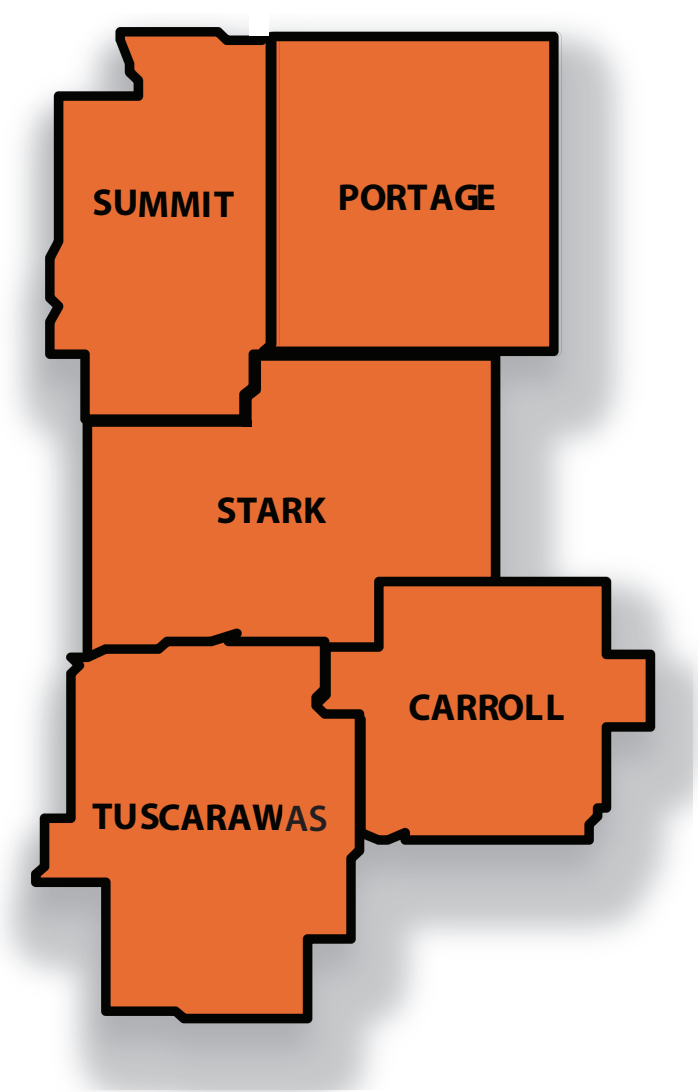
Drug Abuse Trends in the Akron-Canton Region



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 (AOD) 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, Stark County Day Reporting of the Stark County Court of Common Pleas and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 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 Epidemiologist:

Joseph Cummins, MA, PCC-S, LICDC

OSAM Staff:

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

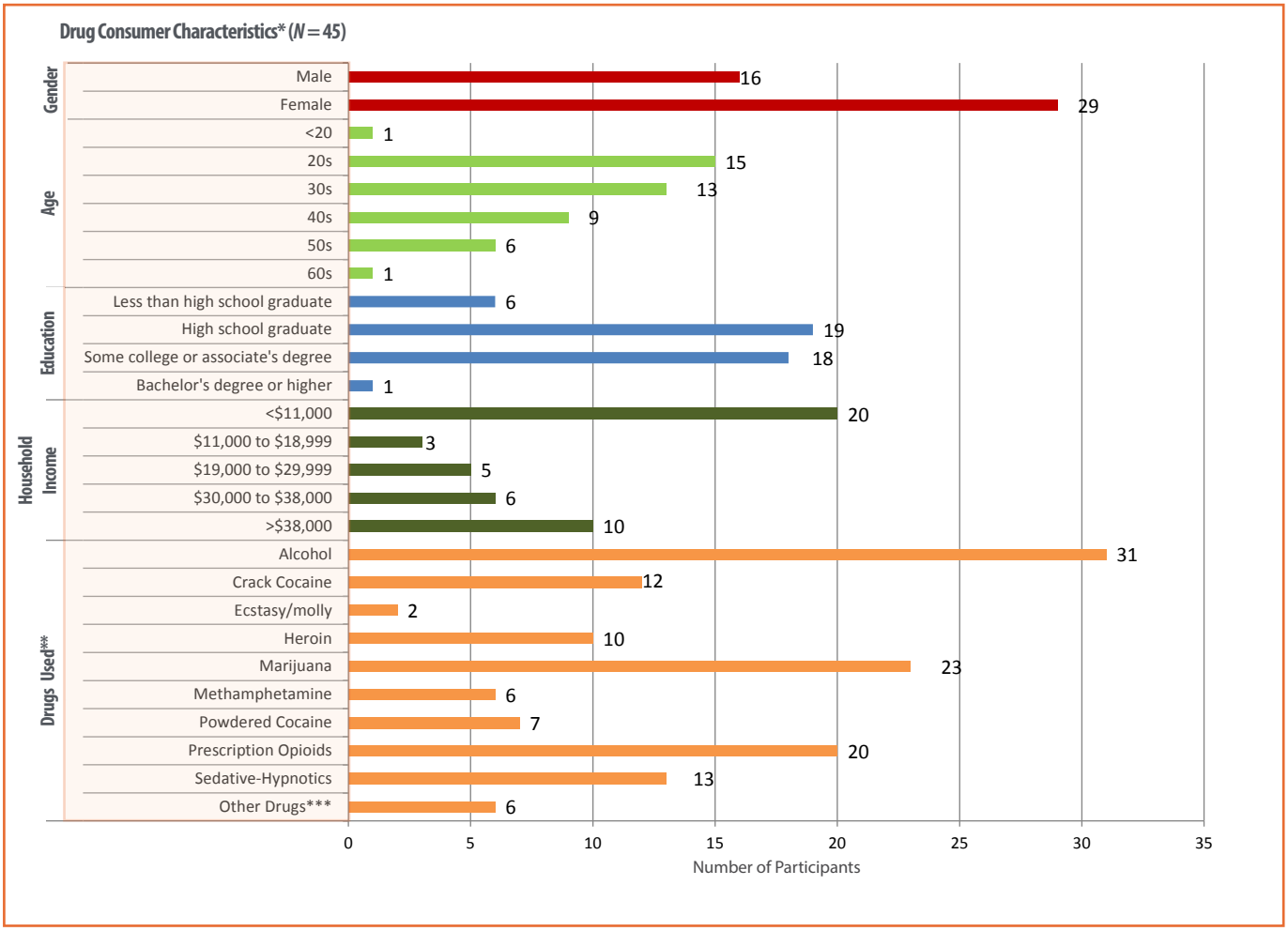
Beth E. Gersper, MPA
OSAM Coordinator

Regional Profile

Indicator[1]	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	45
Gender (female), 2010	51.2%	51.5%	64.4%
Whites, 2010	81.1%	85.4%	80.0%
African Americans, 2010	12.0%	9.4%	13.6%
Hispanic or Latino origin, 2010	3.1%	1.6%	2.2%
High School Graduation rate, 2010	84.3%	86.3%	13.6%
Median Household Income, 2013	$46,873	$46,559	$11,000 to $14,999[2]
Persons Below Poverty Level, 2013	16.2%	14.8%	52.3%[3]

