant reported, *"There are still shops that sell it."* The most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, 10 would smoke the drug.

Participants and community professionals described typical synthetic marijuana users as individuals on probation. Law enforcement reported: *"A lot of courts don't test for it so more people are using it; I think these people would smoke it even if not on probation because it is a different high than*

*'pot' (marijuana) ... but for sure they smoke it when 'on paper' (on probation) because they know we can't always test for it."*

## Other Drugs in the Cleveland Region

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: Alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant similar to bath salts), bath salts, hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), inhalants, over-the-counter (OTC) cold-and-cough medications and Seroquel® (an antipsychotic medication).

### Alpha-PVP

Law enforcement reported on current availability of alpha-PVP (aka "flakka") in the region; participants did not reveal personal experience with the drug. Law enforcement most often reported current availability of alpha-PVP as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One law enforcement officer shared, *"It's been like this for about a year. [Flakka] can be purchased over the Internet and it costs \$750 for a kilo."* Reportedly, the most common routes of administration are smoking and snorting. Law enforcement described typical users as 18-25 years of age.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, only three participants were able to report on the current availability of the drug, and they reported very limited availability. Participants reported: *"I haven't seen it in the last six months; It's less (available)."* Community professionals were not able to report on the availability of bath salts. One treatment provider stated, *"I am not hearing about it."* Only two members of law enforcement (one police officer and one probation officer) reported on current availability. The former reported current availability as '5' and latter reported it as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and community professionals thought that the availability of bath salts has decreased during the past

six months. Law enforcement commented, *"It's been the same for about a year; They are available still in these mom-and-pop stores ... coming in from China."* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of cases. One police officer described typical bath salts users and stated, *"I see more whites, younger males, 18-25 (years of age)."*

### Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability as '10' for psilocybin mushrooms, '7' and '10' for LSD, '7' and '9' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for psilocybin mushrooms, '4' for LSD and '10' for PCP. Community professionals most often reported current availability as '4' for of psilocybin mushrooms and '4-8' for LSD; they did not report on PCP.

The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom and PCP cases have decreased.

Hallucinogens vary in pricing. Psilocybin mushrooms generally sell \$25-30 for 1/8 ounce. Participants reported several forms of LSD including traditional blotter paper form, gel capsules and liquid. Reportedly, blotter paper sells \$6-10 for one "hit" (dose) and \$60-100 for a "strip" (approximately 10 hits); a gel capsule sells for \$15-20; liquid sells \$100-500 for a vial the size of eye drops. PCP is a liquid that is most often sold already on a cigarette that has been dipped into it for \$10-20 apiece or in a small vial with enough liquid in it to dip two cigarettes for \$25.

The most common route of administration for psilocybin mushrooms is oral consumption. A participant shared, *"People usually eat them on pizza or dissolve them in tea and drink it."* The most common route for LSD is oral consumption or ocular absorption (via eye drops). Participants commented: *"You can drop some in the eye, rub on your hands, put on candy; Tabs (of LSD) are placed just under the tongue."* Reportedly, some users are also putting LSD on a band aid and letting the drug absorb into the skin. The most common route of administration for PCP remains smoking.

Respondents described typical users of psilocybin mushroom and LSD as 18-25 years of age, more males than females and often white. Participants commented: *"A lot of hippies and ravers; LSD is used a lot at festivals."* A participant described typical PCP users as African American from the inner city.

### Inhalants

Inhalants (nitrous oxide, whipped cream, duster; aka "whippets") are highly available in the region. Participants most often reported the current availability of these substances as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A couple of participants reported: *"They are in the stores; You can get it in [office supply stores]."* Another participant explained, *"[Inhalants] are readily available at music festivals, too, and referred to as "rush" ... They have a huge tank to fill balloons up with [nitrous] and you just suck it in ... a balloon costs \$5-10."* Participants described a typical inhalant user as white, male and younger (teens to 20s). A treatment provider reflected on previous clients: *"I've had white males in their 20s, usually, but I have had people in their 50s 'huffing' (using inhalants), too."*

### OTCs

Participants reported that the most common illicitly used OTC medications in the region are bronchial dilators (Bronkaid®) and cough syrups. A law enforcement officer explained, *"Police find users when we are looking for meth labs and stumble upon people addicted to this."* Participants reported that these medications seemed easier to obtain during the past six months than previously.

The most common route of administration for illicit use of OTC cough-and-cold medications remains oral consumption. A law enforcement officer shared that combining cough syrup and 7UP® is common practice and added that it is often referred to as "drank." Law enforcement described typical illicit OTC users as young to middle-aged and white. An officer commented, *"We don't see [illicit use of OTC medications] very often, but when we do it is more teenage kids."* Another law enforcement professional reported, *"I see*

*middle-aged females, like 40-50 years old.” One officer noted, “I seen one guy who couldn’t drink alcohol, so he drank that.”*

### **Seroquel®**

Seroquel® is rarely available on the street, yet highly available in correctional facilities. Participants reported street availability of Seroquel® as ‘0,’ but rated institutional availability for illicit use as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant commented, *“Heroin addicts and crack addicts would use Seroquel® in jail ... pain pill users [also] use it in jail.”* Another participant divulged, *“I bought [Seroquel®] in the county jail because I was detoxing from heroin ... I paid \$2-3 for [a] 400-600 mg [pill], but once I was detoxed I wouldn’t waste my time on it.”*

## **Conclusion**

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

Corroborating data indicated the continued high presence of heroin in the region. The Cuyahoga County Medical Examiner’s Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved heroin; the medical examiner’s office also found that 26.7 percent of these cases involved fentanyl.

Participants continued to discuss fentanyl as a top cutting agent (adulterant) for heroin. A probation officer shared that some probationers are becoming afraid of heroin because of the high number of reported overdose deaths, adding that everyone knows at least a handful of people who have died from heroin use.

Generally, the most common route of administration for heroin is intravenous injection. Participants reported that injection needles are most available from drug dealers and through friends who have diabetes. Additionally, participants also reported obtaining needles from pharmacies and through needle exchange programs.

However, participants reported that sharing needles is a common practice. Participants and community professionals described typical heroin users as white, suburban and young (18-25 years old).

Participants and community professionals reported that the street availability of Suboxone® has increased during the past six months. Both respondent groups discussed some users selling or trading all or part of their prescriptions, and they reported the sublingual filmstrip (aka “strip”) as the most available type of Suboxone®. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months. Participants and community professionals described typical illicit Suboxone® users as heroin addicts trying to avoid withdrawal.

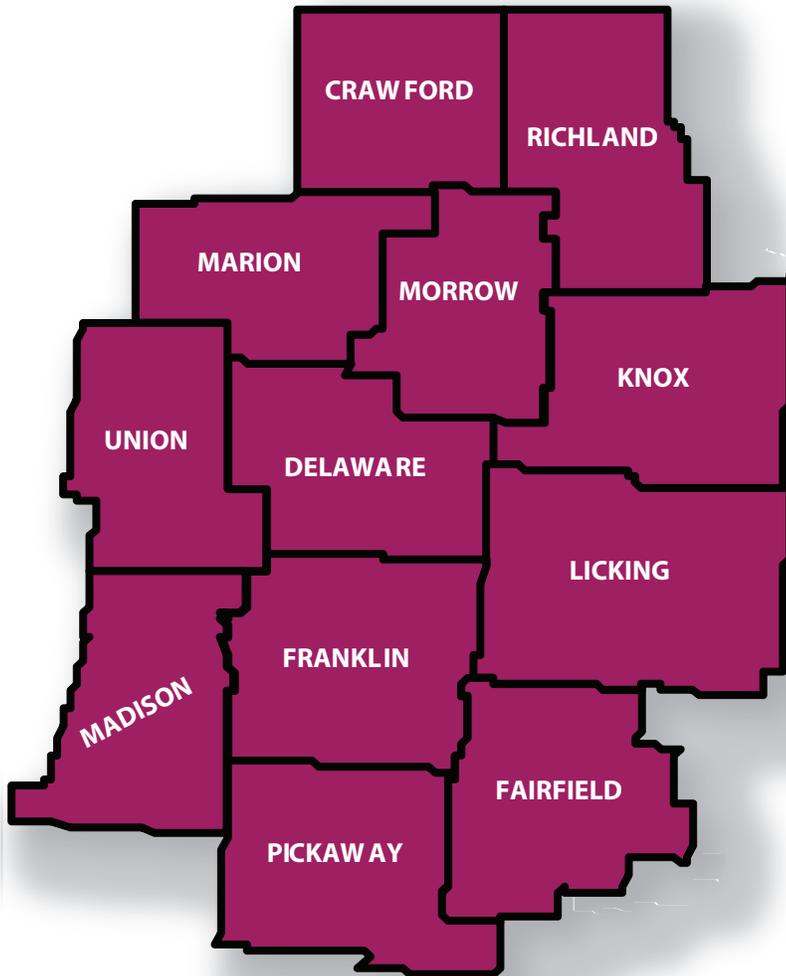
Reportedly, the availability of high-grade marijuana has increased during the past six months. Participants and community professionals discussed the current high availability of medical marijuana coming into the region from states where it is legal. A law enforcement officer reported, *“The State of Colorado is pumping out tons of it ... and a lot is coming in from the mail.”*

Participants and community professionals indicated that marijuana concentrates and extracts in the form of “hash oils,” “dabs” and “wax” have also increased in availability during the past six months. The BCI Richfield and Lake County crime labs reported that the number of marijuana cases they process have increased during the past six months; additionally, the Lake County Crime Lab noted having processed 23 hashish cases.

Lastly, law enforcement reported on current availability of alpha-PVP (aka “flakka,” a synthetic stimulant similar to bath salts) in the region. Reportedly, flakka can be purchased over the Internet. The most common routes of administration are smoking and snorting. Law enforcement described typical users as 18-25 years of age.



## 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, Franklin, Knox and Licking 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 Fairfield County Municipal Court, American Court and Drug Testing Services, which processes drug screens in Columbus (Franklin County), Lancaster

(Fairfield County) and Marion (Marion County) from throughout the region, and the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,219,724	41
Gender (female), 2014	51.1%	50.6%	53.7%
Whites, 2014	84.8%	81.7%	90.2%
African Americans, 2014	13.6%	15.6%	7.3%
Hispanic or Latino Origin, 2014	3.3%	3.7%	0.0% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	74.8%	97.6%
Median Household Income, 2014	\$49,349	\$55,565	\$20,000 to \$29,999 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	14.4%	41.5%

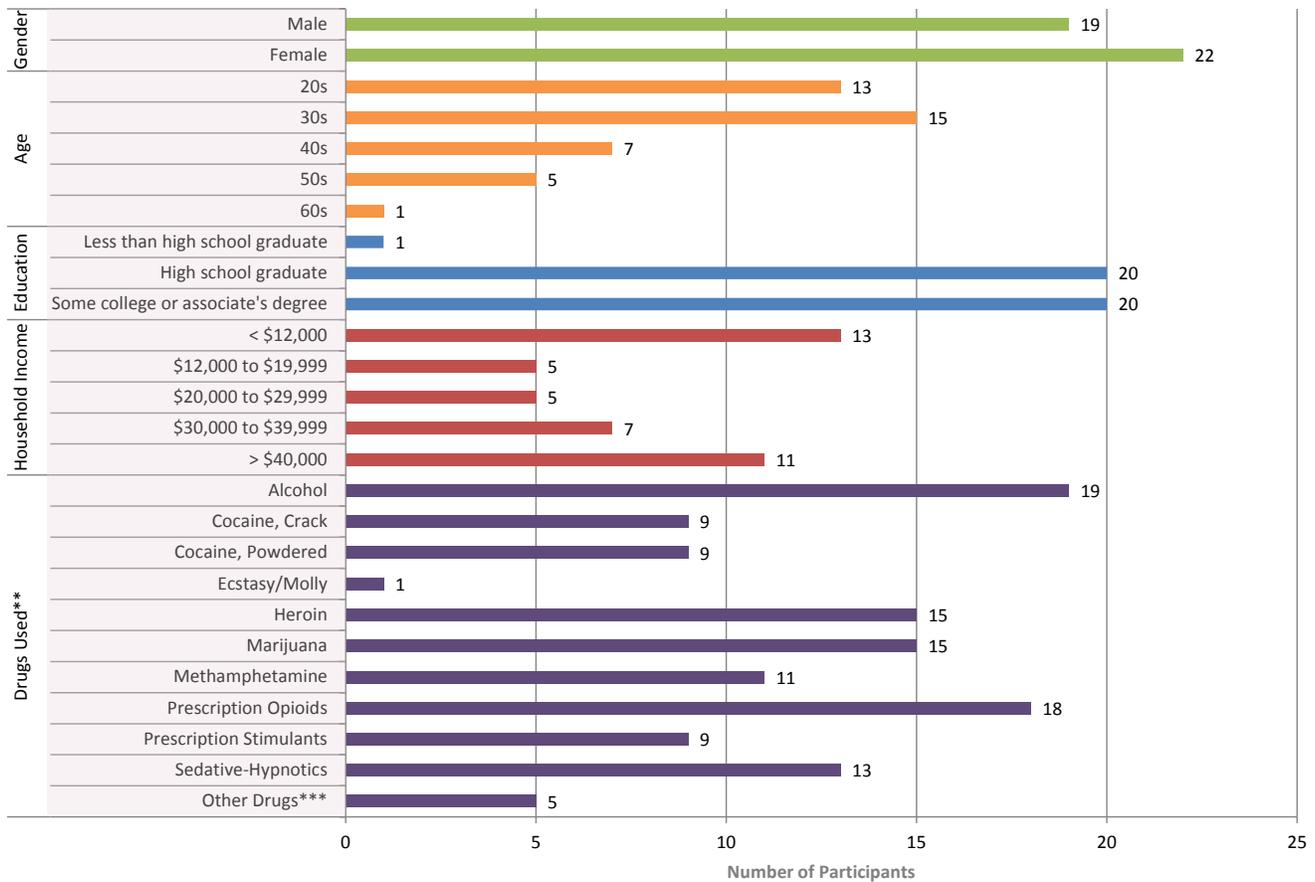
<sup>1</sup>Ohio and Columbus region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

### Columbus Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=41)



\*Not all participants filled out forms completely; therefore, numbers may not equal 41.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: bath salts, inhalants (duster) and Suboxone®.

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, prescription opioids and Suboxone® were highly available in the Columbus region. A likely increase in availability existed for methamphetamine and Suboxone®, and likely decreased availability existed for powdered cocaine.

While many types of heroin were available in the region, participants and law enforcement reported brown powdered heroin as most available. However, participants stated that white powdered heroin (aka “china white”) was highly sought after due to its potency. Additionally, most participants perceived that the availability of white powdered heroin had increased during the reporting period because of high demand. Participants and the BCI London Crime Lab continued to report fentanyl as an adulterant (aka “cut”) for heroin. The crime lab reported that the number of powdered heroin cases it processed had increased during the reporting period and noted having processed beige, brown, tan and white powdered heroin.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 14.8 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the reporting period were positive for opiates.

Treatment providers noted an increase in the number of heroin users and indicated that the drug had become more socially acceptable. One treatment provider explained that users were often beginning their drug use with heroin, rather than using other traditional gateway drugs (alcohol, marijuana, prescription opioids), because of lowered stigma, high availability and low purchase price. Community professionals described typical heroin users as 30 years of age or younger, white and unemployed.

While prescription opioids remained highly available in the region, several participants noted that doctors prescribed these pills less readily and/or with more restrictions. In addition, the BCI London Crime Lab reported fake pharmaceutical tablets; alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

Participants suggested increased availability of Suboxone® due to the heroin epidemic. Treatment providers also reported an increase in availability during the reporting period and attributed the increase to increased numbers of prescrib-

ing doctors. Participants and treatment providers continued to note that some users sold all or part of their medication. Participants explained that some heroin dealers also sold Suboxone® on the street.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicated with Suboxone® to counteract withdrawal. Community professionals described typical illicit users as males and females, 20 to 40 years of age, unemployed and those who try to get off of heroin by themselves.

Participants reported that methamphetamine was highly available in both powdered (aka “shake-and-bake”) and crystal (aka “ice”) forms. Participants remarked that methamphetamine increased in popularity and indicated that it might become the most popular drug in the region. Law enforcement reported increased availability of methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported having processed crystal, as well as brown, off-white and white powdered methamphetamine. Participants and community professionals described typical methamphetamine users as 18-25 years of age and white. Law enforcement added that the age ranged as high as 60 years.

Lastly, police in central Ohio reported on a chemical compound known as 25-I, 25-B or 25-C; they said it was being sold as LSD and had resulted in the death of at least one central Ohio woman ([www.10tv.com](http://www.10tv.com), Feb. 25, 2015). The BCI London Crime Lab also reported finding these chemical compounds on blotter paper which came through the lab during the reporting period.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains 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 also ‘10’. One participant stated, “It’s easy to get.” Another participant reflected, “The more people I run into ... it seems ... that’s what

they want." Law enforcement most often reported current availability of powdered cocaine as '6-7'; the previous most common score from community professionals was '7'.

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An investigation in Franklin County led to the seizure of two kilograms of cocaine, one kilogram of marijuana, 32 grams of heroin and five pounds of methamphetamine; 12 individuals faced drug charges ([www.nbc4i.com](http://www.nbc4i.com), July 9, 2015). A cocaine trafficking operation in Plain City (Madison and Union counties) was disrupted when police found and seized 717 grams of cocaine packaged for sale ([www.nbc4i.com](http://www.nbc4i.com), Aug. 12, 2015). Police found 90 grams of cocaine inside a vehicle during a traffic stop in Franklin County and nearly a kilogram of cocaine at a connected residence; three individuals were arrested ([www.nbc4i.com](http://www.nbc4i.com), Aug. 20, 2015).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants indicated that the decrease is due to the demand for crack cocaine and the availability of methamphetamine. A participant explained, "You make more money when you 'rock it up' (make into crack cocaine) and sell it as 'crack' (crack cocaine)." Other participants reasoned: "[Crack cocaine] doesn't do as much for you as the other drugs, like 'meth' (methamphetamine) and, I mean, it just isn't nearly as effective as meth is; Meth is cheaper." The BCI London 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	No comment
	 Treatment providers	No comment

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "gar-

bage") to '10' (high quality); the previous most common score was '7'. A participant reported, "That's just a flip of the coin. If you catch [the dealer] before he starts chopping it up ... if you catch him right before he gets it, it's like a '10'. And then if he 'cuts' (adulterates) it, then it goes down to like a '7.'" Another participant commented, "You never know what you're getting with that stuff."

The most reported cuts for powdered cocaine include: baby laxatives, baking soda, caffeine, creatine, ether, isotol (dietary supplement), lactose, lidocaine (local anesthetic), vitamins (B-6, B-12) and Orajel®. 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	
		levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$80
	1/16 ounce (aka "teener")	\$125-175
	1/8 ounce (aka "eight ball")	\$150-250
	1/4 ounce	\$250
	1/2 ounce	\$550
	An ounce	\$700-1,200

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

Participants described typical users of powdered cocaine in two groups: 1) low socio-economic status, 18-25 years of age, homeless, as well as prostitutes and construction/

factory workers or 2) high socio-economic status, businessmen, upper-class individuals and older. A participant explained, "Cocaine's almost turned into two different drugs. There's like 'ghetto cocaine' that's all crushed down and then there's still kind of like a white-collar community that uses the good powder cocaine." Other participants commented: "It's a rich man's drug; I think it's just a generation thing from the past." Law enforcement also described typical powdered cocaine users as suburban and of higher socio-economic status or inner city and of lower socio-economic status. An officer stated, "You might have more people coming from the suburbs down to the south end to get powdered cocaine."

### 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 remarked, "I'm on the south end of Columbus. Every corner." Another participant similarly stated, "You can buy it on pretty much any corner." Community professionals most often reported current availability as '9'; the previous most common score was '7'. Law enforcement stated, "Most of the dealers that sell one also sell the other (heroin and crack cocaine)." Another officer agreed, "Yeah, almost every heroin dealer is dealing crack, too."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two search warrants were issued for homes in Galion (Crawford County) where police found unspecified amounts of crack cocaine, heroin and prescription drugs ([www.otfca.net](http://www.otfca.net), Aug. 20, 2015). During a traffic stop in Circleville (Pickaway County), an alert from a K-9 officer resulted in the arrest of three individuals and confiscation of 81.3 grams of crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), Sept. 4, 2015). Police arrested a major cocaine trafficker and seized 413 grams of crack cocaine during a narcotics investigation at a Marion County home ([www.nbc4i.com](http://www.nbc4i.com), Nov. 2, 2015).

Participants most often reported that the availability of crack cocaine has remained the same during the past six months. A participant stated, "It's always been around." However, several participants indicated a possible increase

in availability. A participant commented, "You have more people standing out on the corner selling it. You don't necessarily have to make a call [to a dealer]. Go to a certain house ... they just hangin' out." Another participant stated, "Probably increased because it's like a competition with the dealers. They have to have whatever you need." Several participants indicated increased availability of crack cocaine as connected to heroin availability. Participants stated: "My guy's always had both [heroin and crack cocaine]; They're usually trying to have both now, that way it's a one-stop shop type of thing."

Treatment providers reported that the availability of crack cocaine has either increased or remained the same during the past six months, while law enforcement reported an increase in availability. A treatment provider said, "I call it a 'bench drug' [stand in or backup drug], when you can't get one of your drugs of choice [you go to crack cocaine]." A law enforcement officer commented, "I don't think the availability is quite as high as heroin, but it's right there with it ... and it's coming back stronger." Another officer shared, "We've heard of a handful of dealers actually giving away crack with the heroin ... just to get people hooked on crack, too." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

		Reported Availability Change during the Past 6 Months	
Crack Cocaine	 Participants	No change	
	 Law enforcement	Increase	
	 Treatment providers	No consensus	

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8'. A participant stated, "I think that (dealers are) trying to make it a little bit better ... to kind o' compete with heroin, so that people will stay and go buy crack, too." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking laxatives, baby soda and Orajel®. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. The most common quantity purchased is 1/10 gram (aka “rock”). Participants often reported that crack cocaine is not purchased by weight, but by size of the piece. One participant explained, “They’ll sell it in (any amount), and they’ll buy it in (any amount), too. ‘Can I get a \$2 piece?’” Another participant reflected, “I didn’t buy it by grams. I didn’t buy it by weight.”

<b>Crack Cocaine</b>	<b>Current Prices for Crack Cocaine</b>	
	1/10 gram	\$10-20
	1/2 gram	\$50
	1/16 ounce (aka “teener”)	\$100
	1/8 ounce (aka “eight ball”)	\$150

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. However, participants also reported intravenously injecting (aka “shooting”) the drug when this method is a user’s primary route of administration for drugs in general. One participant stated, “I don’t know anyone that does anything without a needle.”

A profile of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as white, black, Indian, 30-50 years of age, of lower socio-economic status, as well as, those working night shifts, such as truck drivers and prostitutes. Participants also discussed older crack cocaine users: “People that have come up during the ‘60s and ‘70s; I know a whole senior citizen building that smoke it.” One participant remarked, “It makes you lower income, that’s for sure.” Treatment providers described typical crack cocaine users as more often African-American males, 45-70 years of age, long-time users; while law enforcement described users as drug dealers, younger and often unemployed. An officer stated, “It seems that the

dealers want to keep the crack because they usually smoke it up before they can sell it.”

## Heroin



Heroin 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 stated, “It’s very available.” One participant considered, “I would say it’s a ‘10’ because I know lots of people that do it.” A treatment provider remarked, “Getting heroin, I think, is probably easier than getting alcohol or marijuana. I don’t think there’s any difference.”

Community professionals most often reported current availability as ‘10’; the previous most common score was ‘9’. A treatment provider commented, “I find that most patients do not describe any difficulties whatsoever in obtaining heroin, other than the fact that they need to obtain the money to buy the heroin.” Another provider stated, “I think there’s just a lot more heroin on the street. I think it’s very accessible. I think the cartels have been very efficient in increasing the supply to meet the demand.” A law enforcement officer remarked, “The heroin epidemic is just extremely bad right now ... and probably every other street in Mansfield (Richland County) ... you can find somebody that’s selling it. Most people aren’t too discrete about it. They’ll come up to you and offer to sell.”

While many types of heroin are currently available in the region, participants reported black tar heroin as most available during the past six months. Participants commented: “It’s everywhere; I can always find ‘tar’ (black tar heroin).” Participants reported that brown powdered heroin is slightly less available than black tar heroin. Participants reported that white powdered heroin is also available in the region; some suggested it is easy to obtain, while others reported more difficulty in obtaining this type of heroin. A participant shared, “I go through one guy and he usually has it. So, it’s all he mess with. He doesn’t really mess with the tar or the brown.” Another participant reported, “It’s easier to get than ‘pain killers’ (prescription opioids), I think.” However, a couple participants responded: “It’s hard to find ‘china white’ (white powdered heroin); Most everybody I know is on [heroin] and I hardly hear about [china white].”