[1]Ohio and Akron-Canton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014 - January 2015.
[2]Graduation status was unable to be determined for 1 participant due to missing and/or invalid data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 1 participants due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 45.
**Some respondents reported multiple drugs of use during the past six months.
*** Other drugs: Neurontin®, Inhalants, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region; also highly available in the region were prescription stimulants. Increased availability existed for heroin and methamphetamine; decreased availability existed for bath salts, prescription opioids and synthetic marijuana. Data also indicated likely increased availability for crack cocaine, ecstasy, marijuana and Suboxone®.

Brown powdered heroin remained the most available type of heroin throughout the region. All respondent groups attributed increased heroin availability to increased demand due to the low price-point of heroin. Law enforcement noted new formulations of previously popular pills which made them difficult to break down for users to inject as another reason for the increased demand and use of heroin. Participants and treatment providers also commented that doctors were not prescribing prescription opioid medications as often, so people in pain turned more often to heroin for pain relief. Moreover, treatment providers believed that negative stigma around heroin use had lessened and that heroin use was considered trendy. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the previous six months; the lab reported processing primarily white, brown and gray heroin.

Participants and law enforcement noted that heroin in the region was often cut with fentanyl. Law enforcement reported an increase in prescription opioids used as a cut for heroin and a participant reported methamphetamine as another cut. The BCI Richfield Crime Lab reported that powdered heroin was occasionally cut with fentanyl. Treatment providers described typical heroin users as white, middle class and twenty-something in age. Many treatment providers noted that first-time users were younger as heroin was becoming a gateway drug. A few treatment providers reported an increase in number of pregnant women using heroin.

Participants described methamphetamine as among the top available drugs in the region after marijuana and heroin. Law enforcement reported 247 meth labs and dump sites interdicted upon in Summit County during the previous year and further mentioned that every one of those were powdered, "shake-and-bake" or "one-pot" labs. Law enforcement related finding no "red-phosphorous" labs in the previous year. Participants reported that methamphetamine was available in powdered, anhydrous (aka "old school" or "red-phosphorous") and crystal (aka "ice") forms. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed had increased during the previous six months; the lab reported processing off-white powder and some crystal methamphetamine.

Treatment providers and law enforcement reasoned that the increase in methamphetamine availability was due to the ease of the drug's production. Additionally, treatment providers posited that popular media, with programs such as *Breaking Bad*, has lowered social stigma related to methamphetamine use. Participants and community professionals described typical methamphetamine users as white and of lower economic status.

Finally, law enforcement noted that individuals were using marijuana more openly than previously. Participants and law enforcement agreed that marijuana was becoming more socially acceptable. An officer reported a marijuana arrest in which the individual was upset she was being arrested and complained to the officer that marijuana was legal to use in other states. Participants suggested one reason for increased availability was the ease with which to grow marijuana. Law enforcement cited two reasons for increased availability: increased amounts of THC-laced products, such as chocolate and brownies, coming in from western states and increased amounts of "medical grade" marijuana (very potent) also coming in from the west. Lastly, most participant groups for the first time, reported availability of "hash oil" (aka "THC wax" or "dabs"), a marijuana extract. Participants explained that hash oil was consumed by placing a dab of the waxy extract onto a heated piece of glass from which the user immediately inhales the resulting fumes.

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 '9.' Participant

comments included: "[Obtaining powdered cocaine] *is very easy; You just pick up the phone* [and call a dealer]." However, many participants noted that powdered cocaine can be difficult to find in the region and some of these participants commented: "*You can get* [powdered cocaine] *if you are in the right neighborhood and know the right persons; It's available, but you have to travel 45 minutes;* [Powdered cocaine] *is not heavily used here, most are looking for rock (crack cocaine)*."

Treatment providers most often reported the drug's current availability as '6;' the previous most common score was also '6.' Treatment providers reported that they do not hear about powdered cocaine very often from their clients. A treatment provider commented that one client reported that he had switched to crack cocaine because he could not readily find powdered cocaine. Law enforcement most often reported the drug's current availability as '7;' the previous most common score was '8.' A member of law enforcement commented that powdered cocaine is "*readily available*."

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months. However, there were many participants who reported that the availability of powdered cocaine has decreased due to decreased popularity/demand. Some of these participant comments included: "*People are getting busted. No one wants to risk bringing* [powdered cocaine] *here;* [Powdered cocaine] *is not popular anymore; More people are using crack than (powdered) cocaine; There's a lot more heroin users (than cocaine users)*."

Treatment providers reported that availability of powdered cocaine has decreased during the past six months. Treatment providers reflected: "*The trend is going down; People are making crack and selling it for more money* [than they are getting for powdered cocaine]." Law enforcement reported that availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has 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	Decrease

Participants most often rated the current overall quality of powdered cocaine as '0' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3' or '4.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, baking soda, bath salts, headache powder, NoDoz® and stimulants (aka "speed"). A participant stated, "*Every once and awhile, you will find some good stuff (powdered cocaine), but rarely.*" Overall, participants continued to report that the quality of powdered cocaine has decreased during the past six months. Participant comments included: "*(Dealers) are cutting the shit out of* [powdered cocaine], *it's why people are going to meth (switching to methamphetamine use);* [There's] *so much cut in cocaine, people are going to heroin; There's not as much* [powdered cocaine] *coming in* [to the area], *they (dealers) have to cut it down to dispense it out to everybody*."

Powdered Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- lidocaine and procaine (local anesthetics)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that pricing is dependent on quality and the average user purchases between a gram and an "eight ball" (1/8 ounce) at a time.