Contrarily, law enforcement reported brown powdered heroin as most available in the region. A narcotics detective stated, *"I talked to someone who lived an hour away from here ... and he said he literally just drove down the street and looked for someone to ask for it. He said, 'It's just that easy.'" However, law enforcement noted, "Tar is still huge ... there's a lot of that out there."*

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 6.7 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for opiates. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 14.2 percent were positive for opiates. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 149 grams of heroin in Fairfield County in March 2015 in a single seizure; and in April 2015, they interdicted 32 grams of Heroin in Mansfield (Richland County) also in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant executed in Mansfield resulted in seizure of 125 grams of heroin, 58 grams of cocaine and 1,120 grams of marijuana ([www.otfca.net](http://www.otfca.net), July 16, 2015). An eight-month investigation in Fairfield County culminated in the seizure of 143 grams of heroin hidden in a baby's diaper bag; the investigation estimates that the man was trafficking around 10 ounces of heroin from Columbus to Lancaster (Fairfield County) each week ([www.nbc4i.com](http://www.nbc4i.com), July 15, 2015). Police searched a residence in Marion County and arrested three individuals when they discovered 7.7 grams of heroin, 4 grams of cocaine and numerous stolen items ([www.otfca.net](http://www.otfca.net), July 17, 2015). Two individuals standing outside the Circleville Police station (Pickaway County) were arrested for active warrants; 15 grams of heroin was discovered on one of the individuals ([www.nbc4i.com](http://www.nbc4i.com), Aug. 4, 2015). An air drone dropped a package into the Mansfield Correctional Institution prison yard which was later discovered hidden in a recreation equipment room; contents included approximately 100 doses of heroin, a large amount of marijuana and tobacco ([www.dispatch.com](http://www.dispatch.com), Aug. 5, 2015). After multiple resident complaints of drug activity, two search warrants were conducted at a residence and business in Mansfield in which police seized over 25 grams of heroin plus three syringes loaded with heroin, two grams of cocaine and miscellaneous pills ([www.otfca.net](http://www.otfca.net), Aug. 6, 2015). Five

individuals were charged with heroin trafficking in Franklin County after the Columbus Police, Delaware County Drug Task Force and FBI seized a total of 9.5 kilograms of heroin and over \$350,000 cash ([www.nbc4i.com](http://www.nbc4i.com), Aug. 14, 2015). After the death of her 14-month-old daughter from heroin ingestion, a Franklin County mother turned herself in and was charged with manslaughter and child endangerment ([www.10tv.com](http://www.10tv.com), Sept. 4, 2015). Seven individuals were arrested for trafficking more than one kilogram of heroin from Chicago to Ohio ([www.otfca.net](http://www.otfca.net), Oct. 25, 2015 and [www.heraldstaronline.com](http://www.heraldstaronline.com), Oct. 28, 2015).

Two individuals were arrested after a search warrant executed at a Richland County residence; 7 grams of heroin, 1.5 grams of crack cocaine, cash and drug paraphernalia were seized ([www.otfca.net](http://www.otfca.net), Nov. 12, 2015). Three individuals were arrested in Lancaster (Fairfield County) during a search by Fairfield and Franklin County police; they are suspected to be illegally in the country and are being indicted for trafficking approximately 1,500 grams of heroin ([www.nbc4i.com](http://www.nbc4i.com), Dec. 9, 2015).

Participants reported that the availability of heroin has increased during the past six months. Participant comments included: *"I've seen more people selling it; It's been easier to find than ever before; I can get it anywhere ... Everybody (every dealer) wants you."* Treatment providers reported that availability has remained the same, while law enforcement reported increased availability. An officer reported, *"I mean we get phone calls every day of new people selling, so it just seems you take down one and two more pop up."* Another officer noted, *"The overdoses have increased..."* The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

		Reported Availability Change during the Past 6 Months	
Heroin	 Participants	Increase	
	 Law enforcement	Increase	
	 Treatment providers	No change	

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' A participant stated, "I know back at the beginning of the year, people were dying from it because it was ... so strong ...". Participants identified the most common adulterates (aka "cuts") for heroin as: dark sodas, fentanyl, powdered cocaine and sugar. Additionally, some cuts mentioned specifically for brown powder and black tar heroin included: acetone, aspirin, coffee, fish oil and shoe polish. Participants commented: "They'll put anything in it; Anything they can stretch it with to make a dollar." Although participants said white powdered heroin is most often cut with fentanyl, they also listed additional cuts which included: caffeine, chicken bouillon, creatine, baby formula, blood pressure medication, Neurontin® (anticonvulsant), prescription opioids and sleep aids. A participant explained, "They're cutting it just because so many people are addicted, so they're able to raise the price and lower the quality."

Overall, participants reported that the quality of heroin has remained the same during the past six months. However, participants explained that the quality of heroin is always variable and commented: "I mean it's hit and miss, really. Sometimes it's good, sometimes, it's bad; It varies by what they cut it with."

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl/acetyl fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>

Reports of current prices for heroin were consistent among participants with experience purchasing the drug, although pricing is reportedly higher for inner-city Columbus. Participants indicated that the price of heroin has remained the same during the past six months. The most common quantity purchased is 1/10 gram (aka "bags", "balloons" or "folds"). A participant stated, "You're lucky if you can get a half ounce. People usually make you piece it (buy smaller quantities)."

Heroin	Current Prices for Heroin	
	<b>Brown powdered and black tar:</b>	
	1/10 gram	\$10-20
	1/2 gram	\$40
	A gram	\$80-100
	1/8 ounce	\$250
	<b>White powdered:</b>	
	1/10 gram	\$10-20
	1/2 gram	\$60-75
	A gram	\$100
	1/8 ounce	\$250-300
	An ounce	\$1,700-1,800

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot the drug. One participant shared, "I snorted it twice, then when straight to 'IV' (intravenous injection)." Another participant reported, "I know a lot of people that have went straight to the needle with heroin."

Participants reported that needles are most often obtained from retail stores, but could also be bought from drug dealers, found on the ground or acquired from family members or friends. A participant reported that in some areas users do not need a prescription to purchase needles from a pharmacy. Another participant agreed and commented, "I know people that drove from Columbus to Marion just to buy them there." One participant reported, "I've seen people pick 'em up off the side of the road and use 'em." Reportedly, needles sell for \$2-3 apiece on the street. Participants reported that needles are often shared when users begin to go into withdrawal or if they do not have their own. A participant shared, "It depends on how long they've done it ... when they first start [using heroin], you don't wanna share with nobody. When you're dope sick, you don't care if you share with anybody." Another participant divulged, "If you go to jail and there's only one needle and three people want to get on it, [then they are going to share]."

Participants found it difficult to describe a typical heroin

user, but noted that users are often 18-35 years of age. Participants commented: *"It's changed so much ... now it includes anybody; It's just a big epidemic. It's just everybody."* A participant observed, *"High-school kids seem to be the biggest rise (increase in use) that I've seen."* Another participant stated, *"[Any type of occupation] that might cause a lot of physical pain where you'd be sore or your back would hurt or anything like that."*

Community professionals also had difficulty in describing a typical heroin user, but most often described users as 20s to 40s in age and predominately white. Treatment providers often noted males as using heroin most often and seemed to agree that heroin users are often in occupations such as construction, restaurant and bartending, reasoning that attendance in these occupations might be more lenient. A treatment provider deliberated, *"I would say there's a few things that make [food service and bartending work] an attractive profession [for drug addicts]. You actually walk out with money in your pocket every day. Not a lot of professions do that, you know, you have to wait for your paycheck every couple weeks or whatever. So ... I'm gonna say it's because you get money every single solitary day. You walk out of that place with money to go get high."* Another treatment provider added, *"And construction, you're on your feet. You've got aches and pains or whatever and the heroin allows you to perform without feeling all of that."* Law enforcement reported that many heroin users are unemployed, living in unhealthy conditions and that the youngest users they have encountered have been 12 and 13 years of age. Several officers agreed: *"It's everyone, everywhere."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street 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'. Treatment providers most often reported current availability as '10', while law enforcement most often reported '8'; the previous most common score was '7' for both professional groups. Participants identified oxycodone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, while community professionals identified fentanyl and oxycodone. A law enforcement officer stated, *"Fentanyl is fairly easy to find."*

Corroborating data indicated the presence of prescription opioids for illicit use in the region. American Court and Drug Testing Services reported that 9.7 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for oxycodone. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 6.9 percent were positive for oxycodone. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 210 du (dose units) of oxymorphone in Delaware County in March 2015 in a single seizure.

Media outlets reported on adolescent illicit use of prescription opioids in the region this reporting period. Nationwide Children's Hospital in Columbus treated adolescents for prescription opioid addiction, about half of which came from rural areas; a doctor also reported that most of these medications were difficult to detect, made available to the youth through family members with prescriptions; many of these youth began using them for entertainment and ended up addicted ([www.newarkadvocate.com](http://www.newarkadvocate.com), Oct. 4, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Several participants speculated that the decrease in availability is due to individuals holding onto their prescription opioids instead of distributing them to others, as well as to law enforcement efforts and increased difficulty in obtaining prescriptions. A participant reasoned, *"They're harder to get 'cause people are becoming addicted and keepin' 'em instead of selling."* Another participant thought, *"People are keeping 'em ... and they're busting a lot more people with 'em ... and they're more expensive than heroin, so people are goin' to heroin."* Another participant furthered, *"That's exactly correct. It's not so much the availability has decreased ... the price [of prescription opioids] has tripled within the past three years ... many, many people just went to heroin."*

Treatment providers reported that the general availability of prescription opioids has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers often noted the supply is meeting demand: *"Demand has skyrocketed, so the supply seems to be meeting that; Because the demand is going up, the supply is going up and it will continue to do so."* Law enforcement officers deliberated: *"I think it comes and goes; The availability's there ... it's just the fact that you can get heroin so much cheaper and I think that's why people*

have gone ... to the heroin; I don't think people are as interested in buying them as they once were."

The BCI London Crime Lab reported that the number of prescription opioid cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for fentanyl, Opana®, OxyContin®, Percocet and Ultram®. In addition, the lab once again reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	Increase

Reports of current street prices for prescription opioids were variable among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Law enforcement reported lower prices of heroin when compared to purchasing prescription opioids, "So, you get a '30 perk' (Roxicodone®) for 30 bucks. You get a 'quarter' (1/4 gram) of heroin ... you're looking [at paying] maybe \$20. So, you just knocked \$10 off and maybe getting the same type of, or a little bit stronger result from using [heroin]."

Participants reported obtaining prescription opioids for illicit use most often from doctors, friends, emergency rooms, healthcare settings or family members. A participant reported, "You can go to the ER with a fake ailment, and they'll write you some Vicodin®."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drug. Additional routes of administration mentioned by participants included oral ingestion and intravenous injection (aka "shooting"). A participant specified, "If they're the 'perk 30s' or '15s' (Percocet® 15 mg or 30 mg), you're shootin' 'em."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$4-6 for 2 mg \$10 for 8 mg
	fentanyl	\$10 for a syringe (un-specified dose) \$25 for 50 mcg \$50 for 100 mcg
	methadone	\$1 per mg
	Opana®	\$5-10 for 5 mg \$8-15 for 7.5 mg \$10-25 for 10 mg \$20-40 for 20 mg
	Percocet®	\$4-6 for 5 mg \$7 for 7.5 mg \$8-10 for 10 mg
	Roxicodone®	\$3-5 for 5 mg \$4-5 for 7.5 mg \$6 for 10 mg \$15-20 for 15 mg \$30 for 30 mg
	Vicodin®	\$5-6 for 7.5 mg \$8-10 for 10 mg

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as 30-50 years of age, but also noted that adolescents use these medications as well. Participants commented: "It's a more socially acceptable drug I suppose; I think high-school kids, too, because they party a lot ... get 'em out of their parents' cabinet ... that's normally how it starts for most kids." Treatment providers suggested that many illicit users are white and in their early 20s to mid-30s.

### 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 scores were also '10'. A participant reasoned, "I think [availability is] a '10' because there's been more people put on it and they are supplementing their

income [by selling it].” Other participants remarked: *“Those things are everywhere around here. Go to a clinic; Yeah, everybody’s getting ‘em now.”* One participant described availability of Suboxone® as, *“running water out of the sink.”* Treatment providers most often reported current street availability as ‘7;’ the previous most common score was ‘8.’ A treatment provider commented, *“If you want to be on Suboxone®, you can get it.”* Participants continued to report that the most available form of Suboxone® is the sublingual filmstrip (aka “strips”). A participant commented, *“You see the strips a lot more than the pills.”*

Corroborating data indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition, the Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 41.3 percent were positive for buprenorphine.

Participants reported that the availability of Suboxone® filmstrip has remained the same during the past six months, while the availability of the tablet form has remained the same or decreased. A participant commented, *“Not many people are giving them up.”* Another participant speculated, *“It’s changed from pills to strips in the last six months because people were snorting the pills, so [doctors are] giving ‘em strips now.”* Treatment providers reported that the availability of Suboxone® has increased during the past six months. A treatment provider commented: *“There’s a problem with the Suboxone® clinics because they’re supposed to have treatment (counseling), but many of these clinics don’t have any treatment ... and regular drug tests.”* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$5 for 2 mg
		\$15-20 for 8 mg \$25-30 for 12 mg
tablet	\$15-20 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through a doctor, clinic or friends. A participant stated, *“It’s pretty easy to get Suboxone® really.”* Another participant added, *“Most heroin dealers will have Suboxone® on them, too.”*

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip is sublingual, followed by intravenous injection (aka “shoot-ing”); the most common routes of administration for illicit use of the tablet form are snorting and oral consumption. Participants and treatment providers described typical illicit users of Suboxone® as heroin or opiate addicts who use the drug to avoid withdrawal.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported the current street 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 ‘5.’ A participant stated, *“Uh, everybody’s prescribed freakin’ anxiety medicine, I feel like, so they’re like really easy to find.”* Another participant remarked, *“Everybody’s got ‘em.”* Community professionals most often reported current availability as ‘8-9;’ the previous most common score was ‘8.’ A treatment provider commented, *“Easily available. Those are very commonly available on the street, I’m told.”*

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A participant reported, *“All the time people ask if anybody wants Xanax® ... A lot of dealers, when they get the opportunity, they’ll buy Xanax® or trade for it because people like to do it with other drugs.”* A law enforce-

ment officer stated, "When we get calls of people saying they're selling [pills] ... usually what they're selling is Xanax®."

Corroborating data indicated the presence of sedative-hypnotics for illicit use in the region. American Court and Drug Testing Services reported that 5.4 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for benzodiazepines. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 7.8 percent were positive for benzodiazepines.

Participants and law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$4 for 2 mg
	Soma®	\$2-3 per pill (unspecified dose)
	Valium®	\$2-3 for 2 mg
		\$5 for 5 mg \$10 for 10 mg
Xanax®	\$1 for 0.25 mg	
	\$1-2 for 0.5 mg \$5-8 for 2 mg	

Participants reported obtaining these medications for illicit use from dealers, doctors, family members and friends. A participant stated, "I did notice a lot more people are getting 'em prescribed through their psychiatrist and their family doctor. You don't always have to ... be evaluated like you used to be."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would snort the drugs. Participants less commonly reported intravenous injection (aka "shooting") as an alternative route of administration.

Participants described typical illicit sedative-hypnotic users as people with anxiety, heroin users and more often those who are middle aged. Community professionals found it difficult to describe illicit users of sedative-hypnotics and reported that anyone can illicitly use these drugs.

## Marijuana

Marijuana 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'. Participants stated: "You can get 'weed' (marijuana) anywhere you go; I could call and get it any time I wanted." Another participant commented, "Ah, just so many people are growing it nowadays ... like anybody that smokes 'pot' (marijuana) is like, 'I'm gonna start growing it.' Ya know?" Another participant asserted, "I think marijuana, other than alcohol, is the most widely used drug." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider stated, "Marijuana seems to be as prevalent as ever. Many people report that as being a co-occurring drug of abuse." A law enforcement officer stated, "Just so easy to get or grow."

Participants discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants rated current availability of marijuana extracts and concentrates also as '10'. A participant commented, "I think the legal-

ization [of marijuana] in other parts of the country have brought that about."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 21.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for marijuana. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 20.5 percent were positive for marijuana. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted two pounds of marijuana in Mansfield (Richland County) in April 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A collaborative law enforcement team of state and local agencies seized 102 marijuana plants in Richland County ([www.otfca.net](http://www.otfca.net), July 29, 2105). A large marijuana grow operation (around 400 plants) was uncovered at a residence in Galion (Crawford County) during a routine aerial patrol that is performed twice yearly in the county; 3,446 total marijuana plants were found and later confiscated ([www.otfca.net](http://www.otfca.net), Aug. 26, 2015). A semi-tractor trailer was stopped for a marked lanes violation in Madison County; Ohio State Highway Patrol (OSHP) and a Hilliard Police K-9 officer discovered it contained 1,002 pounds of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 10, 2015). An 8-year-old girl in Pataskala (Licking County) was caught in a school bathroom attempting to smoke marijuana using a lighter and a plastic bag ([www.wkbn.com](http://www.wkbn.com), Nov. 10, 2015). Police investigators uncovered an illegal high-grade concentrated THC extraction lab in Lancaster (Fairfield County); 200 marijuana plants, hundreds of cans of butane, THC extraction equipment and hundreds of gallons of chemicals were seized ([www.nbc4i.com](http://www.nbc4i.com), Dec. 17, 2015). The man running the previously mentioned marijuana extraction operation was later arrested at his home in Columbus after police executed another search warrant and found an additional high-grade marijuana grow, 500 ounces of silver and \$48,000 in cash ([www.nbc4i.com](http://www.nbc4i.com), Dec. 17, 2015).

Participants reported that the availability of both low-grade and high-grade marijuana has remained the same during the past six months. One participant reasoned, "It's everybody's second priority to other drugs they use now." Participants indicated that availability of marijuana extracts and concentrates has increased during the past

six months. Participants cited the high quality of these products as the reason for increases in their availability. Community professionals reported that the availability of marijuana has remained the same during the past six months. A police officer commented, "It's just so available. It's been that way for a long time." The BCI London 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

Participants most often rated the current quality of marijuana as '10' for high-grade and as '3' for low-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous scores for high- and low-grade marijuana were also '10' and '3' respectively.

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has increased. A participant remarked, "You get what you pay for." Several participants explained: "There's more access [to high-grade marijuana], more grow stores, more books, more knowledge about how to grow [marijuana]; People are learning how to grow it indoors and getting all the systems and hydroponic systems and stuff for it and just makin' it like pretty much their own recreational activity to make really good weed." A treatment provider commented, "No one does [low-grade] marijuana. They don't have a job, but they don't do [low-grade marijuana]."

Reports of current prices for marijuana were consistent among participants with experience buying the drug. While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A participant quipped, "In a room of 10, we'd probably pass the joint around." A couple participants discussed different methods of smoking based on ethnicity and age: "That is cultural. African Americans tend to smoke blunts, Anglo-Saxons would

Current Prices for Marijuana		
<b>Marijuana</b>	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$15-25
	1/4 ounce	\$30-40
	1/2 ounce	\$30-50
	An ounce	\$80-100
	A pound	\$500
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50
	1/4 ounce	\$80-100
	An ounce	\$300-350
	A pound	\$3,000-3,200
	<b>Extracts and concentrates:</b>	
	1/2 gram	\$40-60
A gram	\$75-100	

*probably smoke, yo' know, a pipe or water bong; I know with the older group, they like the bowls and the bongs and with the younger group, they like the blunts."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users of high-grade marijuana as anyone; however, participants specified that teenagers and young adults tend to use low-grade marijuana because of the low price. One participant noted an increase in younger marijuana users and remarked, "I've never seen so many young kids [using marijuana] in my life." Community professionals also described typical marijuana users as anyone. A treatment provider commented, "No typical user for marijuana, honestly ... anywhere from male, female, 18 to 65 [years of age]."

## Methamphetamine



Methamphetamine 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 stated, "I see this every day." Community professionals also most often reported current availability as '10,' the previous most common score was '4-5.'

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants most often reported crystal methamphetamine as the most prevalent form. The powdered form of methamphetamine is typically referred to as "one-pot" or "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants commented: "New people are learnin' how to make it; With the powder, usually people are making it themselves."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An officer stopped a man taking a walk in Lancaster (Fairfield County) due to an outstanding warrant; he was in possession of methamphetamine and heroin ([www.nbc4i.com](http://www.nbc4i.com), Oct. 17, 2015). A methamphetamine lab was found inside a disabled vehicle parked behind a business in Franklin County; two individuals were arrested ([www.nbc4i.com](http://www.nbc4i.com), Oct. 21, 2015). Police discovered a methamphetamine lab while conducting a welfare check on two children in a Mansfield (Richland County) home; four men were arrested ([www.otfca.net](http://www.otfca.net), Nov. 17, 2015).

Participants reported that the availability of crystal methamphetamine has remained the same during the past six months, while the availability of powder methamphetamine has increased. A few participants noted an increase in crystal methamphetamine. One participant explained, "It wasn't really too common in Columbus, but in the past six

months you seen it gone up in the south side of Columbus." A participant discussed the increase of powdered methamphetamine and speculated, "It's easy to make and it's cheap to make."

Community professionals reported that the availability of methamphetamine has increased during the past six months. A narcotics detective pondered, "One of the reasons I think it's worse [is because] ... [in rural areas] you have anhydrous ammonia ... they're using that ingredient to make their 'meth' (methamphetamine), too ... the farmers get it and use it for their fields so [it's available]." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9-10'. A participant reported, "People are getting better at refining it." Participants rated the current overall quality of powdered methamphetamine lower, as '0' and '3'; the previous most common score was '6'. One participant complained about the quality and ruminated, "Back in the day, you would be up for days and days and days. Now, I could smoke it ... and go to bed afterwards if I wanted to." Participants explained: "[Quality] depends on who's makin' it." Another participant explained that the quality depends on how many times it is adulterated (aka "cut") and shared, "My person went to different people to get it, so it depends on how many hands it goes through."

Participants reported several substances used to cut methamphetamine: ammonia, battery acid, Drano®, ether, ethanol, prescription opioids (including fentanyl), NoDoz®, Ritalin®, salt, Sudafed®, vitamins and nutritional supplements (B-6, B-12, methylsulfonylmethane [MSM] claimed to reduce joint pain and inflammation). The more acidic cuts are reportedly used most often for crystal metham-

phetamine. Participants remarked: "Anything under the kitchen sink; Everything but the kitchen sink." Overall, participants reported that the quality of both types of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-140
	1/8 ounce (aka "eight ball")	\$200
	<b>Crystal:</b>	
	A gram	\$100-120
	1/8 ounce (aka "eight ball")	\$300-350
	An ounce	\$800-1,200

Participants reported that the most common route of administration is smoking for crystal methamphetamine and intravenous injection (aka "shooting") for powdered methamphetamine. Participants added that crystal methamphetamine users will often begin use by snorting before shooting the drug. A participant explained: "They usually go from smoking, to snorting, to shooting, yeah." Participants also added that powdered methamphetamine users will smoke or "hot rail" the drug. Participants described "hot railing" as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose. A participant explained, "A lot of people tend to hot rail [powdered methamphetamine], which is kind of like smoking it ... it's like smoking and snorting it at the same time."

Participants described typical methamphetamine users as white, older (40-50 years of age), and working in construction or factories. Several participants referred to methamphetamine as beneficial: "It's economical for people who have to be up a lot of hours and keep going; Increases work performance for a lot of people." Other participants suggested that younger individuals, those in their 20s and 30s, are

also using methamphetamine. One participant clarified, "I think they're using it a lot more, but the people that is more addicted are around my age (50 years). A lot of 'em." Community professionals described typical methamphetamine users also in terms of age; they suggested typical methamphetamine users are aged 18-40 years.

## Prescription Stimulants

Prescription stimulants are highly available in the region. However, only a few participants had personal experience with illicit use of these medications. These participants most often reported current street 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 '5'. A participant remarked, "They're everywhere." Community professionals were unable to report on the current street availability of prescription stimulants. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, but noted Vyvanse® as also available throughout the region.

Corroborating data indicated the presence of prescription stimulants for illicit use in the region. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 11.9 percent were positive for amphetamines.

Participants reported that the general availability of prescription stimulants has decreased during the past six months. Participants explained that decreased availability is due to more strict prescribing regulations and noted that those with prescriptions are holding onto them for personal use. One participant noted an increase in Vyvanse® and commented, "I think it's more, it's just widely prescribed ... Vyvanse® is starting to take over both of those (Ritalin® and Adderall®) from what I've heard."

One treatment provider stated, "We have those episodically reported by patients, but it's usually not their primary drug of choice. I don't believe there's been any significant change of availability in the last six months." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No comment
	 Treatment providers	No change

Reports of current street prices for prescription stimulants were consistent among the participants with experience buying these drugs. Reportedly, Adderall® 10 mg sells for \$2-3; 20 mg sells for \$5.

Participants reported that illicit users will most often obtain prescription stimulants through doctors or family members. Participants reported that the most common route of administration for illicit use of these drugs remains snorting. One participant commented, "Everyone I've ever seen do it, snorts." A few participants added oral consumption as an alternative route of administration for these medications and explained, "Open the capsules up. Eat the beads." Treatment providers described typical illicit users of prescription stimulants as high-school and college aged (teens through mid-20s).

## Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were unable to report on traditional ecstasy tablets, but were able to report on "molly" (powdered MDMA). Participants most often reported the current availability of molly 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'. A participant reported that molly is more available than ecstasy and reasoned, "It's a purer form of ecstasy."

Participants reported an increase in availability of molly during the past six months. One participant reasoned, "People like it." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	No comment

Reports of current prices for molly were consistent among participants with experience buying the drug. Participants reported that molly is often a “free drug” and is handed out at parties and raves (dance parties).

Molly	Current Prices for Molly	
	1/10 gram	\$10
	2/10 gram	\$20-30
	A gram	\$80

In addition to obtaining molly from dealers, participants reported that molly is also obtained at bars, parties, raves or from friends. Participants reported that the most common route of administration for molly remains snorting. Participants described typical molly users as younger, college-aged (20s), hippies, partiers and “ravers.”

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants most often reported the drug’s current availability 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’. A participant stated, “I know people that can get it ... get it real fast.” Law enforcement most often reported current availability of synthetic marijuana as ‘8’. A law enforcement officer described current availability by stating, “Walk out the door and someone will try to sell you some, let’s put it that way.”

Media outlets reported on law enforcement efforts in the region this reporting period. Police investigated synthetic marijuana usage more closely after 25 overdoses were recorded in Mansfield (Richland County) as connected to

synthetic marijuana use, all within a one-month time span ([www.wfmj.com](http://www.wfmj.com), Dec. 27, 2015).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants suggested that decreased availability is because of decreased access. A participant stated, “It is available in some stores, but you have to know certain people to be able to get it.” However, law enforcement reported increased availability of synthetic marijuana during the past six months. An officer stated, “It seems within the past six months it’s really upped its availability.” The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Only one participant was able to report on the prices for synthetic marijuana. Reportedly, a glass vial containing approximately a gram sells for \$25.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from head shops and through the Internet. A participant reported, “You can just go to an incense store and get it.” Law enforcement also reported that synthetic marijuana is often ordered online. One officer stated, “[Law enforcement] arrests a lot of young kids who order it online ... and they get it shipped straight to their door.”

Participants reported that the most common route of administration for synthetic marijuana remains smoking. A law enforcement officer added, “Also, the vapor E-cigarettes are a big thing. You can order the THC oil and vape it, smoke it that way ... so that’s kind of opened up a different avenue of using [synthetic marijuana], also.” Participants and law enforcement described typical synthetic marijuana users as younger males (16-30 years of age) or individuals on probation. An officer stated, “A lot of people who are on probation or parole are getting [synthetic marijuana] because nine times out of 10, it’s not going to show up in a (drug) urine exam.”

## Other Drugs in the Columbus Region

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (anticonvulsant) and Seroquel® (an antipsychotic medication).

### Bath Salts

Bath salts are highly available in the region. The few participants with experience buying the drug 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 '4'. Law enforcement most often reported current availability as '9'; the previous most common score was '3'. An officer commented, *"It's kind of localized as far as I know. There are neighborhoods where you can get [bath salts] really easy, but then in other neighborhoods, we don't really see them as much."*

Media outlets reported about alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant considered a second generation bath salt) this reporting period. A CEO of a treatment facility in Columbus (Franklin County) explained that flakka can be made to look like other items (candy, LSD) and warned that this drug was extremely dangerous ([www.nbc4i.com](http://www.nbc4i.com), July 31, 2015).

There was no consensus among participants regarding a change in availability of bath salts during the past six months. Law enforcement reported that availability has increased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. Participants reported that bath salts are most often obtained in the inner city and from head shops. Reportedly, the most common route of administration for bath salts is intravenous injection.

### Hallucinogens

Hallucinogens remain moderately available in the region. Participants most often reported current availability as '5' for LSD and '6-7' for psilocybin mushrooms on a scale of '0'

(not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' for psilocybin mushrooms and not reported for LSD. Law enforcement most often reported the overall current availability of hallucinogens as '9'. A participant remarked, *"We live in cow country and (psilocybin mushrooms) grow in cow poop, so ... if you're really looking for 'em ... go flip the (cow) patty, I'm sure you can find 'em."*

Participants reported that the availability of LSD has remained the same during the past six months. Participants reported that the availability of psilocybin mushrooms has varied during past six months, depending on the season. A participant remarked, *"Every spring."* Another participant explained, *"It kinda depends on the season ... but since they're natural growers, you can find 'em anywhere. You don't have to look that hard or go to a dealer."* The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months while the number of psilocybin mushroom cases has decreased.

One participant complained about the current quality of LSD and rated it as a '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current pricing for LSD and psilocybin mushrooms were reported by only a few participants with experience purchasing these drugs. Participants reported that one drop (aka "a hit") of LSD sells for \$5-10 and a double dipped strip (approximately 10 hits) sells for \$7-8; 1/8 gram of psilocybin mushrooms sells for \$20-30. Participants reported that LSD is obtained at festivals, while psilocybin mushrooms are most often obtained by growing them or foraging for them in nature.

While there were a few reported ways of consuming LSD, generally the most common route of administration is sublingual. Additional routes of administration included eating it on a sugar cube or ocular absorption via eye drops. The most commonly reported route of administration for psilocybin mushrooms is oral consumption through tea or with food. Participants described typical LSD users as people in their 20s, as well as older people, while typical psilocybin mushroom users were described as older people.

### Neurontin®

Neurontin® is highly available in the region. Participants most often reported the current street availability of this medication as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that availability has either remained

the same or increased during the past six months. Current street prices for Neurontin® were consistent among participants with experience purchasing this drug. The drug sells for \$0.50-2 depending on the milligram amount. A participant stated, *"They're not expensive."*

Participants reported that Neurontin® is obtained through doctors or in jails. A participant stated, *"I know that that's what a lot of the people were asking for ... the Seroquel® (anti-psychotic) and the gabapentin (generic form of Neurontin®) and the trazadone (anti-depressant). That's what everybody was going to the doctor for, 'cause they were all heroin and meth addicts."* Participants reported oral consumption as the most common route of administration for Neurontin® and described typical illicit users as 20-40 years of age, as well as, those who have it prescribed for pain.

### **Seroquel®**

Seroquel® remains available in the region. Participants most often reported the current street availability of this drug most often 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'. Participants reported that the street availability of Seroquel® has remained the same during the past six months and reported most often obtaining the drug in jails. A participant reported, *"Seroquel® was the big one that everybody was asking for ... that's what they would give you at the jail [and] you could sleep the whole day."*

## **Conclusion**

Crack cocaine, heroin, marijuana, methamphetamine, prescription opioids and Suboxone® remain highly available in the Columbus region; also highly available are bath salts, prescription stimulants, sedative-hypnotics and synthetic marijuana. Changes in availability during the past six months include increased availability for heroin and methamphetamine, and likely increased availability for ecstasy.

Many types of heroin are currently available in the region. However, participants reported black tar heroin as the most available type during the past six months, while law enforcement reported brown powdered heroin as

most available. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Corroborating data indicated high presence of heroin in the region. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 14.2 percent were positive for opiates. Law enforcement discussed that new heroin dealers seem to appear every day; as soon as a dealer is arrested, they observed new dealers moving in to sell. Law enforcement also noted an increase in overdoses linked to heroin. Participants reported that heroin in the region is often cut (adulterated) with fentanyl and noted that white powdered heroin specifically is most often cut with fentanyl. The BCI Richfield Crime Lab also reported fentanyl and acetyl fentanyl used as cuts found in heroin during the past six months.

The most common route of administration for heroin remains intravenous injection. And while participants indicated that there a few ways of obtaining clean needles in the region, they reported that needles are often shared when users begin to go into withdrawal or if they do not have their own. Community professionals described typical heroin users as 20s to 40s in age and predominately white.

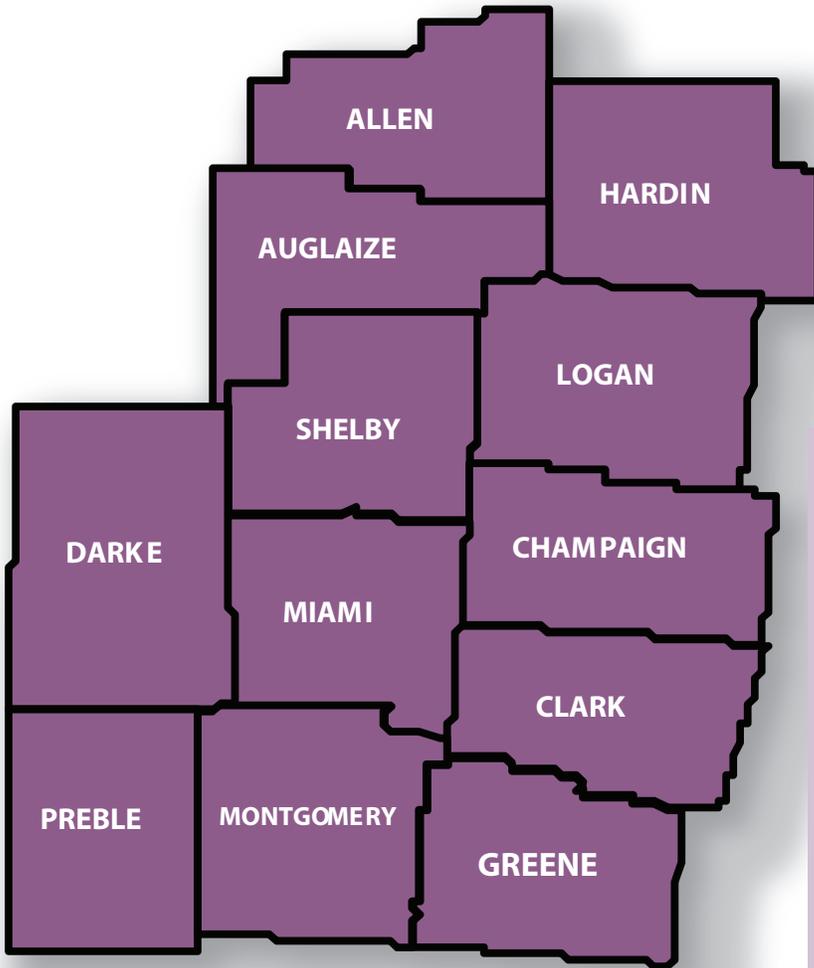
Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants attributed the increase to more users learning to make powdered methamphetamine (aka "shake-and-bake"). The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported having processed crystal, brown, off-white and white powdered methamphetamine.

Participants reported an increase in availability of "molly" (powdered MDMA) during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has also increased during the past six months. In addition to obtaining molly from dealers, participants reported that it is also obtained at bars, parties, "raves" (dance parties) or from friends. The most common route of administration for molly remains snorting. Participants described typical molly users as younger, college-aged (20s), hippies, partiers and "ravers."

Lastly, bath salts are highly available in the region, and according to participants and law enforcement, their availability has increased during the past six months. Media outlets reported about alpha-PVP (alpha-pyrrolidinopen-tiophenone, aka “flakka,” a synthetic stimulant considered a second generation bath salt) this reporting period. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab clarified that alpha-PVP is classified as a bath salt in its reporting and attributed the increased number of bath salts cases to alpha-PVP. Participants reported that bath salts are most often obtained in the inner city or from head shops. Reportedly, the most common route of administration for bath salts is intravenous injection.



## Drug Abuse Trends in the Dayton Region



### Regional Epidemiologist:

**Keith King**, PhD, MCHES

### 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, 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, the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, the Montgomery County Coroner's Office, the Logan County Family Court and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

### OSAM Staff:

**R. Thomas Sherba**, PhD, MPH, LPCC  
OSAM Principal Investigator

**Beth E. Gersper**, MPA  
OSAM Coordinator

### Regional Profile

Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,348,904	42
Gender (female), 2014	51.1%	51.1%	31.7% <sup>2</sup>
Whites, 2014	84.8%	86.2%	87.8% <sup>3</sup>
African Americans, 2014	13.6%	12.9%	7.3%
Hispanic or Latino Origin, 2014	3.3%	2.3%	7.5% <sup>4</sup>
High School Graduation Rate, 2014	82.6%	86.4%	82.9% <sup>5</sup>
Median Household Income, 2014	\$49,349	\$48,806	\$20,000 to \$29,999 <sup>6</sup>
Persons Below Poverty Level, 2014	15.3%	15.8%	29.3%

<sup>1</sup>Ohio and Dayton region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

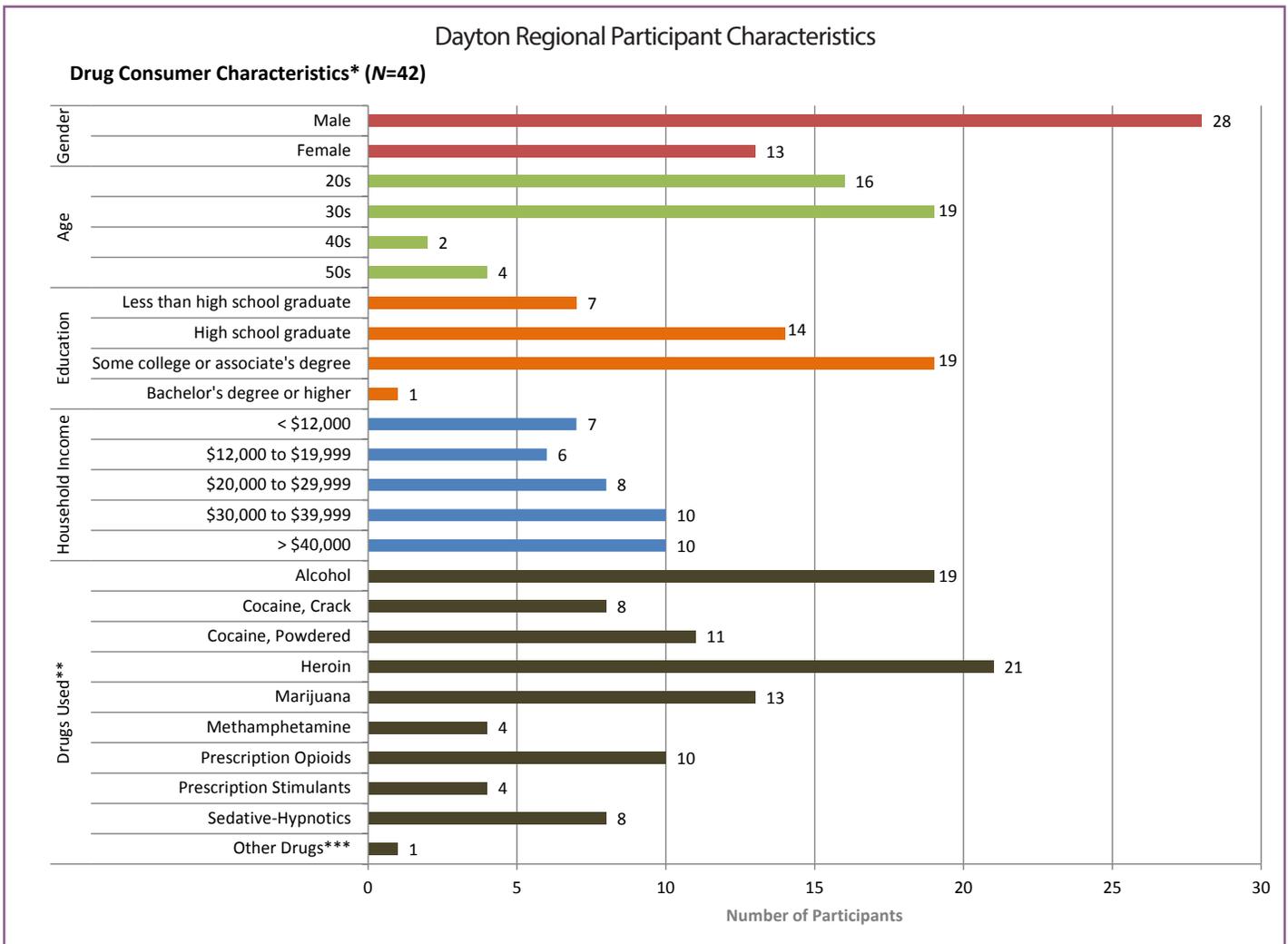
<sup>2</sup>Gender was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup>Race was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>5</sup>High school graduation was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>6</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income and poverty status were unable to be determined for 1 participant for missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 42.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: amphetamines.

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, sedative-hypnotics and Suboxone® were highly available in the Dayton region. Increased availability existed for heroin.

Law enforcement noted the resiliency of the drug networks as one reason the flow of heroin remained high in the region and explained that as soon as law enforcement arrested a dealer, someone else took the place. While many types of heroin were available in the region, participants and treatment providers reported the availability of brown and white powdered heroin as most available and noted that the drug was available in a variety of different colors. Participants and treatment providers indicated higher demand for white powdered heroin, as this type of heroin was thought to be the most potent heroin type; it has been linked to fentanyl and overdose. Treatment providers explained that users sought heroin linked to overdose due to its perceived higher quality.

Participants and community professionals discussed “blue drop” as a type of heroin that was available in the region. Law enforcement reported that blue-drop heroin contained fentanyl; participants discussed the link between this type of heroin and media reports of overdose deaths in the region. Participants and treatment providers reported that all types of heroin were adulterated (aka “cut”) with fentanyl. The BCI London Crime Lab also reported fentanyl-cut heroin processed during the reporting period. Participants and treatment providers described typical heroin users as white. Additionally, participants continued to report the use of capsules for heroin distribution, and for the first time, they also reported capsules for cocaine sales as well.

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. Participants also identified a fake Roxicodone® 30 mg pill that they said was highly available on the street, and referred to them as “dirty 30s.” Participants said that these pills were pressed locally or imported from out of state or from Mexico. In addition, the BCI London Crime Lab reported on fake pharmaceutical tablets, reporting that alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

In terms of Suboxone®, participants reported increased availability of the generic pill form of the drug. Both participants and community professionals attributed the increase in street availability of the drug to the increase in number of Suboxone® clinics in the region. Community professionals described typical illicit Suboxone® users as white and opiate users who self-medicated to avoid withdrawal symptoms. Lastly, law enforcement reported high street availability of Neurontin® (anticonvulsant) during the reporting period.

## 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 ‘6.’ A participant remarked, *“It is easy, especially if you know the right people.”* Another participant commented, *“There are always guys on the west side (of Dayton) offering to sell it ... If you drive around, you’ll get offered some.”* Community professionals most often reported current availability of powdered cocaine as ‘10;’ the previous most common score was ‘7-8.’ A treatment provider reported, *“It depends on the area. Most of my clients go down to Dayton to get it because that is their go-to place. They hop on the Interstate and they get whatever they want.”*

Corroborating data indicated the presence of cocaine (crack and/or powdered cocaine) in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 27.8 percent were positive for cocaine. The Montgomery County Coroner’s Office found cocaine present in 33.3 percent of the 108 drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant in Lima (Allen County) resulted in seizure of 100 grams of cocaine ([www.otfca.net](http://www.otfca.net), Aug. 15, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider

commented, "It's always kind of been consistent." A law enforcement officer stated, "It has stayed the same or slightly increased, but not enough to throw up any flags." The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has increased 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 rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' Participants indicated that the quality of powdered cocaine depends on the dealer and what adulterants (aka "cut") are in it. A couple participants explained: "It depends on how well you know that dealer; If you are buying a bigger amount and you're dealing with the same dealer, you could get a higher quality." Other participants shared: "The more people it's gone through, the less the quality is; Sometimes you get random dealers trying to get you to buy their shit and you could tell how cut it was, no rocks or anything."

Participants reported that powdered cocaine in the region is most often cut with baby laxative, creatine and vitamins. Other adulterates mentioned include: baking soda, ether and isotol (dietary supplement). One participant asserted, "I have seen them givin' people almost straight creatine. It's just whatever that will blend in with it." Another participant remarked, "Anything white." Other participants commented: "Some people cut it with ether and some cut it with sleeping medicine or horse tranquilizers; Due to the addicts trying to make money ... they could put anything in it. There is no concern about what it's going to do to somebody; Just anything they can get their hands on." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant reasoned, "I think the dealers are trying to stretch their product a little more." Another participant stated, "Every time I got it, it was junk."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	● levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants agreed that powdered cocaine is often sold in capsules (1/10 gram amounts). One participant explained, "They sell little 'caps' (capsules) of them for about \$5." A law enforcement officer also noted, "On occasion we'll see cocaine or crack in capsules." Participants discussed variance in purchasing powdered cocaine in weighted amounts and commented: "One dude told me that he paid like \$220 a 'ball' ('eight ball', approximately 1/8 ounce), which would be three grams; 3.5 grams is supposed to be an eight ball, but they change the scales." One participant suggested, "It has been going up in price. I've seen it going for \$70 for a gram, and I've heard of people trying to get rid of it for \$100 a gram."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$5-6
	1/4 gram	\$25
	1/2 gram	\$50
	A gram	\$40-70
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$600
	An ounce	\$1,000

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. Participants responded: "It is typically snorted; The people I used with, nobody used needles, all would be snorting; Most snort the 'powder' (powdered cocaine) and smoke the 'crack' (crack cocaine)."

Participants described typical powdered cocaine users as white, of higher socio-economic status, of a wide range of ages (15-60 years), as well as, hustlers, truck drivers and heroin addicts. A participant stated, *"I'd say the powder [cocaine user] is more white, under 30s."* A couple participants explained: *"People who are employed, like third-shift jobs, use cocaine or crystal [methamphetamine] to just get up and be able to make it those long 12- or 14- hour days; I know one person who is my friend's husband, who is a truck driver, he does it to stay awake."* One participant pondered, *"People I know that use cocaine on semi-regular basis are still fully functioning ... still keep their jobs."* Community professionals similarly described typical powdered cocaine users as white and aged 18-60 years.

### 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: *"That's really easy to get; Probably one in every three dealers is gonna have 'crack' (crack cocaine)."* A participant added, *"Most [dealers] all carry heroin and 'coke' (powdered cocaine) and some of them carry enough coke that they rock some it up for crack ...."* Community professionals most often reported current availability of crack cocaine as '10'; the previous most common score was '10' in urban areas and '3' in rural areas. Despite the high availability rating, treatment providers noted: *"We don't see that many clients coming in saying, 'Powdered cocaine or crack cocaine is my drug of choice'; We are just not seeing them in treatment."*

Corroborating data also indicated the presence of crack cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 6.8 percent of the 310 individuals who screened positive for any drug use during the past six months reported crack cocaine use during the past 30 days. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) pulled a vehicle over in Huber Heights (Greene County) and a K-9 unit discovered crack cocaine, crack pipes and methamphetamine ([www.whio.com](http://www.whio.com), Aug. 19, 2015).

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 re-

ported that the number of crack cocaine cases it processes has decreased 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 overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3'. A participant stated, *"It depends on who you know."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with aspirin, baby formula, baking soda and Orajel®. A participant shared, *"They put all kinds of stuff in that ... whatever makes it rock up and look normal."* Additional cuts mentioned for crack cocaine include: creatine, ether, methamphetamine and vinegar. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants commented: *"In the last six months ... I would say I think the quality has gone down; It has gotten definitely worse; I think it's probably decreased."*

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. A participant reported, *"It depends on the quality and who you know."* Another participant explained, *"You can get a hit for \$5. A hit is a one-time smoke ... just one smoke."* Several participants reported that crack cocaine is not often sold by weight but by pieces (aka "rocks"). Another participant explained, *"Some dealers sell 'point for point' (1/10 gram amounts). It just depends ... if you get a 'point five' (1/2 gram), then that is a 'fifty' (\$50)."* A participant suggested, *"If you buy more, you might get a discount."* Another participant thought, *"It seems like anymore they don't want to sell [in larger quantities] because too many addicts would take it back to sell to their little people ... So, I don't think it's sold in big amounts."*

Crack Cocaine	Current Prices for Crack Cocaine	
	A "hit" (approximately 1/10 gram)	\$5
	A gram	\$50-75
	1/8 ounce ("eight ball")	\$100-300
	1/4 ounce	\$200-220
	1/2 ounce	\$500
	An ounce	\$900-1,000

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. A participant explained, "You could use lemon juice to break it down and then you could shoot it."

Participants described typical crack cocaine users as African American, 30-50 years of age and of lower socioeconomic status. A participant shared, "The guys I dealt with never used their own product, and black customers they would have, would be for crack." Another participant observed, "If I was with my dealer for an extended period of time and saw people come and go, it would be like middle-aged black guys." Other participants agreed, "... a lot of older people using it, like 30s and 40s and up." One participant clarified, "Typically, middle- to upper-class white suburban kids are gonna probably snort [powdered] cocaine, whereas lower class ... you're living in a rougher area ... are gonna smoke crack." A few participants reported crack cocaine to be used by a wider variety of people and reported: "I've seen bikers smoke it; A lot of people use it. All you need is one hit and you're addicted and you can never get enough. You'll rob your grandmother to get it." One participant divulged, "I was smoking it at 16 (years of age)." Community professionals described typical crack cocaine users as 18-60 years of age, noting more African-American users than white users.

## Heroin



Heroin 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'. Several participants asserted that availability is higher than '10' and commented: "It's off the charts easy; It's a '15.'" A participant reasoned, "Because [interstates] 70 and 75 are right there and Dayton is five minutes away ...." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer expressed concern, "For the first time ever ... we had more heroin cases than we did marijuana cases, which is terrifying."

While many types of heroin are currently available in the region, participants and community professionals continued to report brown and white powdered heroin as most available. A majority of participants agreed: "It's mostly powder." However, a couple participants noted: "'Tar' (black tar heroin) is here; I don't know if others have seen tar but I have." Another participant countered, "The tar is not really in this area. It's more in Toledo and the Kenton (Hardin County) area." Law enforcement commented: "Normally, we get the powdered heroin; We see very little tar." Another officer illustrated, "We don't see a lot of black tar, [but] we have seen about five cases in the past six months, which is unusual for us."

Corroborating data indicated the high presence of heroin in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 10.3 percent of the 310 individuals who screened positive for any drug use during the past six months reported heroin use during the past 30 days. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 35.9 percent were positive for opiates. The Montgomery County Coroner's Office found opiates present in 70.4 percent of the 108 drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested a man for selling heroin out of his car throughout the Dayton area; apparently a growing trend as mobile dealers replace dealers selling out of residences ([www.wdtn.com](http://www.wdtn.com), Sept. 22, 2015). Seven bags of heroin and small quantities of marijuana and hash (marijuana concentrate/extract)

were confiscated by OSHP during a traffic stop in Montgomery County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 3, 2015). A Clark County man was arrested after a man he sold heroin to fatally overdosed; law enforcement has begun treating drug overdose deaths as homicides in an effort to prosecute drug dealers and reduce drugs on the streets ([www.daytondailynews.com](http://www.daytondailynews.com), Oct. 10, 2015). In Montgomery County, a man overdosing on heroin, crashed into another vehicle, flipped his own vehicle, was revived with Narcan® and transported to the hospital ([www.daytondailynews.com](http://www.daytondailynews.com), Oct. 14, 2015). The Lima Allen County Interdiction Task Force seized two kilos of heroin, one of the largest in Allen County history ([www.13abc.com](http://www.13abc.com), Oct. 26, 2015). Police pulled over a man with an outstanding warrant and seized eight grams of heroin from his vehicle ([www.daily-news.com](http://www.daily-news.com), Nov. 15, 2015). An illegal immigrant, who had previously been deported three times, was arrested after a traffic stop, during which 20 pounds of “pure Mexican heroin” were seized ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 17, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. A law enforcement officer commented, “Heroin has greatly increased.” The Miami Valley Regional Crime Lab reported that the number of black tar and powdered heroin cases it processes has remained the same during the past six months, while the BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased. The labs noted having processed beige, brown, gray, tan and white powdered heroin during the past six months.

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

Participants most often rated the current general quality of heroin as ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. One participant stated, “It was pretty good quality.” Participants reported that heroin is most often adulterated (aka “cut”) with other substances. One participant

alleged, “You have to cut it, though, because if your people [use it in pure form], they’re gonna die. It has to be ‘stepped on’ (cut), you know what I mean?” A law enforcement officer explained, “It varies greatly ... the coloring will vary ... from white to cream to beige to tan to brown. This is based on what they are cutting it with and how pure it is.”