Powdered Cocaine

Current Street Prices for Powdered Cocaine	
1/4 gram	$20
1/2 gram	$40-50
A gram	$60-100
1/16 ounce (aka "teener")	$90-120
1/8 ounce (aka "eight ball")	$150
1/2 ounce	$700
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 inject the drug. One participant explained, "*People who shoot heroin will shoot cocaine, others will snort it*."

Participants described typical users of powdered cocaine as individuals of higher socio-economic status. Participants tended to agree, powdered cocaine is "*a rich man's drug*" and that users have "*got to have a lot of money*" to afford the drug. Some groups reported that powdered cocaine users tended to be more often white. Treatment providers described typical users of powdered cocaine as middle class and more often aged 30 years and older. While some treatment providers suggested more male users, others reported female users, but most agreed that powdered cocaine use is apt to be associated with alcohol addiction. Law enforcement described typical users of powdered cocaine as white males, though it was noted that detectives are often focused on seeking out the high level dealers which might not reflect the typical user of the drug.

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 expressed how readily available crack cocaine has been during the past six months: "*Very available, especially due to the heroin epidemic,* [law enforcement] *are focusing on heroin, not paying attention to crack; I can get* [crack cocaine] *in 2.5 seconds; A lot of people are selling it.*"

Treatment providers most often reported the current availability of crack cocaine as '9;' the previous most common score was also '9.' Treatment providers reported that clients describe crack cocaine as easy to find. Law enforcement most often reported the drug's current availability as '7' or '8;' the previous most common score was '3' or '5.' A law enforcement officer commented, "[Crack cocaine] *is as easy to find as powder (powdered cocaine), you just have to ask for it.*"

There was disagreement among participants whether the availability of crack cocaine has increased or decreased during the past six months. Participants from Summit and Tuscarawas counties reported an increase and suggested a few reasons. One participant referred to the high amount of money made in dealing crack cocaine and said, "*The money is good for the dealer.*" Another participant reasoned that crack cocaine is more available because of its connection with heroin and commented, "*I know a lot of people who mix heroin and crack together.*" Nevertheless, participants in Stark and Portage counties reported decreased availability of the drug and reasoned: "*There's not as many crack dealers on the street like there used to be in the '90s and early 2000s; Heroin and pills are taking over; Sometimes people get busted, so it's not out there.*"

Treatment providers and law enforcement reported that availability of crack cocaine has remained the same during the past six months. 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 consensus
	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 '5' or '7.' Several participants indicated that quality continues to depend on the dealer and commented: "*If you want good crack, you do your homework. You have to know somebody who knows somebody to get the good stuff;* [Crack cocaine quality] *ranges from '2' to '7,' depends on who you get it from; Certain people (dealers) maintain a higher quality, it depends on who you go to.*" It was not uncommon for participants to believe that their personal dealer had better quality crack cocaine than other dealers, as one participant boasted, "*The person (dealer) I know* [sells crack with quality rated] '*8,' everyone else* [sells crack quality rated] '*5.*'" Law enforcement suggested that a lot of the crack cocaine in the region was of poor quality during the past six months.

Participants reported that crack cocaine in the region is predominately cut with baking soda. A participant shared, "*Powder (cocaine) is hard to come by* [and] *prices are going up, so* [dealers] *are cutting* [crack] *to stretch it.*" Another participant explained, "[A dealer] *can make two cooks (batches of crack) - one shitty* [quality] *to sell to people you don't know and another better* [quality] *for people you want to come back.*" Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant commented, "[Quality of crack cocaine] *is nothing like it used to be …* [dealers] *are maximizing profit* [by cutting it]."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that the most common way to purchase crack cocaine is "*by the piece*," usually for $20. Additionally, crack cocaine can be purchased with smaller amounts of money, as little as $2, as a participant reflected: "*If you have $10, you can find* [crack cocaine]." One participant group agreed that larger amounts of crack cocaine require a closer relationship with a dealer, as a participant noted, "*You can order an ounce or a half-ounce if you get to know the dealer.*" Law enforcement noted that dealers charge more for powdered than crack cocaine.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10-2/10 gram (a "piece")	$20
	A gram (aka "a fifty")	$100
	1/2 ounce	$700

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 inject the drug.

A profile for a typical crack cocaine user did not emerge from the data. Participants disagreed when they talked about race, some suggesting more African-American users than white users. However, several agreed when a participant said, "*Now, everyone uses crack, race is no longer an issue*." Many participants agreed that crack cocaine use was more common among individuals of lower socio-economic status. One participant clarified that a crack cocaine user can come from any socio-economic background, but that they would end up in poverty because "[Crack is] *an equal opportunity destroyer*." Treatment providers described typical crack cocaine users as being of lower socio-economic status. Treatment providers noted that while users were both white and African-American, it was still more commonly used in the African-American community. Law enforcement did not provide a description of typical users of crack cocaine, commenting that their focus is more with the large dealers of powdered cocaine (aka "*the bulk guy*").

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' While many types of heroin are currently available in the region, participants and community professionals agreed that brown powdered heroin continues to be the most available heroin type. Participant comments included: "*I remember you used to have to go to Cleveland or Youngstown* [to obtain heroin], *but now you can go next door; It's easier* [for me to find heroin] *than cocaine, and I don't even use heroin*." Community professionals agreed that heroin is "*very available; the number one* [drug]." A law enforcement officer commented, "[Heroin is] *the easiest drug to get right now*."

Participants reported limited availability of black tar heroin in the region, rating its current availability '1-2;' the previous most common score was '7.' Participants described black tar heroin availability as: "*hard to find; rarely around here*." Many participants reported that users have to go to Columbus or Warren (Trumbull County) to obtain black tar heroin. Community professionals agreed; treatment providers reported not hearing about black tar heroin and law enforcement reported finding black tar heroin only "*a couple of times*" during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two Akron (Summit County) men were indicted for manslaughter, corrupting another with drugs and for trafficking heroin following the overdose death of a woman they sold to; law enforcement is increasingly trying to hold dealers accountable for the heroin epidemic in Ohio communities (www.newsnet5.com, July 2, 2014; www.wkyc.com, July 15, 2014). Media distributed an urgent message after three people died in less than 24 hours from heroin overdoses in North Canton and Canton areas (Stark County) (www.newsnet5.com, www.wkyc.com, www.cbs46.com, www.wakr.net, www.facebook.com/WEWS5, July 3, 2014). U.S. District Court charged 15 people in Summit and Portage counties for bringing heroin into the area from Chicago;

an additional 18 people were indicted in Portage County Court of Common Pleas on related charges including trafficking heroin, cocaine, marijuana and manufacturing methamphetamine (www.wkyc.com, Aug. 1, 2014).

Participants reported an increase in the general availability of heroin during the past six months. A participant commented, "[Heroin availability is a] *'10' all the way around, and rising*." A couple participants alleged: "*Everyone is falling in love with* [heroin]. *Once you start, you can't stop; The community is addicted, they need* [heroin]*; It's an epidemic, so many want* [heroin]." Other participants referred to economic reasons for the increase in heroin availability and commented: "[Heroin is] *easier to get than pain killers, and heroin is cheap; I hear* [dealers] *are making a lot of money selling heroin*."

Treatment providers and law enforcement also reported an increase in the general availability of heroin during the past six months. A treatment provider commented, "[Heroin availability is] *still going up*." Another treatment provider speculated that heroin use has increased because, "*There's a big battle with opiate abuse at hospitals, so it's much harder to get pain medication*." Other treatment providers suggested an increase in heroin availability due to fewer pain pills on the street, but attributed it to community efforts to collect unused medication via drop boxes. Law enforcement also saw a correlation between the "*crack down on pill doctors*" with the "*growing trend*" in heroin use. However, some treatment providers also noted a trend in younger clients reporting using heroin straight away without the traditional progression from pain medication to heroin. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily brown, gray, off-white and white powdered heroin with no black tar heroin cases noted.

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

Participants most often reported 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 '8-9.' Participants commonly reported that the quality of the drug depends on from where it comes. Participants reported that the color of powdered heroin usually ranges from dark brown to light brown, but can also be gray and whitish in color. The consistency of powdered heroin was described by participants as ranging from rocky and chunky to powdery. A participant commented, "*Consistency* [of heroin] *is not the same on a day-to-day basis, it varies a lot, which is extremely dangerous. When you are that far* [into addiction] *it doesn't matter. What matters is that you can function - that you are not sick*."

Participants reported that brown powdered heroin is cut with baby powder, brown sugar, prescription opioids (fentanyl, OxyContin®, Percocet® and Vicodin® were all mentioned by name), Seroquel® and vitamin B-12. A participant explained, "[Dealers] *know they can make more money if they cut* [heroin]." Generally, participants reported that powdery forms of heroin are cut more than the rocky or chunky forms and added that the lighter the color, or more white in appearance, the more likely heroin is cut with fentanyl. Participants did not report any cuts for black tar heroin. Overall, participants most often reported that the general quality of heroin has decreased during the past six months and reasoned: "*There's a high demand for it, people need* [heroin]; [so dealers] *are cutting it more*."

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

Reports of current prices for heroin were variable among participants with experience buying the drug. Most participants reported that heroin users generally purchase between 1/4 gram and one gram of heroin at a time. One group in Tuscarawas County reported that heroin is most commonly sold in "a 50 bag" (1/4 gram for $50). A participant described this as, "*a rip off, but it's how they sell it*." Another participant explained, "*If you live close to the dealer, you will buy smaller amounts*." Only one group reported purchasing black tar heroin, stating that it is sold as a "black ball" wrapped in foil. Treatment providers reported a growing trend of clients who report obtaining heroin via the Internet; these providers disclosed that a couple of clients were caught attempting to order heroin while they were at the treatment center.

Heroin	Current Street Prices for Brown Powdered and Black Tar Heroin	
	Brown powdered:	
	1/10 gram	$20
	1/4 gram	$25-50
	1/2 gram	$60-80
	A gram	$100-200
	Black tar:	
	1/10 gram (aka "a point")	$20

While there were a few reported ways of using heroin, generally, the most common routes of administration are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, eight would inject and two would snort the drug. Many participants shared similar comments as one participant who stated, "*If you are just starting* [to use heroin], *you snort … But everyone starts shooting it within six months to a year.*" A law enforcement officer suggested that snorting heroin is a popular route of administration in the region and commented, "*My understanding is that* [black tar heroin] *is not real popular with addicts. People don't like it* [because] *you can't snort tar.*"

Participants reported that syringes are very easily obtained from a dealer, family and friends who are diabetic and, while not everyone agreed, from pharmacies. Many participants reported obtaining needles at pharmacies, especially if they are able to intelligibly feign being a diabetic or needing them for someone who is a diabetic. Other participants, however, reported that pharmacies are "cracking down" and requiring proof that the individual asking for syringes needs them for insulin. Participants reported "rigs" as the only street name commonly used in the region for needles. Participants reported that dealers most often sell syringes for $3-5 apiece. Participants throughout the region reported that there are no local needle exchange programs in their area and that the nearest location is in Cleveland. However, some participants from Tuscarawas County reported that the county health department distributed needles during the past six months. Participants reported that sharing needles is still a very common practice.

A profile of a typical heroin user did not emerge from the data. Participants did not agree on descriptions of typical users, but more than one participant group reported that heroin intravenous users are more likely white, as one participant remarked, "*You won't find a* [African-American] *brother or sister sticking their arm.*" Treatment providers described typical heroin users as more often young, white and male. However, treatment providers also observed an increase in number of African-Americans using heroin during the past six months to a year. Several treatment providers suggested that the age of first use of heroin is getting "*younger and younger.*" A treatment provider commented, "*We are getting a lot of 18-year-olds* [admitted for heroin treatment] *and would probably see younger users if we treated adolescents.*" Law enforcement did not provide any specific descriptors of typical heroin users, stating that users come from "*all walks of life, across the board.*" Nevertheless, law enforcement also observed an increase in younger, teenage individuals using heroin during the past six months.

Prescription Opioids

Prescription opioids are highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participants reported that Percocet® and Vicodin® are "*a phone call away,*" but the others are becoming less available.