Participants reported that the most used cutting agents are baby formula, baby laxatives, mannitol (diuretic), prescription opioids (fentanyl, morphine), Xanax® and vitamin B-12. One participant stated, “They don’t know that they are getting fentanyl with the heroin.” Another participant asserted, “The dealers know because they’re the ones putting it into it.” In addition, a participant explained, “And the fentanyl kicks in after the heroin kicks in and that’s when they ‘OD’ (overdose) and then they die.” Overall, participants reported that the general quality of heroin has increased during the past six months. A participant explained, “When they added the fentanyl, it gave it a boost in the quality.”

Community professionals also discussed fentanyl being cut into heroin. A treatment provider stated, “The way it was portrayed to me ... they were going for heroin, but it was laced with fentanyl or they were given fentanyl.” A law enforcement officer reflected, “We are getting a lot of straight fentanyl. We get heroin-fentanyl mixtures, cocaine mixtures, fentanyl-‘meth’ (methamphetamine) mixtures. There are dealers that are selling straight fentanyl ... There are some dealers that are selling fentanyl that do not know they are selling fentanyl.” Another officer commented, “The combo of heroin and fentanyl is almost always in every case ... There are a lot of times where we just see fentanyl. It seems to me that it is increasing ... the amount of people who are getting straight fentanyl. I think they think it is heroin.” Additionally, law enforcement reported, “We are now seeing heroin mixed with AB-Fubinaca (AB). It is a synthetic cannabinoid. In the past we have seen AB on plant material and we saw this in about 10 cases where it was mixed in with powdered heroin. Typically, it is smoked, but with the heroin it would be injected. We saw 10 different cases three to four months ago.”

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl/ acetyl fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that heroin is most often sold in capsules (aka “caps”). A participant commented, “Caps. A lot of caps.” A law enforcement officer also noted, “The thing that is so unique to Dayton is that they are packaging (heroin) in gel capsules ... I have heard from numerous drug agents [who] pinpoint we have capsules [and] know that they are coming from the Dayton area. And from what I’ve heard that is unique across the country.” Other participants described purchasing heroin in “folds” or baggies and illustrated: “Wax paper; When I got it, I got it in folded up paper; I got it in magazine paper; I got it in baggies.”

Participants indicated that the price of capsules vary greatly and explained: “It just depends on who you know; Some people would sell you three caps for \$50 if they are trying to get rid of it, they might give you a deal.” Other participants noted that higher quality heroin costs more. One participant illustrated, “A ‘finger’ (1/16 ounce) that’s not cut costs \$650.”

Current Street Prices for Heroin		
Heroin	<b>Powdered heroin:</b>	
	1/10 gram (aka “caps”)	\$5-20
	1/2 gram	\$45-80
	A gram	\$90-120
	1/2 ounce	\$700
	An ounce	\$1,100

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant claimed, “Eventually everyone will shoot it.” Another participant agreed, “Start out snorting it and then end up shooting it.”

Reportedly, injection needles are most often obtained from stores, pharmacies, dealers and diabetics. Participants did not indicate difficulty in finding needles, with the exception of some pharmacies that require a prescription. A few participants commented: “At some of the stores you need to have a prescription for diabetes or something; As long as we knew the size of the needle and the cc (cubic centi-

meter) count, you know, we’d be able to walk into the pharmacy.” Another participant divulged, “My junky self wouldn’t walk in there. I’d send someone in there that looked clean and they’d give them some spew about their grandma needing needles and that would work.” A couple of participants shared stories of people selling needles to dealers: “Older diabetics that need money sell their needles; You could take the box you got from the store and sell it to your dealer for \$20 or you could trade it off for ‘dope’ (heroin) and then [the dealer will] sell them off for \$5 apiece.” Furthermore, a few participants shared: “I’ve seen people use veterinary syringes because you can buy them from tractor supply [stores] and over the counter; Animal syringes.” Street prices for needles were fairly consistent among participants with experience purchasing needles from dealers; needles most often sell for \$3-5 apiece.

Participants expressed concern over sharing of needles and diseases (hepatitis and HIV). Reportedly, sharing needles is extremely common and participants commented: “If they’re sick, then they’re gonna do whatever they have to get well; I’ve even seen a person say, ‘Hey, I’ve got hep,’ and the other person said, ‘I don’t care. I’m sick.’” Several participants indicated that they know the consequences of sharing needles and disclosed the following: “I share my needles only with my girlfriend; Me and my girlfriend would always share our needle ‘til it got too bad to use; I just use my needles over and over.”

Participants described typical heroin users as 16 years of age and older and those with legitimate pain issues. A participant stated, “It’s usually people starting with pain pills and then going on to heroin.” Another participant agreed, “That’s how I started using it. I mean I was on pain medication for a year and then the doctor cut me off, and I started experiencing withdrawals ....” One participant noted, “I’ve seen a lot of young kids doing heroin.” Several participants admitted beginning heroin use when they were 16 and 17 years of age.

Community professionals described typical heroin users as most often as white and 18-60 years of age. A treatment provider supposed, “They are probably starting at 14 or 15, but we are not seeing them until 17 or 18 [years of age].” Another treatment reflected, “I see that a lot of the old crack users have now moved onto heroin.” One law enforcement professional stated, “We’ll see professional people in their 50s and then young people in their 20s.”

## Prescription Opioids

 Prescription opioids are moderately available in the region. Participants most often reported the current street 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 '6-7'. Community professionals most often reported current availability as '7'; the previous most common score was '10'. A law enforcement officer commented, "They're there. Everybody has them. Everybody at some point has been prescribed them."

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant stated, "Vicodin® and Percocet® are gonna be the two biggest because they are the most ones prescribed." Another participant added, "I've heard a lot about Opana® being around." Participants also discussed the presence of fentanyl in the region, but mostly in connection with heroin. One participant stated, "I mean I did the fentanyl patches before I ever did heroin. I'd rather do fentanyl than heroin any day." Community professionals identified Percocet®, oxycodone and Roxicodone® as most popular. A law enforcement officer stated, "Oxycodone, hydrocodone [and] 'benzos' (benzodiazepines) are up there (highly available) and we see them with a lot of other drugs."

Corroborating data also indicated the presence of prescription opioids for illicit use in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 11.4 percent were positive for oxycodone. The Montgomery County Coroner's Office found at least one prescription opioid present in 79.6 percent of the 108 drug-related deaths it processed during the past six months; fentanyl was present in 34.9 percent of these cases. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 728 du (dose units) of hydrocodone acetaminophen in Allen County and 605 du of oxycodone in Shelby County, both interdictions occurred in April 2015 during single seizures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP confiscated 556 oxycodone pills, 18 Xanax® pills and one Ad-derall® pill during a probable cause search of a vehicle pulled over in Shelby County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov),

Oct. 19, 2015). Two individuals were arrested in Montgomery County for possession with intent to distribute over 40 grams of fentanyl ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 13, 2015). A large amount of fentanyl, heroin, marijuana, powdered and crack cocaine were found during a search warrant carried out in Montgomery County ([www.otfca.net](http://www.otfca.net), Nov. 24, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant reasoned, "Since [law enforcement] cracked down on it, it's decreased." Another participant thought, "Because of the heroin epidemic, I'm certain that a lot of people are just skipping the pain killers and going right to the heroin."

Treatment providers reported that the general availability of prescription opioids has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement officer commented, "Around here, heroin is so easy to get that the desire to get prescription pain pills is not there, but some still sell their pills to supplement their income." However, law enforcement specifically noted an increase in fentanyl and related: "I feel like all we see is fentanyl and heroin; Overdoses have increased and that is linked to the fentanyl!"

The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for Dilaudid® and Demerol®; the BCI London Crime Lab Reported increased numbers for fentanyl, Opana®, OxyContin®, Percocet and Ultram®. In addition, the BCI lab once again reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. A law enforcement officer remarked on the high price of prescription opioids: *“Those pills are \$40 to \$60 a pill compared to three caps of heroin for \$15 in this area.”* Participants reported not noticing any change in pricing of these medications during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Methadone	\$6-10 for 10 mg
	Norco®	\$3-5 for 5 mg
	Opana®	\$2 per mg
	Percocet®	\$5-6 for 5 mg \$7 for 7.5 mg
	Roxicodone®	\$30-35 for 30 mg
	tramadol	\$1 per mg
	Ultram®	\$0.50 per mg
	Vicodin®	\$2.50-5 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 remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume these drugs. One participant stated, *“Most are snorting it. A couple might chew them.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as anyone, but noted that heroin addicts often began their addiction with prescription opioid use. A participant asserted, *“All heroin addicts started out with pain pills.”* Two participants confirmed: *“That’s what I started off with ... pain killers and then I got onto heroin; Yeah, I started pain killers probably junior year in high school ... Vicodin® and Percocet® and then in college I was selling OxyContin® before the whole ‘use-proof thing’ (abuse-deterrent formulation) went into effect. Then those went all to abuse proof... and so then we all went to heroin.”* Likewise, community professionals described prescription opioid users as across the board. A treatment provider stated, *“I think a lot of them started using when they were kids, young.”*

## Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip form (aka “strips”) 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’ for filmstrips and ‘5’ for tablets. Treatment providers most often reported current street availability of the drug as ‘10’, while law enforcement most often reported it as ‘5’; the previous most common scores were ‘10’ and ‘7’ respectively.

Participants reported the most available type of Suboxone® as filmstrip and indicated an increase in availability of the drug. A participant stated, *“Suboxone®, that’s become much more popular.”* Another participant explained, *“People learned you can get high off it, so it’s not just something to get you off heroin.”* Another participant explained, *“The dealer wants to make money no matter what they’re selling. If they find out people are getting high off aerosol hair spray, they’re going to start selling it.”* One participant stated, *“People are going to doctors and getting it, and then selling all that, and then taking the money and buying heroin.”*

Treatment providers reported increased availability of Suboxone® during the past six months, while law enforcement reported that availability has remained the same. A treatment provider alleged, *“They buy the Suboxone® off of the street when they are trying to get off of heroin on their own.”* The BCI London and the Miami Valley Regional crime labs reported that the number of Suboxone® cases they process have decreased during the past six months.

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

Reports of current street prices for Suboxone® were provided by participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$4-5 for 4 mg \$8-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics. A participant stated, "You can get it straight off the street or from the clinics." Other participants asserted: "There are people selling or trading the Suboxone®; They'll get a strip of Suboxone® and they'll trade that off to get money for heroin." One participant stated, "My dealer, if he didn't have any heroin that day, then I knew he had Suboxone®... so I was at least 'staying well' (not going into withdrawal)."

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption (sublingual). Participants estimated that out of 10 Suboxone® users, nine would orally consume and one would snort the drug. A participant reflected, "I don't hear many people snorting it." Participants and community professionals described typical illicit users of Suboxone® as heroin addicts who use the drug to avoid withdrawal.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street 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 stated, "If you want them, you can easily get them." Treatment providers most often reported current street availability as '9', while law enforcement most often reported it as '4'; the previous most common score for community professionals was '10'. A treatment provider remarked, "It is everywhere." A law enforcement officer reported, "About 40-50 percent of our cases come up positive for 'benzos' (benzodiazepines)."

Participants identified Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use, while community professionals identified Klonopin®, Valium® and Xanax®. A law enforcement officer added, "Ativan® is worthy to mention, but it is a lot lower [in availability] than Xanax® and Valium®."

Corroborating data also indicated the presence of sedative-hypnotics for illicit use in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 17.1 percent were positive for benzodiazepines. The Montgomery County Coroner's Office found at least one benzodiazepine present in 44.4 percent of the 108 drug-related deaths it processed during the past six months.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. A participant reported, "A lot of doctors are now hesitant on prescribing these kinds of pills." Treatment providers reported that general availability of these medications has remained the same during the past six months, while law enforcement reported decreased availability. A treatment provider stated, "They are readily available because heroin addicts use them when they are having withdrawal...." The BCI London and Miami Valley Regional crime labs reported that the number of sedative-hypnotic cases they process have either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax® for the BCI lab.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics sell for \$1-3 per milligram. A participant explained, "The cost depends on what and how much you want."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2-3 for 2 mg
	Soma®	\$1 for 1 mg
	Valium®	\$1-3 for 1 mg
	Xanax®	\$1-2 for 0.5 mg \$3-4 for 1 mg \$6-8 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors. Although, several participants agreed with a participant who commented: *"I feel like ERs (emergency rooms) are starting to crack down at least a little bit."* Further, a treatment provider stated, *"There has been a big push for the 'docs' (doctors), especially the ones who do the mental health stuff, to stop [prescribing] the benzos."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume and one would snort the drugs. A participant explained, *"Some of them have a wax coating on them, so you just eat them."* Another participant stated, *"With Xanax®, it's always just easiest to eat it. It's just gonna affect you the same as if you snort it."*

A profile of a typical illicit sedative-hypnotic user did not emerge from the data, although participants often noted that users are typically females. A participant remarked, *"There's housewives out there numbing themselves legally (with prescription drugs) and then there's the guy on the street corner numbing himself illegally (with illegal drugs)."* Community professionals described typical illicit users as anyone. A law enforcement officer commented, *"A lot of addicts have them."*

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"It is very readily available; it's very easy to get; I can get it anytime I want."* One treatment professional stated, *"I had a guy this morning who said that he smoked marijuana, but it wasn't a drug."*

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10';

the previous most common score was '5'. A participant reported, *"I can make a phone call and get it right now."* Community professionals most often reported current availability of marijuana extracts and concentrates as '8-9'; the previous most common score was '10'. A law enforcement officer reported, *"We are seeing the oils, waxes and liquids as well now. They are pretty potent."*

Corroborating data also indicated the presence of marijuana in the region. The Logan County Family Court reported that of the 708 positive juvenile drug tests it recorded during the past six months, 23.6 percent were positive for marijuana. In addition, the Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.6 percent of the 310 individuals who screened positive for any drug use during the past six months reported marijuana use during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Around 20 marijuana plants were found in a Beavercreek (Greene County) home ([www.whio.com](http://www.whio.com), Sept. 1, 2015). OSHP pulled over a vehicle in Montgomery County for speeding; a probable cause search of the vehicle led to seizure of marijuana, hash and several baggies of heroin ([www.wdtn.com](http://www.wdtn.com), Oct. 6, 2015). Neighbor complaints resulted in a search warrant issued for a residence in Riverside (Montgomery County); police seized a small amount of marijuana, crystal methamphetamine and drug paraphernalia ([www.wdtn.com](http://www.wdtn.com), Oct. 9, 2015). OSHP seized more than one pound of marijuana that was hidden near the trunk of a vehicle pulled over in Allen County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 1, 2015). A vehicle was stopped in Montgomery County for a tinted window violation; a probable cause search led to the seizure of vacuum-sealed bags containing 236 grams of marijuana ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 14, 2015). An Allen County residence was searched, in which police discovered nine pounds of marijuana ([www.otfca.net](http://www.otfca.net), Dec. 4, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of the high-grade marijuana has increased during the past six months. One participant stated, *"High grade is just as available as the 'reggie' (low-grade marijuana)."* Another participant reasoned, *"Now that more and more states legalize 'weed' (marijuana), it's easier to get ... I know people in Colorado who grow for dispensaries, but half of their product gets shipped out."* Participants indicated that marijuana extracts and concentrates in the form of oils, dabs and wax have

increased during the past six months. A participant stated, *"Dabs are becoming more and more popular."*

Treatment providers reported an increase in the general availability of marijuana, as well as in the availability of marijuana extracts and concentrates during the past six months. A treatment provider asserted, *"Hash oil has increased."* The majority of law enforcement reported no change in availability of marijuana extracts or concentrates. One law enforcement officer reported, *"The majority of cases we get is [for] high-grade [marijuana]."* A couple of law enforcement officers noted: *"There has been an increase in hash; We got a huge influx of cases, edible products, when it was legalized in Colorado ... That has died off, but we are seeing a lot of butane honey oil now."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months, while the Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has remained the same.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	Increase

Participants most often rated the current overall 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 explained, *"Really depends on what you're looking for. You can get 'brick weed' (low-grade marijuana) that's been bricked up from the cartel or you can get nice little popcorn nuggets that's homegrown by somebody."* Participants shared: *"It's still way better to get 'loud' (high-grade marijuana); The loud will last longer ... I got a gram and it lasted three days compared to if I had a gram of reggie that would have been gone in two hours."*

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months. A participant stated, *"It's always stayed the same."* Another pondered, *"It's just low [quality]. Now everyone wants the good stuff."* Participants further indicated that the quality of high-grade marijuana has increased during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. A couple of participants reported: *"You can get variety packs now ... You can get whatever you want. They just market it like they would with cookies. They have different grades and different strains; He paid \$350 for the variety pack, which was an ounce."*

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$5-10
	1/8 ounce	\$20
	1/4 ounce	\$25-30
	An ounce	\$70-100
	<b>High grade:</b>	
	A gram	\$20
	1/8 ounce	\$40-50
	1/4 ounce	\$80-120
	An ounce	\$200-400
	1/4 pound	\$1,200

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A participant replied, *"Most of them are smoking it."* Another participant added, *"Vaporizers. That's if someone's been smoking for a while and they're selling and they have extra money, they're like, 'Let's go get a vaporizer.'" One participant observed, "I've heard a lot of kids like baking it in cookies now."* Other participants indicated an increase in edible goods with marijuana. One participant said, *"They're becoming more popular now."* A participant reasoned, *"Because of the dispensaries. Those are big products in the dispensaries."* Another participant confirmed, *"You can get ice cream, cookies, brownies, tea ... but that's the medical weed."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone: all ages and races. A participant remarked, "Junior high and up." Another participant suggested, "I think more high-grade users are older, like 35 or older." However, still another participant countered, "I think a lot of the young people, too, are using [high-grade marijuana]." A treatment provider stated, "It really cuts across the board." Another clinician said, "Younger ones start [drug use] with marijuana."

## Methamphetamine

 Methamphetamine is 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 '7'. Community professionals

most often reported current availability as '8'; the previous most common score was '1.' A law enforcement officer remarked, "The numbers [of methamphetamine seizures and arrests] have skyrocketed since last year."

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region and identified powdered methamphetamine as the most prevalent form. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant shared, "I have a friend, that's her drug of choice and she does the shake-and-bake a lot. She just makes it herself, so she doesn't have to go and find it ... in a two-liter bottle."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple faced drug and child endangerment charges after police found a second methamphetamine lab in their home in Xenia (Greene County); the first lab was discovered in July ([www.whio.com](http://www.whio.com), Aug. 26, 2015). The Agencies for Combined Enforcement (ACE) task force discovered a methamphet-

amine lab in a Fairborn (Greene County) apartment ([www.whio.com](http://www.whio.com), Aug. 29, 2015). Neighbor complaints led police investigators to several methamphetamine labs during the reporting period: one in a Moraine (Montgomery County) home ([www.wdtn.com](http://www.wdtn.com), Sept. 16, 2015), a second in a Union City (Darke County) residence where marijuana was also seized ([www.whio.com](http://www.whio.com), Oct. 9, 2015) and a third, again in Moraine ([www.daytondailynews.com](http://www.daytondailynews.com), Oct. 13, 2015). A total of seven individuals were arrested in one week in Montgomery County for possession of crystal methamphetamine; other drugs found during the searches included heroin and marijuana ([www.otfca.net](http://www.otfca.net), Nov. 2, 2015; [www.otfca.net](http://www.otfca.net), Nov. 5, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Several participants commented: "You hear a lot about it; I've heard it through the grapevine that it is getting more accessible; It's becoming more popular." One participant disclosed, "A lot more people are doing meth ... I never done it, but been to jail so many times ... people given me the recipe. I come home with the recipe and then, that's how scary it is, you got this list of ingredients in jail and then you're just going to come home ...." Likewise, community professionals reported increased availability of methamphetamine during the past six months. A treatment provider reflected, "I think it decreased for a while, but now it is starting to slowly come back." The BCI London and Miami Valley Regional crime labs reported that the number of methamphetamine cases they process have increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. A participant shared, "I used it and it was pretty high quality." Participants were unable to report on other substances used to adulterate (aka "cut") metham-

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

phetamine, but often mentioned: *"It's made with so many chemicals; There are all kinds of chemicals in it."* One participant stated, *"They will cut it with whatever they can."* Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants indicated that the most common amount purchased is a gram. Another participant shared that users often trade ingredients used to manufacture methamphetamine for the drug and stated, *"I think that a box of Sudafed® will get you like a half gram."*

<b>Methamphetamine</b>	<b>Current Prices for Methamphetamine</b>	
	<b>Powdered:</b>	
	1/10 gram	\$20
	A gram	\$90-120

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would smoke and three would shoot the drug. A participant commented, *"It's a breakdown between them ... smoking and shooting."* Another participant shared, *"Most people I know smoke it."*

Participants described typical methamphetamine users as white, age 30 years and older, truck drivers, bikers (motorcyclists), third-shift workers and heroin addicts. Participants agreed: *"I'd say it's definitely a white person drug; Yeah, it's white people."* Several participants shared similar stories as one participant who commented: *"I'm seeing a lot of people that were heroin addicts go to jail, get out of jail by taking the Vivitrol® shot (a medication assisted treatment for opiate addiction), so they can't do heroin anymore ... they are doing meth."* A few participants added that methamphetamine is popular in the gay community. Community professionals also described typical methamphetamine users as white and aged 20s to 50s. A treatment provider expressed, *"I'm concerned that more younger people are going to start using meth now."* Another clinician perceived,

*"It's here, but we are just so slammed with heroin ... it's hard to even see anything else."*

## Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported the current street 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 '5'. Treatment providers most often reported current street availability as '7' and law enforcement as '2'; the previous score was '5' for both types of community professionals. Treatment providers commented: *"It is easy to get if you want it; They can get it at the schools."* A law enforcement officer sensed, *"They are so low [in availability] compared to methamphetamine, it is not even noteworthy."*

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most popular. A treatment provider commented, *"Adderall® is the most popular now. It used to be Ritalin®."* Another treatment provider shared, *"The kids can get Adderall® really easily from their friends at school!"*

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. A few participants indicated an increase in Vyvanse®. One participant explained, *"There's a lot of guys at school who take Vyvanse® because I guess they're trying to limit Adderall® ... Vyvanse® aren't as addictive as Adderall® are ... that's what his doctor tells him."* Treatment providers reported that availability of prescription stimulants has increased, while law enforcement reported that availability has remained the same. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases; the Miami Valley Regional Crime Lab reported that the number of cases for all prescription stimulants has remained the same.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$7 for 30 mg
	Ritalin®	\$4 for 10 mg
	Vyvanse®	\$10 for 60 mg

Participants reported obtaining these drugs from dealers and physicians. One participant shared, "I know somebody, he is not prescribed them, but he buys them off the street ...." Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort these drugs.

Participants described typical illicit users of prescription stimulants as high school through college age and females (mothers). One participant stated, "Adderall® is real big in college." Another participant described typical users as, "Women who are trying to lose weight use them." Another participant added, "Those people that do [prescription stimulants] are the people who like the uppers, like the crack (cocaine) and the methamphetamine." Community professionals described typical illicit users as white females. One treatment provider suggested that many prescription stimulant users are self-medicating and stated, "Everyone thinks they are either ADHD (Attention-deficit/hyperactivity disorder) or bipolar and they need something to treat that."

## Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current general availability of ecstasy as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5-7'. A participant stated, "It is pretty readily available." Another participant clarified, "It's more about the group of people you are associated with," which was supported by a participant who shared, "I was always able to pretty easily get it through the music scene." Community professionals most often reported current availability of ecstasy (traditional tablet) as '4' and current availability of 'molly' (powdered MDMA) as '7'; the previous most common scores were '1-2' and '5' respectively.

Participants and community professionals reported that the availability of ecstasy has remained the same during the past six months while reporting an increase in the availability of molly. Participants responded: "You can still get the pressed pill, but it is harder to come by; The big thing now is molly; People have moved from ecstasy to molly." A law enforcement officer reported, "We don't get it in tablets, we get in a powder (molly)." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months, while the Miami Valley Regional Crime Lab reported that the number of cases it processes has remained the same; the labs do not differentiate between ecstasy and molly cases.

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	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants reported the current overall quality of ecstasy as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants did not often comment on the quality of the traditional tablet form, but often discussed the variable quality of molly. A participant explained, "Well, molly, and I say 'molly' in air quotes ... you never really know if you are getting real molly (MDMA) or some kind of synthetic from China or bath salts or whatever they do now." Another participant supported, "Ecstasy is a pressed pill and molly was pure MDMA when it first came out, ... but now molly is classified as any of those synthetics." Participants reported that ecstasy and molly are most often adulterated (aka "cut") with cocaine, heroin and other synthetic drugs. Overall, participants reported that the quality of ecstasy has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules. One participant added, "When you buy more, it just drops in price like it does with most drugs."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$20-25
	<b>Molly:</b>	
	One capsule (approximately 1/10 gram; aka "cap")	\$10-20
	A gram	\$100

Participants indicated that ecstasy and molly are most often obtained at dance parties (aka "raves") and clubs. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would orally consume the drug.

Participants and community professionals described typical ecstasy and molly users as younger (teens and 20s), as well as those who frequent clubs and raves. Participants were eager to describe these users: "Teens in the club scene; Ravers and those at the clubs; Strippers; Molly is more the DJ crowd; You see molly and the synthetics a lot in the music scene." One participant added, "It's getting more popular with the black crowd." A law enforcement officer described, "White, in their 20s, male."