Treatment providers most often reported current availability of prescription opioids as '4;' the previous most common score was '6.' Treatment providers identified Percocet® and Vicodin® as most popular in terms of widespread use, but also reported that users prefer Dilaudid® and OxyContin® which are reportedly less available. Likewise, law enforcement reported moderate availability of prescription opioids, rating current availability as '5;' the previous most common score was '4-5.' Law enforcement identified Opana®, Percocet® and Vicodin® as most popular.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A former medical assistant was charged with her role in distributing prescription opioid medication knowingly to patients who were illicitly using the drugs (www.newsnet5.com, July 29, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six

months. Participants provided various reasons for the decrease. Some participants explained: "*Doctors have cracked down, not many people are getting prescriptions; The State* [of Ohio] *is coming down on the doctors*." Other participants said legal and illegal sources are limited and commented: "*Pain management clinics is the only place you can get pain pills;* [Pain pills] *go so quick, as soon as someone gets a script, they are gone in an hour*." Still another participant commented, "[Pharmaceutical companies] *are making it so that you can't snort them*." Finally, participants divulged: "*It's no use using pills when you can get heroin; Heroin is easier to find, and cheaper*."

Community professionals also reported decreased availability of prescription opioids during the past six months. Treatment providers reported that it is "*fairly difficult*" for users to acquire pain pills, especially the ones most wanted such as Dilaudid® and OxyContin® due increased regulation of these medications, a "*crackdown by the medical field*." Treatment providers commented: "*If people do get meds at the ER (emergency room), they are getting only a few days' worth; Some doctors are refusing to prescribe certain opiates, patients must go to a specialist*." Law enforcement also agreed that pain pills are "*harder to get from doctors*." Officers attributed the decrease in availability to the closure of several "pill mills" in the area and doctors prescribing pain medications less often. The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, methadone, Opana® and Vicodin® cases it processes has increased during the past six months, while the number of OxyContin® and Percocet® cases has decreased.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Reports of current prices for prescription opioids were consistent among participants with experience buying these drugs. Many participants noted that prescription opioids are becoming more expensive.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	$25-40 for 20 mg $60 for 40 mg
	OxyContin®	$15 for 10 mg $25-40 for 20 mg
	Percocet®	$5 for 5 mg $10-12 for 10mg
	Roxicet®/Roxicodone®	$1 per mg
	Vicodin®	$3-5 for 5 mg, otherwise $1 per mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from physicians and people with prescriptions, including older individuals. Participants commented: "*A lot of people will go to the doctor. They don't need* [pain pills], *but act like they are in pain … they then sell the pills; Some go to two or three doctors; I get my prescription by a doctor. If I go to a* [physical] *therapy place two times a week, they give me pills; The free way to get* [pain pills] *is to go to the ER, tell them my foot hurts* [and] *I get a script. It's easy*." Other participants shared: "[Users can get pain pills] *from older people who sell their whole scripts. I have five old people I buy from; Most people who are prescribed* [opioids] *don't use them, they sell them; If you know the right people, they go to Cleveland or Youngstown and bring them back*."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration for illicit use are snorting and oral ingestion. Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would orally consume these pills. A few participants mentioned "shooting" (intravenously injecting) prescription opioids, though it was commonly noted that this is increasingly difficult to do with the newer abuse deterrent formulations. A couple participants explained: "*The higher the milligram, the more likely they will shoot it; Some suck the medication out of the coating, then shoot it*."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants continued to report that "everybody" can be a user. One group mentioned that older users are more likely to orally ingest the drugs, while younger users would be more likely to snort the

drugs. Treatment providers described typical illicit users as "*working class*" individuals, usually over the age of 30 years and many with a history of treatment for chronic pain. However, treatment providers also noted that prescription opioids often serve as a "gateway drug" to drug abuse for younger people, especially those who incur injuries or experience dental problems.

Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® sublingual 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 score was also '10.' Participants reported that Suboxone® tablet form is rarely available. Participant comments on availability of the sublingual strips included: "*So many people are prescribed* [Suboxone®], *and they are prescribed it for years; Legally or illegally, it's very easy to get* [Suboxone®]; *If you go to a crisis center and detox for heroin, you will be referred to the clinic for Suboxone®.*" However, community professionals most often reported current street availability of Suboxone® as '5;' the previous most common score was '9' for treatment providers and '4' for law enforcement. Treatment providers stated that clients are reporting that Suboxone® is difficult to find on the street. Law enforcement agreed and commented that Suboxone® is, "*Hard to get* [on the street]. *You have to know who to get it from.*"

Participants reported that the availability of Suboxone® has increased during the past six months. One participant explained, "*Heroin is an epidemic, and to handle it, doctors have to give out Suboxone®.*" However, one participant group in Summit County reported that Suboxone® is increasingly difficult to find and explained: "*Doctors don't just hand* [Suboxone®] *out anymore. You have to wait 30 days* [after the first session with the physician] *before you get your first script.*"

Treatment providers reported that availability of Suboxone® has decreased during the past six months. Providers from Summit County reported that some of the more "*unethical*" prescribers of Suboxone® in neighboring counties (Medina and Portage counties) have been "*shut down.*" One provider commented, "*I haven't seen those billboards* [advertising Suboxone® clinics] *in a long time.*" Treatment providers added that many insurance providers do not cover Suboxone® treatment. Law enforcement reported that availability of Suboxone® has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® in tablet form is more expensive than the sublingual strips because it is more difficult to obtain.

Suboxone®	Current Street Prices for Suboxone®	
	Suboxone® sublingual strip	$20-30 for 8mg
	Suboxone® tablet	$10 for 2mg $25 for 8mg
	Subutex®	$5-7 per tablet

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from physicians and people who have prescriptions. A participant explained, "*People get* [Suboxone®] *wanting to quit heroin, they don't* [quit], *so they sell it to get heroin.*" Other participants expressed similar sentiments, as several explained: "*Heroin addicts keep a couple* [Suboxone®] *and sell the rest of it; Most people get one script, use a few and then sell the rest to buy heroin; I've seen* [Suboxone®] *work, but many use it for the money for heroin.*"

Participants reported the most common route of administration for illicit use of Suboxone® strips is sublingual. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually ingest and one would inject the drug. Participants reported that the most common route of administration for Suboxone® tablets, though rarely available, is snorting or intravenous injection. Subutex® tablets are most often injected.

Participants were unable to describe a typical illicit Suboxone® user. Treatment providers described typical illicit users as "*young opiate users*." In addition, treatment providers reported that they have worked with young mothers and pregnant females who are being treated with Suboxone®

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '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 '7' or '10' Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participant comments included: "*Legally* [availability is a] *'10,' illegally* [availability is a] *'7;'* [Sedative-hypnotics are] *harder to get in Ohio, unless you know someone with a prescription, they bring them in from other states, my friend goes to Illinois to get them*."