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. One participant stated, "It's there if you want it." Another participant agreed, "Yeah, it's around here." Community professionals most often reported current availability 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 '7-8.' Treatment providers indicated that this drug is used by a limited population and commented: "They use it when they are trying to pass (drug) screens for probation; You still see it with the young kids a little bit, but it's not as prominent."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, "I haven't seen it for a while." Several participants suggested that this decrease is due to the fear and unpredictability of the high the drug produces and commented: "It's different. It's kind of scary; It's not marijuana. It makes you weird. It's something crazy. Like I drove home which is 10 minutes away and I felt like every car was trying to hit me. I was scared." Community professionals also reported decreased availability of synthetic marijuana during the past six months. Law enforcement observed: "It is lower in availability; I think a lot of people wanted to try it, but didn't like it. It scared them and then they backed off of it naturally." The BCI London and Miami Valley Regional crime labs reported that the number of synthetic marijuana cases they process have decreased during the past six months.

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

Most participants reported that the quality of synthetic marijuana has decreased during the past six months, but were unable to provide a reason for the decrease, suffice to say that the high is not well liked. A participant reiterated, "It's just scary."

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. A participant reflected, *"I know that my brother gets a little thing [the size] of Blistex® and he pays \$25 for it."* Reportedly, a gram amount of synthetic marijuana sells for \$20-25. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in head shops and online. One participant asserted, *"They sell it at the gas stations."*

Participants continued to report that the only route of administration for synthetic marijuana remains smoking. Participants and community professionals described typical synthetic marijuana users as high school students, as well as, those who need to pass a drug test for employment or because they are on probation. A community professional explained, *"They use it to try to get by the drug testing."*

### Other Drugs In the Dayton Region

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, bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, ketamine (anesthetic typically used in veterinary medicine), Neurontin® (anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic medication).

#### Anabolic Steroids

Law enforcement reported low availability of anabolic steroids; most often reporting current availability of these substances as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Officers reported that availability has remained the same during the past six months. One law enforcement officer stated, *"We have a steady base of steroids in this area."*

#### Bath Salts



Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical ana-logues) remain available in the region. Participants most often reported the current availability of bath

salts as a '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"I don't really think that bath salts are around here."* Whereas, another participant asserted, *"People will sell bath salts as 'molly' (powdered MDMA)."* Community professionals most often reported current availability as '0-2.' A treatment provider commented, *"Those are pretty much gone or at least we aren't seeing them."* A law enforcement professional stated, *"We may have two or three cases and then we don't see it again."*

Participants and community professionals agreed that the availability of bath salts has decreased in the past six months. A law enforcement officer reasoned, *"More people are afraid of that than they are with heroin."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab clarified that alpha-PVP (aka "flakka") is classified as a second-generation bath salt. The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Although participants did not directly report on the quality of the drug, a couple of participants commented on the effects of the drug. One participant asked, *"Are bath salts considered hallucinogens? 'Cause when I did bath salts, it made me hallucinate."* Another participant shared, *"I thought I was buying cocaine and someone gave me bath salts, but it was a completely different experience. I thought I was shooting half a gram of cocaine and I felt like I needed to go to the mental ward."*

Reports of current prices for bath salts were provided by two participants with experience purchasing the drug who reported that a gram of bath salts sells for \$30-55. Participants reported that the most common route of administration for bath salts is snorting and estimated that out of 10 bath salt users, nine would snort and one would intravenously inject (aka "shoot") the drug. A law enforcement officer described typical users of bath salts as white males in their 20s.

#### Hallucinogens

Hallucinogens remain available in the region. Participants most often reported current availability of LSD as '9' and of psilocybin mushrooms as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants commented that the availability of LSD is

limited to a specific group of individuals. A participant commented, *"If you go in the right crowd, the jam band crowd, it's readily available."* Participants also discussed the availability of psilocybin mushrooms but could not rate their current availability. A couple of participants shared, *"Shrooms' (psilocybin mushrooms) are seasonal; They're hard to come by; You can get them in the fall because they are more readily available because people are growing them."* However, other participants commented: *"I used to sell them so it was easy for me; I grew them year round."* Community professionals most often reported current availability of both LSD and psilocybin mushrooms as a '2.'

Participants reported that the availability of both LSD and psilocybin mushrooms have decreased during the past six months. A participant explained, *"In the last six months, I have had one person say they could get it."* Law enforcement reported that the availability of hallucinogens has increased during the past six months. An officer shared, *"In the last two years, our LSD has gone up. We used to see less than five cases in a year. This year we have seen 25 LSD cases. Last year we saw 20 cases."* A law enforcement officer also explained, *"In the last two years [psilocybin mushroom cases] have risen and they are staying steady. We are seeing more mushroom home grows versus purchasing it from one grower. We are also seeing an increase in DMT (dimethyltryptamine)."* The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased.

Participants did not rate the current quality of LSD, but indicated that quality varies and commented: *"There's no way to test for the quality until you're into a trip and then you know; One guy might have good stuff and one might not."* Several participants rated the current quality of psilocybin mushrooms as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality).

Reports of current prices of hallucinogens were provided by those with experience either purchasing or selling these drugs. Participants commented: *"It depends on what kind you want; How much it costs depends on what the dealer wants to sell it for."* One participant reported, *"Most people buy one or two hits [of LSD] or a '10-strip' (a strip of blotter paper containing 10 LSD hits) between a group."* Another participant added, *"The liquid (LSD) is more expensive because it's stronger."* Reportedly, LSD sells for \$5-10 per hit and \$50-100

for a strip (10 hits). A law enforcement officer shared, *"Typically, [LSD] is on blotter paper."*

Participants reported that psilocybin mushrooms generally sell for similar prices as marijuana. Reports of current prices of psilocybin mushrooms were provided by the few participants with experience purchasing or selling the drug: \$1/8 ounce sells for \$25-35 and an ounce sells for \$100. One participant bragged, *"I was selling it for \$60 an eighth (1/8 ounce). That was the best quality you could get."* Participants reported that the most common route of administration for either hallucinogen is oral consumption. A participant explained, *"You put [LSD] on your tongue."* Participants reported that psilocybin mushrooms are most often eaten on food.

Participants described typical hallucinogen users as young (teens through 30s), hippies and those who attend music festivals. One participant described, *"LSD would be like those with the Grateful Dead type bands."* Still another participant illustrated, *"I would say more like hippies or those who like to camp and do the traveling music, groupies."* Law enforcement described typical users as younger (20s), male and white.

### Inhalants

Inhalants are available in the region and participants reported nitrous and duster (Difluoroethane, aka "DFE") as most popular in terms of widespread use. One participant divulged, *"We could get it pretty easily because we were in the music scene, and we knew people from Indianapolis who'd bring in 60-pound tank, and then they would mix them into smaller tanks and we'd have nitrous parties, and it would get crowded with people."* Law enforcement reported, *"We see DFE often enough and we go through spurts ... We get one to two DUIs that have DFE involved."* Another officer shared, *"They always have like 30 cans in their car, so I would say it is pretty easy to get."*

Participants and law enforcement reported that the availability of inhalants has remained the same during the past six months. Reports of current prices of nitrous were consistent among the few individuals with experience purchasing the drug. Nitrous sells for \$5 per balloon. Reportedly, nitrous is most available at parties, raves and outdoor music venues. A participant declared, *"If you go to the 'raves' (dance parties) and stuff, they'll be there."* Participants described typical nitrous users as 16-30 years old and those

who attend raves. Law enforcement described typical DFE users as males in their early 20s.

### **Ketamine**

Participants and community professionals reported that ketamine is available in the region, although its current availability was said to be limited. Participants and community professionals most often reported current availability as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement indicated decreased availability of the drug and reported: *"We've had two cases this year and we had six last year; It has decreased."* Respondents described typical ketamine users as white males in their 20s.

### **Neurontin®**

Neurontin® is moderately to highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement most often reported current availability as '5'; the previous most common score was '10'. An officer reported, *"We see quite a bit of Neurontin®."* Participants and law enforcement reported that availability of Neurontin® has remained the same during the past six months. A participant stated, *"I've always heard of people using them when they're trying to withdrawal from heroin."* Another participant reflected, *"I've never heard of people trying to get high off of [Neurontin®]."*

Participants were mostly unaware of current street prices for Neurontin®. One participant reported, *"I actually saw Neurontin® for \$3, but I don't know what size it was."* Participants reported that the only route of administration for illicit use is oral consumption. Participants described typical illicit Neurontin® users as heroin addicts and those dealing with chronic pain. Law enforcement described typical illicit users as white and more often female.

### **Seroquel®**

Seroquel® is moderately to highly available in the region. Participants most often reported the current street availability of this drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported

current street availability as '5'. Participants and community professionals reported that the availability of Seroquel® has remained the same during the past six months. A law enforcement officer stated, *"Seroquel® remains pretty steady."* Participants reported that the most common route of administration for illicit use of Seroquel® is oral consumption. One participant said, *"I think Seroquel® is one that burns when snorted."* Respondents described typical illicit users of Seroquel® as white females.

### **OTCs**

Participants and community professionals reported high availability of OTCs due to legal sales of these drugs. One law enforcement officer explained, *"Availability is high because you can go to the store and easily get it."* However, both groups of respondents reported that the popularity of illicit use of OTCs is low. Law enforcement reported, *"We don't see very much cough medicine cases."* Participants reported that illicit use of OTC medications has decreased during the past six months. Participants and law enforcement described typical illicit OTC users as younger (20s and 30s), African American, and in the hip-hop music scene. A participant stated, *"That's popular among the young kids."* A law enforcement officer expounded, *"It's a huge thing in the hip-hop culture ... [artists] actually sing about it."*

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report brown and white powdered heroin as most available. Participants and community professionals reported that the availability of heroin has increased during the past six months. Law enforcement expressed concern, reporting that for the first time ever, they have more heroin cases than they do marijuana cases.

Participants and community professionals continued to note fentanyl as a cutting agent for heroin. Reportedly, heroin dealers sell heroin-fentanyl mixtures as well as straight fentanyl, often unbeknownst to users who think they are buying heroin only. Participants continued to attribute overdose deaths in the region to fentanyl. The Montgomery County Coroner's Office found opiates present in 70.4 percent of the 108 drug-related deaths it processed during the past six months; fentanyl was present in 27.8 percent of all cases.

The most common route of administration for heroin remains intravenous injection. While participants did not indicate difficulty in obtaining new injection needles, many expressed concern over the sharing of needles and diseases (hepatitis and HIV). Reportedly, sharing needles is extremely common. Participants described typical heroin users as 16 years of age and older. Several participants admitted beginning heroin use when they were 16 and 17 years of age. Community professionals described typical heroin users as most often white and 18-60 years of age.

Law enforcement reported that the number of methamphetamine cases has skyrocketed since last year. Participants reported that methamphetamine is available in powdered and crystal forms throughout the region, but

identified powdered methamphetamine as the most prevalent form. The BCI London and Miami Valley Regional crime labs reported that the number of methamphetamine cases they process has increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as white, age 30 years and older, truck drivers, bikers (motorcyclists), third-shift workers and heroin addicts.

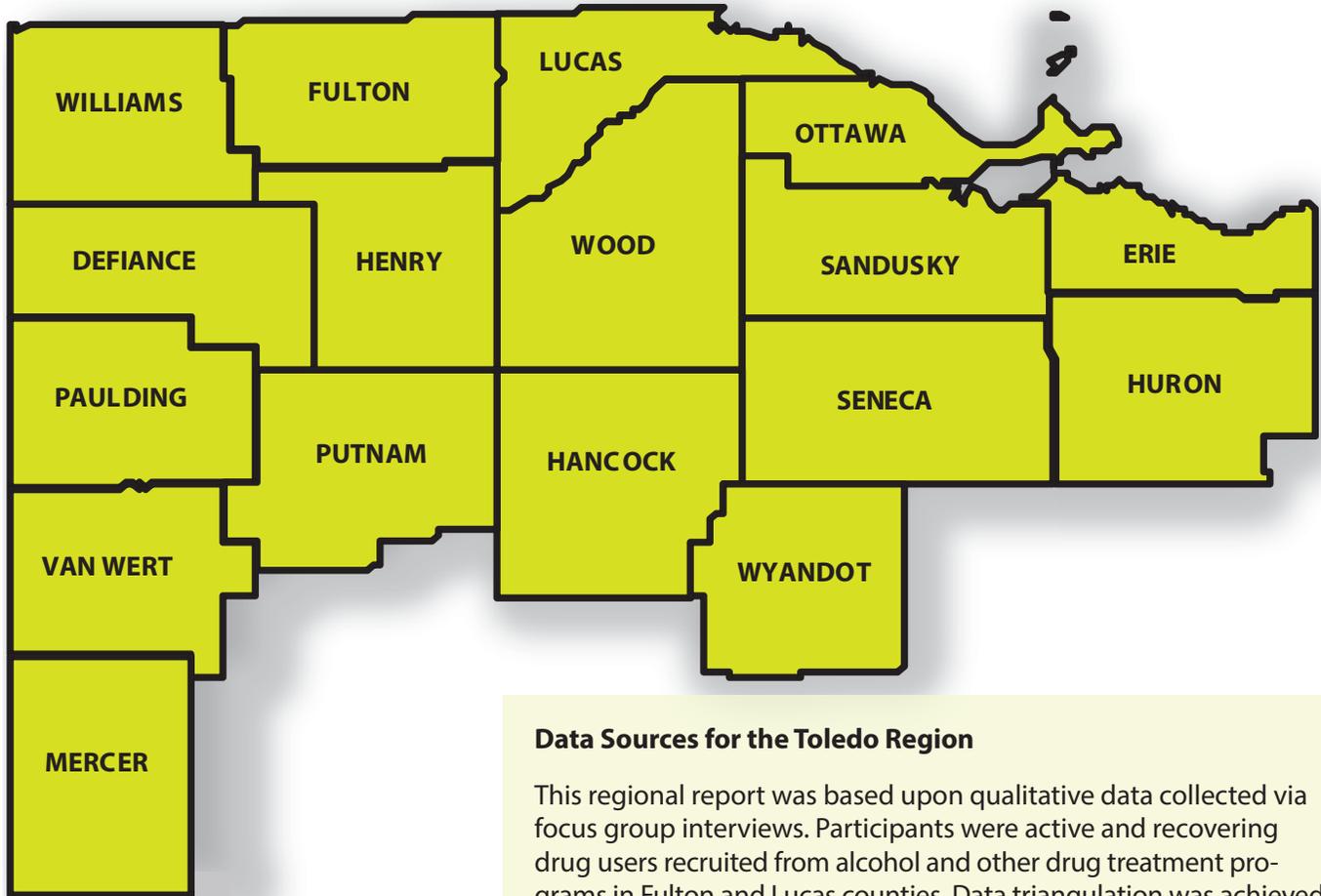
Participants and community professionals reported that the availability of "molly" (powdered MDMA) has increased during the past six months. Participants discussed the current variable quality of molly, reporting that the drug is typically not pure and is often adulterated with cocaine, heroin and synthetic drugs. Participants indicated that ecstasy and molly are most often obtained at dance parties (aka "raves") and clubs; they described typical users as younger (teens and 20s).

Lastly, participants and treatment providers indicated that high-grade marijuana, particularly marijuana extracts and concentrates in the form of oils, dabs and wax, has increased during the past six months. Many respondents linked the increase in high-grade marijuana to legal marijuana coming into the region from Colorado.





### 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 Fulton 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 focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Bowling Green office, the Hancock County Probate and Juvenile Court and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

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### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,225,517	48
Gender (female), 2014	51.1%	50.9%	45.8%
Whites, 2014	84.8%	88.8%	66.7%
African Americans, 2014	13.6%	9.7%	20.8%
Hispanic or Latino Origin, 2014	3.3%	5.9%	7.0% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	80.6%	85.4%
Median Household Income, 2014	\$49,349	\$49,717	less than \$12,000 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	15.1%	62.2%

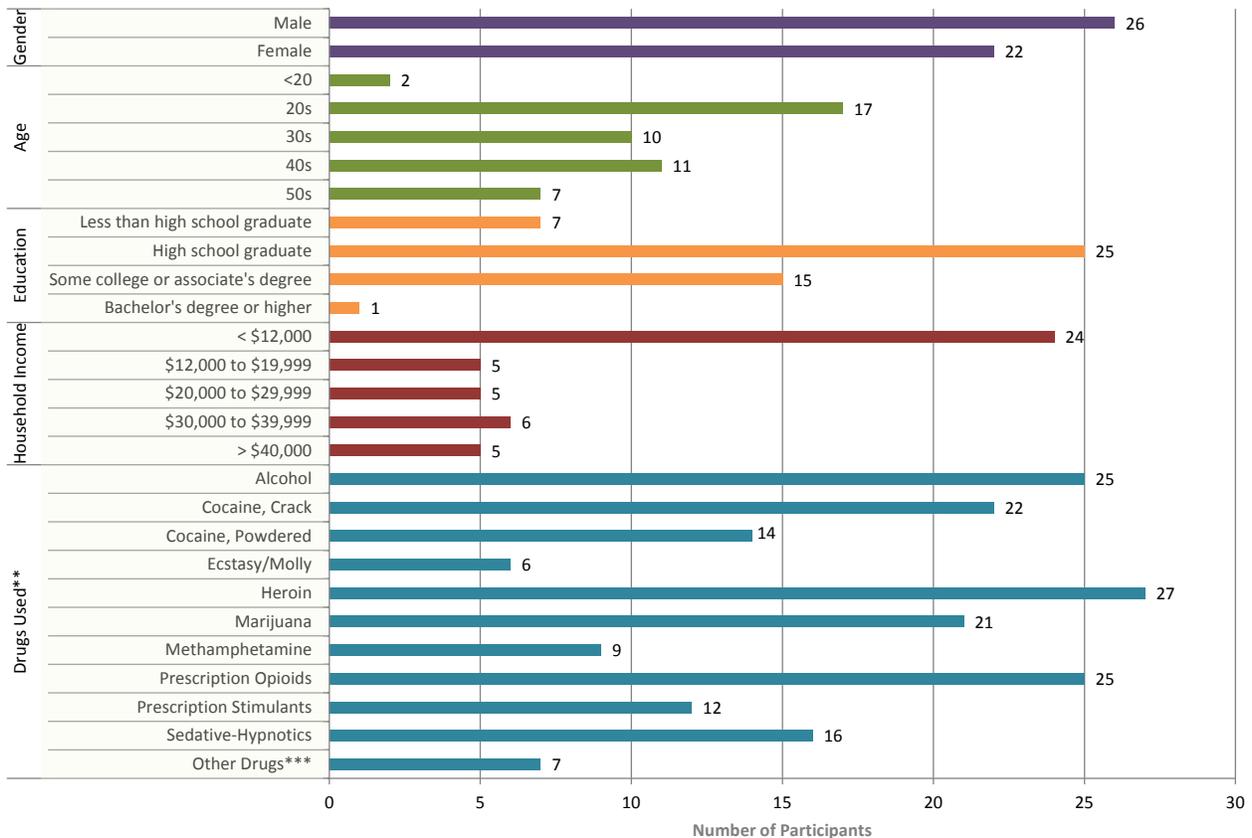
<sup>1</sup>Ohio and Toledo region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status were unable to be determined for 3 participants for missing and/or invalid data.

### Toledo Regional Participant Characteristics

Drug Consumer Characteristics\* (N=48)



\*Not all participants filled out forms completely; therefore, numbers may not equal 48.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: bath salts, hallucinogens (DMT, PCP), ketamine, synthetic marijuana and other prescription drugs (Neurontin®, Suboxone®).

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, ecstasy, heroin, marijuana, powdered cocaine, prescription opioids and sedative-hypnotics were highly available in the Toledo region. Increased availability existed for methamphetamine and Suboxone®, likely increased availability existed for powdered cocaine, and decreased availability existed for bath salts and synthetic marijuana.

While many types of heroin were available in the region, participants and treatment providers reported white powdered heroin (aka “china white”) as most available in terms of widespread use. Participants most often reported the overall quality of heroin as ‘10’ (high quality) and indicated that the high quality of the drug was the reason for many overdoses in the region. Participants reported that heroin was adulterated (aka “cut”) with other drugs, such as methamphetamine, prescription opioids and Xanax®. The BCI Bowling Green Crime Lab reported fentanyl as a heroin cut.

In addition, participants and treatment providers reported that powdered cocaine, which they agreed had increased in availability during the reporting period, was also used to cut poor quality heroin in an effort to increase the quality of the product. Treatment providers reported that some heroin users appeared unaware of the presence of cocaine in the heroin they used and seemed surprised when they tested positive for cocaine in drug screens. Participants and community professionals described typical heroin users as from “across the board” and “all over the charts.” Treatment providers also noted increased numbers of pregnant heroin users who entered treatment during the reporting period.

The Hancock County Adult Probation Department reported that 30 percent of the 574 positive drug tests logged during the reporting period were positive for buprenorphine (a main ingredient in Suboxone®). Both participants and treatment providers reported increased street availability of Suboxone® and attributed the increase to an increase in number of users who were prescribed the drug. The BCI Bowling Green Crime Lab also reported that the number of Suboxone® and Subutex® cases it processed had increased during the reporting period.

Participants and community professionals continued to describe typical illicit Suboxone® users as heroin addicts and explained that they used Suboxone®, prescribed or

not, to avoid heroin withdrawals or to attempt self-detox. Some treatment providers also noted that they saw an increase in pregnant women using Suboxone® and added that they had never heard of these clients purchasing Subutex®, an even safer alternative for pregnant women.

Lastly, participants and community professionals reported high availability of methamphetamine in Defiance and Williams counties and low availability for the drug in the City of Toledo. Participants reported that methamphetamine was available in both powdered and crystal forms; however, they specified that although the powdered form is most available in terms of widespread use, the quality was not as high as crystal methamphetamine. Reportedly, the powdered form was often cut with other substances, such as horse tranquilizers, to increase its potency.

Respondents continued to report that methamphetamine was most often produced for personal consumption following the “shake-and-bake” method of manufacture. Participants explained that these small methamphetamine labs were often discarded in ditches on the side of the road to avoid having them discovered in the cook’s garbage by law enforcement. Participants reported that users traded boxes of Sudafed® (a precursor ingredient for methamphetamine production) for the drug. Both participants and community professionals described typical methamphetamine users as coming from rural areas and treatment providers noted that many were of lower socioeconomic status.

## 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’ and ‘10’. A participant commented, “*Oh, you can find it everywhere.*” Community professionals most often reported current availability as ‘9’ in the City of Toledo and ‘4’ in rural areas; the previous most common score was ‘10’ generally. A treatment provider reported, “*Some clients here (rural treatment program) have a diagnosis of abuse of cocaine ... so it’s still out there.*”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. In possibly the biggest drug bust ever in Fremont (Sandusky County), 34 individuals were charged with heroin and cocaine trafficking following an 18-month investigation undertaken by local, state and federal agents ([www.13abc.com](http://www.13abc.com), Oct. 30, 2015). A Sandusky (Erie County) man was charged with trafficking cocaine and marijuana in the Village of Put-In-Bay (Ottawa County); the man allegedly transported the drugs to the island community via ferry ([www.otfca.net](http://www.otfca.net), Nov. 30, 2015).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported a slight decrease due to a large arrest. An officer recounted, "We've seen a small decrease ... we had a ... multi-county round up in August ... Henry, Fulton, Putnam, Defiance ... all the counties. Making a point that drugs are not tolerated. We did identify a potential source of cocaine, which we handed off to an adjacent drug unit ... They did follow up and got search warrants uncovering larger amounts of cocaine." The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes has increased 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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' However, a participant reported that quality fluctuates depending on the dealer and the 'cut' (adulterant).

Participants reported that powdered cocaine in the region is cut with acetone, baby laxative, baking soda, blood pressure medication, creatine, dietary supplements (inositol, isotol), Orajel®, Seroquel® and Sudafed®. A participant reported, "[Dealers] say they have two different kinds, one for shooting and one for snorting ... two different cuts, one will break down to shoot and one won't." Another partici-

part added, "If they tell you they have one you can shoot and one you can snort, just leave that man alone and go to somebody else, because 'raw' (unadulterated) dope you can shoot or snort." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months and indicated that this is due to how much the drug is cut. A participant explained, "By the time [the dealer] gets it from whoever to you, it's been 'stepped on' (adulterated) so many times that by the time it gets to you, it's maybe a '3' [on the quality scale]."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that variance in price depends on quality. A participant shared, "I can get a 'bill' (\$100) a 'ball' (1/8 ounce) ... it just depends on the quality. You can get balls for \$100 or you can get balls, like quality stuff, for \$200."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50
	1/16 ounce (aka "teener")	\$75-100
	1/8 ounce (aka "eight ball")	\$100-200

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"). A participant reported, "[Users are] thinking ... that if they snort it, they're better than someone who shoots it."

Participants described typical powdered cocaine users as white, college-aged, of a higher socio-economic level, as well as, hippies, lawyers, strippers and prostitutes. One participant remarked, "There are girls working the streets and getting high." Community professionals found it difficult to describe a typical powdered cocaine user, but reported that the age range for use is wide (20s to 60s).

## 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'. However, one participant reflected on demand and concluded, "I think the need for it isn't there as much anymore." Community professionals most often reported current availability as '9'; the previous most common score was '8'. A treatment provider noted, "It's probably available, it's just not as popular." A law enforcement officer commented, "It's out there. We've come across it."

Corroborating data indicated the presence of crack cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that nine percent of the 188 individuals who screened positive for any drug use during the past six months reported crack cocaine use during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Toledo man was arrested at a Fostoria (Seneca County) motel when police, responding to possible drug activity complaints, found crack cocaine and heroin in the man's possession ([www.otfca.net](http://www.otfca.net), July 19, 2015). A Fostoria woman was charged with possession of crack cocaine after a drug-related search warrant was executed at her home ([www.otfca.net](http://www.otfca.net), July 21, 2015). Ohio State Highway Patrol (OSHP) troopers discovered 70 grams of crack cocaine and 56 grams of heroin hidden in a shoe on the rear floorboard of a vehicle that was pulled over for a marked lanes violation in Sandusky County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 26, 2015).

Participants reported that the availability of crack cocaine has decreased during the past six months. A participant reasoned, "With the prevalence of heroin, 'crack' (crack cocaine) is going away." Community professionals reported that availability has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often rated the current overall 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'. However, participants indicated that the quality often varies. A participant explained, "A lot of dealers will have

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

really good crack cocaine. They'll sell that to you and then once you're high, they'll sell you the shitty crack." Participants reported that crack cocaine in the region is adulterated (aka "cut") with acetone, ammonia, baby laxative, baking soda, Orajel®, Seroquel® and Sudafed®. A participant asserted, "They cut it with a lot of 'soda' (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)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that most users will purchase crack cocaine in small pieces (aka "rocks") that are not typically weighed. One participant added that dealers will sell pieces for, "what [money] you have in your pocket." Another participant explained, "Most people with a crack cocaine habit, you won't see them buying grams and 'balls' (1/8 ounce). They'll buy [rocks for] 5, 10, and 20 dollars, smoke it all night long. So they're wasting their money throughout the night."

Crack Cocaine	Current Prices for Crack Cocaine	
	A gram	\$50
	1/16 ounce	\$75-100
	1/8 ounce (aka "eight ball")	\$150-200

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.

Another participant shared, *"I like doing both, so either shooting it or smoking it. It depends on who I'm with and if I have a needle."* One participant disclosed, *"Once I started shooting it, I never smoked it again."* Participants also discussed the general anti-social nature and paranoia associated with crack cocaine use and responded: *"Crack smokers usually don't smoke together. Once there's smoke, everyone scatters; You go and hide."*

A profile for a typical crack cocaine user did not emerge from the data. However, several participants pointed out that prostitutes use the drug. A participant reported, *"It was like all the girls who work the streets. Their tricks are providing them money [for crack cocaine]."* Treatment providers noted that heroin users will often use crack cocaine and added that clients who identify crack cocaine as their primary drug of choice are generally older (40s and 50s).

## Heroin

Heroin 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'. Several participants admitted to having multiple heroin dealers. One participant ruminated, *"You're hitting three different drug dealers throughout the day and you're feeling good off of each one."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider commented, *"I feel like heroin is just an epidemic."*

Participants noted an increase in the number of heroin dealers in the region during the past six months. One participant declared, *"There are sooo many drug dealers."* Another participant added, *"And we're addicts, so if we have five different heroin dealers, we're going to test them all out."* One participant asserted, *"It's so crazy. Actually some of the best dope I ever got, the kid (dealer) was like 16-years old."* Participants indicated that dealers often sell heroin as well as cocaine. One participant reported that dealers will say, *"I got that 'hard' (crack cocaine) and I got that 'chi' (china white heroin)."*

While many types of heroin are currently available in the region, participants and community professionals reported white and brown powdered heroin as most available in terms of widespread use during the past six months. Participants and treatment providers reported that white powdered heroin is slightly more available than brown

powdered heroin. Treatment providers commented: *"We used to hear brown all the time, but we haven't heard brown ... it's 'china white' (white powdered heroin); I hear more of the china white."* A law enforcement officer commented, *"The white and the brown is pretty much what [they] buy."* Participants reported moderate availability of black tar heroin, most often reporting its current availability as '5' on the above availability scale; the previous most common score was '4'. Participants reported: *"I would say the 'tar' (black tar heroin) is less available than the china; Tar is harder to get."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested and charged with trafficking heroin from Toledo to Tiffin (Seneca County); allegedly, the 65-year-old man had been distributing heroin throughout the Tiffin area for quite a while ([www.otfca.net](http://www.otfca.net), July 17, 2015). A man was arrested for trafficking heroin and prescription opioids following a search of his Fostoria (Seneca County) residence; heroin, prescription pills and marijuana were seized ([www.otfca.net](http://www.otfca.net), July 31, 2015). Nine people were arrested in Seneca County during a law enforcement collaborative effort; three of the nine faced charges for trafficking heroin ([www.otfca.net](http://www.otfca.net), Aug. 13, 2015). A series of overnight raids led to the Mercer County Heroin Interdiction Team's largest ever seizure of heroin capsules; 130 heroin capsules, prescription drugs, drug paraphernalia and cash were seized and two people arrested ([www.whio.com](http://www.whio.com), Sept. 2, 2015). Three Findlay (Hancock County) residents were arrested for heroin possession after a search warrant led a local drug task force to their residence ([www.otfca.net](http://www.otfca.net), Sept. 10, 2015). Two men were arrested in Ottawa County and charged with involuntary manslaughter after the heroin overdose death of a woman; the two witnessed the overdose and did not contact emergency services or law enforcement until it was too late ([www.otfca.net](http://www.otfca.net), Oct. 12, 2015). A Findlay woman was arrested after a large amount of heroin, crack cocaine and marijuana were found at her residence ([www.otfca.net](http://www.otfca.net), Oct. 14, 2015). The Seneca County Drug Task Force unit discovered heroin and crack cocaine in a Tiffin home; the resident was charged for trafficking heroin and crack cocaine ([www.otfca.net](http://www.otfca.net), Oct. 16, 2015). A man was arrested at a Fostoria motel; the man was on parole and found with heroin suspected in several overdoses in the area ([www.otfca.net](http://www.otfca.net), Oct. 16, 2015). A young couple overdosed on heroin in Rossford (Wood County) in their vehicle with young children in the vehicle's back seat; paramedics saved the couple with naloxone ([www.wtol.com](http://www.wtol.com), Nov. 6, 2015).

Participants and community professionals reported that the general availability of heroin has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of black tar and powdered heroin cases it processes have increased during the past six months; the lab reported having processed blue, brown, gray, tan, white and off-white powdered heroin, while noting the “blue-drop” heroin epidemic out of Marion (Marion County, OSAM Columbus region).

Heroin	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 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’. Overall, participants reported that the general quality of heroin has remained the same during the past six months. One participant announced, “It’s excellent. It’s a killer.” However, a couple of participants complained about how much the white powdered heroin is adulterated (aka “cut”) and commented: “They just cut it, cut it, cut it; That’s why a lot of people are dying ... because they’re making it ‘stepped on’ (adulterated with unexpected, stronger substances) and so people are ‘OD’ing’ (overdosing); You see, they add more fentanyl and that’s what kills you.”

Participants reported that heroin in the region is cut with baby aspirin, baby laxative, brown sugar, embalming fluid, dietary supplements (Benefiber®, Metamucil®, protein powder) NoDoz®, sleep aids (Sleepinal®), PCP (phencyclidine), powdered cocaine, powdered sugar and vitamin B-12. Participants reported purchasing blue, gray, green and purple powdered heroin and explained: “[The color is determined by] what they cut it with; Gotten some with specks in it.” Participants agreed that heroin is most often cut with other substances and several agreed with one participant who estimated, “I’d have to say that probably two out of eight of us were probably shooting legitimate heroin.” Another participant added, “It’s dangerous because we don’t know [what we are using]. Drug dealers ... they cut and mix it ... So we might get a weak batch and a really strong batch, all in the same batch.”

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> diphenhydramine (antihistamine)</li> <li> fentanyl</li> <li> quinine (antimalarial)</li> </ul>

Reports of current prices of heroin were consistent among participants with experience purchasing the drug. Participants reported that prices depend on the quality of the heroin and indicated that users most often purchase small quantities of the drug. Participants explained: “I was so convinced that every day was my last day. That’s why I would only buy enough for that moment or that day ... I really didn’t want to get high tomorrow; If I was to buy a ‘quarter’ (1/4 ounce) to last me all week ... it wouldn’t last me all week.”

Heroin	Current Prices for Heroin	
	Brown powdered:	
	1/10 gram (aka “papers” or “packs”)	\$20
	A gram	\$60-130
	1/16 ounce	\$170
	1/8 ounce	\$210-320

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants reported that snorting is looked down upon because users believe it is a waste of money to use heroin that way. One participant reported that anyone snorting heroin is, “off in their own little area ... and everyone’s doggin’ him (putting him down).” Participants reported obtaining needles at local pharmacies for approximately \$1.50 for a pack of 10. A participant stated, “It’s easy to walk in and get needles. All you have to do is tell them you’re diabetic.”

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose. A participant remarked, “Without Narcan®, we would be dead.” Another participant reported on a dan-

gerous activity engaged in by some young people in the community. He explained, "High-school kids ... they have something called a 'Lazarus party' and Lazarus was the guy who Jesus arose in the Bible. So, these kids are OD'ing ... and they're hitting each other with the Narcan® (naloxone, the antidote to opiate overdose) and not realizing that the Narcan® lasts 15 minutes to four hours and they still need to go to the hospital ..."

Participants described typical heroin users as middle class, white and young. A participant reported, "Suburban kids come to the city to get their 'dope' (heroin)." Community professionals described typical users as anyone aged 18-80 years, poor and middle class and white. A treatment provider responded, "The majority are younger, but you do get your older people that are using it, too."

### 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 also '10' for both respondent groups. Participants and community professionals alike identified oxycodone (OxyContin®, Roxicodone®) and Percocet® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider reported, "We hear a lot about 'perk 30s' (Roxicodone® 30 mg)." Participants also noted that Vicodin® is easily obtained, but not desirable and further stated that fentanyl and Dilaudid® are desirable, but not easily obtainable.

Corroborating data indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 230 du (dose units) of hydrocodone and 1,227 du of oxycodone hydrochloride in two separate seizures in Hancock County, both seizures occurred in March 2015; HIDTA officers also interdicted 662 du of oxycodone/hydrocodone in Wood County in a single seizure in June 2015.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP discovered 300 oxycodone tablets during a traffic stop in Erie County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 21, 2015). OHSP seized more than 534 oxycodone pills during a traffic stop

in Wood County; three individuals were arrested (<http://nbc24.com>, Aug. 18, 2015). OHSP seized 2,086 oxycodone pills, 271 hydrocodone pills and 58 alprazolam (Xanax®) pills from a vehicle that was pulled over in Wood County for following too closely ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 10, 2015).

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. However, one participant noted, "[Doctors] are getting more strict about giving them out." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally increased during the past six months; the exceptions were a decreased number of Opana® cases and no change in the number of fentanyl cases.

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

Several participants discussed transitioning from prescription opioid use to heroin use and commented: "Heroin addiction stems from prescription pain drug use; People want heroin. It's so much stronger." One participant illustrated, "When I had an \$80-100 a day habit ... if someone gave me a perk 30 ... it would not do anything for me. It would not even get me off [being] 'sick' (going through withdrawal) ... That's why people just go to heroin."

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Several participants reported that users will often purchase whole prescriptions due to tolerance and feeling the need for more medication; however, no prices were provided for these larger amounts. Some participants reported an increase in price of these medications due to reluctance of doctors prescribing the drugs, this limiting availability and driving prices up. Participants reasoned: "The price used to not be that bad, but since they cracked down with the pain clinics, it's [more expensive]; Those have gone up so much [in price]."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$1 per mg
	fentanyl	\$100 for 50 mcg
	OxyContin® OP	\$1 per mg
	Percocet®	\$1 per mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$2.50 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these medications from friends and family and through personal prescriptions. A participant reported, *"Most of the time, if I had friends that had families that got it [prescribed], I'd go over there and sneak in the bathroom."* Another participant admitted, *"I would only get them [prescribed] to make money to buy heroin or crack."*

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, nine would snort and one would intravenously inject (aka "shoot") the drugs. However, several participants reported that many users have switched to heroin. One participant reported, *"I haven't seen anybody snort a pill in a long time."*

Participants described typical illicit users of prescription opioids as young professional men and women ("yuppies"), construction workers and exotic dancers ("stripers"). A participant explained, *"Just to keep them pepped all day."* Another participant noted older users and reported, *"[Senior citizens] don't think of it as a drug. It's easier to justify it instead of hard core drugs like heroin and crack."* Community professionals found it difficult to describe a typical illicit user of prescription opioids and said it can be anyone. Treatment providers reported: *"It could be a young high-school student and it could be a grandmother; I mean, I've [had clients aged] 18 to 65 (years)."*

## Suboxone®



Suboxone® is 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 '5'. Community professionals most often reported current street availability as '10'; the previous most common score was also '10'. A treatment provider commented, *"They don't want to be 'sick' (experience withdrawal) ... if they can't find anything else and somebody's got a Suboxone® then [they'll take it]."*

Participants reported that Subutex® is hard to find, yet several participants indicated that it is sought after. Participants explained: *"Pregnant women get the Subutex®; Subutex® doesn't have the naloxone in it, so when the Subutex® gets prescribed ... that's when it really gets abused because when you're taking Suboxone®, you can't take heroin."*

Participants reported that the availability of Suboxone® has increased during the past six months. One participant remarked, *"It's way up."* Likewise, community professionals reported an increase in availability during the past six months. Treatment providers commented: *"I think it's easier to get; It's gone up; I've been hearing a lot about Suboxone®."* Another provider reasoned, *"I think they're trying to treat themselves (self-medicate), trying not to have to be in a program."* A law enforcement officer reported, *"We have a few where they will sell the Suboxone® to get the money to get heroin."* The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

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. One participant divulged, *"I would get 62 eight-milligram Suboxone® a month ... I would sell maybe 50 of them to sup-*

port my heroin habit." Reportedly, Suboxone® 8 mg sells for \$20. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it prescribed from doctors. One participant reported, "There's a clinic in Toledo ... you go there for four hours and leave with a 'script' (prescription for Suboxone®)."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use remains sublingual absorption. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually consume and one would intravenously inject (aka "shooting") the drug. Participants were eager to share ways of using this drug. A participant explained, "You can shoot it just like you would heroin. Dissolve it in a spoon and shoot it ... 'cause it hits you faster." Other participants shared about snorting (aka "puddling") this medication and explained: "It's like you melt it down like you would do to shoot it up, but you snort the liquid. That's how I use to do heroin when I snorted it ... I puddled it; It's really common in jails 'cause you don't have access to needles."

Participants most often described typical illicit users of Suboxone® as people getting off heroin. Participants reported that users often use Suboxone® to self-medicate and avoid withdrawal. A participant explained, "People ... [may not] want to get clean, but want to get off [being] sick." Community professionals described typical illicit users of Suboxone® as white.

## Sedative-Hypnotics

 Sedative -hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current street availability of the 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' for both respondent groups. A participant reported, "I never really looked for it. It just came across me."

Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. A participant reported, "Three out of four people in my household are prescribed Xanax®." Another participant deliberated, "Xanax® has gotten sooo popular, because there are so many songs nowadays, so many rap

songs ... on social media, 'Oh, I'm poppin' 'xanies' (Xanax®). It's so crazy. It's like, 'When did it become cool to become a junkie?'" A treatment provider commented, "Xanax® is probably number one."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP stopped a vehicle in Hancock County for a moving violation and discovered 698 oxycodone pills and 55 diazepam (Valium®) pills in the vehicle valued at over \$14,000 (<http://statepatrol.ohio.gov>, Sept. 26, 2015).

Participants reported that the general availability of sedative-hypnotics has increased during the past six months due to increased prescribing. A participant explained, "People build a tolerance to it. Friends and people we know, they go to their doctor and say, 'It's not working' ... so they 'up them' (increase the dosage)." Community professionals also reported an increase in availability of sedative-hypnotics for illicit use during the past six months. A treatment provider observed, "I think some people are experimenting more with them." Another treatment provider stated, "I think a lot of physicians are prescribing them." The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; the exceptions were increases in Ativan® and Valium® cases and a decrease in Xanax® cases.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported that most sedative-hypnotics are inexpensive. One participant commented, "Anything other than Xanax®, you're not really paying for." Another participant responded, "I just got mine for free." Law enforcement also commented, "They tend to trade those or sell those so they can buy something else."

In addition to getting sedative-hypnotics on the street from dealers, participants also reported obtaining them

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$0.50 for 1 mg
	Klonopin®	\$2 for 1 mg \$5 for 2 mg
	Xanax®	\$0.50 for 1 mg

through personal prescription, as well as from friends and family members who have prescriptions. Participants reported: *"I got all mine from friends; I can go to the emergency room right now and get some Ativan®."* One participant shared, *"Dealers try to get scripts and they buy them in bulk like that and they resell them for profit on the street."* Treatment providers reported that illicit users most often obtain the drugs from family members and friends.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally consume these drugs. Participants described typical illicit users of sedative-hypnotics as anybody, although women especially (housewives). Other participants added that heroin users often take these medications to assist in withdrawal. Treatment providers described typical illicit users as often younger women. A treatment provider reasoned, *"I think it's mostly women [because of] stress, kids ... family life."* Law enforcement reported that they see sedative-hypnotics abuse across various ages, genders and ethnicities.

## 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 score was also '10' for both respondent groups. A participant remarked, *"It's everywhere."* A treatment provider commented, *"That's a readily available drug."*

Participants and community professionals discussed availability of high-grade marijuana extracts and concentrates (aka "hash oil," "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC)

from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of extracts and concentrates as '5' on the above availability scale; the previous most common score was also '5'.

Corroborating data also indicated the presence of marijuana in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 83 percent of the 188 individuals who screened positive for any drug use during the past six months reported marijuana/hash use during the past 30 days. In addition, The Hancock County and Probate Juvenile Court reported that 95.3 percent of the 63 positive drug tests from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Fifty-four marijuana plants and a couple of guns were confiscated during marijuana eradication efforts in Wyandot County; the plants were discovered from the air by a police helicopter ([www.otfca.net](http://www.otfca.net), Sept. 9, 2015). A man and woman faced felony drug charges after OSHP seized 226 pounds of marijuana, worth approximately \$1,130,000 during a traffic stop in Lucas County (<http://statepatrol.ohio.gov>, Sept. 15, 2015). A K-9 officer alerted to a vehicle that was stopped for a marked lanes violation in Hancock County; four pounds of marijuana were discovered and seized from the trunk of the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct 22, 2015). Toledo police responded to a Toledo Public Schools report of a student consuming marijuana-laced candy provided by another student ([www.13abc.com](http://www.13abc.com), Nov. 12, 2015). Two men were arrested in Wood County following a traffic stop during which OSHP discovered 47 pounds of marijuana along with 111 grams of hash oil, worth a combined \$235,000, in the men's vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 24, 2015). Seven ounces of marijuana, 10 ounces of marijuana edibles, eight ounces of marijuana juice, 21 grams of hashish and one gram of cocaine were seized from a vehicle OSHP pulled over for a speeding violation in Lucas County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 23, 2015).

Participants reported that the availability of high-grade marijuana has increased, while the availability of low-grade marijuana has decreased during the past six months. Participants clarified: *"You don't see a lot of mid-grade weed like it used to be. It used to be nothing but 'Mexican dirt weed'*

through the whole city ... dirt cheap, but nobody is buying that crap anymore because you got so much high-grade; 'Loud' (high-grade) is a lot more available." Another participant reported, "We've ... been getting a lot of Michigan medical marijuana." Treatment providers also reported: "They like the high [quality] stuff; They like the 'hydro' (hydroponically grown marijuana)."

Community professionals reported that availability of marijuana has remained the same during the past six months. The BCI Bowling Green 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	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often reported the current overall 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, "It's been good." One participant shared, "It's all real good, especially with Michigan being so close." Overall, participants reported that the quality of marijuana has increased during the past six months.

Reports of current prices for marijuana were consistent among participants with experience purchasing the drug. Participants continued to report that price depends on the quality desired. In addition, some participants talked about high-grade marijuana that is harvested early and sold at a discount. One participant explained, "Somebody will say they don't really have 'loud' (high-grade) and they don't really have 'mids' (middle-grade) ... 'So I'm gonna sell you this gram for \$10 because it's immature loud.'"

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants indicated that very few users would eat marijuana in baked goods or other edibles. Additionally, marijuana concentrates and extracts are most often vaporized. Participants explained: "They make pens for it ... and you vaporize it; A kind of an 'e-cig' (electronic cigarette) and you put the wax in it and it burns it."

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/2 ounce	\$25-35
	An ounce	\$80-100
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$15-20
	1/8 ounce	\$50
	1/4 ounce	\$100
An ounce	\$250-300	

Other participants shared: "They use certain special bongs; We could use a ceramic bong because ceramic can hold a lot of heat and then we take a coat hanger and dab a little bit, use the torch to get it white hot and it's like you've smoked a whole blunt of 'dro' (hydroponic marijuana) off one hit."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as everybody, including closet smokers with professional jobs and high-school kids. A participant claimed, "I know a lot of professional people that smoke." Community professionals also described typical users as everyone or across the board.

## Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '7' in urban areas and '10' in rural areas of the region 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' (urban) and '10' (rural). Most rural participants were familiar with the drug, while few participants living in the city had personal experience with it. Urban participants reported: "I ran into it one time; It's more rural, more farm towns." Another urban participant said, "I only knew one person who could get it." A rural participant replied, "It's real easy [to get] here." Community professionals most often reported the drug's current availability as '2' in urban areas and '10' in

rural areas; the previous most common scores were '3' (urban) and '10' (rural). Treatment providers in urban areas were less likely to report treating clients for methamphetamine addiction. One treatment provider reported, "I think there is still stigma with the 'meth' (methamphetamine). Our patients ... look down on people who are addicted to meth."

Participants reported that methamphetamine is available in both powdered and crystal forms, but indicated that the powdered form is most available in terms of widespread use. One participant shared, "It's 'bath-tub crank' (homemade powdered methamphetamine) and it's usually on the east side and it smells like gasoline." Other participants discussed "shake-and-bake" methamphetamine, which means users are producing powdered 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 (found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location. One participant reported, "Almost everyone knows how to make it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Williams County Sheriff reported that four meth labs were found in the span of four days in and around Bryan (Williams County) ([www.toledonewsnow.com](http://www.toledonewsnow.com), July 8, 2015). A K-9 officer alerted Lake Township Police (Wood County) to a commercial tractor-trailer: when searched, police found methamphetamine; three individuals were arrested and charged with possession of and illegal manufacture of methamphetamine (<http://nbc24.com>, Sept. 7, 2015). Two Findlay (Hancock County) residents were arrested after a police raid of their home yielded cash, drug paraphernalia and chemicals commonly used for manufacturing methamphetamine ([www.otfca.net](http://www.otfca.net), Oct. 17, 2015).

Participants and community professionals reported that the overall availability of methamphetamine has increased during the past six months. Participants commented: "It's so available; it's everywhere." A law enforcement officer suggested a shift in availability and explained, "'One pot' (shake-and-bake)? ... It's just shifting. Williams County is going down, although it's still high, and Fulton County is going up."

In terms of crystal methamphetamine a participant asserted, "Crystal's definitely going up." A law enforcement officer affirmed, "[Crystal methamphetamine is] making its way into the community." Law enforcement explained that there is a stronger

penalty when individuals are caught with two or more items used to manufacture methamphetamine, so he reasoned, "I think [users] might be going to the crystal because it's just possession of meth." The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal methamphetamine as well as brown, pink, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine and of powdered methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' and '7' respectively. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/4 gram	\$20-25
	1/2 gram	\$50
	A gram	\$100
	<b>Crystal:</b>	
	1/10 gram	\$20
	A gram	\$150-160

Rural participants reported that they were most likely to obtain the drug from friends or to make it themselves, while urban participants would likely obtain the drug from a dealer. While there were a few reported ways of consuming methamphetamine, generally 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. A participant commented, “I see a lot of smokers and I see a lot of people who shoot it up.” One participant reported, “I would switch back and forth when I was doing it, depending on who I was with.” Another participant revealed, “I would do it every way. I’d smoke some, shoot some and snort some. You get a different buzz [depending on] the way you do it.”

Participants described typical methamphetamine users as male, poor, white, as well as anyone who likes cocaine. In addition, an urban participant reported, “I noticed a lot of people associated with biker gangs [use methamphetamine].” A rural participant shared knowing a meth cook who is 15-years old. Other rural participants commented on typical users: “Everyone; it used to be ‘rednecks’ and now it’s everyone.” Community professionals most often described typical users as white. Law enforcement indicated younger (20s and 30s) for powdered methamphetamine use and older (35-50s) for crystal methamphetamine use. An officer explained, “They think [crystal methamphetamine is] cleaner. It’s not as dangerous because you don’t have to cook it or make it.”

### Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported the current street 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 most often reported current street availability as ‘8;’ the previous most common score was ‘5-8.’ Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant explained, “You don’t get the same effect [from other prescription stimulants] as you do Adderall®.”

Participants reported that the general availability of prescription stimulants has decreased during the past six months and indicated that the decrease is due to the

price of the pills, as well as the high availability and effectiveness of alternative drugs. A participant commented, “The price of [Adderall®] is expensive.” Another participant reported, “I can get them, but I just went straight for ‘meth’ (methamphetamine).” Community professionals reported that availability of prescription stimulants has remained the same during the past six months. A law enforcement officer commented, “It’s easily available because it’s a prescription drug. It’s not really highly abused, but people do abuse it.” The BCI Bowling Green Crime Lab reported that the number of Adderall® and Ritalin® cases it processes have increased during the past six months.

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

Current street prices for Adderall® were consistent among participants with experience buying the drug. Reportedly, Adderall® 30 mg sells for \$4-10. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends and family. One participant shared, “I know a dealer that got them from the doctor easy.” While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants and community professionals described typical illicit users of these drugs as women, aged 20s to 30s. Both participants and treatment providers noted women using prescription stimulants for weight loss.

### 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 current availability of traditional ecstasy pressed tablets 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 ‘8.’ More specifically, participants reported: “You don’t see [traditional ecstasy tablets] a lot; What it is ... is ‘molly’ (powdered MDMA). They don’t have the ecstasy pills.” Hence,

participants most often reported the current availability of molly as '8;' the previous most common score was also '8.' Community professionals did not have information on the current availability of ecstasy or molly. A law enforcement officer stated, "I haven't seen that in a couple of years."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP stopped a vehicle for a speed violation in Perrysburg Township (Wood County) and a K-9 officer alerted to approximately 200 ecstasy pills valued at \$5,000 (<http://statepatrol.ohio.gov>, Sept. 18, 2015).

Both participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants indicated that the quality of ecstasy varies and added that there are some fake ecstasy tablets being passed off as ecstasy to unsuspecting users. One participant reported that dealers will sometimes use, "shredded paper to press (ecstasy tablets) or dog de-wormer."

Reports of current prices for ecstasy were consistent among participants with experience buying the drug. Participants reported that traditional ecstasy tablets are priced according to quality; the higher the quality, the higher the price. A participant explained, "If it was a 'single stack' (low dose), it was probably fake. If it was a 'double stack' (medium dose), it was cut with some shit ... and if it was a 'triple stack' (high dose) it was pure."