Treatment providers most often reported the current availability of sedative-hypnotics as '5;' the previous most common score was '7.' Treatment providers identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Law enforcement reported not having any current knowledge of illicit sedative-hypnotic use.

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, a participant indicated that the demand for these drugs is not very high and commented, "*People aren't buying* [sedative-hypnotics], *they'd rather spend money on heroin*." Treatment providers reported that availability of sedative-hypnotics has decreased during the past six months. Treatment providers reported that physicians are prescribing these medications less often and are increasingly referring patients to psychiatrists rather than treating them with sedative-hypnotics. The BCI Richfield Crime Lab reported that the number of Ambien®, Ativan® and Xanax® cases it processes has increased during the past six months while the number of Valium® cases has decreased.

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

Reportedly, many different types of sedative-hypnotics (aka "sleeping medicine" and "black-out pills") are currently sold on the region's streets. Participant comments included: "*Dealers don't make much money* [on sedative-hypnotics]*; They may just give* [Valium®] *to you*." Reports of current prices for sedative-hypnotics were consistent among participants with experience buying these drugs, except for participants in Stark County who reported lower prices for Xanax® 2 mg ($2-3).

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$1 for 0.5 mg $2-3 for 1 mg $50 for 60 pills (aka "a script")
	Valium®	$0.50 for 1 mg $2 for 10 mg
	Xanax®	$1 for 0.25 mg $2-3 for 1 mg $5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from physicians. Participant comments included: "*It's easy to go to the doctor and say you have anxiety* [and get a prescription]*; I go to my doctor for Adderall® and she is trying to prescribe Xanax®*." Nevertheless, some participants agreed with treatment provider comments and reported: "*Docs don't prescribe them*." Participants admitted to knowing several patients with sedative-hypnotic prescriptions that sell their medication. One participant stated, "*Find a 'crack head' (crack cocaine user) who is prescribed* [sedative hypnotics] *and they will sell it so they can buy crack. They'll take cash or dope (drugs)*."

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 ingestion. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drug. In addition, Tuscarawas County participants reported intravenously injecting (aka "shooting") a powdered form of Xanax® (purchased online from India).

Many participants described typical illicit sedative-hypnotic users as younger (teens) and white. However, one participant responded, "*Users are from all races, all walks of life, good homes, bad homes.*" Stark County participants shared about "pill parties" among young people, at which a variety of pills are placed into a bowl and participants take a handful of pills and consume them. One participant explained, "*It started as a 'truth or dare' game, but now they are just doing it.*" Treatment providers described illicit users of sedative-hypnotics as more likely female and "*highly anxious individuals with mental health issues.*"

Marijuana

Marijuana remains highly available in the region. Participants continued to report 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 can go anywhere and get* [marijuana]*; You can go to high schools and get marijuana;* [Getting marijuana is] *like going to the store and buying cigarettes; People are growing marijuana.*" Albeit relatively rare, participants reported availability of marijuana waxy or liquid forms, reporting liquid THC (tetrahydrocannabinol, the primary ingredient in marijuana) as "*easy to find at hippie fests.*"

Treatment providers and law enforcement most often reported current availability of marijuana as '9-10;' the previous most common score for both groups was '10.' Treatment providers agreed with a clinician who stated, "*People in general don't see marijuana as problematic.*" Law enforcement reported that while there is a lot of "home grown" marijuana, there is "*still a lot* [coming in] *from out West.*" Law enforcement also reported increasing amounts of marijuana coming into the region in the form of food products (baked goods or candy), often via U.S. mail.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two large marijuana grow operations in Cuyahoga Falls (Summit County) were dismantled by the Summit County Sheriff's Office; 30 plants were seized in the first raid and 94 plants were seized in the second (www.newsnet5.com, Jan. 23, 2015).

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 30.2 percent of all THC drug screens ordered during the past six months were positive for marijuana, an increase from 22.3 percent for the previous reporting period. In addition, Stark County Day Reporting of the Stark County Court of Common Pleas reported that 10.4 percent of all drug screens it ordered during the past six months were positive for marijuana.

Participants and community professionals reported that the availability of marijuana remained the same during the past six months. However, participants also pointed out increasing social acceptability of marijuana use, which is evident in media that is "*popularizing the use of marijuana.*" Further, participants indicated that the waxy and liquid forms of THC are increasingly available, as one participant remarked that these forms are "*coming to be very popular.*" The BCI Richfield 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 discussed the variability in quality of marijuana and recounted being able to find any quality from poor to high throughout the region, yet they most commonly rated the overall quality of marijuana as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or higher grades of marijuana, such as hydroponically grown marijuana. Participants reported that either grade is highly available at any time of the year, and that it generally depends on "*how much money you have to spend,*" in terms of what one would purchase. One participant divulged, "*I had a mids guy (mid-grade marijuana*

dealer) and I had a dro guy (high-grade marijuana dealer)." Another participant shared, "*I always smoke mids, once and awhile I smoke dank (high-grade marijuana) to treat myself.*"

Street prices for marijuana were provided by participants with experience purchasing the drug. Participants indicated that price depends on the quality of the product and clarified that commercial-grade marijuana is the cheapest form of the drug. Additionally, participants reported that users most commonly purchase 1/8 – 1/4 ounce amounts of marijuana at a time, but that the drug is available in blunt (cigar) or joint (cigarette) form for as little as $5.

	Current Street Prices for Marijuana	
Marijuana	**Low grade:**	
	a blunt (cigar) or two joints (cigarettes)	$5
	1/8 ounce (aka "eight ball")	$15-20
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$10-25
	1/8 ounce	$30-50

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 or ten smoke marijuana. Participants also mentioned orally consuming marijuana in the form of baked goods, but added that doing so is still relatively rare. Participants familiar with alternative forms of marijuana informed that "dabs" (the waxy THC form) are used by inhaling the vapor when heated, while liquid THC is orally ingested.

A profile of a typical marijuana user did not emerge from the data. Participants were unable to narrow characteristics for a typical user and reported instead that marijuana use is common among all groups. Similarly, community professionals were unable to identify characteristics of a typical marijuana user, but treatment providers reported a difference between males and females in terms of using marijuana with heroin. Several clinicians agreed that females tend to stop using marijuana after beginning heroin use, while males continue to use marijuana with heroin. Treatment providers also noted that many clients who complete treatment successfully even if they maintain abstinence from heroin, return to marijuana use - suggesting marijuana is much more difficult for clients to abstain from because the drug is often socially acceptable.