Participants reported obtaining ecstasy and molly from specific dealers. One participant reported, "Normally, drug dealers don't have [ecstasy and molly]. It's like a different type of class of drug dealers. I'd say it's like the 'rave' (dance party) or ... college students ... electronic music scene."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	A tablet (unspecified dose)	\$5-12
	<b>Molly:</b>	
	1/2 gram	\$40
A gram	\$80	

While there were a few reported ways of consuming ecstasy and molly, generally the most common routes of administration are snorting and oral consumption. Participants reported that the most common route of administration for molly is snorting. Participants described typical ecstasy and molly users as those who go to clubs and raves, as well as partiers and young people. Participants commented: "[It's] a lot of young kids; People that like to go to the club; People that like to go to the bar." Community professionals described typical ecstasy and molly users as younger (18-25 years). A law enforcement officer affirmed, "[They're] definitely younger."

## Other Drugs in the Toledo Region

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), ketamine (anesthetic typically used in veterinary medicine), "kratom" (mitragynine, a psychoactive plant substance that produces a heroin-like high), Neurontin® (anticonvulsant), promethazine (neuroleptic medication and antihistamine) and synthetic marijuana.

Media outlets also reported seizures and arrests of other drugs in the region this reporting period. An Ottawa County grand jury indicted an Oak Harbor man for manufacturing and trafficking anabolic steroids; the man manufactured the steroids in his home and then sold them throughout the country via the U.S. Postal Service; many of the chemicals used to manufacture the steroids came from China, also through the U.S. Postal Service ([www.otfca.net](http://www.otfca.net), Nov. 30, 2015).

## Bath Salts

Participants and community professionals reported no firsthand knowledge of bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) in the region during the past six months. One participant stated, *"I never see bath salts."* Another participant remarked, *"No, that's gross."* A treatment provider commented, *"I haven't seen that in a long time."* Participants referred to several negative highly-publicized incidents that discouraged users from using bath salts. A participant recalled, *"A guy climbed a flagpole [high on bath salts] and did a nose dive at the university."* However, contrary to participant and community professional views on the current availability of bath salts, the BCI Bowling Green Crime Lab reported that the number of bath salt cases it processes has increased during the past six months. The lab clarified that alpha-PVP (aka "flakka") is classified as a second-generation bath salt, which may be the reason for the increase in cases.

## Hallucinogens

Hallucinogens are available in the region. However, participants were unable to rate the current availability of these drugs. A law enforcement officer reported the current availability of LSD as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant shared, *"I could get you 'acid' (LSD) or mushrooms (psilocybin mushrooms) right now ... I live out in the country and 'shrooms grow from cow shit, so for me it's readily available."* Law enforcement reported, *"We just did an LSD case back in April."* The BCI Bowling Green Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes have remained the same during the past six months.

Although participants did not report on the current quality of LSD or psilocybin mushrooms, one participant shared, *"I know a lot of people that grow mushrooms ... They are grown indoors and like, they get better after every batch."* Reports of current street prices for hallucinogens were provided by only one participant who shared, *"I can go get a 'sheet of acid' (100 doses) for \$250 right now."* Participants indicated that these drugs are most often obtained at particular music venues, or from those who have access to where psilocybin mushrooms are grown.

## Ketamine

Only a couple participants reported on the use of ketamine in the region during the past six months. These participants reported current availability of the drug as '7-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"It's just really expensive."* Current street prices of ketamine were provided by participants with experience purchasing the drug. Reportedly, a gram sells for \$60-100.

## Kratom

Kratom is available in the region, albeit rarely. Two participants discussed the presence of kratom and explained that this drug originates in Southeast Asia (Indonesia). A participant reported, *"We have a guy that just got busted [with kratom] at the [residential treatment] house."* Participants reported: *"[Kratom is] a leaf ... It's just a crushed leaf ... You can get it online and ship it over; It's not regulated by the FDA ... and it's labeled right on it, 'not for human consumption.'" Participants further explained: "Small amounts are stimulating and high amounts are sedative ... Some amounts will give you like a cocaine high; In the right amount, it's beneficial, but to an addict, it's not." One participant shared, "It took me like six months to get addicted to it ... It gives the same effect as heroin ...."*

## Neurontin®

Neurontin® is available in the region, but not many participants had knowledge of this particular drug. Participants indicated that Neurontin® was not desirable, but is emerging as a drug of abuse. A participant explained, *"It's a nerve, pain medication."* Another participant thought, *"People are starting to take Neurontin® a lot."*

## Synthetic Marijuana

Participants and community professionals reported no firsthand knowledge of synthetic marijuana (synthetic cannabinoids) in the region during the past six months. Participants did not report having used the drug; community professionals did not report seeing or hearing of the drug. Hence, participants and community professionals thought that the availability of synthetic marijuana has decreased

during the past six months. The BCI Bowling Green Crime Lab however, reported that the number of synthetic marijuana cases it processes has increased during the past six months.

## Conclusion

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

Heroin remains extremely easy to get in the region. Treatment providers commented that heroin use is epidemic. Participants noted an increase in the number of heroin dealers during the past six months. Participants also indicated that heroin dealers often sell cocaine along with heroin. While many types of heroin are currently available in the region, participants and community professionals reported brown and white powdered heroin as most available in terms of widespread use.

The BCI Bowling Green Crime Lab reported that the number of black tar and powdered heroin cases it processes have increased during the past six months; the lab reported having processed blue, brown, gray, tan, white and off-white powdered heroin, noting the “blue-drop” heroin epidemic out of Marion (Marion County, OSAM Columbus region) in which heroin was found to contain fentanyl.

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose. Participants and community professionals most often described typical heroin users as middle class, white and young.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants most often described typical illicit Suboxone® users as people getting off heroin. Participants reported that users often use Suboxone® to self-medicate and avoid withdrawal. Law enforcement reported that some users sell their Suboxone® to get money to buy heroin.

Sedative-hypnotics have also been linked to heroin use. Participants and treatment providers reported that the general availability of sedative-hypnotics has increased during the past six months due to increased prescribing in the region. Reportedly, heroin users also seek these medications to assist with heroin withdrawal.

Most rural participants were familiar with methamphetamine, while few participants living in the city had personal experience with it. Both participants and community professionals reported high and increased availability of methamphetamine in rural areas of the region. A participant stated that almost everyone knows how to make the drug (aka “shake-and-bake”). Rural participants reported that they were most likely to obtain the drug from friends or to make it themselves, while urban participants would likely obtain the drug from a dealer.

In terms of crystal methamphetamine, participants and law enforcement reported increased availability during the past six months. Law enforcement reasoned that the increase can be explained by the fact that there is a stronger penalty for individuals who are caught with two or more items used to manufacture methamphetamine than for an individual caught with the drug in their possession; thus, some users have gone to purchasing “crystal meth” instead of taking the risks involved in making their own methamphetamine.

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal methamphetamine, as well as, brown, pink, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as male, poor, white, as well as those who like cocaine.

Lastly, “kratom” is available in the region, albeit only two participants discussed the presence of this substance. Kratom is mitragynine, a psychoactive plant substance that produces a heroin-like high. Participants explained that this drug originates in Southeast Asia (Indonesia) and can be purchased online. Participants further explained that in small amounts the drug produces a stimulating high similar to cocaine, but in large amounts it produces the same effect as heroin.





## Drug Abuse Trends in the Youngstown Region

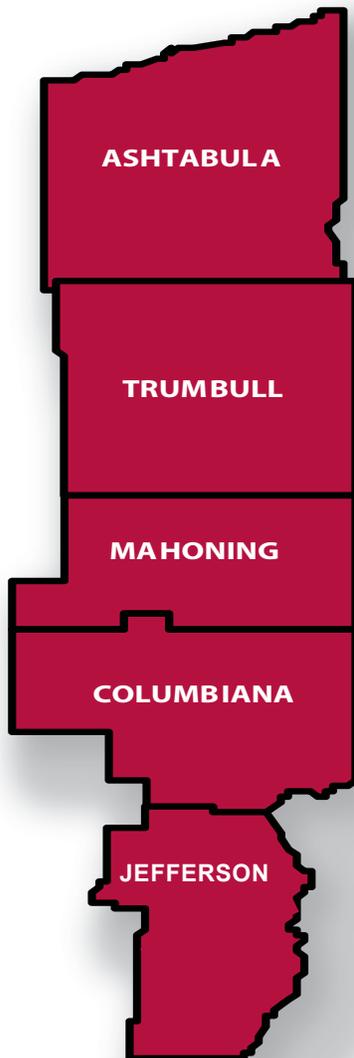
### Regional Epidemiologist:

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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 Ashtabula, Columbiana, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	710,934	42
Gender (female), 2014	51.1%	50.9%	45.2%
Whites, 2014	84.8%	89.7%	85.7%
African Americans, 2014	13.6%	10.5%	0.0%
Hispanic or Latino Origin, 2014	3.3%	3.0%	7.5% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	84.2%	85.7%
Median Household Income, 2014	\$49,349	\$41,405	\$19,500 to \$23,500 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	17.9%	45.2%

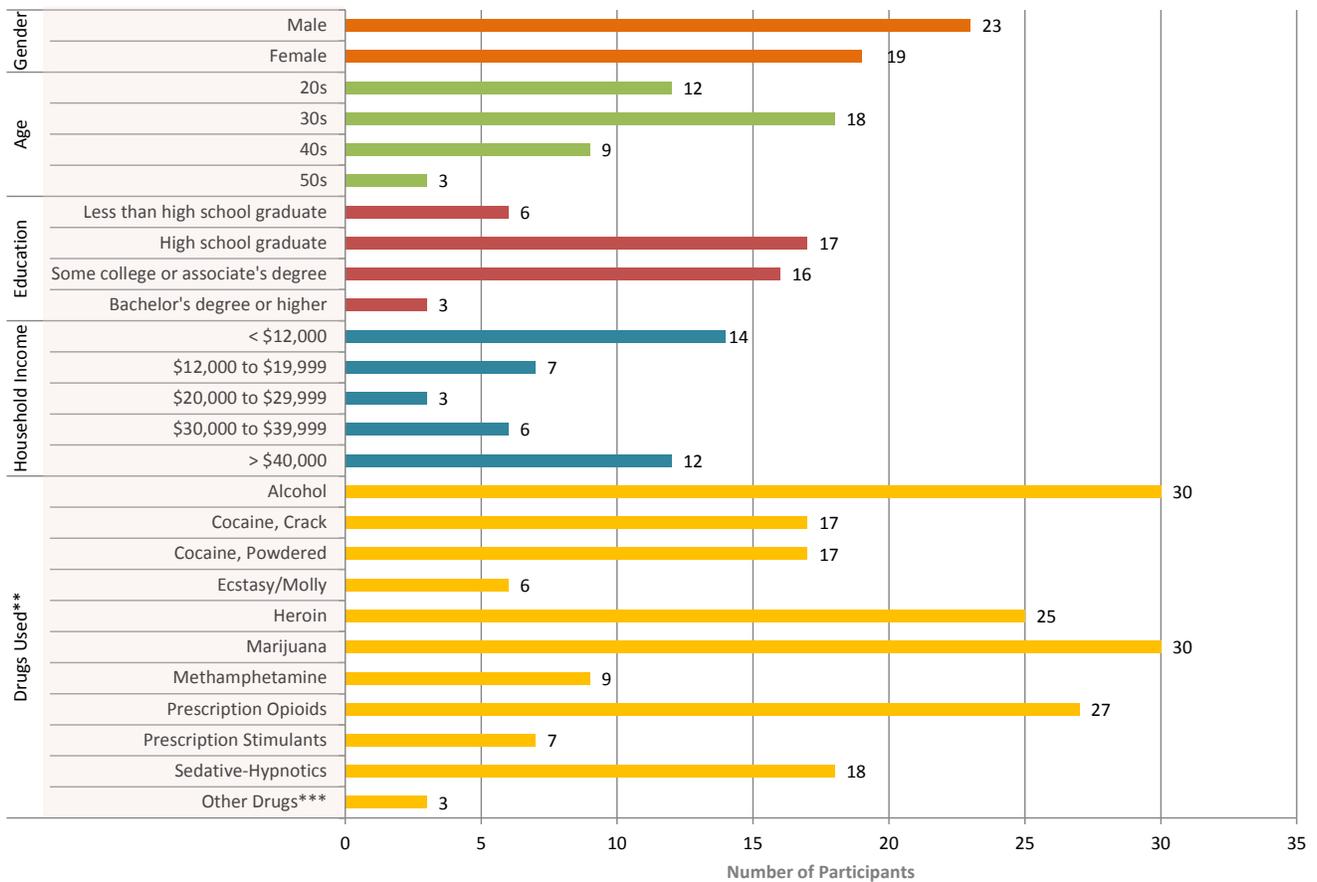
<sup>1</sup>Ohio and Youngstown region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

### Youngstown Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=42)



\*Not all participants filled out forms completely; therefore, numbers may not equal 42.

\*\*Some respondents reported multiple drugs of use during the past six months.

\*\*\*Other drugs included: hallucinogens (DMT, LSD, PCP, psilocybin mushrooms) and ketamine.

## Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Youngstown region.

Participants and community professionals reported continued high availability of heroin. Treatment providers referred to a heroin epidemic and explained that heroin addiction was the primary addiction that they treated; they further explained that it was more common to find heroin on the streets than it was to find prescription opioids. The Mahoning County Coroner's Office reported that heroin was present at time of death in almost 40 percent of the drug-related deaths it processed during the reporting period.

While many types of heroin were available in the region, participants continued to report brown powdered heroin as the most available type and added that gray and white-colored heroin were also readily available. Additional colors of powdered heroin noted as available during the reporting period were blue, green and pink. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processed had increased during the reporting period.

Participants and community professionals noted an increase in heroin-related overdoses during the reporting period. Both groups of respondents attributed the increases in overdoses to an increased number of individuals using heroin, as well as to the high potency of the drug. Respondents reported that heroin was often adulterated (aka "cut") with fentanyl. The Mahoning County Coroner's Office confirmed fentanyl was linked to overdose deaths in the region. Participants estimated that out of 10 white powdered heroin purchases, five would have been cut with fentanyl. Law enforcement and participants reported that, in addition to being a cut for heroin, fentanyl was often sold in lieu of heroin.

The most common route of administration for heroin was intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, five to eight would share needles. In addition to participants admitting shared needle use, several participants admitted that they sold used needles to other users. Furthermore, out of 10 users, participants estimated that all users reused needles and

explained that many users would use a needle repeatedly until the needle's tip broke off.

Participants found it difficult to describe typical heroin users, but noted many heroin users were younger (20-30 years of age). Treatment providers described typical users as mostly younger and white.

Participants reported that the general availability of prescription opioids had decreased during the reporting period likely due to stricter regulations and decreased prescribing by area physicians, as well as due to the low cost and high availability of heroin. Several participants discussed difficulty in getting treatment for pain and explained that doctors referred patients to pain clinics, which were described as difficult to gain admission into.

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. Additionally, treatment providers noted an increase in illicit methadone use and availability, and attributed this to increased heroin use. Law enforcement also mentioned higher availability of fentanyl due to the substance being used as a cut for heroin.

Participants and community professionals reported that all forms of Suboxone®, as well as Subutex®, were readily available throughout the region. Treatment providers reported that users preferred Subutex® because it could be crushed and snorted. Both respondent groups reported high street availability of Suboxone® due to overprescribing and added that many users sold some or all of their prescriptions. Several treatment providers noted that drug dealers traded heroin for Suboxone®. Participants and treatment providers described typical illicit Suboxone® users as opiate addicts who self-medicated with the drug to avoid withdrawal between "fixes" of heroin or those who tried to detox on their own.

Participants described methamphetamine as very popular in the region. Treatment providers also acknowledged the popularity of methamphetamine among users, but reported that they saw very few methamphetamine users in treatment. Law enforcement reported highest availability for the drug in Ashtabula County where most of the region's methamphetamine lab busts have occurred. Participants reported availability of powdered (aka "one-pot" and "shake-and-bake") and crystal (aka "ice") methamphetamine throughout the region; however, shake-and-bake was reported as most available in terms of widespread

use. Participants and community professionals attributed the high availability of methamphetamine to the ease in which users could produce the drug. Treatment providers pointed out that there were “how-to” videos online which made it very easy for anyone to make the powdered form of the drug.

Participants and community professionals noted a connection between heroin addiction and methamphetamine; they explained how methamphetamine cooks purchase heroin to exchange with users for pseudoephedrine, a precursor ingredient necessary for manufacturing methamphetamine. Participants and community professionals described typical methamphetamine users as white and 20-40 years of age. Participants added that these users are often stimulant users and/or individuals who had to (or wanted to) be awake for long periods of time.

Finally, a treatment provider reported availability and use of kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests). The provider said two clients disclosed they purchased the drug through the Internet.

(Trumbull County) arrested a man after searching his residence and discovering 35 grams of cocaine and three grams of heroin ([www.wkbn.com](http://www.wkbn.com), July 1, 2015). A two-year investigation by Warren Police Street Crimes Unit and the U.S. Drug Enforcement Administration (DEA) Youngstown office resulted in the arrest of three individuals involved in a cocaine trafficking operation in Trumbull County; 25 pounds of cocaine were confiscated ([www.wkbn.com](http://www.wkbn.com), Oct. 21, 2015). Columbiana County Drug Task Force police raided a home in Rogers, confiscating 14 grams of cocaine, seven grams of heroin, marijuana and alprazolam (Xanax®) ([www.wkbn.com](http://www.wkbn.com), Nov. 13, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant stated “I don’t think it’s changed in the last 20 years.” A treatment provider stated, “I haven’t really seen any change with it.” The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

## 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 stated, “Each day I felt like I met someone that was selling it ... just walking down the street.” Another participant shared, “That was something that I would use once in a while if I couldn’t find my opiate.” Treatment providers most often reported the current availability of powdered cocaine as ‘10’, while law enforcement most often reported it as ‘5’; the previous most common scores were ‘5’ for treatment providers and ‘7-8’ for law enforcement. An undercover officer commented, “The demand isn’t what it used to be, but when we go to buy it ... we can always get it.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Warren Police

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

Participants most often rated the current overall quality of powdered cocaine as ‘2’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’. A participant stated, “It all depends on where you go ... it’s not necessarily all the same ‘cause people ‘cut’ (adulterate) it down.” Another participant quipped, “People in high places can get good stuff.” Participants reported that the top cutting agents (adulterates) for powdered cocaine include: baby laxatives, inositol (dietary supplement), lidocaine (local anesthetic), Neurontin® (anticonvulsant), pain relievers (aspirin, Tylenol®) and trazadone (tetracyclic antidepressant and sedative). A participant reported, “Now-a-days, they’ll cut ‘coke’ (powdered cocaine) with anything that looks the same (as powder).” Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant reasoned, “There is

<b>Powdered Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	<ul style="list-style-type: none"> <li>● levamisole and tetramisole (pet and livestock dewormers)</li> </ul>	

*such a huge demand for drugs right now that the dealers just don't care anymore because they know you are coming back."*

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants reported: *"A drug dealer will sell you \$5 worth if that's all you got; if you've got five bucks, they'll just throw a little line out. If you've got 10 bucks, they'll throw another line out. It all depends on the person who's giving it to you. They don't use scales too much."* Overall, participants reported that the price of powdered cocaine has increased during the past six months.

<b>Powdered Cocaine</b>	<b>Current Prices for Powdered Cocaine</b>	
	1/10 gram	\$5-10
	A gram	\$60-70
	1/16 ounce (aka "teener")	\$120
	1/8 ounce (aka "eight ball")	\$150-200

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

Participants described typical powdered cocaine users as white males, bartenders, bikers, cooks and people in high-paced professions. One participant illustrated, *"Factory workers. I worked at [a technology company] for 12 years and people would do it at work all day and all night."* Community professionals described typical users as educated, middle-class, middle-aged, white and male. One treatment provider noted, *"It's expensive ... it's a luxury drug."* Another treatment provider indicated that alcoholics use cocaine and explained, *"A true alcoholic ... they'll use the alcohol [and] as they start to come down, they'll use the cocaine to get back up."* Law enforcement noted that powdered cocaine is also popular in the Hispanic community.

## 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 stated, *"If they're selling heroin, they're selling 'crack' (crack cocaine). If they're selling crack, they're selling heroin. They just go hand-in-hand now."* Another participant remarked, *"It's all over Youngstown."* Community professionals most often reported current availability as '10'; the previous score was bi-modal ('4-5' and '10') for treatment providers and '8' for law enforcement. A treatment provider stated, *"It's very easy to get."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Investigators seized 11 grams of crack cocaine, four grams of heroin and various prescription pills during a raid of a home in Wells-ville (Columbiana County) ([www.otfca.net](http://www.otfca.net), July 10, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants stated, *"It's a lot easier [to find]."* Community professionals reported that availability has remained the same during the past six months. A professional explained, *"It's always been easy to get."* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

<b>Crack Cocaine</b>	<b>Reported Availability Change during the Past 6 Months</b>	
	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. A participant explained, *"Depends on who makes it because you can get really good stuff from one guy and then the other guy can make it really horrible."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

<b>Crack Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants explained: *“Around here ... You just tell them how much money you got and they give you whatever; They’ll give you whatever they see fit. Sometimes they’ll give you a lot and then the next time you go back, they’ll give you a little bit.”*

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10 gram (aka “rock”)	\$10-20
	A gram	\$100
	1/16 ounce (aka “teener”)	\$120-150

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. One participant noted, *“It all depends what it is. Some of it smokes better, some of it ‘shoots’ (intravenously injects) better.”*

Participants described typical crack cocaine users as poor, unemployed and from city or suburban areas. A participant asserted, *“You can’t keep a job when you smoke crack.”* Community professionals described typical crack cocaine users as 20-30 years old, black, female and of low socioeconomic status. A treatment provider commented that crack cocaine users are getting younger. Law enforcement described: *“Probably lower income in general, blacks and whites; Caucasian females or black females engaged in prostitution; Slightly older demographic than the heroin users.”* One law enforcement official observed, *“In 20-something years, I don’t think I’ve ever had a Hispanic person ... [crack cocaine use is] not very common in the Hispanic community.”*

## Heroin



Heroin 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 described, *“I can throw a rock out this window and hit someone [who has heroin] ... especially in this town [today].”* Another participant agreed, *“I’ve never been to Warren, Ohio in my life until I came here. When I stopped at a gas station, the first person I met asked me if I wanted crack or heroin.”* Another participant stated, *“I don’t ever try to get it, but every time I buy pills or ‘powder’ (powdered cocaine), they’re always asking, ‘Do you do (heroin)?’ or ‘Do you know anybody who would want it?’”* Community professionals most often reported current availability as ‘10’; the previous most common score was also ‘10’. Treatment providers agreed, *“It’s everywhere.”* A law enforcement officer stated, *“Give me about two minutes, I can go bring back a ‘finger’ (1/16 ounce of heroin) right now from about six different places ... within walking distance from here.”*

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as most available in terms of widespread use. A participant commented, *“It’s easy to get, but good stuff is not going to be brown.”* Participants often discussed color variations of powdered heroin: *“Yellow-white, brown-white, white with brown specks; It’s light colored heroin. It always has a brown tint to it; There is ‘white china’ (white powdered heroin) in Warren ... It comes back clear when you cook it.”* A law enforcement officer stated, *“We’ve never had a true white heroin.”*

Participants and law enforcement indicated that black tar heroin is more difficult to obtain in the region. Participants commented: *“Really rare; It would be hard for me to get black tar (heroin) ... I’ve gotten it once or twice; I’ve had it once ever.”* Law enforcement stated *“We had some ‘tar’ (black tar heroin) in Conneaut (Ashtabula County).”* Another officer reported, *“We (Mahoning County) haven’t had tar in a long, long, time.”*

Corroborating data indicated the presence of heroin in the region. The Ohio HIDTA’s Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 60

grams of heroin in Steubenville (Jefferson County) in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Youngstown man was charged with heroin trafficking and involuntary manslaughter after the heroin overdose death of someone to whom he sold heroin ([www.wfmj.com](http://www.wfmj.com), Sept. 9, 2015). Youngstown officers confiscated 100 grams of heroin and an ounce of cocaine during the execution of a search warrant ([www.wkbn.com](http://www.wkbn.com), Sept. 17, 2015). Mahoning County law enforcement and Austintown Police executed a search warrant of a residence and confiscated 150 grams of heroin, a small amount of marijuana and prescription medication ([www.wkbn.com](http://www.wkbn.com), Sept. 22, 2015). The Columbiana County Drug Task Force confiscated 24 grams of heroin, 24 grams of cocaine, marijuana, buprenorphine and Xanax® during the search of a home in Rogers ([www.wkbn.com](http://www.wkbn.com), Oct. 1, 2015). Police arrested two individuals in possession of approximately two ounces of heroin from a Warren (Trumbull County) home ([www.wkbn.com](http://www.wkbn.com), Oct. 26, 2015). Multiple cars were nearly hit as a car drove in the wrong direction on State Route 422 in Niles (Trumbull County); police found the car after it had come to a stop with an unconscious driver due to overdose; the driver was revived with Narcan® ([www.wkbn.com](http://www.wkbn.com), Dec. 10, 2015). A police chase culminated in the arrest of two men in possession of 60 grams of heroin and crack cocaine; the arrest also led to the search of a motel in Wellsville (Jefferson County) where an unspecified amount of marijuana and prescription pills were found ([www.wyvtv.com](http://www.wyvtv.com), Dec. 23, 2015).

Participants reported that the availability of heroin has increased during the past six months. Participants commented: *“More people have it; All the crack dealers are now selling both [heroin and crack].”* One participant explained, *“More people are chasing [white powdered heroin]. More people are dying from it, so more people want it.”* Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that the general availability of heroin has remained the same. An officer replied, *“It’s remained at such a high level of availability for so long.”* The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with some off-white and brown heroin.