Methamphetamine

Methamphetamine remains highly available in the region, yet variable in specific locations. Participants most often rated the drug's overall 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, Stark County participants all reported that methamphetamine is not available in their area and commented: "*I haven't seen it in the past six months; Since heroin came to town, meth (methamphetamine) toned down.*"

Community professionals most often reported the drug's current availability as '8;' the previous most common score was also '8' for treatment providers and '10' for law enforcement. Treatment providers commented: "*It seems like meth and heroin take turns* [in terms of availability]*; There's a lot of switching to meth* [because] *it's easier to make it.*" An officer commented, "*If* [a user] *can't find* [methamphetamine], *they make it.* [They] *just have to look on the Internet* [for instructions]."

Overall, participants reported powdered (aka "shake-and-bake") methamphetamine as the most available form of this drug across the region. This form is produced in approximately 30 minutes in a single sealed container, such as a two-liter soda bottle, with common household chemicals. A participant commented, "*It's easy to find a concoction, a derivative of meth (methamphetamine), but it's not real meth.*" Crystal meth is reportedly rare throughout the region. Nevertheless, a group of participants from Tuscarawas County agreed with one who mentioned, "*Crystal (methamphetamine) is coming in, it depends on your connection,* [but] *I can find it.*" Law enforcement also reported crystal methamphetamine coming into the region from Mexico.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Four individuals were arrested in the Belden Village Mall (Jackson Township, Stark County) parking lot following a shoplifting investigation during which police discovered materials used to make methamphetamine in the trunk of their vehicle (www.wkyc.com, July 1, 2014). Two men were

arrested in New Franklin (Summit County) when police pulled them over and found a small amount of methamphetamine and items used in making the drug; this was the third arrest for one of the individuals who had previously been caught on similar charges earlier in 2014, as well as in 2012 when he served nine months for manufacturing methamphetamine in Tallmadge (also Summit County) (www.cleveland.com, July 21, 2014). A woman and a teenage boy were arrested in Akron for running a methamphetamine lab in the woman's basement (www.cleveland.com, Jan. 5, 2015).

Participants reported an increase in availability of methamphetamine during the past six months. Participant comments included: "*It's so easy to make* [methamphetamine], *just go on YouTube® and see how to make it; Go to the kitchen sink and get what you need*." Treatment providers were unable to agree on availability change of methamphetamine. Treatment providers reported that the availability of methamphetamine in the region "*ebbs and flows*" and explained, "*It depends on how much legal heat is on it*." Some treatment providers reported having fewer clients reporting use of the drug recently, although others agreed with a provider who reported, "*I've seen a little come back* [of methamphetamine use]."

Law enforcement reported that availability of methamphetamine has remained the same during the past six months, as one officer noted, "*It's not slowed down any*." Additionally, law enforcement reported an increase in methamphetamine imported from Mexico (crystal methamphetamine, aka "ice") 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 off-white powder and crystal methamphetamine.

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

Participants most often rated the current overall quality of powdered methamphetamine (aka "shake and bake") as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants explained that quality depends on who makes the product: "*Depends. Some* [methamphetamine] *keeps you up - awake, but you don't get high; Many don't make it right*." Law enforcement reported that the imported crystal methamphetamine is a very pure form of the drug, "*90% pure*." Over, participants reported decreased quality of methamphetamine during the past six months.

Street prices for methamphetamine were consistent among the few participants with experience buying the drug. These participants reported that users most often purchase 1/2 gram or one gram of the drug at a time. Reportedly, a gram of powdered methamphetamine (aka "shake-and-bake" or "one-pot") sells for $80-100.

Participants reported the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, seven would smoke, two would inject and one would snort the drug. Participants suggested that those individuals who use other drugs intravenously are more apt to inject methamphetamine as well. Treatment providers noted a growing trend of injection among users of methamphetamine.

Participants described typical users of methamphetamine as white and one participant remarked, "*I've seen only one black person use meth*." Many participants reported that users of the drug are more likely to be young, up to their late 20's, and male. Although others disagreed, a participant stated, "*I've seen a lot of white females* [using methamphetamine]." Community professionals also described typical users of methamphetamine as white and treatment providers added that users are often of lower socio-economic status.

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants identified Adderall®, Focalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. A participant commented, "*Very easy* [to find prescription stimulants] *on the streets*." Another participant agreed, "*Incredibly easy*."

Treatment providers most often reported current availability of prescription stimulants as '4;' the previous most common score was not reported. Treatment providers identified Adderall® as the most popular prescription stimulant in terms of widespread use. In addition, during the past six months, treatment providers reported hearing from clients about illicit use of Daytrana®, methylphenidate transdermal patches prescribed to treat attention deficit hyperactivity disorder (ADHD), whereby users cut up and consume the patches.

While participants reported that the general availability of prescription stimulants has remained the same during the past six months, treatment providers reported decreased availability. Treatment providers agreed that prescription stimulants seem to be "less popular" and when clients speak of illicit use, it tends to be in their drug history rather than current illicit use. Treatment providers also reasoned that decreased availability is due to a change in prescribing by primary care physicians who are more cautious with prescribing these stimulants and are often deferring this type of treatment more often to psychiatry. One treatment provider noted that there is an increase in regional primary care physicians who require historical documentation of childhood ADHD treatment prior to prescribing stimulants to adults. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

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

Reports of current street prices for prescription stimulants (aka "broke man's cocaine") were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$2 for 10 mg $5 for 30 mg
	Focalin®	$2 for 20 mg
	Vyvanse®	$5 for 50 mg $7 for 70 mg XR

In addition to obtaining prescription stimulants for illicit use on the street from dealers, participants also reported getting them from friends and family members who are being treated with the medication or by prescription. A participant divulged, "*I know someone who sells their kid's prescription*." Another participant added, "*My neighbor sells his*." Other participants suggested it remains easy to obtain prescriptions, as one participant shared, "*My brother's friends go to a doctor and will get a prescription*."

Participants reported the most common routes of administration for illicit use are snorting and oral ingestion. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs. One participant group specified that Focalin® XR (extended release) is more often snorted.