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”

Reported Availability Change during the Past 6 Months		
Heroin	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	Increase

to ‘10’ (high quality); the previous most common score was ‘7-8’. However, most participants similarly reported: *“Depends on the area; [Quality] varies ... You never know what you’re going to get when you’re messing with heroin.”* A participant identified white heroin as, *“It’s here and it’s good.”* Other participants shared: *“It was always chunky and it was a whitish-blue and that was the best stuff I could get; The purple that has been around is the really good shit.”* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants reported that heroin is often adulterated (aka “cut”) with other substances and reported baby formula, fentanyl and vitamin B-12 as the top cutting agents for powdered heroin in the region. Additional cuts mentioned included: baby laxatives, mannitol (diuretic), prescription opioids, quinine (antimalarial) and sedative-hypnotics. A participant noted, *“[Xanax®] makes you fall out more.”* Another participant claimed, *“They cut it with makeup and it turns it purple.”* Furthermore, a treatment provider mentioned a recent experience with a client and shared, *“[Phencyclidine (PCP)] came up within the last month in a drug screen for a client at intake and she said, ‘I don’t even know what this is ... it must have been in the heroin.’”*

Cutting Agents Reported by Crime Lab	
Heroin	 diphenhydramine (antihistamine)

Reports of current prices for heroin were consistent among participants with experience buying the drug. Participants indicated that the most common quantity purchased is a tenth of a gram. Many participants mentioned trading prescription medications for heroin. A participant disclosed, *“I just give [Ultram®] to my dope dealer for dope, for heroin ... I don’t even know what milligram they are, or*

Heroin	Current Prices for Heroin	
	<b>Powdered:</b>	
	1/10 gram (aka "folds")	\$20
	1/2 gram	\$60-80
	A gram	\$140-150
	<b>Black tar:</b>	
	1/10 gram (aka "balloon")	\$20

*how much they go for. I just go to my dope dealer with them and be like, 'Give me something.'"*

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, all 10 would shoot the drug. One participant stated that smoking heroin is unpopular because, "... it tastes like shit." Other participants explained: "Anyone who snorts heroin, once they shoot it, there's no going back; Nobody snorts it unless they're newcomers." However, several participants shared: "I know a lot people that'll snort a line and then 'bang up' (inject) really quick; Most shooters will do both."

Participants reported that injection needles are most available from retail stores, but that users also obtain needles from dealers and through Internet purchase. One participant shared, "Since I learned that you can buy 'em from [a pharmacy], it's definitely been a lot more sterile because you aren't reusing your same needle." The most commonly reported price for needles on the street is \$2-3 per needle.

A profile for a typical heroin user did not emerge from the data. Participants stated that there is no typical user of heroin. Participants commented: "It could be anybody ... you'd be surprised; I used to think it was dirty, junkie people, and it's not; I never thought I'd be a heroin addict." However, many participants did agree that there are overwhelmingly more white users than black. A participant shared, "When I see someone that's black doing heroin, I'm like, 'What the hell?'" Participants also indicated increased use by teens and shared: "It's in high schools now; It doesn't sound like they build up to it anymore. It sounds like the kids now-a-days just jump right into it; Most of the younger people that I know ... they talk about, 'Oh, you know, I was doing heroin when I was 15.' That was unheard of when I was in school."

Community professionals described typical heroin users as white and those who began abusing drugs with prescription opioids, but many treatment providers shared similar observations: "There is no typical user anymore; Gone is the day where you're having a conversation about somebody who's experienced significant trauma, significant mental health, significant, you know, environmental stressors. You're seeing the kid who graduated from the suburban, white, upper middle-class school who's coming in [for heroin treatment] ...." Law enforcement reported: "White, lower income; We are, by far, seeing more whites than blacks using heroin; For every 10 heroin users, probably one black." One law enforcement official explained, "Most of the white heroin dealers are abusing it ... supplying their own habit. Most of the black heroin dealers ... aren't using it. They are dealing it, but not using it."

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street 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 bimodal, '7' and '10'. Community professionals most often rated current street availability as '8-9'; the previous most common score was '10'. A treatment provider shared "It's accessible, but it's more expensive [than other drugs]." Participants identified Vicodin® as the most popular prescription opioid in terms of widespread illicit use during the past six months, while community professionals identified Vicodin® and Percocet®. Treatment providers added: "I hear 'roxies' (Roxicodone®) a lot; I hear Ultram® consistently."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Howland (Trumbull County) man turned himself in to police after being accused of stealing prescription painkillers from residents living in a local retirement community; he was linked to at least five burglaries in the community ([www.wkbn.com](http://www.wkbn.com), Nov. 5, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants reasoned: "The doctors are cutting back; Everybody is getting their 'scripts' (prescriptions) cut down, so they are hanging onto them ... or they are more expensive." Treatment providers reported that the general

availability of prescription opioids has remained the same during the past six months, while law enforcement reported a decrease in availability. Law enforcement asserted: *"It's changed because of the changes ... that are holding the doctors and the pharmacies more accountable. We have seen that's an influence on availability; Doctors know we're watching."*

The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes have increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants indicated that these medications are less expensive when purchased in larger quantities: *"If you buy a lot, you get them cheaper; If I didn't buy a script, [Percocet®] would be like \$5 [apiece]. If I bought a script, it would equal out to less than that, it would be like three bucks ..."* Many participants also disclosed trading prescription opioids for heroin. One participant said, *"They work great on the barter system."* The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

In addition to obtaining these medications for illicit use from dealers, participants also reported getting them from someone who has a prescription. A participant reported, *"I've seen people up in their 50s ... they get prescribed ... and they sell them."* Another participant shared, *"I know people that go to the methadone clinic ... and some people have sold it."* A law enforcement officer reported, *"We're seeing imported tramadol [and] Ultram® coming in ... We just seized 5,000 or 6,000 pills from an online pharmacy ... they are being shipped over from India marked as healthcare products."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$10-30 for 100 mcg
	methadone	\$6-7 for 10 mg
	Percocet®	\$1 per mg
	Roxicodone®	\$15 for 15 mg \$20-25 for 30 mg
Vicodin®	\$1-3 for 5 mg \$5 for 7.5 mg \$5-6 for 10 mg	

administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. Participants indicated that in some cases, the route of administration depends on the type of prescription opioid pill and illustrated: *"Roxies, you would snort those; When it comes to Vicodin®, Percocet®, Lortab® ... Norco® ... those are what we would always call the 'little pills,' everybody eats those because you ain't going to snort 'em because they have acetaminophen in them and that's just gross."*

A profile for a typical illicit prescription opioid user did not emerge from the data. However, participants described illicit users as mostly white and aged teens to 50s. Community professionals described typical illicit users as mostly white, crossing all genders, socio-economic statuses and occupations, including young people who are experimenting and older people who have experienced an injury. A treatment provider stated, *"More than 90 percent of the clients that I have come into contact with say that it all started with a prescription ... A lot of them will report an injury and it just escalated to heroin."* Another treatment provider shared, *"You have the individuals who are living in an environment that either one parent [or] two parents are [addicted] and sometimes get high with them."*

### Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street 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 explained, *"Mostly people with the 'scripts'*

(prescriptions) go trade it or sell it." Community professionals reported current street availability of Suboxone® as '8'; the previous most common scores were '8-10' for treatment providers and '4' for law enforcement. A treatment provider stated, "I hear from a lot of clients [that] when they are waiting to get into residential treatment, they are out there actively using, buying Suboxone® off of the street to try and not get 'sick' (go through withdrawal). I hear that really, really frequently." A law enforcement officer reported, "Now you are starting to see, every time a person who is addicted to heroin is arrested and they're searched or whatever, you always find little packets of Suboxone®."

Participants and community professionals reported that the most available type of Suboxone® is the sublingual filmstrip (aka "strips"). A law enforcement officer stated, "I can't tell you the last time I saw Suboxone® pill. It's all strips now ... They're easier to hide."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man and a woman, who had outstanding warrants, were arrested after Youngstown police pulled over their vehicle, later finding that the man was hiding cocaine, marijuana, heroin and Suboxone® in his boxer shorts ([www.wkbn.com](http://www.wkbn.com), Dec. 22, 2015).

Participants were not able to reach a consensus on change in availability of Suboxone® during the past six months. A participant shared, "More and more people that I know that were on heroin are going to get Suboxone® and then they'll sell them just to go back out and buy heroin." Others reported: "Doctors are cutting down; People are getting their scripts cut in half." Treatment providers reported that the availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider explained, "I had my first [client for whom] Suboxone® was her drug of choice. I've never seen that before." The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. However, some participants reported that pricing is variable. A participant shared, "People that get their Suboxone® scripts ... if they were running low, they'd be like, 'Well, I can't let it go unless you can pay \$20.'"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-20 for 8 mg
	tablet	\$10-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other addicts, as well as through prescription from doctors. A participant stated, "One out of seven days a week I can get one ... my 'chick' (girlfriend) goes to the doctor every week."

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption, followed by intravenous injection (aka "shooting"). A participant shared, "I've heard people that don't have an opiate addiction could actually get high off them and those people ... I've actually heard that they shot them up ... the strips."

Participants described typical illicit Suboxone® users as opiate addicts who use the drug to stop withdrawal symptoms. A participant remarked, "Anybody who's dope sick." Community professionals described typical illicit users as white and around 20 years of age. A law enforcement professional thought, "Poorer people ... because richer people, or people who have insurance, or people who have more money, have other means of dealing with their habit. They can go get the injection ... the Vivitrol®. Poorer people have less opportunity to get Vivitrol®."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street 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'. Treatment providers most often reported current availability as '10', while law enforcement most often reported

current availability as '8'; the previous most common scores were '8' and '6-7' respectively. A treatment provider commented, "We have a lot of people abusing it."

Participants identified Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. One participant commented, "Valiums® are pretty easy to get." Community professionals identified Xanax® as most available. A law enforcement officer stated, "Xanax® is the one that I see the most ... in collaboration with the heroin."

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 Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months while the number of cases for all other sedative-hypnotics has either decreased or remained the same.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per mg
	Valium®	\$1-2 for 10 mg
	Xanax®	\$1 for 1 mg \$4-5 for 2 mg

In addition to obtaining sedative-hypnotics for illicit use from dealers, participants also reported getting them from other users, as well as through prescription from doctors. A participant explained, "One way or another, somebody gets them from a person who goes to the doctor, but by the time it gets to me it just might be a random dealer." A law enforcement officer stated, "People who use Xanax® all have their

own little clique ... You don't have people doctor shopping for Xanax® like you do pain pills."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. Participants described typical illicit users of sedative-hypnotics as anxious, stressed-out people. Community professionals described typical illicit sedative-hypnotic users as white females of all ages. A treatment provider noted, "I do see females wanting that 'psych doctor' (psychiatrist) appointment ... maybe over exaggerating symptoms ... so they can get that script."

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported 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 was also '10' for both respondent groups. Participants stated: "Everybody got 'weed' (marijuana); You can just randomly find it; Nobody's hiding it like they used to." A law enforcement officer reported, "We do a search warrant ... you're always finding weed."

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol [THC] from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was '4.' A participant reported, "I just came into contact with the dabs in the last six months, so it's starting to get popular." Law Enforcement most often reported current availability of marijuana extracts and concentrates as '2-3.' Law enforcement commented: "We've seen them extracting the THC from marijuana; It's not just the marijuana, it's the wax now." An officer added, "It's imported from the medical states, California and Colorado, in particular."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested after police executed a search warrant in Columbiana County; 28 grams of marijuana, 12.5 grams of crack cocaine and three grams of heroin were seized ([www.ot-fca.net](http://www.ot-fca.net), Aug. 26, 2015). Several confidential sources alerted police to a man selling marijuana out of a hotel in Liberty (Trumbull County); the man was arrested and charged with several drug-related offenses ([www.wkbn.com](http://www.wkbn.com), Oct. 23, 2015).

Participants reported that the availability of low-grade marijuana has remained the same during the past six months, while the availability of the high-grade marijuana has increased. A participant said, *"It's easier for me to get high grade now. A lot of stuff is coming from California [and] people are growing themselves now."* Others affirmed: *"It's easier to find high grade than low grade now; The good stuff is around. I wouldn't even know where to get a bag of bad marijuana."* Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. A participant observed, *"Those have gotten more popular over the last year or so."* Another participant reasoned, *"It's becoming legal across the states, easier to get."* Similarly, community professionals reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Participants most often rated the current overall 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' for high-grade marijuana and '2' for low-grade marijuana. A participant stated, *"Technology has advanced good marijuana and access to it."* Another participant reflected, *"Nowadays, you can get everything you need to grow great marijuana, including seeds ... You can get the seeds online to grow ... it's just really easy."* One participant reasoned, *"Now that's it's legal in so many states [quality has increased]."*

Overall, participants reported that the quality of marijuana has remained the same during the past six months. A participant reported, *"I was told that we are getting most of our 'swag' (low-grade marijuana) from Mexico."* Participants also noted the high quality of marijuana extracts and concentrates. Participant shared: *"Dabs are good; All you need is one [hit] ... and you are high for hours."*

Reported Availability Change during the Past 6 Months	
Marijuana	 Participants Increase (high-grade & extracts/concentrates)
	 Law enforcement Increase (extracts/concentrates)
	 Treatment providers Increase (extracts/concentrates)

Reports of current prices for marijuana were consistent among participants with experience buying the drug.

Current Prices for Marijuana	
Marijuana	<b>Low grade:</b>
	A blunt (cigar) or two joints (cigarettes) \$5
	1/4 ounce \$25
	1/2 ounce \$40-50
	An ounce \$100-125
	A pound \$900
	<b>High grade:</b>
	A blunt (cigar) or two joints (cigarettes) \$10-20
	1/8 ounce \$60-100
	1/4 ounce \$110-200
1/2 ounce \$300-325	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants mentioned that users will sometimes eat marijuana in baked goods, but pointed out: *"Eating it just takes too long [to get high]; Everyone would probably be eating brownies if they were there ... If they were already prepared."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anybody and commented: *"It's harder and harder to discriminate that now; It's not just the hippies anymore."* Likewise, community professionals were unable to identify a typical marijuana user. A treatment provider noted, *"A lot of people think of it like alcohol!"* Law enforcement observed that typical users of marijuana extracts and concentrates are younger.

## Methamphetamine

 Methamphetamine is moderately to 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, *"My next door neighbor sells it, and uses it, and does it the 'shake-and-bake' way (produces powdered methamphetamine), so it's just always there."* Another participant shared, *"I was looking for cocaine and [the dealer] was like, 'I have this [methamphetamine]."* Community professionals most often reported the current availability of methamphetamine as '6-7'; the previous most common scores were '3' for treatment providers and '8-9' for law enforcement. A law enforcement officer reported, *"The availability of 'meth' (methamphetamine) in Ashtabula is just as high as the availability of heroin. It's probably even more available because everybody's cooking it."*

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region and identified powdered as the most prevalent form during the past six months. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location, although one participant reported, *"It's getting harder to buy the ingredients."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A small methamphetamine operation was shut down in Columbiana County after police raided a home in Hanoverton and

confiscated seven one-pot methamphetamine labs ([www.wkbn.com](http://www.wkbn.com), July 2, 2015). A four-month investigation by Lisbon Police (Columbiana County) culminated in the search of a residence where officers seized one methamphetamine lab, as well as additional chemicals needed for manufacturing the drug ([www.otfca.net](http://www.otfca.net), Aug. 12, 2015). A Drug Task Force and sheriff's office found a trailer in Kensington (Columbiana County) in which they discovered multiple one-pot methamphetamine labs and other chemicals and tools used for methamphetamine production ([www.wkbn.com](http://www.wkbn.com), Oct. 7, 2015). Detectives and a special Investigations unit searched a home in Alliance (Stark and Mahoning counties), found and dismantled an active methamphetamine lab ([www.wkbn.com](http://www.wkbn.com), Sept. 18, 2015).

Participants reported that the availability of powdered methamphetamine has increased during the past six months. A participant said, *"It's getting more popular."* Treatment providers commented: *"We are seeing more [treatment] referrals for it; You hear more about it."* Law enforcement reported: *"... seeing a surge in meth lab stuff... We've done about seven or eight labs so far this year [in Mahoning County] ... there is an uptake in methamphetamine manufacturing at least."* Another officer added, *"We're getting information that there is more import meth, like crystal meth ... we haven't seen it, but we're hearing it, a lot."* 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 crystal, off-white and white powdered methamphetamine.

Participants most often rated the current quality of powdered methamphetamine as '8' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '9-10' respectively. Participants indicated that quality often varies and commented: *"Depends on who cooks it; Depends on how many boxes [of Sudafed®] they shake with."* One participant asserted, *"The guy that I would*

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

get it off of, my neighbor, like sometimes he would use more expensive Sudafed®. It would be way stronger, way better." Overall, participants reported that the quality of both powdered and crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that the most common amount purchased is a gram. Participants also reported that ingredients are traded for the drug and said: "It's sold by the box; You're paying him in (pseudoephedrine) instead of cash."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/2 gram	\$50
	A gram	\$60
	<b>Crystal:</b>	
A gram	\$60-130	

Participants reported that the most common routes of administration for methamphetamine are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. One participant added, "If it's cooked well, you can smoke it."

Participants described typical methamphetamine users as mostly male, as well as truck drivers and factory workers. A participant said, "Anyone that has to stay up a long time." Community professionals stated that methamphetamine users are typically of lower socio-economic status, unemployed, white and aged 20s to 40s. Law enforcement observed: "We are also finding people that are meth [addicts] that are dealing heroin to get money for meth ... It used to be you were either a heroin person or meth person, now the lines have blurred. There are more people doing both and they are dealing one to support a habit in the other."

### Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0'

(not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "They are kind of hard to get." Treatment providers most often reported current street availability as '10,' while law enforcement most often reported it as '7,' the previous most common score was '1-3' for community professionals. Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use during the past six months, while community professionals identified Adderall®.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. However, one participant noted, "They are trying to start cracking down on it." Another noted that availability decreased for her when she moved away from a college campus. Community professionals also reported that availability of prescription stimulants has remained the same during the past six months. A treatment provider stated, "I don't hear a lot about it." The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® cases has increased.

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

Reports of current street prices for prescription stimulants were reported by participants with experience buying these drugs.

Prescription Stimulants	Current Prices for Prescription Opioids	
	Adderall®	\$5 for 30 mg
	Ritalin®	\$.50 per tablet
	Vyvanse®	\$2 for 40 mg

Participants reported obtaining these drugs from connections with someone who has access to a prescription or is personally prescribed them by a physician. A participant said, "It's usually somebody, who knows somebody who gets

them prescribed." Another participant shared, "Most people, since you don't really have to have any testing for it, they can go in and fake [symptoms to obtain a prescription]." A treatment provider reported that clients have said parents will obtain prescriptions for their child, "but they don't give it to the child; they either take it or they sell it."

Participants reported that the most common route of administration for illicit use of prescription stimulants 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 illicit users of prescription stimulants as teenagers, college students, mothers of young children and third-shift workers. A participant added, "I hear college kids use them like crazy." Community professionals described typical illicit users as high-school and college students, as well as mothers of young children.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy 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 also '3.' One participant stated "I've come into it once, twice in the past five years." While another participant said, "It's easier for me because I just started hanging out with a different crowd [that has access to ecstasy]." Participants most often reported the current availability of "molly" (powdered MDMA) as '5'; the previous most common score was '1.'

Treatment providers did not reach a consensus on the availability of ecstasy tablets or on the availability of molly; previous availability scores were '1' and '1-3' respectively. A treatment provider shared "We don't even see a lot of that anymore." Law enforcement rated the availability of ecstasy tablets as '5' and of molly as '0.' An undercover agent stated "We're hearing about it, but we actually haven't bought it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman, high on bath salts, broke into a home in Campbell (Mahoning County) and accidentally dropped a bag of molly on the porch on her way in; police were notified, and while the EMS checked

her condition, the woman started talking about having drugs in her home, which police later searched and discovered marijuana, cocaine and heroin ([www.wkbn.com](http://www.wkbn.com), Dec. 1, 2015).

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No change
	 Treatment providers	No change

Reports of current prices for ecstasy and molly were reported by participants with experience buying the drugs. Participants reported that molly is typically sold by the gram, and a participant qualified, "If you have the money." Another participant explained, "At a show (concert or music festival) it would be cheaper."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$10-20
	<b>Molly:</b>	
	A gram	\$80

While there were a few reported ways of using ecstasy and molly, participants reported that the most common routes of administration remain oral consumption and snorting. Participants explained that ecstasy tablet users would orally consume the drug, while molly users would most often snort the drug. A participant shared that ecstasy can be snorted, but "It burns ... so I wouldn't do it." Another participant mentioned that ecstasy users also "parachute" the drug and explained, "You put it in a little tissue, you crush it up and swallow it." One participant added, "When [molly] comes around now, my crowd of people ... we 'shoot' (intravenously inject) it." Participants described typical ecstasy

and molly users as younger (16-24 years of age), people who attend clubs and skateboarders. Likewise, community professionals described typical ecstasy and molly users as those who go to clubs and are younger (18-25 years of age).

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants reported no personal experience with the drug during the past six months and could not report on the drug's current availability. Participants commented: *"I haven't seen it; It fell off about two years ago."* Community professionals most often reported current availability of synthetic marijuana as '0-3'; the previous most common score was '3'. Law enforcement commented: *"In six months, we haven't seen it; Since the legislature caught up to that, we haven't seen it at all."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants reasoned: *"It was banned; People started dying from it."* Treatment providers reported decreased availability during the past six months, while law enforcement reported that availability has remained the same. 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	No change
	 Treatment providers	Decrease

Participants reported that synthetic marijuana sells in bags of one to three grams and ranges in pricing from \$10-50. Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants described typical synthetic marijuana users as marijuana users who have to submit to drug screens for probation or for employment. A participant explained, *"People that smoked 'pot' (marijuana) that's on probation ... they'll use that so they can get high still."*

## Other Drugs in the Youngstown Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (anticonvulsant).

### Hallucinogens

Hallucinogens remain rarely to moderately available in the region. Participants most often reported the current general availability of hallucinogens as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-5'. A participant shared, *"I can just order 'shrooms (psilocybin mushrooms) [online]. It's pretty easy to get."* Furthermore, participants reported high availability of psilocybin mushrooms in Trumbull County. Community professionals most often reported the current availability of LSD as '3-5' and of psilocybin mushrooms as '1-3'.

Participants reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. Community professionals reported that the availability of LSD has increased during the past six months, while the availability of psilocybin mushrooms has remained the same. A law enforcement officer reflected on LSD availability and stated, *"It's definitely increased."* The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Participants most often rated the current overall quality of LSD as '7' on a scale of '0' (poor quality, "garbage") to '10'

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose (aka "a hit")	\$5-10
	10 hits (aka "strips")	\$40-50
	<b>Psilocybin Mushrooms:</b>	
	1/8 ounce	\$25-50
	1/4 ounce	\$60
	1/2 ounce	\$80-90
An ounce	\$150-180	

(high quality). Reports of current prices for LSD and Psilocybin mushrooms were variable among participants with experience buying the drug. A participant reported that the price of LSD depends on the dealer. A participant shared, *"With liquid LSD ... they get sugar cubes and then they'll put drops on it and each drop is a 'hit' (one dose)."* Participants also indicated that prices of psilocybin mushrooms depend on location and are more expensive in the city.

Participants indicated that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants described typical hallucinogen users as hippies, "stoners" (marijuana users) and younger. A participant said, *"Most of them ain't like addicted to opiates or anything ... they're mostly like ... people that constantly go to concerts."* Community professionals described typical users of hallucinogens as younger (teens to 20s).

### Neurontin®

Neurontin® was discussed quite a bit in one participant focus group. A participant said, *"You can get them easy."* Another participant claimed, *"People take it like Tylenol®."* Participants indicated an increase in street availability and use of the drug and reported: *"It's probably getting more popular; Now, it seems like I hear of it more and more."* Participants reported that Neurontin® sells for \$0.50-1 per pill and the drug can be traded for other drugs. A participant reported, *"A 'dime of dope' (\$10 worth of heroin) for a 'script' (prescription of Neurontin®)."* Participants reported that the most common routes of administration for illicit use of Neurontin® are snorting and oral consumption. Participants described typical illicit Neurontin® users as a heroin addicts. A participant shared, *"I hear a lot of people asking for them when they are 'sick' (going into withdrawal) ... coming off of heroin. They say it helps."* Another participant disclosed, *"I think it increased my high with my heroin ... it made it last longer."*

## Conclusion

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

While many types of heroin are currently available in the region, participants and law enforcement reported brown

powdered heroin as most available in terms of widespread use. Participants and law enforcement indicated that black tar heroin is more difficult to obtain in the region. The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with some off-white and brown powdered heroin.

Participants observed that more crack cocaine dealers are now selling heroin than previously. Participants also noted that there are more heroin users seeking white powdered heroin as it is thought to be of higher quality due to its having been linked to overdoses in the region. Participants continued to report fentanyl as an adulterant for heroin. Participants agreed that heroin users are overwhelmingly white and indicated an increase in heroin use by teens during the past six months.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates has increased during the past six months. Participants also noted increased popularity for these forms of marijuana during the past year. Participants most often reported high current overall quality for marijuana due to the many technological advances in producing the drug with higher THC content, as well as to an increase in high-quality products coming into the region from states where marijuana use is legal in some capacity. Law enforcement observed typical users of marijuana extracts and concentrates as younger than traditional marijuana users.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region but identified powdered methamphetamine (aka "shake-and-bake") as most prevalent. Participants indicated that the availability of powdered methamphetamine has increased during the past six months due to its increased popularity. Treatment providers noted more users entering treatment during the past six month for methamphetamine use. Law enforcement reported an increase in the number of methamphetamine labs it has shut down 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 crystal, off-white and powdered methamphetamine. Participants described typical methamphetamine users as

mostly male, as well as truck drivers and factory workers. Community professionals stated that methamphetamine users are typically of lower socio-economic status, unemployed, white and aged 20s to 40s. Law enforcement observed that they are finding heroin use connected with methamphetamine use: users are either doing both drugs or selling one drug to buy the other.

Lastly, participants indicated an increase in street availability and illicit use of Neurontin® during the past six months. Participants described typical illicit Neurontin® users as a heroin addicts who use the drug to help ease withdrawal, and for some the drug is used with heroin to intensify the heroin high.