A profile of a typical illicit prescription stimulant user did not emerge from the data. Participants were unable to describe a typical illicit user and agreed, "*Everybody uses it.*" Likewise, treatment providers were only able to suggest that individuals who drink a lot of alcohol will use this drug in order to be able to consume more alcohol. Additionally, treatment providers reported frequent use of Adderall® in young adult and college settings.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is highly available in the region. However, participants were unable to rate the current availability of traditional ecstasy pressed pills and described availability of these as: "*Not easy to find; Harder to get; Not in demand*." Tuscarawas

County participants had knowledge of "molly" (powdered MDMA) and rated its 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.' Participants added that that it is more difficult to find "pure molly" (pure MDMA), though the "fake molly" (adulterated molly) is readily available.

Likewise, community professionals were unable to report on availability of traditional ecstasy tablets, focusing instead on the availability of molly. Treatment providers most often reported the current availability of molly as '8,' while law enforcement most often rated it as '5-6;' the previous most common score among these community professionals was '2.' Treatment providers noted that molly is often mentioned in pop music. One treatment provider disclosed that her high-school age son told her that molly is "*readily available and cheap*" among his peers. A law enforcement officer commented, "[Molly is] *available, by not wide spread*."

Participants and community professionals reported that the availability of 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 increased during the past six months; the lab did 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

Current street prices for molly were consistent among participants with experience buying the drug. Reportedly, molly typically comes in powder form, is sold by the gram and is dependent on quality. A gram sells for $50-80.

Participants reported that the most common route of administration for molly remains snorting. Participants estimated that out of 10 molly users, eight would snort and two would orally consume the drug. Participants described typical users of molly as young and those who like the "rave scene" (dance parties). Treatment providers reported that molly is especially popular among young adults and high school students.

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: bath salts, hallucinogens (psilocybin mushrooms) and synthetic marijuana.

Bath Salts

Previously a trend in the Akron-Canton region, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are now scarcely available in the region. Participants most often reported the drug's current availability as '0' 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.' While a few participants reported, "*some people still do* [bath salts]," however, not one participant interviewed reported having any first-hand knowledge of the drug. A couple participants commented: "*You can't get* [bath salts] *anymore; I haven't heard of that in a while*."

Treatment providers reported "not hearing about" bath salts during the past six months and added that there have not seen any recent positive urinalysis testing in their clients for the drug. Likewise, law enforcement reported that the availability of bath salts seems to have "died off." One member of law enforcement reported, "*The stuff we do purchase ends up not having a controlled substance in it*." Participants and community professionals all reported decreased availability of bath salts during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3.' However, availability of this drug varies depending on location, as a Tuscarawas County group identified synthetic marijuana as highly available, while a Stark County participant group reported that

it's not as easy to obtain anymore because of law enforcement efforts. No participant(s) interviewed reported using the drug during the past year. Treatment providers most often reported current availability as '4;' the previous most common score was not reported. Treatment providers added that this drug is more available within institutions, such as jails and suggested availability in these types of institutions is '9.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron convenience store owner was accused of selling synthetic marijuana; this drug charge was in addition to already pending gambling charges (www.cleveland.com, Jan. 13, 2015).

Participants and community professionals reported decreased availability of synthetic marijuana during the past six months. Participants reported that the drug is more difficult to obtain because establishments that have sold synthetic marijuana are "*being shut down*." Participants in Tuscarawas County reported that synthetic marijuana purchased in stores is of poor quality; therefore, more users are purchasing the chemicals online and making their own. BCI Richfield Crime Lab reported that the number of synthetic marijuana it processed has decreased during the past six months.

Participants continued to report smoking as the only route of administration for synthetic marijuana. However, treatment providers reported hearing about the use of synthetic marijuana with electronic cigarettes. Participants and treatment providers described typical users of synthetic marijuana as individuals in correctional facilities.

Hallucinogens

One participant group (Tuscarawas County) reported knowledge of psilocybin mushrooms. This group reported that psilocybin mushrooms are readily available at various seasons of the year, locally. However, outside of these seasons, psilocybin mushrooms are brought into the region from Florida and West Virginia. Participants reported that psilocybin mushrooms sell for $25 for 1/8 ounce and $150 for an ounce. The most common means of consumption is oral. Participants estimated that out of 10 psilocybin mushroom users, nine would orally consume ("eat them") and one would smoke them. The participant group also reported that the mushrooms can be made into a "shroom tea." Participants reported that the drug is most often found at concerts.

Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals agreed that brown powdered heroin continues to be the most available heroin type. Many participants reported that users have to go to Columbus or Warren (Trumbull County) to obtain black tar heroin. Similarly, treatment providers reported not hearing about black tar heroin and law enforcement reported finding black tar heroin only a couple of times during the past six months. Community professionals also agreed that heroin is now the most available drug in the region. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily brown, gray, off-white and white powdered heroin with no black tar heroin cases noted.

All respondent groups reported an increase in the general availability of heroin during the past six months. Participants referred to a heroin epidemic. Many participants referred to economic reasons for the increase in heroin availability and commented on the cheap price of heroin compared to the ever-increasing prices of prescription opioids which have become progressively more challenging to obtain. Treatment providers suggested an increase in heroin availability due to fewer pain pills on the street. Law enforcement saw a correlation between the tightening of doctor prescribing and the growing trend in heroin use. However, some treatment providers also noted a trend in younger clients reporting heroin use without the traditional progression from pain medication to heroin. Law enforcement also observed an increase in younger, teenage individuals using heroin during the past six months.

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Participants provided various reasons for the decrease. Participants said legal

and illegal sources for prescription opioids are limited while also divulging that heroin is by far cheaper and easier to obtain. Treatment providers reported that it is fairly difficult for users to acquire pain pills, especially the ones most wanted such as Dilaudid® and OxyContin® due to increased regulation of these medications, primarily community efforts to collect unused medication via drop boxes. Law enforcement officers attributed the decrease in availability to the closure of several "pill mills" in the area and doctors prescribing pain medications less often.

Participants reported an increase in availability of methamphetamine during the past six months, citing the ease of the production of the drug as driving the increase. Participants reported that instructional videos on how to manufacture the drug can be found on YouTube®. Law enforcement reported that availability of methamphetamine has remained highly available during the past six months and noted an increase in methamphetamine imported from Mexico (crystal methamphetamine, aka "ice"). 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 off-white powder and crystal methamphetamine.

Lastly, participants and community professionals all reported decreased availability of bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) during the past six months. Previously a trend in the Akron-Canton region, bath salts are now scarcely available in the region. Although a few participants reported knowledge of some people doing bath salts, not one participant reported having any first-hand knowledge of the drug. Community professionals reported not hearing about or encountering bath salts during the past six months.